

USEFULNESS OF THE MODEL CITIES PROGRAM TO THE ELDERLY

HEARINGS
BEFORE THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE
NINETIETH CONGRESS
SECOND SESSION

—
PART 4—SYRACUSE, N.Y.
—

DECEMBER 9, 1968



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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 Thruston 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, DECEMBER 9, 1968

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Syracuse, N.Y.

The committee met at 10 a.m., pursuant to notice, in the community room of the Syracuse University Student Services Building, 401 Van Buren Avenue, Syracuse, N.Y., Senator Frank E. Moss presiding.

Present: Senators Moss and Goodell.

Also present: William E. Oriol, staff director; John Guy Miller, minority staff director; Shalon Ralph, professional staff member; and Mary Lou Dennin, clerk.

OPENING STATEMENT BY SENATOR MOSS, PRESIDING

Senator Moss. The hearing will come to order.

We are delighted to be here this morning on this snowy, cold day but a very fine day in Syracuse.

This is a hearing conducted by the Special Committee on Aging of the U.S. Senate. Beginning several years ago it became apparent that many problems are arising so far as elderly people are concerned in this country by way of housing, employment, transportation, and involvement in community affairs, so this committee has been very active. We are concerned this morning with the usefulness of the model cities program as it concerns the elderly people of our country.

We are most pleased to be joined here this morning by Senator Charles E. Goodell, of New York, who will participate in these hearings.

We look forward to a very interesting day here. I am told that this is the first official function to be held in this room. We are glad to be in this fine new building and to be able to hold a Senate hearing in this room this morning.

We meet here to hear witnesses at the fourth hearing conducted by the Special Committee on Aging on the subject of "Usefulness of the Model Cities Program to the Elderly."

We began our work in Washington, D.C., with 1 day of hearings in July. Last month we met in Seattle, Wash., to learn of the hopes and plans underway there on the west coast. In a smaller community in a mountain area, in Ogden, Utah, we heard from representatives with real and pressing problems and with limited means of meeting them. We go on from here to meet in Atlanta, Ga., on Wednesday and we hope to conclude these hearings in January.

As you will note from the location of the various hearings we have tried to go to various sections of the country so that we could find out in the field the problems that were peculiar to a particular area. We have chosen Syracuse as the very representative city of the North-eastern part of the United States, not only because of the fine planning that is going on in the model cities area but because of the school and the staff work that has been done here that will aid us today when we make our record.

My remarks are going to be brief because we have a very heavy agenda and we have many expert witnesses who are familiar with the problem and helpful to this committee. I particularly wanted to mention Dean Walter Beattie of the University of Syracuse School of Social Work. We have heard from him in Washington often and now it is good to see him here on his home grounds.

IMPACT OF MODEL CITIES PROGRAM

The major point I wish to make before the testimony begins is that our hearings have already made it crystal clear to me that the model cities program has caused much soul-searching and hard work among officials and everyday citizens in communities of all sizes in all parts of the Nation.

We all realize, I think, that the time has come for consolidating the gains that the urban programs of the last decade or so have brought, even while we discard or reshape ideas and techniques that have not proved as successful as we may want them to be.

The model cities program is proving a context for experiments and for fresh thinking. It is a bold program, and it is a necessary one. It has already mobilized many talented and earnest people at the Federal level and at the grassroots level. As yet, it has more promise than fulfillment, but the promise is real and it must be fulfilled.

I make these statements at a time when a new administration in Washington is on the horizon, but I make my observations with confidence because I believe that the model cities program is a good idea whose time has come. Good ideas draw support from all shades of opinion, and I am sure that the model cities program will not only survive but will flourish.

The time for forecasting is over now, and we will begin with our hearings.

I am pleased, as I announced before, that my colleague Senator Goodell is able to be with us this morning. I am going to ask him for any opening remarks he has to make. He served you well from the State of New York in the Congress of the United States in the House of Representatives and recently has come to the Senate and is already making excellent contributions as a Senator from this great State. I am honored, indeed, that he could join us this morning.

Senator Goodell.

STATEMENT OF HON. CHARLES E. GOODELL, A U.S. SENATOR FROM THE STATE OF NEW YORK

Senator GOODELL. Thank you, Senator Moss.

I extend a very warm welcome to Syracuse. We are delighted to have your committee come to Syracuse and listen to people here for whom I have great respect and who I think can make a major contri-

bution to the deliberations of your committee. We are very proud of the progressive and imaginative leadership that has been exhibited in the Syracuse area.

There are a number of other reasons why I am especially pleased to welcome you here. You have shown, Senator Moss, this great interest in the problems of the elderly. These hearings across the country on the usefulness of model cities to the elderly is just one facet of your commitment in this area.

The exchanges of ideas that have emanated from your hearings have been meaningful and helpful, and will be in the future, in realizing the total community approach of model cities. The elderly must not feel isolated but rather feel their involvement in the community and its development. Senator Moss' efforts to this end are to be commended.

In addition, we have with us today witnesses whose knowledge of the needs and wants of the elderly have been gained through long and persisting concern. We are anxious to hear their findings and recommendations for the elderly in this new model neighborhood.

We have in Syracuse a population of about 220,800. Of this number, 26,039 or 12 percent are aged. It is significant that the concentration of senior citizens downtown in the model neighborhood represents nearly 20 percent of all elderly in Syracuse. Equally significant, we find that more than 50 percent of the elderly in Syracuse who receive health department care for chronic disease live in the model neighborhood.

UNIQUE ELEMENTS OF RESPONSE

Every city has its downtown problems. What is unique, however, is the community action taken to relieve these problems. What local initiative is taken and how? What State and Federal cooperation may be useful and how much is necessary? How can a downtown area be revitalized to make it a place of satisfying living for our people?

The New York State Office on Aging has been active in encouraging communitywide planning for our senior citizens. As a result of local initiative, New York State and New York City action, an "outreach" project is operating on Hunt's Point within the South Bronx model city area. The "outreach" project aims at meeting the needs of the elderly along with other age groups of people in the context of the total community.

On the Federal level today there are over 35 programs specifically designated for the aged. These include housing, medical care, employment, old age assistance, and information services, and so forth.

The stark fact remains, however, that there are still unmet needs of our senior citizens, critical unmet needs.

Coping with improved living conditions of our elderly in Syracuse will call for new ideas and new approaches to planning for action. It will call for a recognition that our senior citizens will "tell it like it is" and that they, too, want "a piece of the action." What is clear is they want to participate, they want a voice in decisions affecting life in the community.

We understand these demands. We know that some observers of urban plight have been content to describe the elderly as a "silent

minority." But we are not content. Today the needs and wants of our elderly in Syracuse will be heard, and we are grateful to Senator Moss for coming here to hear them.

Senator Moss. Thank you very much, Senator Goodell. I am sure that we will have a very interesting and meaningful hearing.

I have received a statement from Congressman James M. Hanley, expressing his support for the model cities program. The statement will be placed in the record.

STATEMENT OF HON. JAMES M. HANLEY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Representative HANLEY. Senator Moss, I deeply appreciate the opportunity to express a few thoughts to the committee today on this most important subject. As a strong proponent and supporter of the model cities program and as one instrumental in Syracuse's designation as a model cities recipient, I am particularly pleased that you have taken the time to come into my congressional district today to take testimony on the matter.

Over a year ago, President Johnson sent a special message to the Congress in which he underscored the importance of giving principal consideration to the impact of the model cities program on our older citizens. Since that time, your committee has received testimony which strengthens significantly the position of the President, to wit, the high percentage of elderly living in designated model cities areas.

There are many social and economic problems attendant on the lives of our older citizens that are unique in nature. They involve the proximity of adequate health facilities, the easy accessibility of transportation and recreational facilities commensurate with the capacities and inclinations of senior citizens, to name but a few. I will not elaborate on these, since I am sure others appearing today will cover them in some detail.

UMBRELLA RATHER THAN SCATTERGUN

The umbrella approach of the model cities program is a refreshing departure from the scattergun attitude which the various levels of Government have taken for too long toward the economic, social, and cultural problems of our core city areas. But the umbrella approach also carries with it some potential problems, principal among which, is the danger that in attempting to cover every vital area of concern some key considerations might be overlooked or bypassed. For that reason, I am hopeful that every avenue and every facet of the model cities program will be discussed and dissected in depth before a concrete set of proposals is advanced. The problems of the poor, the aged, the infirm, the culturally deprived, and the undereducated are broadly based. Each vital element of these problems must be considered firmly and completely, lest a great disservice be perpetrated on the very people whom the model cities program purports to help.

I do not propose that we go slow. On the contrary, I submit that we must move with all deliberate and due speed. But caution should be our byword. I want to see the model cities program succeed. Your activities today in Syracuse and throughout the year in other model cities can serve as a vital tool toward that end.

Thank you.

Senator Moss. As you are all aware, as we proceed in our deliberations in the Senate we go through these public hearings in order to make the record. Now the important thing is to get it in the record so that the rest of the committee and the staff people have an opportunity to study it in detail and in depth. So what we do today, if you submit a full written statement, for instance, and you simply want to highlight it for us, this is perfectly all right because the full statement will go in the record.

I also want to emphasize that it will be possible, and we will leave the record open for a period of 30 days following this hearing, so that if by reason of the testimony today, what you hear from others or what is brought to your mind you want to supplement and expand your statements, you may do so. Even those who are not called as a witness today, if they feel they have a meaningful contribution, a constructive suggestion or criticism to make, they may submit in writing a statement to the committee which will then be placed in the record.

When all of the hearings have been completed the record will then be printed as a small paper volume and that will be available to anybody who wants it. The witnesses who testified will automatically be sent a copy of the record as it is printed, but anyone else who feels he would like to have a copy may leave his name with Mr. Oriol here of the committee or any members of the staff or can send a letter to Washington to the Aging Committee at a later date and you will be furnished a copy of the record.

The important thing here today is to make a good and complete record, and that is what we will try to do. We look forward to the testimony we will have.

First of all, I want to call on the Honorable Roy D. Simmons who is president of the common council of the city of Syracuse who has a word for us. Mr. Simmons, we will be glad to hear from you.

Commissioner Hildebrandt also is here this morning. We will hear a word from you, too, sir.

President Simmons, we are delighted to hear from you now.

STATEMENT OF HON. ROY D. SIMMONS, PRESIDENT, SYRACUSE COMMON COUNCIL

Mr. SIMMONS. Thank you.

Senator Moss, other distinguished members of the committee, ladies and gentlemen, as president of the common council of Syracuse it is my pleasure on behalf of Mayor William F. Walsh, who is absent from the city attending the National League of Cities in New Orleans, to welcome you to the city of Syracuse. Let me add that I am personally pleased and delighted to appear before you in the interest of the elderly of Syracuse.

Syracuse is concerned about its senior citizens. This is evidenced by our immediate surroundings. You have only to look next door at the adjoining building, which will soon be opened, to provide services and a decent and protective living environment for those persons of limited means who are approaching the golden years of their lives. This unit, to be known as Toomey-Abbott Towers, and sponsored by the Syracuse Housing Authority, will house elderly persons in 364 apartments specially adopted to their needs.

The Syracuse Housing Authority's concern for housing for its senior citizens is not limited to this facility. The authority in its Pioneer Homes project has reserved 220 apartments. Central Village located near the center of the proposed model cities neighborhood has 260 apartments reserved for senior citizens in its Almus Olver Towers. In addition to these units, James Geddes Homes on the West Side also located in the model cities neighborhood has designated 280 apartments specifically for senior citizens. As you can see, this is a total of 1,124 dwelling units in public housing alone reserved for our elder citizens.

The Syracuse Urban Renewal Agency has designated a site in the Near East Side urban renewal project for senior citizen housing. This redevelopment is sponsored by the Building Service Employees Senior Citizens Center, Inc., a nonprofit corporation, and will provide approximately 145 housing and dwelling units for senior citizens in a 13-story building close to medical, shopping, churches, and cultural facilities.

Ground was recently broken and construction begun for Brighton Towers, located at 821 East Brighton Avenue and scheduled to be completed in 1970. This facility, also designed exclusively for the elderly, will provide 301 units for persons who do not need special care.

SPECIAL SERVICES FOR ELDERLY

Syracuse is noted for the special services that it renders to senior citizens in areas other than housing. Health is one of those services. As an example, the Onondaga County Health Department provides a major service through its home-care unit in which senior citizens receive on-the-spot health attention within the privacy of their own homes. We also have many other health services provided in the community for the elderly.

In the area of employment, to meet the requirements of nondiscrimination against the older worker, the New York State Employment Service provides to the senior citizens of Syracuse an older worker program giving individualized placement help to applicants whose age is proving a barrier to obtaining work.

Organized recreational and community services for the elderly are not neglected in the Syracuse community. There are a total of 20 private golden age-type clubs operating in the community whose requirement for participation is premised on having reached age 50 or more.

The Syracuse Department of Parks and Recreation has surveyed and inventoried a total of 45 agencies and groups providing recreational programs designed specifically for the aged, many of them functioning in the inner city area.

In other directions, with regard to senior citizens, the common council has enacted legislation to make available a 50-percent real estate tax reduction for senior citizens whose income does not exceed \$3,000 in 12 months from all sources. Local motion picture theaters provide discounts on theater tickets. The municipal golf course offers free golf for the aged.

We do not, however, plan to stop here. We have every reason to believe that the model cities planning group will institute an attractive and exciting program for those persons living in the model neighborhood who are reaching and beyond the golden age.

Thank you.

Senator Moss. Thank you very much, President Simmons, for that fine statement. I am impressed with the efforts that have been made and are going forward here in Syracuse for provision for the elderly. That list of housing facilities available to them is an impressive list, and this would indicate that your planning certainly has in mind making the community suitable and desirable for the elderly so that they may be integrated and function as a part of the community and not be isolated and set aside somewhere as a group.

Thank you very much.

Do you have any questions or comments, Senator Goodell?

Senator GOODELL. Well, I would only wish to thank Mr. Simmons. I would ask one question with reference to your 50-percent real estate tax reduction. Does this go on a graduated basis and with \$3,001 you get no real estate tax reduction?

Mr. SIMMONS. Well, the rule is \$3,000. I do not know how finally the department of assessment draws the line if someone's income were to be, say, \$3,005. I feel that they would probably overlook this sort of situation. In fact, we have attempted to raise the income so that a person making more than \$3,000, get into the \$3,500 area, would avail themselves of the 50-percent reduction on their real estate tax.

Senator GOODELL. I think it is a commendable program. A great burden on our senior citizens is their property tax, and their income does not cover it.

Senator Moss. Thank you very much, Mr. Simmons. We appreciate that.

We would like now to hear from Commissioner Hildebrandt.

**STATEMENT OF JOHN W. HILDEBRANDT, COMMISSIONER,
DEPARTMENT OF URBAN IMPROVEMENT**

Mr. HILDEBRANDT. Thank you, Mr. Chairman.

I welcome this opportunity to discuss with you and the committee members that you have present with you the status of the model cities program in Syracuse, some of the major objectives of our model neighborhood project, and to offer some suggestions and proposals¹ as to how to reach and involve the senior citizens of that area.

Regarding the status of our model cities program, on September 6, 1968, the Federal Department of Housing and Urban Development announced acceptance of the second-round model cities application of the city of Syracuse.

On October 17, 1968, the Federal interagency team from the New York regional office visited the city to outline required steps leading to the execution of a planning grant contract between the city and the Department of Housing and Urban Development.

At the present time, a 10-member citizens' interim committee has been formed to implement the citizen participation structure. We are presently preparing a letter together with an interim budget requesting a consent to proceed. It is hoped that within a period of not more than 90 days—approximately March 1, 1969—we shall be in a position to enter into a contract for the planning grant for the Syracuse model cities program.

¹ See app. 1, p. 397, for additional material.

MAJOR OBJECTIVE.

The model cities program in Syracuse will be designated to demonstrate how the living environment and the general welfare of people living in a deteriorated and blighted neighborhood can be substantially improved. It calls for a comprehensive attack on social, economic, and physical problems of an area of the city lying generally south of the central business district—south and west.

Through the concentration and coordination of all available Federal, State, local, public, and private efforts the city, with the active participation of area residents, will attempt to plan, develop, and carry out a comprehensive and innovative program to rebuild and revitalize the area. It is proposed to expand housing, job, and income opportunities; to reduce dependence on welfare payments; to improve educational facilities and programs; to combat disease and ill health; to reduce the incidence of crime and delinquency; to enhance recreational and cultural opportunities; to establish better access between homes and jobs; and generally to improve living conditions for the people who live in this area.

The challenge to the Syracuse model neighborhood area is plain. It involves substantially more than new apartment units, rehabilitated homes, new streets, better lighting, improved fire and police protection, new schools and libraries. The entire concept of citizen participation which would marshal the strengths and leadership within the model neighborhood and rekindle the willingness of residents to join in a common effort, and strive on their own behalf for the opportunities implicit in the programs, is certainly in itself a major objective.

INVOLVEMENT OF AGING

According to an independent survey conducted by the Syracuse Governmental Research Bureau in January of 1967, it is estimated that of the 26,000 persons 65 years of age and older residing in the city, somewhat over 5,099 reside in that part of Syracuse designated as the model cities neighborhood. That means that approximately 25 percent of the total elderly population in the city resides in about 5 percent of its area.

A report on the 1967 statistics from the Onondaga County Department of Welfare indicates that 8.3 percent of the elderly now residing in the model neighborhood area receive old-age assistance, which is nearly triple the rate that applies to the rest of the community.

Certainly, a segment of the population as large as is represented by the elderly in the model cities area must be considered when plans are being formulated. The population of the city has experienced a very definite change in character in the last 10 years. Indications are that the younger and older groups have increased in proportion to the middle-aged groups and there is a noticeable increase in the percentages of the nonwhite segment of the population.

One of the major problems facing the aging, particularly the aging in minority groups, is standard housing which meets the requirements of the city housing code. Syracuse does not differ from other communities in the Northeast in this respect. The number of new housing units in the city of Syracuse has increased at such a slow rate between 1960 and the present that housing represents a major problem for the aging, if not the major problem.

While the proportion of the housing supply represented by substandard units has decreased, principally as a result of removal for highway and renewal development, the continuing deterioration of the existing supply is nevertheless a significant problem, particularly for the aging. A large percentage of the Syracuse housing supply is now more than 40 years old, mostly of wood frame construction.

About one-third of the housing units in Syracuse are occupied by families or individuals with incomes of less than \$4,000, concentrated near the center of the city and largely in the model neighborhood area. A substantial number of these units are occupied by persons over 60 years of age.

Although public housing for the elderly and for large low-income families is being made increasingly available, there is still a shortage of standard units at prices which people of this income group can afford to pay. In the planning phase of the model cities program, particular attention will be directed to housing suitable to the needs of older people, and available at costs which older citizens can afford.

Consideration will be given to strengthening the supportive services for the elderly living in their own homes, such as health care. These items were proposed in the model cities application and will certainly be given high priority.

Health is another matter of prime importance to elderly persons. Health programs administered through neighborhood health centers will be expanded and closely coordinated in the model neighborhood area. Since the submission of Syracuse's application, a neighborhood health center has been organized. This health facility, in a location adjacent to the model neighborhood, will provide outpatient medical care to all families in the model neighborhood on a 24-hour basis. It is intended that all of the health facilities in the city, both public and private, such as interim care, family practice project, health department, home care services, and home aid services will be brought to bear in order to provide adequate health services in the model neighborhood, especially as it affects the aging.

The problem of employment for elderly residents, particularly in the model neighborhood area, is acute. It is intended that the services of the New York State Employment Service, particularly the "older worker program," be continued and augmented in the model neighborhood. In addition, training programs available through the Office of Economic Opportunity and under the Manpower Development Training Act will be utilized to alleviate the problem.

Syracuse has a wide variety of social welfare, cultural, civic and recreational opportunities available to the elderly, several agencies of which are presently located and involved in the model neighborhood area. It is intended that the model cities program take full advantage of these facilities to involve senior citizens.

Other factors affecting the aging in the model cities area which will be given searching consideration are safety, transportation, neighborhood facilities, and pedestrian access to necessary services. Mere shelter is not enough.

It is intended that the elderly be involved and have a voice in the planning process for the Syracuse model cities program.

Thank you.

Senator Moss. Thank you very much, Commissioner Hildebrandt, for that fine statement.

You indicated that there has been a neighborhood health center organized adjacent to this area. Is that financed by the city or how is it financed?

Mr. HILDEBRANDT. I believe it is through the Office of Economic Opportunity.

Senator MOSS. Through the OEO. And it is in a health center that would be established by the OEO in that location?

Mr. HILDEBRANDT. Yes.

Senator MOSS. Of course, what you point out in your testimony is what we find is the pattern generally, that a larger percentage of our older people live in these central areas that have poorer housing and they tend to concentrate there because older people have a stable and rather limited income and they have been unable to acquire new and expensive or adaptable housing so they become concentrated more and more in these areas that are substandard in housing. If there is not adequate planning for construction and also a provision on cost so that they could meet it out of their meager budgets, then finally you do have a concentration of them in the lowest type housing.

Now this is what you have found and what you are stepping out to meet already and hope to use the model cities planning grant to further remedy.

Mr. HILDEBRANDT. I think limited mobility is another factor which lead older people generally to concentrate in an area surrounding the central city. Transportation is a problem for them. We certainly propose to look into that—transportation to jobs, if they have them, or transportation to public facilities.

Senator MOSS. Very good. I liked particularly when you detailed the other factors saying mere shelter is not enough. If they are to be able to participate in the community life, to be able to move about and go to these places where they will go for business or recreation or for cultural fulfillment, they have to have adequate transportation to get there.

I commend you for your very fine statement on this problem and am glad to see that you are stepping forward to meet it already.

Senator GOODELL, do you have any questions or comments?

Senator GOODELL. Yes.

Commissioner Hildebrandt, you say your housing project represents the major problems for the area in Syracuse, that the number of new housing units has increased at a very slow rate since 1960. Are you saying that it has slowed down in the last 8 years?

Mr. HILDEBRANDT. No; I don't say that at all. It probably has been slow right along. We examined this period from 1962 to 1968.

Senator GOODELL. What was the rate during that period?

Mr. HILDEBRANDT. Senator, I do not have an exact indication of the number of units that have been constructed and how that relates, say, to the increase in requirement for shelter. All we know is that it is extremely slow, it would have seemed to have been slow, and this has magnified the problem of housing for elderly people.

Senator GOODELL. You indicate, also, that the proportion of substandard housing has decreased. Do you have any figures on that?

Mr. HILDEBRANDT. Of course, the means by which it has decreased has not helped the situation at all. The housing units that were substandard and have been removed were removed by renewal or federally aided highway construction. Renewal alone has removed 1,500

dwelling units in the last 5 years. Actually, there has been a decrease in the number of units that have been available. It just so happens that the units that were removed—most of them, if not all—were substandard units, so that the proportion of the number of substandard units in the community as it relates to the total housing supply has decreased.

Senator GOODELL. Would you say the proportion of people living in substandard units has decreased?

Mr. HILDEBRANDT. No, I would not say that.

Senator GOODELL. In other words, substandard housing may have been destroyed, the people have had to go into other substandard housing and more crowded conditions?

Mr. HILDEBRANDT. Yes. I think certain substandard units have been converted to take care of a greater number of people, and this has concentrated the elderly and other groups that occupy that type of housing even more.

Senator GOODELL. In other words, when we say the proportion of substandard housing has decreased, it is not really a very favorable sign?

Mr. HILDEBRANDT. No, it isn't; it is unfavorable. I think of the total housing supply in the city, about 14,000 to 16,000 units, are substandard at this time. There were 14,000 such substandard units in 1960, and certainly it has not lessened.

Senator GOODELL. Thank you.

Senator Moss. Thank you very much, Mr. Simmons and Mr. Hildebrandt. We do appreciate your coming and giving us this testimony for our record.

STATEMENTS OF HARRY THOMPSON, EXECUTIVE DIRECTOR, FAMILY SERVICE CENTER; MRS. MAE CORA WRIGHT, PROGRAM WORKER, DIVISION ON AGING, FAMILY SERVICE CENTER; BRUCE THOMPSON, GRADUATE STUDENT SOCIAL WORKER, DIVISION ON AGING, FAMILY SERVICE CENTER; AND MISS INEZ TAYLOR, RESIDENT, ALMUS OLVER TOWERS

Senator Moss. We are going to ask a panel of several individuals to come to the table and be seated side by side. Mr. Harry Thompson, the executive director of the family service center; Mrs. Mae Cora Wright, program worker in the division of aging in the family service center; Mr. Bruce Thompson, graduate student social worker, division of aging; and Miss Inez Taylor, who is a resident of the Almus Olver Towers.

We are delighted to have this representative group.

I am going to ask Mr. Thompson to sort of act as chairman and designate the various members of the panel who will testify. We will reserve the prerogative to ask questions at any point if we want to, or we can wait until the end before we ask questions.

STATEMENT OF HARRY THOMPSON

Mr. HARRY THOMPSON. Senator Moss and distinguished members of the committee, I am Harry Thompson, executive director of the

family service center. On my right is Mrs. Mae Cora Wright, who is a program worker with the division of aging. On my left is Miss Inez Taylor, who is a resident of the Almus Oliver Towers. To my immediate right is Mr. Bruce Thompson, of the division of aging.

I should like to give a simple, though synoptic, view of the family service center in the hope of impressing on the committee the significance of the agency now, and its potential value as an integral part of the model neighborhood in the future.

The family service center is a complex of components devised to render services of a wide variety to the residents in its service area which will be part of the model neighborhood and to the community at large. Family service center operates as an adjunct to the Syracuse University School of Social Work, and receives supplemental funding from the community chest and council, the department of mental health, and the Syracuse Housing Authority.

Although the contributing agencies have an objective they hold in common, "the enhancement of human experiences," they also have specific objectives in rendering unique services. This accounts for their support of this demonstration project. For example, the university, through the school of social work, is concerned specifically with the enrichment of student education and the discovery of new directions in curriculum and social work practice that might issue from research in the areas of case work, group work, and community organization.

The housing authority, as has already been stated, is obviously interested in exploring new ways to meet the needs of tenants above and beyond the mere provision of shelter. The community chest and council are interested in providing day care for children of working parents or parents receiving rehabilitative training in the hope of providing these children with necessary "quality experience," experiences the parents in many cases have neither the time, knowledge, nor energy to provide—not to mention money.

OBJECTIVE: STRENGTHENED FAMILY TIES

Broadly speaking, the council's objective may be stated as a desire to strengthen family ties through the calculated supports rendered by and through our agency. The department of mental health is emphasizing the prevention of mental disorders and the rehabilitation of those who are incapacitated.

In spite of the fact that family service center is an adjunct of the school of social work, it nonetheless has a unique element; that is, its board of directors which is composed of representatives of the sponsoring agencies, but more significantly members of the community it seeks to serve. Through this board of directors the agency maintains constant communication with the neighborhood so that the needs of the neighborhood can be reflected in planning and revising programs and services. Thus, to some extent, the center serves as a training ground for community leadership, and concomitantly, as a forum for community representatives. This is appropriate since a major objective of the board is to participate in the formulation and execution of policy and practice to assure that these are relevant to the needs of the immediate community.

As a consequence of the policies of the supporting agencies and the scrutiny of a most dedicated board of directors, there has evolved a

system of services that tends to encompass the total needs of the community. This is reflected in the programs and services which have been designed to aid the individual with his personal problems, the individual in a group, and groups among groups—community organization.

Thus, programs and services offered at the center provide:

1. Field experiences for students of social work;
2. A source of individual and family counseling;
3. Comprehensive day care;
4. Employment counseling and referrals;
5. Health services;
6. Psychiatric and child guidance referrals;
7. Teen programs;
8. Surplus food dissemination; and
9. Adult programs.

And, most recently, through a Division on Aging, we have begun to explore the ways in which the agency can more effectively serve the aged. We are asking such questions as:

1. How can we substitute associations for those the aged have lost? For example, social relationships they have had and economic ties or family ties.
2. What effects have participation and nonparticipation in groups on the aged?
3. How can we effect those institutions that create the stresses under which the aged struggle, among others?

Finally, the Family Service Center has a diversified staff representing various disciplines, backgrounds, and experiences, reflecting as closely as possible a cross section of the population. The center also maintains constant communication with specialized agencies throughout the greater community in the hope that when it cannot render a specific service it can function as the catalytic agent or liaison between its client and other institutions, the objective being to provide supports that will assist human beings, young and old, in utilizing their capacities to meet the demands of everyday life in such a manner as to foster a self-respect that should enable them to make positive contributions to their community.

That is a simple synoptic of what we are about.

We have been directed to attempt to direct our attention to four questions. For those in attendance who do not have a copy of the prepared statement, the questions are:

FOUR MAJOR QUESTIONS

1. Ways in which services can help maintain independence of the elderly;
2. How the elderly can take part in the shaping and delivery of such services;
3. How to bring about the delivery of services to those who are not living in public housing; and
4. How best to involve students in the development of such programs.

I am not going to call on any specific person to respond. Perhaps we will throw it open to the members of our staff to contribute what they wish and we will take one question at a time.

Senator Moss. All right. We will proceed in that manner if you would like.

STATEMENT OF MRS. MAE CORA WRIGHT

Mrs. WRIGHT. Senator Moss, I would like to share with you my views about the model city and how to maintain it. The elderly can be helped to maintain their independence by being encouraged to remain active, physically and mentally. This can be accomplished by, No. 1, making jobs available for the elderly in fields in which they were once proficient. This can be on a part-time job basis or a part-time volunteer program. Some of the programs utilizing the abilities of the group include the Foster Grandparents Association and an organization designed especially for men, the Green Thumb organization.

NEED FOR HOMEMAKERS

For those who are too handicapped but not bedridden a program of homemaker should be a must. Many of the elderly do not wish to go to homes for the aged and many should be encouraged to remain in the home provided that homemakers could look in daily to help with light housecleaning chores and give the elderly things they want such as love and the desire of a lot of company.

I would like to think that society should be glad to take advantage of the training, education, and above all the experience of elderly.

Lastly, planned service of an agency such as Family Service Center can help provide lawyers, doctors, clergymen, policemen, and recreational facilities and so forth.

Senator Moss. Thank you, Mrs. Wright. Your stress is on the need to keep active and provide opportunity for remaining active rather than being shelved and set aside where activity ceases. That is an important part of providing a full opportunity for our elderly people.

Getting back to the model city planning, it should be planned in such a way that these functions can be carried out.

Thank you.

Mr. Thompson.

STATEMENT OF BRUCE THOMPSON*

Mr. BRUCE THOMPSON. Although it is somewhat difficult to conceptualize on the macrocosmic sphere of a total model city, it is not as difficult to conceive of a model service delivery system. If this is, indeed, what this panel is addressing this morning, that is, how smaller model programs in a community, programs adequately funded, equipped, and staffed to provide essential services, can come together to produce an urban environment of an exemplary nature, then family service has an important part to play.

Generally, in discussing the relationship between family services, the elderly and model cities programing, we are considering a total service provision which will reach all the needy elderly in the target neighborhood. We are considering the possibility of family social work providing individual and group services, the organization of resources in the community and the development of programs and social policy.

*See app. 1, p. 402 for additional material.

We are discussing professional advocacy in strengthening the elderly population's capacities and mitigating excess disabilities.

The model cities program affords the opportunity for the coordination and accessibility of public services for the aged and an end to piecemeal approaches to urban designs that too often do not fit basic human needs into their priorities. The model cities program has established itself as a potential funding resource through which family services and facilities can be strengthened and through which new services and facilities can be created in the interest of the elderly population.

A MODEL SERVICE PROGRAM

Specifically, in discussing the relationship between family services, the elderly, and model cities programming in Syracuse, we are considering the linkage of the delivery of vital supportive health and social services with teaching, training, research, and demonstration programs. We are considering a unique model of family service delivery, the function of which will be the development, planning and implementation of program services in close cooperation with public and voluntary community agencies. The anticipated result will be a well coordinated service delivery system for the elderly in Pioneer Homes, Almus Olver Towers, Toomey-Abbott Towers, and the surrounding neighborhoods.

Based on the expressed needs and interests of the elderly through their participation in planning, the model family service system will develop the concept of the elderly as part of the total family, neighborhood and community and will begin program implementation in the areas felt by the elderly as having greatest relevance to them. The model program will likely set service priorities in the areas of health maintenance, individual counseling, group, recreation and educational programs, food and nutrition, employment and community service, and social action. The ultimate goal of our model will be the maintenance of the elderly in independent living and the cooperation of all community agencies dedicated to this goal.

Senator Moss. Thank you, Mr. Thompson.

What about the personnel to do this? Do you have adequate staff?

Mr. BRUCE THOMPSON. I refer to the model system being one that is adequately staffed, funded, and equipped. At the present time the Division on Aging of this particular Family Service Center has a director, a staff person, and two students, so I don't know as that would really be called adequate.

Senator Moss. Could the elderly themselves be utilized in staffing? Is there some way to involve them in this matter?

Mrs. WRIGHT. Senator Moss, I think so. I think the elderly people should be consulted and involved in each step of the planning process and the action carried out of this program. Moreover, I think an elderly person who can get around could adopt a friend who does not live in the housing and keep him up to date on their activities and what is going on. I think this would be a great help and would help the ones who could be more active. Program workers can do this and the younger people can do this.

I think the elderly people would like best of all to be associated more with youth—it does something to them. Even with me, younger people help me and I think it helps the elderly people.

Senator MOSS. So you have a great source of manpower and at the same time it has the therapeutic value that you are talking about of the intermingling and association of the younger and the older people.

Mr. HARRY THOMPSON. Senator, it seems to me that the elderly in a situation such as this might be a good potential force but that it would be a mistake to initiate a program on the assumption that this would be a part of the program. In other words, I am saying that I don't think that I would support the development of a program that depended heavily on the aging for its execution. I would begin with an adequate staff and hope that eventually we could build an elderly participation into the program.

Senator MOSS. Thank you.

Senator GOODELL. I would be interested on expanding that just a little bit. I don't understand why you feel you should not have more participation of the elderly.

Mr. HARRY THOMPSON. I am not saying I think we should have more participation from the elderly. I am saying that if a certain amount of funds are allocated for staff or at least requested for staff by the director, then there should be no cutbacks in the anticipation of the utilization of the elderly people. This is the point I am trying to make. If he asked for 30 staff, then I would like to think that he would get 30 professional staff instead of funds to cover 20 staff and the request for him to try to utilize elderly people in the program.

Senator GOODELL. Do you think that you can adequately implement a program for the elderly with 30 staff and no participation in the elderly?

Mr. HARRY THOMPSON. I was simply using a hypothetical number. I don't think 20 is any more important than any other number. I think that you can implement a program utilizing the thinking of the elderly, yes.

AN ERA OF PARTICIPATION

Senator GOODELL. You know, we live in the era of participation; everybody who is being served wants to participate. I happen to believe very deeply in this, too. An awful lot of people around the country are complaining because some specialists and professionals have figured out what is necessary for them without consulting them. I don't know what aspect you mean here in terms of consultation. Are you going to ask a few of them and then the professionals decide what they need, or are you going to go to groups of the aging themselves and have them have some decisionmaking?

Mr. HARRY THOMPSON. I am overstepping my bounds. We have a director of aging but I don't know what his plans are and I don't know what he will be confronted with. However, I will take my position as the example. I feel that I have things that must necessarily be done by professional people and I have things that can be done by parents and students and teenagers in the community. However, the driving force in my agency is a professional trained staff and we do have participation from members of the community.

Senator GOODELL. What kind of participation?

Mr. HARRY THOMPSON. Well, our board of directors helps to decide policy and they oversee the execution of policy. We have parent groups.

Senator GOODELL. You have the group that you are trying to serve on your board of directors?

Mr. HARRY THOMPSON. That is correct.

Senator GOODELL. From the model city area, or are you talking about elderly from the suburbs, from the very nice area?

Mr. HARRY THOMPSON. I am talking about representatives of the model city area.

Senator GOODELL. On your board of directors?

Mr. HARRY THOMPSON. Yes.

Senator MOSS. Thank you.

Miss Taylor, could we hear a word from you?

STATEMENT OF MISS INEZ TAYLOR

Miss TAYLOR. Well, Senator Moss, the people in the housing districts or the model cities territory have come from homes where they were by themselves, and to get into a building with 200 others was just this crisscross all the while. There has to be a great deal of work done there to get people to participate. One will say, "I will help"; another will say, "If I am going to work, I am going out and earn the money." We have two things to contend with whereas if we could just educate them a little bit to work together in this kind of territory in the model cities and working on the staffs and so forth, I think it would be a big help to get more to participate.

Senator Moss. You think a good part of the problem is inducing the elderly people to cooperate and work together and take part in the various activities of the community, the housing area. Are you referring primarily to where older people move into a single high rise building, for example, and there are a great many elderly people in there?

Miss TAYLOR. That is right.

Senator MOSS. As part of the solution to that would you favor intermingling, as it were, of younger people with older people in the building?

Miss TAYLOR. Well, there is a problem. I think younger people but not real young. We have problems at Almus Olver Towers where the children are surrounding the place and that is bad.

Senator MOSS. You think the intermingling of small children and older people is not optimum?

Miss TAYLOR. It is not good. As you grow older children tire you. We have them running through the building constantly and trying the doors to see if they are unlocked to see if they can sneak in and things like that. Children should not be around, not little children, with the aged but where they would have some younger people in to help them I think it would be a good idea.

Senator MOSS. You think it would be fine if you had mature people, but younger, intermingled with the others?

Miss TAYLOR. Yes, because where there are elderly people they are all crippled up, they cannot help each other as much as if there were a few others in to help and keep their spirits up a little bit more.

Senator MOSS. I see.

Do you have any questions of Miss Taylor?

Senator GOODELL. Miss Taylor, don't you think there is a great difference from one older person to another in wanting to live around young people?

Miss TAYLOR. Well, yes. But you take the average person, did you ever hear a grandmother say, "I'm glad they come home, I'm glad they went"? [Laughter.]

Senator GOODELL. I asked you a personal question. I have it in my own family with five young sons.

Miss TAYLOR. That would depend somewhat, I think, on how you arrange for the children who are just in the building somewhere and they could see them occasionally and work with them and would not have an extended period when they would just be exposed constantly. I have had many older people tell me that they want access, but limited access, to the children.

Senator MOSS. All of this that we have been talking about then, Mr. Thompson and members of the panel, fits in against this background of planning for the model cities to accomplish the goals that you think are desirable. I particularly would like to know from Mrs. Wright what she thinks about this mobility and transportation problem of the elderly people so that they can get around. What should the planning include on that? Is this simply bus service we are talking about or is it some other kind of transportation?

Mrs. WRIGHT. Well, one instance, Senator Moss, when I spoke of the young people I meant the ages from 20 to 40, something like that; I didn't mean really teenagers. I thought as volunteers they might be able to provide some transportation for them sometimes.

Senator MOSS. By driving them in private cars, you mean?

Mrs. WRIGHT. Yes, or maybe they could get together and perhaps charter a bus.

Senator GOODELL. You say young people 20 to 40. Young people 20 to 40 tend to produce children. Would you move them out when they started having families?

Mrs. WRIGHT. That is all right; some of them do not have them in the 20's and 40's, along there. That is what I had an idea about. I did not mean the young teenagers working with the elderly people because I know that they would soon become tired of them and the elderly people would get tired of the youngsters.

Senator GOODELL. 20 to 30 and some 40's, they might have some nice parties while they are single and that would not be very desirable for the elderly people. When they get married and start producing children, are you going to move them out?

Mrs. WRIGHT. Do whatever you want to.

ATTITUDES CAN FOSTER ISOLATION

Mr. HARRY THOMPSON. I think what we are concerned with here is the problem that grows out of the manner in which we have treated the elderly people in the past. The elderly people are isolated partly because they feel they no longer belong themselves and partly because we feel they have outlived their usefulness in terms of society. If we can in effect change the total attitude, which is no easy job I assure you—at least I feel it is no easy job—if we can change the attitude, then perhaps the attitude of the old toward the young and the young toward the old will in effect change; it will be one of the concomitant changes that we are working for. I see no reason for letting this kind of thing stand in the way of our trying to find new ways.

Senator MOSS. Well, what you are really saying and what the objective is is to continue the involvement of older people so that they

feel involved, they feel there is a need for their contribution and they feel fulfilled and at the same time recognizing that as limitations come upon them of mobility, of limited income and some illness that these factors must be accounted for and made adaptable to the elder people as they become less able to cope physically with the problem. Now this is what we are trying to bring together.

Mr. MILLER. Mr. Thompson, in your comment about changing the attitudes of the young toward the old and the old toward the young, do you not also feel that this would also tend to change the attitude of the old toward the old?

Mr. HARRY THOMPSON. Yes.

Senator MOSS. Thank you.

Mrs. WRIGHT. Yes, it certainly does.

Mr. BRUCE THOMPSON. I mentioned in my statement professional advocacy. I think that attitude change is an arduous process, the end result of which is long coming. I think what we are addressing here is the second question that was put to this panel which is how the elderly can take part in shaping such services. I think that professional advocacy is essential.

It seems those persons who still want to contribute to the society are thwarted because we have not discovered ways to enable them to apply their skills and wisdom in helping to provide new and needed community services. Perhaps we should be focusing this morning on the usefulness of the elderly to model cities or model service programing rather than on the usefulness of model cities programing to the elderly.

The emphasis on newness in all model cities literature should not exclude the potentials of the elderly for imaginative programing. The elderly have potential for representing themselves, though frequently on an individual basis, referring especially to the inner city poor and dispossessed, they adhere to their ascribed status and surrender in futility to the double jeopardy imposed by an authoritarian housing department and an inadequate welfare system. What is needed is the organization and coordination of the older people as a constituency who demand that their voice be heard and their interests acted upon. This is the professional adequacy of which I spoke.

ELDERLY MUST PLAY A ROLE

Just as funded cities will respond to the special needs of the elderly only if the elderly respond to the opportunity opened by the model cities program to participate in planning, so, too, the elderly must be afforded the opportunity to offer their expertise in the planning of model family services. No one knows the needs of the inner city elderly better than they themselves.

I think, speaking from the experience of the past 3 months since the division of aging in the family service center has been incorporated, we have had the elderly participating in all sorts of planning committees around programing. It is in its initial phases and we are in the process of proving that it can be done, but they need an advocate. They are not going to come down alone, they have to be prodded.

Senator MOSS. Thank you for that observation. I am sure that has some validity. They feel timid and reluctant to thrust themselves in and they do need an advocate of some entry to then make the contribution that they can so well make.

I was thinking earlier when Mrs. Wright was talking about the things the elderly can do, naming some of these programs like Green Thumb and otherwise, it is really just getting them introduced to it so that they then recognize that here they may make a contribution commensurate with their physical abilities that is useful, desirable and contributes to the community. I think the greatest problem of all in age is not the slowing down of the physical mechanism so much as just coming to that sort of a dead end where you feel there is no longer any contribution you are making.

Senator GOODELL. You don't speak from personal experience?

Senator MOSS. I am afraid I am bordering on it.

Any further questions?

Mr. ORIOL. Mr. Bruce Thompson, you kept saying "we" and "our model's service delivery." Now is the "we" here the school social work, the Family Service Center, or something you would like to see in the model cities program? Who is "we"?

Mr. BRUCE THOMPSON. I was talking about the Division of Aging and the Family Service Center.

Mr. ORIOL. It is something you would like to see extended throughout the model cities thinking and planning?

Mr. BRUCE THOMPSON. Definitely.

Mr. ORIOL. Thank you.

Mr. HARRY THOMPSON. Shall we move on to the next question?

Senator MOSS. If you would like to, yes.

Mr. HARRY THOMPSON. Let's go on to question 3 since you addressed your remarks to question 2. Perhaps you can make your statement as brief as possible because we are running out of time.

Mrs. WRIGHT. Moving on to No. 3, use elderly volunteers to look in on elderly persons not living in public housing. Maybe a program of adopting a foster friend and introducing the friend to the activities for the aged could be carried out. Use the community workers for the aged and this way I feel that something could come out of it.

For instance, I know of an elderly person who lives in this building where we work and he has been a great leader in bringing around and informing us about the problems of the other aged people. In that way the Family Service Center has been able to go out and find these people and work with them and they have really been helped through this elderly person who is less fortunate than some of the people who could not get around. So I feel that this would be a great part of it.

Senator MOSS. Using the elderly people themselves to make the visitation.

Mrs. WRIGHT. I think they should be involved because when they are involved they feel that they are wanted and they feel that someone cares for them and they need the love and the warmth.

Mr. BRUCE THOMPSON. My response to this question is short. I think that we are talking about resourceful family services of a model nature. We must reach beyond the area prescribed in public housing and not be content with the 1,500 that are being provided for by community agencies with the realization that there may be 1,500 more who are in need of service but don't come to the attention of community agencies.

SCATTERED FAMILY SERVICES

Just as model cities planners should be relating to the varied housing needs of the elderly and should be providing alternative choices for those who find themselves in need of public housing, so, too, should the model delivery system be relating to the needs of those outside as well as to those within centralized community facilities. Age-segregated public housing of a high rise nature should not be the only choice available to the elderly in a model city. "Scattered family services" may be the new mode of service delivery to people in scattered site housing.

Research has demonstrated that most older persons are in sufficiently good health to remain in their own homes and that this is the most desirable living arrangement to them. This would seem to point to the need for stepping up family services of a home care, day care, or visiting aid nature.

Senator Moss. Thank you, Mr. Thompson, for that contribution.

Any additional response you would like to make to that question, Miss Taylor?

Miss TAYLOR. I think we do need outside people to come in to pep things up a little bit. It would be of help to the elderly for some of the younger people to come in and talk with us and give us some different views and ideas to work out. I think as you get older you get down and down and you get so inactive and all of that that we need somebody else to come in to show us something, brighten us up a little bit.

Senator Moss. Again we are talking about mingling the younger with the older and not leaving the older people isolated.

Miss TAYLOR. Yes.

Senator Moss. Thank you, Miss Taylor.

Are there any further observations of the panel?

Mr. HARRY THOMPSON. I think not but I would like to say one word on something that is not part of any presentation we would like to make. As we talk about family service center or family services and the elderly and we talk about model cities accommodating elderly people, I think that perhaps we should be concerned with the preparation of model cities that would prepare people who are going into aging or becoming elderly. It seems to me we wait too long to treat the sicknesses or the affliction. Perhaps a model city would have some elements that would prepare people for a retired productive life.

Senator Moss. Thank you. I am sure long range planning, looking ahead, is a perfectly desirable factor. You are saying rather than a person finally finding that he is elderly and limited in some ways, and never having looked forward to that at all, feeling quite helpless, that it might be better for him to look ahead and decide how he is going to continue with, perhaps, diminished activity and less mobility and so on as he gets older.

Thank you very much. You have made a very fine contribution, all of you, and we appreciate it. We are glad to have this as part of our record.

STATEMENTS OF JACOB C. LATTIF, COMMISSIONER OF SYRACUSE HOUSING AUTHORITY; JOHN FRANTZ ASSISTANT TO THE EXECUTIVE VICE PRESIDENT, REPRESENTING THE METROPOLITAN DEVELOPMENT ASSOCIATION OF SYRACUSE; AND WILLIAM D. JOHNSON, CHAIRMAN, SPECIALIZED HOUSING COMMITTEE, UNITED COMMUNITY CHEST AND COUNCIL OF ONONDAGA COUNTY, INC.

Senator Moss. We have another group who will appear together at the table consisting of Mr. Jacob C. Lattif, the commissioner of Syracuse Housing Authority; Mr. John Frantz, assistant to the executive vice president, representing the Metropolitan Development Association of Syracuse; and Mr. William D. Johnson, chairman, Specialized Housing Committee, United Community Chest and Council of Onondaga County, Inc.

We are pleased to have you distinguished gentlemen here to testify today. If you have any choice as to who shall go first, we shall be pleased to hear you.

Mr. Lattif, perhaps you could start off.

STATEMENT OF JACOB C. LATTIF

Mr. LATTIF. Thank you, Senator Moss. It is a privilege to appear before you this morning and take part in the discussion on the relationship of the elderly as it relates to the model cities program.

May I compliment you and your committee on the thorough search you are conducting; I am sure it will produce effective and efficient results.

By way of qualification may I submit that the Syracuse Housing Authority has been operating for some 30 years. As a matter of fact, the Syracuse Housing Authority was one of the first cities to be granted a project in the United States back in 1938 and we had in operation 678 units by 1940. This is the project known as Pioneer Homes.

Then in 1952 when the public housing law was amended to permit specialized housing, Syracuse again was one of the first units in the United States to be constructed. We expect early next year, hopefully by the middle of January, to start occupying the building adjoining here—I don't know if you observed it—which we call the Toomey, Abbott Towers. This is a 23 story building that will accommodate 363 elderly people. It consists of utility apartments, one bedroom apartments and two bedroom apartments. This will bring our total number of specialized housing units of the housing support to 1,110 units. We also have, of course, 1,500 units for the nonelderly.

We have a population in our public housing of 7,200 people, of which 4,000 are children. I am certain that we would have more applications for the elderly, but the fact of it is that it is generally known that it takes a long time to get in. Some of our people have waited as long as a year.

Gentlemen, we feel certain that the model cities program, in coordination with our other local governments and civic organizations, would be a long step in the right direction, because as we draw most

of our clients from the areas earmarked for improvement under the model cities program this will increase the number of applicants that we must take care of. This is the area that has the highest density of the elderly, this area that is earmarked for the model cities program. It is not only that but it is the largest section of town that has condemned properties, rooming houses, et cetera.

FEDERAL LIMITATIONS ON INNOVATION

We all recognize, and I am sure you do, too, that there are many things that the elderly require to improve their living that every housing authority would like to provide. However, because of the limitations with our contract with the Federal Government and our subsidy contracts we are limited, as you know, to provide safe, sanitary, and decent homes for our people and when we ask for something else we face the ineligibility of the kind pointed out in the contract. So, for any amenity at all that we require over and above what is provided in the contract, it is a real fight on our hands to get it.

I recall specifically when we constructed the Central Village, which is the Almus Olver Towers that has been referred to here several times, when we requested community space for clinical and medical care and space for the community activities such as Meals on Wheels and other amenities that we felt should be incorporated, it delayed our program, I will venture to say, at least a year. We finally put through some of them.

At this very moment we have a committee that Mr. Johnson and perhaps Mr. Frantz will point out of soliciting, just begging for funds to give and to provide the Toomey-Abbott Towers which is next door with furniture for the lounges, with drapes and curtains and other things that really are needed, but under the contract with the Federal Government the Syracuse Housing Authority has no funds.

I feel strongly, gentlemen, that the model cities program that you people are checking and investigating would be a long step in improving the lot of the elderly so that they can enjoy the comforts of life and the other amenities that they deserve in their twilight years.

I have purposefully been brief about this. I have been tying my question principally to how the housing authority can help the elderly. I would be very happy to answer any questions.

Senator Moss. Thank you, Mr. Lattif. Your experience with the housing authority here is wide and we are glad to have you explain the problems, the limitations that you have, and the needs that there are in planning model cities to perhaps expand the accommodations available to the elderly to a greater degree. I am sure we all recognize it, it is a constant problem we have, how to make our resources meet our needs and to do it in the most imaginative and effective way that we can.

We may have some specific questions later but none occur to me now.

I know that Senator Goodell has another commitment; he is going to have to leave very shortly to catch an airplane. Before he has to go I want to tell him how much I appreciate his being here with us in his home State and participating in this matter and taking the great interest that he has in this particular phase of the work of the Senate, and I know all of you appreciate it.

Maybe you have either a last question or a last observation before it will be necessary for you to leave, Senator.

Senator GOODELL. Well, Mr. Lattif, Mr. Frantz, Mr. Johnson, and all other witnesses to come, I apologize but I do have to leave. I was planning to be in Long Island when this was scheduled and I have to fly down there. I will have your statements and will go over the record very thoroughly. I have a couple of staff people who are going to remain here and take notes, so I will be brief.

I want to just say that I not only thank Senator Moss for coming here but all of us thank him for the tremendous service he is rendering to us and to his country.

Thank you, Senator Moss.

Senator Moss. Thank you, Senator Goodell. I appreciate it very much. We wish you happy landings down there; we hope it is not snowing in Long Island.

We will hear now from Mr. Frantz, who represents the Metropolitan Development Association.

STATEMENT OF JOHN FRANTZ

Mr. FRANTZ. Thank you, Senator Moss. I am happy to be here and discuss our programs and hopes and how they may relate to solving problems of the elderly.

My name is John M. Frantz, Jr. I am assistant to the executive vice president of the Metropolitan Development Association of Syracuse and Onondaga County.

MDA is a nonprofit corporation supported by the contributions of businesses, industries, and the professions in the Syracuse community. The association consists of 100 men and women who occupy positions of leadership in Syracuse and Onondaga County and are dedicated to the development of the county, the city, and the metropolitan area, to strengthen its economy and improve its livability.

Our association has been concerned since its founding in 1959 with a number of development programs affecting the city, the county, the metropolitan area and, indeed, the entire central New York region. We have been involved with the city administration in its urban renewal program, designed to rebuild the heart of Syracuse and create a revitalized economic and cultural center for the future of Syracuse metropolitan community. We have also been concerned with a metropolitan approach to a number of problems in our area which we believe demand metropolitan or regional solution. We were active in the promotion of the metropolitan water district to supply the growing water needs for homes, institutions, and industries in Onondaga County. We have encouraged joint planning and have worked successfully to merge our city and county planning departments. We have worked closely with our joint city-county office of economic development. We worked to establish the Central New York Regional Planning and Development Board, which is now undertaking the preparation of a plan for the future of central New York.

Although MDA over the years has been concerned primarily with activities to promote physical and economic development, we have become aware, as others have, of the important relationship between the physical and economic problems and the social or human problems of the urban environment. Our organization has, in fact, been asked

by a committee of prominent Syracusans to formally expand its activities into the field of human and cultural problems.

The MDA Board of Directors is now considering this move. However, regardless of the final decision, I think it is fair to say that some of our activities are already moving in this direction. During the last year MDA worked to establish the new Syracuse Community Housing Development Corporation, which will provide the seed money and technical expertise to promote a comprehensive program of housing construction and rehabilitation for families of moderate and low income. This was done in recognition of the community's obligation to provide decent housing for all of its citizens and also because many programs for the progress and prosperity of Syracuse—highways, schools, urban renewal, hospitals, and many others—are dependent upon the existence of an adequate housing supply. The model city program, which unites a concern for physical and human problems in an effort to regenerate an entire area of the inner city, is another example.

With respect to problems of the elderly, I do not believe there has been any concerted program of effort in the Syracuse community—apart from some very worthwhile efforts in the field of housing and health care, and some beginning efforts by the family service center which you have heard described here this morning. I believe that the model city program offers an ideal opportunity to develop a comprehensive program to cope with the problems of the elderly. In Syracuse we are on the threshold of planning for the model city program. For this reason, I think the committee's decision to hold a hearing in Syracuse at this time is particularly fortunate for us, and I am glad to have the opportunity to be with you and discuss some of our hopes and concerns for this program.

In December 1966, several months after the enactment of the Demonstration Cities and Urban Development Act of 1966, Mayor Walsh called on the MDA to spearhead preparation of an application for Syracuse to participate in the model city program. We did this and, in fact, wrote substantial portions of the application in our own office, for the first round of the program in the spring of 1967 and, again, for the second round of the program in the spring of 1968. Syracuse was rejected in the first round and accepted in the second. We believe that our success in the second round was due to several factors, including the reconstitution of our antipoverty program, which had collapsed during review of the first round model city application; the establishment of the Syracuse Community Housing Development Corp. to promote construction and rehabilitation of housing for families of moderate and low income; the decision of the Syracuse Common Council to reverse its previous position and endorse the leased housing program, and the increased provision for citizen involvement in preparation of and support for the second round application and, more important, in planning and carrying out the program itself. This last factor, citizen involvement and citizen commitment as a part of mobilizing the community's resources will prove, I believe, to be a vitally important factor in the success of the model city program as a whole and will certainly measure the ability of this program to cope successfully with the problems of old people in the city.

CONTACT WITH RESIDENTS

At present, the city government is attempting to reach specific agreement with residents of the model neighborhood on the question of how citizens will be represented on the board of the model city agency. There is an interim committee, composed of residents of the model neighborhood, at work on this problem. They have prepared an interim budget for the next 90 days, which we hope will lead to agreement on an administrative organization for the model city agency satisfactory to the residents, the city government, and the Federal Government, after which the Federal contract for the planning grant will be formally executed.

The potential of the model city program is very great indeed. Maybe that potential will be achieved; maybe it will not. I would like to conclude my statement with a kind of workaday recitation of a few factors which I believe seriously threaten the potential of the program.

First, it would appear that the resources being provided for the model city program are not nearly adequate to accomplish the goals which have been set for the program. For the planning period, Syracuse applied for approximately \$200,000, not because this is the amount we thought would be adequate to the task, but because given the limitation of resources this is as much as we expected to get. We received \$166,000. By comparison, an urban renewal project for a much smaller area, with much less complicated problems to be solved, could expect to receive a far larger Federal planning grant. The execution phase of the program is no more adequately funded. As of today, there is substantial merit to the argument of those who say that the model city program is more rhetoric than resources.

10-PERCENT LIMITATION QUESTIONED

Second, the Federal Government has issued an unfortunate and unworkable regulation, which requires a city to limit its model neighborhood to an area containing no more than 10 percent of the city's population. This is inconsistent with the flexibility essential to the success of the model city program. It harks back to the rules for programs of purely physical development for which confinement within a given area made a certain amount of good sense. Now it does not. If, for example, the planning for the model city program results in development of an excellent preschool education program, how can this be made available to the children of the model neighborhood and denied to children in other areas of the inner city? In housing, how can the model city program be confined to a single area? Shouldn't the program be concerned with offering the greatest number of choices in housing; so that those who wish to remain within a renewed environment in the inner-city may, ultimately, do so, but those who wish to move elsewhere in the city will have that choice available to them as well? Isn't it true that the primary problem of housing in the inner city is high density—too many people in too few houses? And doesn't that suggest that the problems of housing cannot possibly be solved by a program of action undertaken solely within any given model neighborhood? In my opinion, the regulation limiting model city program to an area of no more than 10 percent of a city's population, despite the reasons which have been offered in its support, is

simply another cloak for inadequate resources. If the program is to succeed, this regulation must be rescinded.

I think this emphasis on citizen participation has evolved in our urban programs because we are beginning to recognize that it is the growing alienation of the inner-city people—not poor housing, not underemployment, not poor health—that is the primary problem of urban America today. All of these other problems must be solved, but, most important, if the model city program is to succeed, it must be accepted by the residents of the model neighborhood as a means for marshaling resources of our society in their own behalf; it must provide reasons to work within our society rather than drop out.

MODEL CITIES: TWOFOLD POTENTIAL

The path toward the solution of the problems of the elderly is beset by similar obstacles. The distaste of Americans for old age is a sociological phenomenon at least as significant as racial discrimination. In America today, old people are also an alienated population—a people in isolation. For them, the model city program offers a great potential, a twofold potential. First, the program is aimed directly at the problem of alienation; it seeks to bring old people to the same table with young people and middle-aged people, with black and white, with representatives of business, with public officials and heads of private agencies, to create a plan, not just for the benefit of old people or any single group, but for the good of the community as a whole. And in calling on the talents of old people and in recognizing the value of their contribution, the model city program, in effect, welcomes them back into the community of man.

Second, the program is aimed at diversity—the same diversity which is the strength and vitality of the city itself—which takes account of the great differences between men and yet, at the same time, aims at the whole man. We must not become mired in the problems we seek to solve. In the case of old people, for example, we must be imaginative and flexible and humane and not simply limit our response to their needs by catering to the growing infirmities of age through construction of ever more specialized physical facilities.

And, finally, the formula for funding the execution phase of the model city program, which as you know is keyed to the non-Federal share of other federally assisted programs undertaken in the model neighborhood, is, in my opinion, totally unworkable. It should be abandoned and replaced with a block grant formulation which is responsive to the plan prepared for the model neighborhood and which rewards diversity and innovation.

Again, for myself and for other Syracuseans, let me say how grateful we are that you have chosen Syracuse for this hearing of the Senate Committee on Aging—not only for what we hope we can bring to your deliberations, but because of the timely opportunity this provides us, at the outset of the planning period for our own model city program, to be very thoughtful about the problems of the elderly and to be certain that these problems and the participation of the elderly are very much a part of the program that lies ahead of us. Thank you.

Senator Moss. What you presented was eloquently said and certainly provocative of a lot of thought, and this is exactly the sort

of criticism we want to have in the record to look at and consider and be able to act upon at least with some degree of forethought in the Congress.

You're pointing out the areas where the program is not working too well and you do not think it is going to work too well and pointing out the ways you think we ought to go is excellent. I particularly liked your theme of pointing out that in considering all of this model cities planning as it affects the elderly we should not fall into the trap of setting the elderly apart and planning only for the elderly because this is one of our problems, is allowing the elderly to become isolated and apart and something separate in the community. The very thing we ought to do is be sure they remain integrated and involved and part of the community.

In finding how the model cities program will work so far as serving the elderly, we ought to say it works so well all the way across the board that you don't really distinguish the line between elderly and those who do not qualify as elderly because they are integrated into the community. You gave a very eloquent statement and I am glad that is in the record.

Mr. Oriol, our staff director, also called my attention to the fact that you are a cousin of Frank Frantz who used to serve as a staff member of this committee.

Mr. FRANTZ. Nephew.

Senator Moss. Well, all right. You are a relative of Frank's and we think very highly of him. We are delighted to have you, Mr. John Frantz, testify.

Now we will hear from you, Mr. Johnson.

STATEMENT OF WILLIAM D. JOHNSON

Mr. JOHNSON. Senator Moss, Mr. Lattif some years ago conceived the idea which is now about to be developed in the Toomey-Abbott Towers specialized housing for senior and handicapped citizens who in general are able to take care of themselves with some assistance to be furnished by social service and health agencies.

The idea was studied by an ad hoc committee of the Community Chest over a period of years and the membership of the committee included representatives of the social service and health agencies, physicians, businessmen and others interested in the development of the community.

One of the objectives of the idea was to lengthen the time in which spouses could live together in appropriate housing.

The Toomey Abbott Towers will have 364 dwelling units consisting of 112 one-room units; 216 one-bedroom units; and 36 two-bedroom units. It has some special construction to facilitate movement of people, such as railings, ramps for wheelchairs. One implication for Model Cities planning is the supplying of financial assistance to purchase special services for some of the tenants.

I would like to divert for a moment to second what Mr. Lattif says, that the budget of the Syracuse Housing Authority is not sufficient to permit them to furnish these special services.

The estimated population when the building is filled is 424.

Syracuse University has undertaken the lead in coordinating the services to be offered the tenants of the building.

While I do admit that the furnishing and coordination of the services is an experiment, I feel confident that it will succeed, and although I know it will present problems I believe the means of solution are available and will be used.

It is my opinion that the use of public housing for purposes sought to be achieved by the Toomey-Abbott Towers is appropriate and that it is too much to expect of commercially operated houses to furnish these services.

Thank you.

Senator Moss. Thank you, Mr. Johnson.

You point out the problem we have of adequate resources, and this is what Mr. Frantz touched on. We recognize the problem but we have not been able to come up in many instances with the resources we need to solve the problem. I appreciate your contribution of your specialized experience in this field and that of your two associates, Mr. Lattif and Mr. Frantz.

Any questions?

We thank you very much, gentlemen. You have been helpful to us.

STATEMENTS OF JOHN H. MULROY, COUNTY EXECUTIVE OF ONONDAGA COUNTY; DR. DAVID G. BIGWOOD, COMMISSIONER OF HEALTH; MRS. MARGARET W. DALY, ACTING COMMISSIONER OF MENTAL HEALTH; AND MRS. CAROLINE L. RUHE, DIRECTOR OF STAFF DEVELOPMENT, ONONDAGA COUNTY DEPARTMENT OF SOCIAL SERVICES

Senator Moss. We now are going to have some witnesses talk about county needs. Mr. John H. Mulroy, county executive of Onondaga County; Dr. David G. Bigwood, commissioner of health; Mrs. Margaret W. Daly, acting commissioner of mental health; and Mr. John L. Lascaris, commissioner of social services.

In place of Mr. Lascaris Mrs. Caroline L. Ruhe, director of staff development, Onondaga County Department of Social Services.

We are pleased indeed to have the members of this panel appear. I see that you have all prepared statements for us which we are delighted to have. You may proceed if you wish by reading the statement or if you would care to have the statement in full inserted in the record and highlight it for us, call attention to particular parts of it, you may do that. We are very pleased to have you. We will ask Mr. Mulroy if he would like to lead off.

STATEMENT OF JOHN H. MULROY

Mr. MULROY. Senator Moss, I am John H. Mulroy, County Executive of Onondaga County. We appear here today to explain the relationship of county government and the model cities program. I have with me the people that you have named: Mrs. Daly from Mental Health, Dr. Bigwood from Health, and Mrs. Ruhe representing Commissioner Lascaris of the Onondaga County Department of Social Services.

Onondaga County is the sixth largest county in the State and we are very centrally located and provide a center of attraction for a

great area of New York State. You are aware that in New York State counties are empowered under special legislation to take a very active part in providing services for the residents of that county. Ten counties of the 75 in New York State have taken advantage of this particular legislation, generally called the Home Rule Charter, and as a result county government is responsible for the provision of a good many services to a good many people in our community.

We provide approximately 22 services that include not only the residents of the county but the city of Syracuse as well. Primarily the largest of these are the Department of Health, our Social Services Department and our Department of Mental Health. These combined budgets for 1969 will approximate \$60 million of a total county budget of \$103.5 million. Employee-wise they include something over 1,300 employees. As you can see these are our largest departments and they are so-called all-inclusive departments.

The county is also becoming involved in other areas; the areas of recreation, cultural enterprises, education, and, to a lesser extent, transportation. We feel that the particular construction of our area is amenable to the implementing of a program such as the model cities program. We have only one single city within the county and it is centrally located. We feel it is a microcosm of the other metropolitan areas throughout the United States. We think we have a lot of advantages here to provide an example or a working testimony of what can be done with the program such as we have in the model cities.

With that I would turn the remainder of the program over to the people from the county, and you may call on them as you see fit. We will be happy to answer any questions. I am told that due to the shortness of time you would prefer that we may summarize some of the statements here rather than read them in toto.

Senator Moss. That is true, Mr. Mulroy. I surely appreciate that. As I indicated, all of these statements will be placed in the record in full and we will be glad to have them summarized or highlighted by the various individuals.

(The prepared statement of John H. Mulroy follows:)

PREPARED STATEMENT OF JOHN H. MULROY, COUNTY EXECUTIVE OF ONONDAGA COUNTY

The Syracuse Model City project is located in two separate areas, one to the south and west of the central business district (consisting of 19,304 people and 9,144 housing units), the second in the University Hill Renewal area, one mile east of the central business district (containing 3,208 people and 1,696 housing units.)

The Census Tracts involved in area number one (1) include: Tracts 39, 40, 41, 42, 52, 53, 54 and 30. These neighborhoods are parts of Urban Renewal projects for which applications have already been submitted to the Regional Office of the Department of Housing and Urban development.

The proposed Model City project aim is at areas of Syracuse in the greatest need of both human and physical development programs.

Population: The 1960 census population data indicated a total of 1,916 over the age of 65 in the Model Cities area. However, these figures do not portray with any degree of accuracy the 1968 population of those neighborhoods. The relocation of individuals and families compelled by clearance for a hospital for the State Department of Mental Hygiene is not reflected in the 1960 statistics. This area contains a number of rooming houses that probably received the elderly pensioned individuals dislocated since 1960. Onondaga County's percentage of elderly in the population is higher than other counties in the State. It is estimated that the elderly population in the Model Cities area would be higher proportionately, than that of the County.

Housing: More than 40% of the housing units in the Model City area are deteriorated or dilapidated. The area is characterized by a substantially greater degree of overcrowding in housing units and a density of population far in excess of other areas of the City.

There are three high-rise public housing complexes in this area, housing elderly individuals. They include the Syracuse Housing Authority's project, the James Geddes Home. All contain a majority of residents over 65. Many of the residents are infirm and handicapped as well as elderly. The total number over 65 residing in the high-rise buildings in the James Geddes project is 117 men and 253 women. Seventeen families there are recipients of public assistance from the Department of Social Services. It is noted that among the goals of the Model City program the Housing Program will seek to promote the rehabilitation of approximately 4,500 dwelling units, the construction of approximately 2,700 new units of housing for families of low income and 3,400 new units of housing for moderate income families. There is also a definite need for facilities for single persons, particularly men in the area. We therefor recommend that new or rehabilitated rooming houses be made an objective, rooming houses accommodating no more than a dozen or twenty persons. The housing program will be supported by physical improvements in the Model City area, including street pavement, tree planting, park development, street lighting, and the construction of many other public facilities.

It is recommended that reconstruction of sidewalks include the elimination of curbs throughout the area, providing for a freer flow of wheelchairs and walkers to and from Consolidated Industries, the Onondaga County Workshop for the Handicapped, the Health Department building, and the services to be located in any multi-purpose centers in that area.

It is recommended also, that the tree planting and other beautification programs include the development of small garden plots for the elderly. Such things can be included in vest-pocket parks and rehabilitation areas around buildings, and available to old folks who enjoy gardening, particularly for flowers.

Transportation: Many of the city's services and facilities are not easily reached from the Model City's areas. This is particularly true for the elderly and infirm. The high population density in the area, the inadequate lighting and the distance from downtown is a deterrent for attendance to cultural activities located in the heart of the city. These services are not currently available in the Model Cities Study area.

There is a temptation to adjust to this situation by duplicating community services and facilities in the area of concern. This is costly, though, and leads to progressive isolation from the rest of the community of those unable to get about. We recommend, therefore, that special efforts be made to expand on the existing transportation system so it can be used easily by the elderly and the handicapped.

Bus schedules and routes should be changed to permit convenient travel from any point in the target area to Consolidated Industries and the Onondaga Workshop for the Handicapped, to the Health Department's clinics or to the Neighborhood Health Center, and to recreational and vocational resources existing or to be created. Fare reductions should be accomplished for pensioners and others with limited income so they will not be discouraged from trips to shops and cultural institutions. Equipment should be re-designed to meet the needs of the infirm, this might even go so far as to include power lifts for wheelchairs. Personnel might be supplemented to provide attendants to help passengers load and unload. A minibus service could be provided for unscheduled activities for small groups, such as church attendance or after-dark activities at the War Memorial or at theaters and concert halls.

There are experimental transportation facilities that also might be studied. There is, for instance, the urbanite electric car that the Cornell Aeronautical Laboratory is experimenting with in Buffalo. Such cars can be picked up or left at depots on selected sites (e.g., shopping centers, hospitals, etc.), being run either on rails or on city streets by people who are physically capable, but not financially, of operating such a vehicle.

We believe that a deliberate effort to meet the travel needs of the elderly could make use of a wealth of pertinent available technical, mechanical and electronic knowledge.

Health: The County Health Department's headquarters is located on the edge of the Model City area at 300 South Geddes Street. Facilities are available there for specialized preventive clinic services (communicable disease inoculation, tuberculosis and venereal disease diagnosis and treatment). Emanating from this headquarters—and from substations in two housing projects in the target neigh-

borhoods—are health department visiting nurse and related patient care services as well as inspectors concerned with environmental control.

There is also in the process of development in the area, a neighborhood health center supported with funds from the Federal Office of Economic Opportunity. Its purpose will be to provide comprehensive family-centered care to 10–12,000 people in an area included in the Model City project.

Immediately adjacent to the Model City area on the east is the Upstate Medical Center and a major complex of hospital buildings. Most of these are acute care institutions, but among them is one, the Silverman Public Health Hospital, that is devoted to the development of an interim care program largely used by elderly convalescents. This hospital's staff and its facilities are specially designed to speed the recovery of sick people no longer in need of acute care, but not yet able to cope by themselves with the needs of daily living.

A related facility, the housing project known as Toomey-Abbott Towers, is about to open for elderly invalid tenants; it is located within a hundred yards of Silverman Hospital. Plans are afoot to take advantage of this proximity by using model apartments for trial occupancy by patients discharged from the interim care program at Silverman.

We recommend that Model City funds and resources be used to expand upon both of these later programs. The interim care project at City Hospital is constrained and inhibited by lack of funds for staff and equipment. The Toomey-Abbott program of trial tenantry, and for home care help of the invalids accommodated according to plan, suffers also from lack of equipment and staff. Indeed, space in the project assigned for health department use lies empty and undeveloped now because funds are not at hand to complete the job. Although both of these institutions, strictly speaking, may be outside the boundary of the Model City project, they are just across the street, and they do deal to a considerable extent with elderly people from the target areas, who will return to them.

We recommend also that the health education program in the selected neighborhoods be reinforced. Currently, there is a single educator in the health department for the entire county. She has no opportunity to meet the special needs of particular areas or groups, such as the Model City neighborhoods. If she could have help, useful work could be done in community organization, expansion of health education programs, and stimulating involvement of the elderly in projects of mutual aid and instruction. One such could be patterned on the Health Guide program now just getting under way on the west side of the city. With appropriate staff supplementation advantage could be taken of the opportunities inherent in the local educational television station or a special closed circuit television network to provide professionally prepared health education for the elderly. Of course, such facilities could be put to use for many other kinds of programs as well—teaching of crafts, cooking and nutrition, performing arts, etc. If participation were built in, this device could be an effective way of combatting loneliness.

Protective services should be provided for the elderly whose intellectual capacities are declining as well as their physical. Without them, we regularly see accelerated deterioration of old folks, and on occasion scandalous deprivations of their accumulated household goods and life savings. Such protective services have benefits that accrue to physical as well as mental health, with a large component of social work expertise involved in either case.

Related closely to the above are such desirable embellishments as mutual aid projects, friendly visitor services, health guides (referred to previously), recreational and occupational therapy.

All of these services and propositions are calculated to conserve the personal resources of elderly people. They have independent justification; any one of them can stand alone. However, it would be nice if all of them could be correlated in a deliberate way. One such might be conceived of as a health conservation agency which would be staffed with adequate numbers of health professionals and ancillaries—physicians, dentists, nurses, social workers, therapists, technicians, educators, etc. This is the concept that is being implemented as the Neighborhood Health Center. If it could be duplicated through Model City funds to meet the special needs of the elderly, we believe these separate bits and pieces could be built into a very worthwhile project, slowing the process of aging, finding threats to health early, providing treatment for existing illness, and ameliorating pain and other distressing symptoms of sicknesses that cannot be prevented or cured.

Senator Moss. We will ask then if Dr. Bigwood, the commissioner of health, would speak next.

STATEMENT OF DR. DAVID G. BIGWOOD

Dr. Bigwood. Senator Moss, my area has to do with the health department but before getting into that part of my statement perhaps I could respond to an interest that you have for discussion of transportation. We feel in the health department that a good many of our problems relate to inadequacies of transportation and would therefore like to suggest that it would be appropriate in the model cities program as it develops that bus schedules and routes be changed to permit convenient travel from any point in the target area to such places as Consolidated Industries, the Onondaga Workshop for the Handicapped, health department clinics or to the neighborhood health center, and to recreational and vocational resources existing or to be created.

Fare reductions might well be accomplished for pensioners and others with limited income so they will not be discouraged from trips to shops and cultural institutions. Equipment might be redesigned to meet the needs of the infirm, and this might even go so far as to include power lifts for wheelchairs. Personnel might be supplemented to provide attendants to help passengers load and unload. A minibus service might be provided for unscheduled activities for small groups such as church attendance or afterdark activities at the war memorial or at theaters.

There are experimental transportation facilities that also might be studied. There is, for instance, the urbanite electric car that the Cornell Aeronautical Laboratory is experimenting with in Buffalo. I understand that such cars can be picked up or left at depots on selected sites such as shopping centers or hospitals being run either on rails or on city streets by people who are physically capable, but not financially, of operating such a vehicle.

We believe that a deliberate effort to meet the travel needs of the elderly could make use of a wealth of pertinent available technical, mechanical, and electronic knowledge.

So far as health is concerned, communities should know that the county health department's headquarters is located on the edge of the model city area to the west. Facilities are available there for specialized preventive clinic services such as communicable disease inoculation, tuberculosis and venereal disease diagnosis and treatment. Emanating from this headquarters, and from substations in two of the housing projects that you have heard about in the target neighborhoods, are health department visiting nurse and related patient care services as well as inspectors concerned with environmental control.

HEALTH CENTER TO SERVE MODEL NEIGHBORHOOD

There is also in the process of development in the area a neighborhood health center which has been referred to before and the clarified point that was questioned. This is supported with funds from the Federal Office of Economic Opportunity deficit financing program. Its purpose will be to provide comprehensive family-centered care to 10,000 or 12,000 people in an area included in the model city project.

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We recommend that model city funds and resources be used to expand upon both of these later programs. The interim care project at City Hospital is constrained and inhibited by lack of funds for staff and equipment. The Toomey-Abbott program of trial tenantry, and for home care help of the invalids accommodated according to plan, suffers also from lack of equipment and staff. Indeed, space in the project assigned for health department use lies empty and undeveloped now because funds are not at hand to complete the job. Although both of these institutions, strictly speaking, may be outside the boundary of the model city project, they are just across the street, and they do deal to a considerable extent with elderly people from the target areas who will return to them.

HEALTH EDUCATION NEEDED, TOO

We recommend also that the health education program in the selected neighborhoods be reinforced. Currently, there is a single educator in the health department for the entire county. She has no opportunity to meet the special needs of particular areas or groups, such as the model city neighborhoods. If she could have help, useful work could be done in community organization, expansion of health education programs, and stimulating involvement of the elderly in projects of mutual aid and instruction. One such could be patterned on the health guide program now just getting underway on the West Side of the city.

With appropriate staff supplementation advantage could be taken of the opportunities inherent in the local educational television station or a special closed-circuit television network to provide professionally prepared health education for the elderly. Of course, such facilities could be put to use for many other kinds of programs as well—teaching of crafts, cooking and nutrition, performing arts, et cetera. If participation were built in, this device could be an effective way of combating loneliness.

Protective services should be provided for the elderly whose intellectual capacities are declining as well as their physical. Without them, we regularly see accelerated deterioration of old folks, and on occasion scandalous deprivations of their accumulated household goods and life savings. Such protective services have benefits that accrue to physical as well as mental health, with a large component of social work expertise involved in either case.

Related closely to the above are such desirable embellishments as mutual aid projects, friendly visitor services, health guides—referred to previously—recreational and occupational therapy.

All of these services and propositions are calculated to conserve the personal resources of elderly people. They have independent justification; any one of them can stand alone. However, it would be nice if all of them could be correlated in a deliberate way. One such might be conceived of as a health conservation agency which could be staffed with adequate numbers of health professionals and ancillaries—physicians, dentists, nurses, social workers, therapists, technicians, educators, et cetera.

This is the concept that is being implemented as the neighborhood health center. If it could be duplicated through model city funds to meet the special needs of the elderly, we believe these separate bits and pieces could be built into a very worthwhile project, slowing the process of aging, finding threats to health early, providing treatment for existing illness, and ameliorating pain and other distressing symptoms of sicknesses that cannot be prevented or cured.

Thank you.

Senator Moss. Thank you, Dr. Bigwood, for that very comprehensive discussion of the health problems of elderly people and how in the planning of model cities we might meet many of these problems.

I was particularly interested in your recommendations as to planning of transportation for elderly because I have observed over a period of time what a very limiting factor this is for the elderly and tends to keep them isolated and away from the pursuits that they would like to follow and, in fact, it accelerates this deterioration of older people. I think when they are immobilized and sedentary they can go down faster, at least it seems so to me. They could be kept active.

I think it is true probably also, isn't it, that these areas where we find the preponderance of elderly people now a larger percentage have really less medical attention—that is, fewer resident practicing physicians in these areas—isn't that right?

Dr. Bigwood. That is true.

Senator Moss. So there has to be a conscious planning of bringing them in proximity where they can receive medical care.

We do thank you very much for that very fine contribution.

Mrs. Daley, would you talk with us about mental health?

Mrs. Daly is the acting commissioner of mental health.

STATEMENT OF MRS. MARGARET W. DALY

Mrs. DALY. Well, Senator, if I do not stay with my paper I am likely to be guilty of going off and leaving my mouth talking because I have not been close to the planning at all of the model cities area. I think today that what I have heard has stimulated so many ideas that if I do not stick to my paper no one else will have a chance.

It does seem as if the three big things that are sort of emerging here that are all related are the alienation that Mr. Frantz spoke about, and then this very difficult problem of, in order to combat that, to have the right kind of participation—and I believe that there is great room for experimentation and an awful lot of hard work in that participation—and then money.

Mr. Frantz says that he does not think that the model cities program is adequately funded. Mr. Lattif said the same thing about housing.

I can say the same thing about mental health if it is really going to play any great part in the model cities area, and I am sure that we could go right down the line.

So I do think that money is something that we must have or else a lot of the things that we say today are pretty much idle talk. It is all right to say that if you will husband your resources and husband your skills and get volunteers and all this kind of thing, that if you really pay a good deal of attention, you can do something. But you cannot do anything such as we have stated in the preambles of all our great social legislation without money.

I did not have that in my regular paper but I am firmly convinced of it.

Now I had planned to address myself to question 4 that was submitted to Mr. Mulroy by your committee concerning the mental health needs of our community in the target areas and the potential opportunity for experimental programs. I think that I want to stress first that the mental health needs of the elderly viewed in general terms are much like the needs of all of us. Like younger people, in addition to food, clothing, and shelter the aging need to be useful, whether in the small world of family or in the wider world of the society in which they live; they need to be active, to keep body and mind from stagnating, and to preserve a sense of participating in life; they need the warmth of affection and the feeling of status born of respect; they need some areas of freedom and independence, some privacy and a place for personal possessions; and as long as they are capable of rational thought, they need the opportunity to exercise choice among alternatives, the right to make decisions for themselves.

BASIC MENTAL HEALTH NEEDS

I speak about the basic mental health needs because I think they are so important in housing, urban renewal, and yet so often you take a look at plans and they seem to be somewhat neglected. I think this is something Mr. Lattif spoke about when he said it was so difficult to provide for what you might call the nicer amenities of life.

I think that in the mental health field we are so aware of this because it is these kinds of things that are the real prevention of mental impairment and emotional disturbance and are large factors in the rehabilitation of persons who are already affected by aging process. This is really our major interest from a mental health point of view in all of these programs.

When we look at mental health needs from the narrow point of view of providing psychiatric services, we know that this is not anywhere near as fertile and as fruitful an endeavor as the prevention of mental impairment and emotional breakdown. We in the mental health field provide supporting services and then do the best we can to provide services for those human beings that for some reason or other have already suffered a real breakdown resulting in the lack of functioning.

I would like to turn now to the elderly as a group defined generally as those 65 years of age and over and to the governmental system of services in New York State and in its subdivision Onondaga County, the setting in which the model cities program of the city of Syracuse will be developing. As I was getting ready for this paper I thought all of us every minute that we live are aging.

For the sake of brevity I shall try to compress a day's dissertation into a couple of paragraphs, and I will try to make even those shorter.

We administer the Community Mental Health Services Act of the mental hygiene law. This program is only 12 years old in Onondaga County. Our first budget was about \$55,000 and in 12 years we are approaching the \$3 million mark.

There are certain things about the Community Mental Health Services Act that makes it especially valuable in dealing with the model cities program, I think. It is legislation that is permissive and not mandatory and Onondaga County has taken advantage of it. It provides 50 percent State reimbursement for approved programs. The county may operate services directly or they may contract with other public and voluntary agencies for service, and this is an extremely important provision in the Community Mental Health Services Act.

The focus on the needs of the elderly has been very slow in developing in a local mental health program. The stress at the beginning was on the provision of outpatient clinics in particular and inpatient services in general hospitals. An examination of the statistics of the outpatient clinics and the inpatient facilities in general hospitals show lack of use by the aging.

ATTENTION TURNS TO ELDERLY

There are many things now that are turning our attention very specifically to the needs of the aging, and pressure from the outside is one. Probably one reason why we did not turn our attention in community services, more to the problems of the elderly, was that the State hospitals have continued to really take all elderly people certified to them for institutional care whether or not they were appropriate for care and treatment.

In June of this year this policy changed drastically. State hospitals in the future will receive only those elderly who, in the opinion of the hospital, are appropriate for hospitalization in a State facility for psychiatric care and treatment. They will no longer admit patients when their problems are primarily social, medical, or financial or for the convenience of some other care facility. This policy will have a profound effect on the three county departments represented on this panel as well as on the voluntary health and health related facilities in this county and has implications in regard to the usefulness of the model cities program for the aging.

As a concomitant to the change in admission policies of the Division of Mental Health but with much wider implications for programs meeting the mental health needs of the elderly and of other populations found in the model cities area was a directive from the division of local services of the State department of mental hygiene to the county department of mental health. I think that this directive, along with the emphasis in the model cities program and with many of our other Federal programs, is pertinent.

In essence this regulation established these basic principles on which eligibility of programs for State aid will be based:

1. Integration and coordination of services, both State and local, in a defined catchment area through explicit working agreements.

2. Emphasis on services to high-risk populations readily identified as needing more services, the socially disadvantaged minorities and the aged; and specific populations represented by persons suffering from serious disabilities, such as psychosis; the mentally retarded; and persons addicted to drugs and alcohol.

In examining our total program, which in the period of 12 years is a fairly diverse one, the program which more nearly meets these criteria and which presents the greatest possibility for further development in the model cities area is that of the family service center so ably presented by Mr. Thompson and his panel.

I am addressing myself now to a possible innovation or possible use of the supplemental funds which I am sorry to hear from Mr. Frantz are virtually nonexistent because I was going to suggest a way to spend all of them and a great deal more than is presently available.

I would suggest that the Syracuse model cities agency already has the base for a multipurpose center which could serve as the locale for the delivery of health, mental health, social welfare, educational, and recreational services for the functioning elderly in the model cities area and be the point of arrangement for services needed by those elderly and others in the target population whose functioning is so impaired that services will have to be sought outside the family and/or the model cities area.

To do this effectively I should like to see the model cities agency in Syracuse encourage the county departments of health, mental health, and social services and the city board of education and the city department of recreation and, where feasible, those voluntary agencies which are interested in giving special services to the elderly to provide personnel in this setting so that there would be for the first time in this city an opportunity for testing the results of truly integrated services accessible in one place planned to meet the needs of the users of those services.

BARRIERS TO COORDINATION

We would have a chance to see if such a place would really work. It is increasingly evident that with the availability of money and the availability of skills the providers of human services—and I mean the public departments and the voluntary agencies—can no longer function as autonomous units with little or no integration or coordination either in planning or operation. Barriers of place, tradition, law, regulation, and practice need to be broken down. Let model cities bring them together in place with one purpose—helping those who live in their area solve their problems and attain a better life. Different roles but a single purpose. Let's see what happens.

Now let us examine for a moment some of the factors already present in the operation of the family service center that favor its developing into a comprehensive, meaningful, useful, and usable service to the elderly within the model cities area.

The center is already intergenerational, serving families and children as well as the elderly. Recent research indicates that really segregated facilities for the functioning older persons have not worked out very well. The intergenerational setting provides opportunities for activities which can support not only the independent needs of each generation but also the independent needs among the generations—more human and meaningful pursuits for all.

There is already the commitment and leadership of a neighborhood board of directors and of a large university through which the community chest, the housing authority, the State and county departments of mental health are now working.

Syracuse University has assumed the overall responsibility for administration and not only receives and takes responsibility for the contributions of the community chest and the housing authority but makes a very substantial contribution of hard university funds to the local share. The county, in turn, has a contract with the university for the operation of the program and as a result the county receives State aid—matching the local contributions.

The university commitment is exercised through its school of social work under the leadership of Dean Walter Beattie. I know that your committee is well aware of the intelligence, the strength, the intensity, the persistence of his personal leadership and of the truly remarkable grasp he has of the whole complex field of the aging in our society and his ability to work out ways of dealing with its complexity.

We likewise have a strong neighborhood board of directors which has had 5 years of solid experience participating in the creation of viable services to people in the model cities area. The chairman for the 5 years has been Mrs. Mary Bonner—and she has just been elected for another term—who has exercised vigorous leadership throughout the 5 years.

The neighborhood board—I think this is very important—has the authority and responsibility to carry out the service objectives of the agency in the same way as the university has the responsibility to carry out the training and research objectives. You can well imagine the difficulties which can arise in such a participatory relationship. Conflicts have arisen and I am sure will continue to arise. In fact, if perpetual dynamic dialog—a mental health concept for dealing with conflict—does not continue to occur, the viability of the relationship could be thrown into question.

But the university and its school of social work is dedicated to the proposition of participation of those whom the agency serves and the neighborhood board is equally convinced of the strengths that accrue to the services of the agency by its affiliation with Syracuse University and its school of social work with its graduate and developing undergraduate programs in social work and plans to admit neighborhood people for training, to provide university tuition and a career ladder in employment.

PSYCHIATRIC SERVICE

From a more restricted view of mental health needs of the elderly, that of the provision of psychiatric services, the family service center has another considerable asset. It is in the catchment area of the Syracuse Psychiatric Mental Health Center owned and operated by the State department of mental hygiene as an experimental model of a community mental health center under the direction of Dr. Philip Steckler.

At the inception of the county contract with the university working relations between the two agencies were spelled out for the delivery of psychiatric services to the elderly in the neighborhood who need them in an easy, natural way by pooling the appropriate resources of the two agencies. These mutually cooperative relationships are

developing slowly but soundly and have very real potential for the future.

As I come to the close of my remarks I should like to make the point that I can see no better way for the Syracuse Model Cities Agency to demonstrate the usefulness of the model cities program to the elderly than to use the innovative provisions for supplemental grants in the model cities legislation—that is what I read in the results of the hearings before your committee in the summer of 1967, so I thought there was real money there—to make possible for the family service center to be the gathering place for the use of Federal, State, and local resources in meeting the needs of the elderly. A basis already exists forged by 5 years of demonstration and experimentation.

With the stimulus of creative Federal legislation and major provisions for funding, the integration of the resources of the regular local and State departments of government and of the voluntary agencies, the know-how of the university, and the active and vigorous participation of the people of the neighborhood there is a good chance that Syracuse could develop a working model for the planning and provision of community services not only for the elderly but for the other groups in population.

Senator Moss. Thank you, Mrs. Daly, for a very comprehensive discussion and explanation of the operation of the mental health program in this county and in this State. It seems to me you have made great progress already but you point out the needs for additional planning and funding coming in this model cities area. We are glad to be directed to that.

I was struck particularly at the beginning of your remarks when you pointed out the far greater value for preventive therapy as far as older people are concerned rather than corrective therapy thereafter in an attempt to straighten out mental problems that develop and which do come about by isolation and lack of opportunity to carry on regular functions and decision, and so on. I appreciate that very much.

We will now hear from Mrs. Ruhe representing the commissioner of social services.

STATEMENT OF MRS. CAROLINE L. RUHE

Mrs. RUHE. I may be last, representing the Onondaga County Department of Social Services on this panel, but I think Mr. Mulroy will support that I am not one of the least of the about 60 million that he has talked about. At least the people in Syracuse are well aware of the welfare problems, and so forth. I will attempt to summarize on some of the things that I would like to say.

476 ON OLD-AGE ASSISTANCE

First of all I want to say that there are within the census tracts which have been designated as the target area for the model cities program 476 old-age-assistance cases active in our department. There are 1,322 OAA cases active in both city and county. The designated target area, however, has been set up within the eight census tracts of the inner city and the number of old-age recipients within these tracts is 476, or 36 percent of our total old-age-assistance caseload.

There is only one other census tract in the entire city and county that has any comparative number with any one of these tracts, so that I think I am making it very clear that within that area the old-age population that we are serving is highly concentrated. We do not have in our particular agency differentiated caseloads, so therefore our workers are carrying all categories—old-age assistance, aid to dependent children, home relief, aid to disabled cases, and so on. I think this is particularly significant because it means that it is rather impossible for us to really keep our workers abreast of the many problems, perhaps, of the old-age population in contrast to some of the others, and so forth.

It does take in, of course, two housing units and you have heard a great deal about them. You have heard certainly a lot about the Almus Olver Towers. We have about 130 living in the Almus Olver Towers. There are adequate services and we do not want to dwell upon that today.

The James Geddes homes have around 70. So we have approximately 200 who are living in housing units. This means we have about 276 who are living in small apartments, rooms, et cetera. When you talk about the housing conditions of the 276, everyone who is working with them will say the housing is generally considered poor.

Another thing relative to their continuing to live in these poor housing units, poor housing situations, is that they have lived in these neighborhoods for the last 15 to 20 years. They do know the neighborhoods; they have managed somehow to get around in the neighborhoods. They have also managed to have errands done for them by boys in the neighborhood or a neighbor because a great many of them do not get out. As the workers say, many of them do not have visitors except the workers who call upon them.

Social contacts are very minimal. The workers, however, say it is very difficult to get many of these people to consider going into housing. They say, "No; we do not want to move in the housing." The workers oftentimes think that there are some things that could be done if they could spend a great deal more time with them and work at it much more slowly.

They are not particularly willing to consider change in their lives. The old-age-assistance client within this group is not as interested in health services as one might hope that he might be. The workers find this a very difficult thing because of the loneliness; inability to be concerned about the outside world.

The workers, I would like to say at this point, become extremely frustrated and involved when one of their clients has been hospitalized and discharged with a directive to the worker from the hospital or the doctor that this client must return to see a doctor at a given time. The client, in most instances, will not go for the appointment even though reminders are given and very often taxis and other kinds of transportation sent for them. Workers feel the pressure of the medical profession as well as the refusal to comply to the directives by the client and it leaves them in the middle.

Another spot where they feel very much in the middle is related to the mentally incapable client—the one where the neighbor calls and says something must be done, the welfare worker must do something. Lack of resources and lack of cooperation on the part of the client again leaves the worker in the middle.

Now I could go on with many cases about this kind of thing. I want to support the idea of protective services for the aged as has already been indicated. Contact with the older person is necessary on a more frequent basis than once every 6 months or 3 months or on the emergency occasion. A large percentage of older people refuse communal living. There is no reason why they cannot maintain their individuality by living where they wish and alone but there must be some protection for them against danger to themselves or others.

It has been said that there are many ways we could look at this and they are wondering who we should be protecting, how we are going to protect them and on what basis and when do we make a decision when placement is indicated or hospitalization is indicated, and the client lacks the capacity to do this. What is the meaning of the professional authority and its use and how is it different from legal authority? What safeguards are there for client, worker, and agency when authority varies and is used.

Another suggestion would be to consider some kind of foster home plan for older people. I have known many who would really like to go with a family, but who finds the family, where is the family? We have tended, I think, in the past to look at protective service and foster home as related only to child welfare but it seems we should consider these services as far as all important items to implementation to improve our services for the aged.

O.A.A. RECERTIFICATION

I also would like to add a bit of emphasis to perhaps a change in legislation which has been talked about here and there, and that is that perhaps the Old Age Assistance client does not have to be certified and recertified every so often for financial aid according to our present law. We talk about saving the caseworker's time, and it would seem that we should give some thought to this process because a man or a woman who has become eligible for Old Age Assistance by his age of 65 and with no financial resources probably will not change his status quickly. At least he will become older and not younger every 6 months. Some of this time and effort by caseworkers might be used in social service.

In summary I want to say again this whole presentation has been related to the Old Age Assistance client, his needs, and the public agency's responsibilities. There has been no attempt to discuss the more general population of older people.

The 476 clients living in the target area of the model cities program are a concern of our agency and of the community. Around 200 are living in public housing, and the remaining group are living in solitary rooms located in old hotels or rooming houses, small apartments, and old homes. Some of them, if not all, are in need of health services on a continuing basis. Many of them do not get out into the world around them and have no one to look to for help except the welfare worker. They do not ask for help easily, and so whatever service we can give must be meaningful to them.

Senator Moss. Thank you very much, Mrs. Ruhe, for that fine paper and your comments pointing out what the problems are in the welfare field and social services and again calling attention to the fact of consultation with older people in these target areas, the ones we

are talking about. That brings back to focus where we are holding these hearings to try to find out if our planning is being done in a way to meet the problem that is most acute in these areas, and that is the problem of the older people to keep them integrated and to protect them as you say but at the same time to give them all these other access things that are so necessary to keep them part of our community.

All of your papers were very, very good and I appreciate it.

Mr. Miller, do you have a question?

Mr. MILLER. Yes, I have a question for Mrs. Ruhe.

With reference to the 476 clients, could you tell us the medium age of those clients?

Mrs. RUHE. I could not.

Mr. MILLER. Could you supply that for the record?

Mrs. RUHE. I could for the record.

Senator Moss. If you would.

Do you have any questions?

Mr. ORIOL. No, Senator.

Senator Moss. We do appreciate it. We wish we were blessed with more time. We probably would like to discuss some of your papers but let me say that they are complete and excellent. If any of you feel that you want to make any supplementary contribution to the record having heard other things that have gone on here today, as I say the record will be held open for 30 days and you can send it in and we will append it to your testimony here today.

Thank you very much.

(Subsequent to the hearing, the following information was received from Mrs. Caroline E. Ruhe:)

To: Senator Frank E. Moss, chairman, subcommittee on Housing for the Elderly.

From: Mrs. Caroline E. Ruhe, director of staff development, Onondaga County

Department of Social Services, Syracuse, New York.

Date: January 10, 1969.

I. MEDICAL AND HEALTH NEEDS OF THE OLDER CLIENT WHO IS RECEIVING OLD AGE ASSISTANCE

Within the target area of the Model Cities Proposal, there are 476 Old Age Assistance active cases. Over half of this group are living in small apartments or rooms most of the time isolated from regular contacts with neighbors, or other interested people.

They become sick, or are injured, and some one in the immediate neighborhood calls the Welfare Department or the police, and if necessary a taxi or ambulance is sent to take them to emergency room in hospital. There have been times when they have refused this help. Following the care in hospital the usual procedure is for hospital social service to notify the caseworker in this department regarding follow-up appointment. Caseworker very often has real problems in getting the older person to agree to such a follow-up visit.

This breakdown comes more with the emergency types of treatment, although it is also difficult for the caseworkers to convince the older client to follow through on any type of medical treatment. This is mainly because of the fact that the designated target area under discussion is quite remote from health facilities. A new Neighborhood Health Center has been started, but it is not a direct bus line from that area, and would always require use of taxi for the older person. Furthermore, it serves families, and unless particular times are reserved for older people, they object to being served where there are noisy children. The Almus Oliver Towers has a health program for its elderly citizens.

Caseworkers do not have the time to spend helping the older client to get to one of the hospital clinics, wait for them to be served, and follow up on their needs.

II. MENTAL HEALTH NEEDS

There is always a problem of frustration for the caseworker to find adequate care and help for the senile individual who has become somewhat mentally incompetent. The Welfare Department appears to many within the community as being able to do more than law and resources allow. The largest percentage of Old Age Assistance Cases in the target area have no relatives, so it becomes a problem of authority.

III. PROTECTIVE SERVICES AND FOSTER HOME PLAN

It seems to me that both of these services could be set up under one plan because they would become important in relationship to the above problems.

The neighborhood plan of use of "Health Guides" under the County Health Department might be important for Protective Services. They have certain designated individuals within an area of two or three blocks, who are on call at any hour for information and referral services for health needs. If the health guides became known to the old age clients, they might become their protectors.

Along with such a service, if a foster home plan might be implemented, it could become helpful for an elderly person to continue to live within a neighborhood of his choice. One might use other welfare recipients for "foster parents". The idea of having to leave familiar areas and live in what is called a Proprietary Home becomes unacceptable to most older people.

SUMMARY

The average age of the 476 clients in the designated target area of Model Cities has not been computed accurately, due to our inability to get this programed early enough for this report. A spot check of some case loads places the average age between 70 and 75. There are a good many who are in their late 80's.

The proximity of health clinics for these clients, with the one exception presents a serious problem which may be one of the greatest reasons for the "frustrations" of the workers in not being able to coerce the clients into thinking more about their health needs.

The isolation of the most of these clients points up a need for some Protective Services and Foster Home plan. They need someone in immediate vicinity to call on them, and be ready to take action upon call from client or anyone else. Emergency foster homes might be a solution for many who need help for a short period of time.

Such a program would need a lot of planning and real thought given to the whole concept of authority.

Thank you for the opportunity to expand some of my ideas more fully.

Senator Moss. We now want to hear from the Reverend Charles J. Fahey, who is the chairman of the Commission on Aging of the National Conference of Catholic Charities.

We are very pleased and privileged to have you with us, Reverend Fahey.

STATEMENT OF REV. CHARLES J. FAHEY, DIRECTOR, CATHOLIC CHARITIES OF SYRACUSE AND CHAIRMAN, COMMISSION ON AGING, NATIONAL CONFERENCE OF CATHOLIC CHARITIES

Reverend FAHEY For the sake of brevity I will perhaps sacrifice accuracy but try to highlight my statement which I will submit in its entirety.

Senator Moss. Thank you. The statement will be included in the record in full and you may highlight it if you will, please.

(The statement referred to follows:)

PREPARED STATEMENT OF REV. CHARLES J. FAHEY, CHAIRMAN, COMMISSION ON AGING, NATIONAL CONFERENCE OF CATHOLIC CHARITIES

The National Conference of Catholic Charities is the professional organization bringing together the lay and religious professional and volunteer personnel

engaged in all phases of the Catholic Church's activity in the field of health and social welfare.

Today it is my pleasure to reflect the views of its Commission on Aging. This Commission consists of persons specializing in the field of the aging from all parts of the country. They are engaged in a variety of agencies, institutional and volunteer programs serving hundreds of thousands of our aging citizens.

We have been constant supporters of and deeply interested in the Model Cities Program and thus we are pleased to be able to participate in today's hearing. The thrust of our testimony is twofold: one, philosophical; the other, a result of our experience with the planning process utilized in the Model Cities Program.

It is our conviction that every aging person in our society has a right to economic security, meaningful alternatives in regard to housing, access to social services and sound medical care. Further we are convinced that it is the responsibility of society to provide opportunities for socialization and meaningful activity on the part of its senior citizens.

Having had an opportunity to review the testimony already given your Committee, we defer detailed suggestions in regard to particular programs. However, we would mention that fundamental in the problems of aging persons in our cities are their limited financial resources, the inaccessibility of the resources which they need and the general disinterest of professionals in caring about the delivery of goods and services to aging persons. Hopefully Model Cities Programs will increase the economic stability of central city aging persons, develop imaginative means whereby they have access to services, encourage social agencies and professional disciplines to assume responsibility of providing senior citizens with their particular services and increase opportunity for meaningful social contacts and leisure time activities.

I suppose it is a truism to say that we should think of people rather than structures when we speak of cities. At the heart of the Model Cities Program should be concern about human relationships and the enrichment of life as well as the upgrading of the physical environment. With this in mind, there seems to be general recognition that the planning process is extremely important. To utilize the popular advertising slogan "half the fun is getting there." It is the desired goal that individuals as well as sub-groups within the community will find it advantageous to work with one another toward the achievement of mutual beneficial goals. As a by-product of this interaction to solve mutual problems, there might develop some sense of community where there has been considerable social disorganization. We are particularly interested in developing sound citizen participation in the planning process. However, we have grave fears of how well our senior citizens will be able to be active participants.

Every year there is competition for the community dollar whatever its source. Our senior citizens, while possessing considerable political muscle, are hardly able to muster the kind of social activism within their ranks which will put them on a par with other groups in the Model Cities area.

The experience we have had locally with poverty programs is hardly singular in that the very style of the community organization process has tended to discourage the participation of senior citizens. It seems absolutely essential that we develop as a matter of public policy on local, state and federal levels, that senior citizen participation be assured and that an equitable distribution of Model Cities resources be put at their disposal. Such an earmarking, if you will, of funds and efforts may seem incompatible with the avowed goal of communities setting their own priorities; yet, our senior citizens deserve an equitable share of "the action."

We hear much about the disvalue of imposing one's values upon others. While participation is laudable and community self-determination is essential, we can hardly expect our senior citizens to adopt a style which is entirely foreign to their culture and life experience. We can hardly expect them to be participant in neighborhood electioneering and various board activities in any quantity approaching the relative numerical strength in the local community.

In short, we wish to preserve the value of local decision making but at the same time not to such an extent as to preclude the rightful participation and the benefits of the program by our senior citizens. Furthermore, we wish to encourage the integration of the senior citizen into the total community but must recognize cultural and psychological limitations as well as physical debilities which may preclude his or her active participation in Model Cities planning processes.

In many communities throughout the United States, and Syracuse is no exception, inner-city residents are looking upon governmental activities with a jaundiced eye. They feel they have been researched to death, promises had been made which had been to a large extent illusory. While there are limited gains from

various programs, we have a legacy of mistrust and bitterness directed not only upward to the power structure but also toward other groups within the inner-city. The Model Cities Program offers an opportunity; however, its success is predicated upon a great sensitivity to the social realities of the day. It will be more than tragic if it promises that which it can not deliver.

Reverend FAHEY. Just two things. I wear two hats today. The National Conference of Catholic Charities for which I speak spans programs from prenatal to burial in literally thousands of agencies throughout the country. The Commission on Aging of which I am chairman brings together a group of persons in the field of aging from throughout the country. I am reflecting their views rather than our local ones today.

I would say at the outset that we have a deep concern about the model cities program. We see the value in citizen participation with emphasis upon local decisionmaking in regard to priorities. However, we feel strongly that the aging may be slighted in this process. Take Syracuse, for example, where a quarter of the population of our model cities area may be aging, their voting power may be 50 percent of their total area, but by and large that they will not participate to the degree in which their population might seem to dictate.

This results from the kind of planning process which is being developed, and frankly it is a dilemma because it is a planning process which we like. To think that our aging folks to any degree of proportion of their numbers are going to develop the participation in the kind of planning process which was typical of poverty programs is totally unrealistic. By reason of life style, by reason of cultural background and so on, they will not be doing extensive electioneering. They will not be able to participate on planning boards in neighborhoods. These groups presume a certain kind of horizontal type of communication which does not exist among aging.

Our commission feels that as a matter of public policy—local, State, and Federal—a certain amount of “the action” ought to be mandated for aging. So that aged people will participate in the fruits of the overall productivity of the community. This Federal policy setting is somewhat antithetical to the notion of community decisionmaking and yet it seems the only realistic way for our aging people to participate in this program.

We certainly endorse categorical grants, we endorse block grants to units of government and so on, but our primary interest and thrust is in support of giving enough money to individual people to be able to select the services, the housing, and so forth, which they wish and where they wish it.

Frankly, in terms of the kinds of programs which are available on State and Federal level in the field of aging, we need a much closer interdigitation among them if the model cities is ever going to get off the ground, especially for aging.

Just as a simple illustration, the diocese of Syracuse in the seven counties in which we have responsibility have in the planning or execution stage \$35 million in new facilities for aging. These are health, health-related facilities, and straight housing. We try to put governmental, State, and Federal programs together. To do so you really have to be a magician, that is all I can say. Just as in these grant or loan programs, we need a thorough revamping of the Social Security Act so people have the funds they need and can spend them where they wish to spend them.

"INTERMEDIATE CARE" CAUSES PROBLEMS

I cite just as one example the provisions of the revised social security law of 1967 which provide for assistance in "intermediate care facilities." This will cause tremendous problems in terms of the good care for aging. It provides aid through the old age assistance category for people who are in low-grade nursing homes. I cite that as just one example of the kind of problem we are creating by aiding an institutional program rather than people. We need major revision in the Social Security Act, both in terms of straight income and also in terms of provision of assistance for the medically indigent.

These are just a few highlights; I could mention many more. I find it hard to be disciplined in light of what was said this morning but I know everyone is coming to the limits of their endurance and so I will end with that.

Senator Moss. Thank you very much, Reverend Fahey. With your background and the experience you have had we recognize you could make a much greater contribution, but your printed statement is in full in the record and is very helpful to us. I am pleased to have your comments.

I was interested in the fact that you commented about the difficulty or perhaps impossibility of getting the old people to participate to any great degree in making decisions about programs and what should be done, and therefore we should not depend on them primarily for the decisionmaking. I am sure you must agree that, to the maximum degree we can, we should involve them.

Reverend FAHEY. Yes, that is right, but in terms of the rough and tumble competition for the community dollar they are just not going to be able to be as effective as their numbers and needs would indicate.

Senator Moss. Well, I am sure that is a good practical admonition for us to keep in mind as we consider this planning factor. We appreciate very much your coming to testify for us and to give this contribution to our record. I congratulate you on the fine job you are doing with the Catholic Charities.

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

CATHOLIC CHARITIES OF THE
ROMAN CATHOLIC DIOCESE OF SYRACUSE, N.Y.,
Syracuse, N.Y., January 8, 1969.

DEAR SENATOR MOSS: Your letter of December 26th asks if I would wish to respond in more detail to three questions. I am pleased to be able to do so.

1. *You question the ability of our senior citizens being able to "muster the kind of social activism within their ranks which will put them on a par with other groups in the Model Cities area." What proposal would you offer to remedy or minimize this shortcoming?*

The basis of my concern lies in our experience with poverty programs. The maximum feasible participation feature was a highly desirable one from our point of view. However, this special-kind of citizen participation has seen the evolution of a rather distinctive community decision making process. For example, many planning groups are chosen by election within the neighborhood, requiring a considerable amount of electioneering; meetings are held frequently with a style marked by considerable aggressiveness on the part of the participants. These meetings are frequently held in the evening and last long into the night. Furthermore, in terms of priorities most vocal participants in these meetings seem concerned about such matters as the youth, job training, etc.

From my understanding of the Model Cities approach to the planning process, certain features of the poverty program planning process are being mandated. These features would seem to indicate the process will be similar to that of the poverty programs.

I seriously question the ability of our aging persons to electioneer, to build themselves into cohesive power groups within a neighborhood. I question the ability of our aging persons to communicate within a broad geographical area and I seriously question their ability to participate in an effective way within the meetings where the basic decisions will be made.

Model Cities has as one of its primary goals the utilization of a number of federal and state programs in a more coordinated fashion than currently prevails. Such programs in the field of the elderly are extremely difficult to mesh with one another to say nothing of being coordinated with programs in other fields.

I would suggest that two things be done in order that the aging have an equitable share of this program.

(A) A federal mandate that not only aging persons but also experts in the field of aging be members of any decision making body within the Model Cities program.

(B) For program approval it be demonstrated that a significant effort has been made to identify the problems of elderly in the particular Model Cities area and that substantive programs have been designed to meet these needs. Any program which would not have a significant elderly component should be disallowed as incomplete unless it be shown the elderly population of this particular Model Cities neighborhood is insignificant.

2. *Would you care to provide additional commentary on your belief that senior citizens will not be given an equitable share of Model Cities resources in Syracuse or elsewhere?*

I am not in a position to speak concerning the factual situation prevailing in communities other than Syracuse at the present moment. My general concern is based on the factors mentioned in answer to Question 1. In regard to Syracuse, I feel we see a verification of our fears in fact. An interim group has been developed to assist in establishing the Model Cities demonstration agency. It is distinguished by geographical and minority group representation. This interim planning group has no representation from the elderly and from some knowledge of the persons involved, it seems unlikely to me that the group would have much sensitivity to the problems of the elderly. Furthermore, the initial meetings held by those commissioned by the city administration to develop the program have given no indication either by content or those in attendance of much concern about our elderly citizens in the Model Cities area.

3. *What additions or revisions would you suggest to the current Model Cities Program for Syracuse which would improve the lot of the elderly?*

That elderly and spokesmen for them be part of the interim planning group as well as whatever final planning mechanism is established for our community.

May I thank you for the opportunity to appear before your group and hope that I may be of assistance in the future.

With every good wish, I am,
Sincerely yours,

Rev. CHARLES J. FAHEY,
*Director, Catholic Charities, Diocese of Syracuse,
Chairman, Commission on Aging, National Conference of Catholic Charities.*

Senator Moss. We are going to have to have a luncheon break. Because of the time factor we will have one more witness that we will hear from before we have a recess for lunch, and that is Mrs. Marcelle Levy who is the director of the State office for the aging. We are very pleased that Mrs. Levy is here and could attend our hearings. We certainly want to have her contribution for the record so we must hear you before we have a luncheon break.

**STATEMENT OF MRS. MARCELLE LEVY, DIRECTOR, NEW YORK
STATE OFFICE FOR THE AGING**

Mrs. LEVY. Thank you.

Senator Moss, distinguished panelists, Mr. Oriol, people in the audience, friends of mine and those whom I hope to meet in the future, I wrote down these words of wisdom which appeared on this paper and

as each person got up to speak I took my pencil and great big crosses appeared because there seemed very little reason to repeat what had already been succinctly and expertly given to you.

So I am condensing considerably what I wanted to say. However, when Mr. Lattif and Mr. Johnson spoke about the housing situation in Syracuse for the elderly and particularly the specialized housing which will include some people who have physical disabilities, I could not help but think back that Mr. Johnson and Mr. Lattif were working on this in 1958. I think it is important for all of us who are working in communities to recognize the period of time and the amount of dialog that is necessary in order to achieve any one goal.

I know that in this specific instance there was a continuing consultation with urban renewal, with HUD, with the Federal Housing Authority on the State level and on the county level with the county health department, with the recreation commission, with the upstate medical center, with Syracuse University School of Social Work, with Syracuse University, with the department of social services, many of which are local adjuncts of State programs, and a number of voluntary agencies.

May I congratulate Mr. Johnson and Mr. Lattif for the kind of tenacity which they have displayed in going relentlessly toward their goal, the establishment of the Toomey-Abbott housing for the aging—this under the aegis of a voluntary agency as well as the city agency, the voluntary agency being the county of social agencies of Syracuse and Onondaga County.

We on the State level are aware of many unmet problems. There is the problem of housing. We receive hundreds of letters each month and an equal number of letters go to the executive department or to the Governor. How can I find a place to live? Where can I retire? How can I maintain my home and pay my taxes? I would like to move, where should I move? To which retirement community? And so forth and so on, and that is only in the area of housing.

THE QUESTION OF CHOICE

Then there is the area of supportive services and it was repeated here today many times but may I again reemphasize the need for supportive services if we wish to give the older citizens the same opportunity to choose what they can do with their life, to have the matter of choice whether they should live in their own home, whether they should live with their children, whether they should live in a retirement community, a long-term care for the aged facility, a nursing home, a home for the aged or a hospital as their needs determine and as they feel their needs to be.

I think in the same way, and Mrs. Daly touched on this, that many of the psychological deficits of the aging can be prevented if they receive ego satisfaction, if they are asked to be contributing members of their community.

We know, all of us who have had children, when it is time for them to go to bed we don't say, "7 o'clock, get ready for bed"; we say, "It is bedtime, okay?" and that inflection "okay?" gives them the right of choice. Of course they have no choice but they feel they have a choice, they are not automatons. In the same way I am sure that

older persons would respond to the needs of their community if presented to them as a matter of choice.

Now it is my opinion that if you want to sit in a rocking chair and watch the world go by, that is your decision and nobody should prod you to learn Italian or adult education or weaving or pottery or what have you. On the other hand, we know that one of the unmet needs of the aging is meeting fellow human beings. There are local and State services that have met this need for leisure time activity such as the recreation council for the elderly, a State division, and local voluntary clubs and centers for older persons.

There is also the matter of jobs. Some want to work, some don't want to work. Those who want to work should not be deprived because of the age factor if they are able to hold the job for which they apply.

Income maintenance is tremendously important, and it is equally important to feel that you are still able to earn even a small amount of money to supplement social security and other retirement benefits.

The office for the aging was created by Gov. Nelson A. Rockefeller in 1961 to coordinate and plan on a State level and to improve the situations of older persons around the State. In 1965 the legislature enacted section 19-J which established the office for the aging in the executive department.

The details of our functions and responsibilities run about seven pages. We consult and give technical assistance when that is required on a State level. We are the sole State agency which is empowered to receive Federal funds under title of OAA. There is also concomitant with our office an interdepartmental committee on problems of the aging which is composed of the 12 commissioners who have a direct responsibility for specific statutes as they pertain to the aging.

I will give you an example of what happens. About a month ago I received a number of very hot telephone calls from a county in the State. Mental hygiene is throwing everybody over 70 out of the hospitals. What are we going to do? We have no place to put them. Why didn't they give us adequate notice?

Because I act as the executive secretary to the interdepartmental committee on problems of the aging, I was able to call up the appropriate person in mental hygiene who told me they were not throwing out the people over 70 and they were instituting examination and evaluation as Mrs. Daly described. The mental hygiene department sent two people there to alert and orient the county on the facts.

That is the way with social services, with continuing education, with health. We have an ongoing dialog with the State agencies and with the State divisions. I would say that there is not a day that we do not call on them for specialized information, and the office for the aging provides information to these departments on request.

What have we done with this money, how have we cooperated? I am happy to tell you that we have had a marvelous relationship with the Administration on Aging and the regional director of region 2, which includes Delaware, New York, New Jersey, and Pennsylvania. Not a week goes by that there is not a two-way conversation with someone in the regional office and it is always helpful to both of us.

We were granted a certain amount of money from the Federal Government under title III of the Older Americans Act, and I am very proud to say that New York State was one of the few States in the Union which paid one-half of the non-Federal share on a matching

basis. It was 75 percent Federal money for the first year and the remaining 25 percent, 12½ percent State funds and 12½ percent local funds.

To date we have funded 23 projects located in 16 counties of this State. Seven of them are planning and coordinating in their main objectives. I will read, if I may, a brief description of a few of the projects that are a bit unusual.

In the area of rehabilitation we have funded the Federation Employment and Guidance Service of New York City to locate, to reach out, to find hard-to-reach handicapped workers, and provide workshop evaluation, training, counseling, selective placement and followup services. The Westchester Council of Social Agencies in White Plains, N. Y., has developed a tremendous information and referral service including short-term counseling, a countywide directory of services, and a telephone service.

The Hudson Guild, a settlement house in New York, asked for and received money to conduct an income maintenance and consumer education program for the aged. The Bronx River Neighborhood Centers, Inc., in the Bronx in New York City have a Senior Citizen Service Corps in which the aging help the aging through the establishment of a volunteer senior citizens corps to plan and conduct programs for older citizens in their community.

ILGWU "TRIPLE R"

We also funded the ILGWU, the International Ladies' Garment Workers Union, which has a Triple "R" project—reach, retiree, and referral. Under this program, and I must say that the union is putting in a considerable amount of its own money, they train friendly visitors and send them out, not only to union people but to anybody living in their own neighborhood to identify problems and refer them for assistance.

This is a slightly offbeat program as these retirees are paid a small amount of money on an hourly basis which covers the cost of carfare, lunch, and minor expenses incurred.

The Broome County Planning Council has a program that might be of interest to you because it is really an advocacy program and it is called Action for Older Persons in Broome County through and with the aging identifying needs, providing resources and correcting existing problems. There is a committee of older persons who are serving in a planning and volunteer capacity.

We have several nutritional programs, one in Schenectady and one in the Stanley Isaac's Neighborhood Center in New York City.

I think it is important to talk about one project that cost very little money but is an innovative effort of an imaginative and compassionate woman. The Adriance Memorial Library in Poughkeepsie, N. Y. They provide transportation for the disabled elderly homebound to the library cultural and educational and enrichment pursuits and they publish a monthly newsletter for elderly people participating in the program.

I may add that one woman had not been out of her room in 25 years. I would also add that this is so interesting and the bus ride is so exciting, getting out of your own home and going through the city and going to a library, that many of the people who did not have to use

wheelchairs and crutches wanted to participate in the program and they had to be refused because there was not enough money.

Our newest project is the New York City Office for the Aging which is located in the office of the mayor of the city of New York. This is a central city agency to relate present public and private voluntary programs and services for the aging to the actual needs of the aging and to try to unify and coordinate existing programs. Of course, you know New York is a fun city and this is going to be just a breeze to do.

They have more or less modeled their structure on the structure of the State office for the aging working through an interdepartmental committee composed of the divisions of city government. We trust that a measure of hope may be offered to the elderly in New York City, most of whom are alienated, poorly housed, and finding tremendous difficulty in going to clinics or hospitals or recreation centers or anyplace else that requires a transportation facility.

I think, Senator, I have spoken for 15 minutes which is exactly three times what I was allotted. Pardon me.

Senator Moss. Thank you, Mrs. Levy. We are delighted to have you. It is most interesting to have you give us a report on the functioning of the office for the aging here in New York State of which you are the director. We appreciate it very, very much. We are glad that you could be with us this morning, and your statement will be entered in full in the record.

(The prepared statement follows:)

PREPARED STATEMENT OF MRS. MARCELLE G. LEVY, DIRECTOR, NEW YORK STATE OFFICE FOR THE AGING

Senators Moss and Goodell, distinguished panelists, ladies and gentlemen, I appreciate the opportunity of testifying at this hearing of the U.S. Senate Special Committee on Aging, which is studying the "Usefulness of the Model Cities Program to the Elderly." I have revised my statement in the interests of not repeating what has already been expressed succinctly by experts in many areas.

I have a sincere conviction that the Model Cities Program will assist in the fulfillment of the goals which have been established by Onondaga County and the City of Syracuse, and I feel that the Model Cities Program will give visibility to the many problems which affect the older population and will stimulate additional or enlarged services in areas of unmet needs.

As has been noted by Mr. Jacob C. Lattif, Commissioner of the Syracuse Housing Authority, and William D. Johnson, Chairman of the Specialized Housing Committee, United Community Chest and Council of Onondaga County, Inc., an outstanding job has been accomplished in providing housing for older persons. I have been told that within the next five years the number of housing units, hospital beds and accommodations for long term care facilities for the aged will meet the needs of the ill or disabled older persons within the county.

It is of considerable interest to me to have heard Mr. Johnson and Mr. Lattif relate that the specialized housing for the chronically ill older person is nearing completion and that services will be provided by a number of agencies within the housing development.

In considering the need for housing for the non-well in Syracuse, they were aware of the problems inherent in rehabilitation for the elderly and the difficulty older people have in obtaining transportation to medical, leisure-time, casework, or other agencies with the limited energy characteristic of a number of older people.

The Committee on Special Housing was established in 1958 in the Syracuse and Onondaga Council of Social Agencies and was chaired by Mr. William Johnson, who spoke here earlier this morning. This committee was dedicated to the establishment of low income housing, which would include a number of units for the elderly. The committee continued to work toward this innovative facility vigorously and with tenacity, and the magnificent accomplishments which we have heard about today are the results of their unremitting labor. When we consider the high mortality rate of dreams, the Toomey Abbott Housing may be considered

a minor miracle. It has taken years of planning between the Council of Social Agencies and public agencies, i.e., federal, state, and local—the Syracuse Housing Authority, the County Department of Health, the City Recreation Commission, the Syracuse University School of Social Work, the Upstate Medical Center, and the leadership of the Council of Social Agencies and other private resources—to have finally achieved this.

May I describe the functions and responsibilities of the New York State Office for the Aging, which was created within the Executive Department, to advise and assist the Governor in developing policies to help meet needs of the aging, to coordinate state programs, to stimulate community interest in problems of the aging and to make and support studies and research. We finance, according to Federal and State Plans, projects in local communities in order to achieve the above mentioned goals. I am pleased to relate that New York State is one of the few states in the Nation which has contributed one half of the non-federal portion of the moneys. We have established a Technical Review Committee to whom the applications for projects in this state are channeled for their discussion, evaluation, and recommendation. We have funded to date 24 projects in 16 counties, including New York City, in various parts of the state. These projects have been innovative to a degree and are the result of local evaluation and the establishment of priorities which have pinpointed high level needs of the aging in the communities.

The seed money appropriated by the Administration on Aging and the State of New York, as well as local resources, has created an opportunity for local communities to start programs which otherwise might not have been attempted. Certainly, there is opportunity for Model Cities to continue in a similar vein to Title III of the Older Americans Act, to affect the lives of more older citizens in New York State by giving their problems visibility and by their inclusion in local planning.

As repeatedly noted and expressed in the Statewide Conference on Aging in Albany called by Governor Nelson A. Rockefeller in September 1960, the need for programs that would make possible extra-institutional living, received a high priority. I am referring to homemakers, health aides, and nurses aides programs. Model Cities areas usually contain a high proportion of elderly persons, and such services should have high priority in these areas. Older persons are too often left out of the planning process, and consequently a valuable resource is wasted. Older people can provide experience and realistic evaluation to the needs and priorities.

As we are nearing the end of the time allotted for the morning session, I will only describe briefly certain of the projects which have been funded under Title III in New York State, which projects are either innovative or experimental in approach, or which include the older persons themselves either in the planning for the project or in the actual implementation of the program:

Westchester Council of Social Agencies, White Plains, New York: Information and Referral Service for the aging, including short term counseling, development of county-wide directory of services for the aging, including telephone service complex.

The Hudson Guild, New York City: Income maintenance and consumer education for the aged.

Bronx River, Neighborhood Centers, Inc., Bronx, New York: Senior Citizen Service Corps—The Aging Help the Aging through establishment of a volunteer senior citizen corps to plan and conduct programs for the elderly of Soundview-Brucknew community of Bronx.

International Ladies' Garment Workers' Union, New York City: Operation Triple R — Reach Retiree and Referral — to train retired to perform friendly visiting services, to assist with household tasks, provide companionship, identify problems and refer for proper assistance.

Broome County Social Planning Council, Inc., Binghamton, New York: Action for Older Persons in Broome County—through and with aging—identify needs, provide resources and correct existing problems.

Committee for Economic Improvement of Essex County, Inc., Keeseville, New York: Tri-County Senior Citizen Voluntary Self-Help Program—establish three-county advisory committee on aging and develop community self help units on a voluntary basis to meet the needs of the area's elderly.

Schenectady Senior Citizen Center, Schenectady, New York: Nutritional and Counseling Service for Senior Citizens of Ten Eyck Apartments and community served by center.

Stanley M. Isaacs Neighborhood Center, New York City: Prepared Meals Delivered to Homebound Elderly living outside the center, utilizing elderly and youth corps volunteers.

St. Joseph's Hospital, Syracuse, New York: Continuing Comprehensive Health Care for the Aged through greater use of Family Practice Program at Hospital.

Adriance Memorial Library, Poughkeepsie, New York: Provide transportation for elderly homebound to library for purposes of cultural and educational enrichment. Publish monthly newsletter for elderly participating in program.

New York City Office for the Aging, New York, New York: A central city agency to relate present public, private, and voluntary programs and services for the aging to the actual needs of the aging and to unify and coordinate existing programs.

In conclusion, may I state my firm conviction that older people, as is true of all ages, should be permitted the precious matter of choice in their lives; to be able to choose between living in high-rise, low-income apartments, a middle-income housing complex, a long-term care facility, a home for the aged, or their own homes. This raises the question whether institutionalization is the inevitable concomitant of chronic illness and the development of protective services and home care programs should make it possible for older persons to end their years in other than institutional living, where such is feasible, according to the degree of their deficits and physical condition. I feel that much has yet to be accomplished in the provision of home care programs for the chronically ill or disabled persons who do not need and will not benefit from institutional living.

May I again thank you for the opportunity of presenting my thoughts.

Senator Moss. We are now going to recess for lunch. Our reporter has been going very steadily here for 3 hours and I am sure she will be glad to know that we have a lunch hour finally.

We have not quite completed our list of witnesses so we will return here at 2 o'clock to hear those who have come to appear before us. It has been an excellent hearing this morning and I am pleased that so many of you remained with us all during the hearing.

We are in recess.

(Whereupon, at 1 p.m., the committee recessed, to reconvene at 2 p.m., the same day.)

AFTER RECESS

(The committee reconvened at 2:45 p.m., Senator Frank E. Moss presiding.)

Senator Moss. The hearing will now resume.

Luncheon took a little longer than we expected and I apologize to anyone that we inconvenienced. I assure you it was delightful to go to that luncheon.

We are under a little pressure of time this afternoon but I am sure that we can complete our record. We have some of our very important witnesses to hear so we will proceed at once.

Maria Farr, councilwoman at large, was here this morning and had to leave at noontime but we have her printed statement which will be placed in the record in full as though she had given it before us orally. We are appreciative of having that and sorry that the schedule did not permit us to hear from her in person.

STATEMENT OF MRS. MARIA FARR, COUNCILWOMAN AT LARGE, SYRACUSE, N.Y.

Mrs. FARR. Mr. Chairman, thank you for giving me the opportunity to testify before your committee in regard to the elderly and the model cities program. The questions you asked me to discuss refer to attitudes rather than facts and statistics, so I will limit myself to these.

The first question asks about living arrangements for the elderly in Europe. Although I was born in Europe, lived there during my youth and have returned there for many visits, I do not presume to speak for Europe as I am more particularly acquainted with my native country, Holland. Attitudes toward living arrangements are determined by general attitudes toward aged persons and family relationships.

Although times and customs are changing over there, I believe it is still true that the elderly are held in much higher regard, are more respected, looked up to and cherished than they are here. Also family ties are closer and more enduring than are generally found in the United States. So it is still true, I am sure in many countries that living arrangements in many instances mean living with the family, son or daughter or close relatives. Where this is not possible it is of great concern that the elderly live in comfort, pleasant surroundings and well taken care of. It would be disgraceful to the family to leave them to their own meager resources or have them go on relief.

There are now a great many apartments for the elderly, some co-op, some subsidized by the government or religious organizations. Almost all of them have, what I consider of great importance, common dining rooms. Although small kitchens or hotplates are provided in the apartments, the residents have the opportunity to share a common meal. It seems unfortunate to me, at least in Syracuse, that such facilities are not provided. Meals on wheels is only a makeshift arrangement, for people will still have to eat by themselves. This increases their loneliness and poor nutritional habits may follow.

A community room is usually available as well as health services, and a great deal of thought is given to recreational opportunities. Many organizations plan trips for the elderly, even the handicapped elderly and take them by bus or boat to places of interest. There is great concern for avoiding architectural barriers and there usually are attractive sitting areas around the buildings and lovely little gardens.

In one new town outside Rotterdam, housing for the elderly was planned low-rise only, so that they would be on the ground floor; easy access in and out and closer to life going on around them.

In general, aside from housing, there is little concern for the comfort and convenience of older people in this country. What stores have you visited which provide stools or chairs along the counters? Where is there a shelter at a major bus stop? For the elderly who often walk slowly crossing an intersection, it is hazardous where cars do not even respect white lines. Steps into the buses are too high. Many old and handicapped people have a great deal of difficulty climbing into them.

In America accent is on youth. Youth is admired and catered to beyond all reason. To be young is everything. At least to act and look young. Think of the millions spent on cosmetics, wigs, beauty parlors, health clubs, diet systems and what not, just to help people to keep the illusion of youth. This is an attitude, a way of life, hard to reverse. And even youth is rebelling against it, making themselves look hideous, and having respect for no one.

I have deviated from housing, I know, but it all goes back to a basic philosophy and an attitude of life. Unless people change their attitudes toward age and the aged, no model cities program will change their lot very much. They need respect and dignity and affection and at least some task or work which will keep them close to the mainstream of life.

LOW PRIORITY TO AGING

The second question ties in closely with this attitude toward the aged, the tendency to give low priority to the elderly in public programs. Age is useless. Although in fact many elderly persons still have skills and talents and experience which could be of great value to society. Hiring practices of business and industry generally have discouraged their employment.

Both legally and practically there has been some improvement in these practices, but for the unskilled, the timid, and the slightly handicapped, work possibilities are hard to find.

For the sick and the seriously handicapped, life is even tougher because of the serious lack of nursing homes they can afford, in spite of medicare. As matters now stand small nursing homes are going out of existence because they do not meet the prescribed health standards. The New York State Health Department discourages any new nursing homes smaller than 60 beds, preferably 120 or more. Large, impersonal institutions, where the individual is lost and of no further importance as a person.

It is impossible to transplant European attitudes of respect and concern and even reverence of the elderly to America. We are a different country, fast paces, hard living, competitive, dynamic. We think the old can't keep up, so they are left behind, are almost discarded. The world is for the young and those who can still pretend.

If I sound pessimistic, I have a few concrete suggestions for the model neighborhood in our city.

Establish a club-like apartment for the elderly with a common dining room.

Provide a senior citizen center where there are opportunities not only for recreation, but for continuing education and employment counseling.

Have at least one nursing home in the very center of the project, so that patients can be visited by their relatives and old friends.

Have small sitting areas in or near a shopping area and in or near a playground.

Lower not only the bus steps, but the bus fares, for at least part of the day, so that those on a low income can still go places, and if possible provide some bus shelters for the severe winter weather.

Establish a circulating library.

Finally do away in all new construction with architectural barriers of which the general public is so unaware and which causes such discomfort and difficulty for the elderly: stairs, heavy doors, lack of railings, fast elevators, slippery floors, et cetera.

If I had known I would be asked to testify about Europe, I would have had time to gather more information about facilities in Holland. Their attitudes cannot be exported but perhaps some of their ideas can. I will be happy to make further inquiries and furnish you with more accurate and detailed data at a later time.

Thank you for your kind attention.

(Subsequent to the hearing, Senator Moss wrote the following letter to the witness:)

DEAR MRS. FARR: Thank you for your testimony before our Committee in Syracuse last week. I am sorry you did not have the opportunity to deliver it, but I can well understand the time pressures under which you work. It will help

us in our study to determine how the Model Cities Program is meeting the special needs of the elderly.

I am particularly interested in the constructive suggestions which you offer to alleviate some of the problems faced by older people. Since we would like to include in our hearing record your answers to the additional questions below, would you please let us have your reply by January 9.

1. As a Councilman-at-Large and a citizen of Syracuse, what steps do you propose taking to bring about the adoption of one or more of your suggestions? Have any organizations or government offices and agencies considered these recommendations, and if so with what result?

2. Your statement expressed some reservations about the Model City Program in Syracuse. Is your overall expectation pessimistic?

(The following reply was received:)

COMMON COUNCIL CHAMBERS,
City of Syracuse, January 5, 1969.

DEAR SENATOR MOSS: May I first compliment you on the way you conducted the recent Hearing on the Aging in Syracuse. You seemed more personally interested and concerned about the various statements than is usually the case in such Public Hearings.

I was sorry too I could not personally testify, but since Marcelle Levy asked to change places with me as she was in a hurry to return to Albany, I did not want to refuse. Mrs. Levy is an extremely capable and knowledgeable woman and a personal friend of mine.

You asked me to answer two more questions so that the answers could be included in the Hearing Record. I will answer them to the best of my ability. * * *

1. As a Councilman I am a member of the Municipal Planning and the Housing Committee of the Common Council, as well as Chairman of the Parks and Recreation Committee. I am also a member of the Urban Renewal Board of Review and the Onondaga County Health Advisory Board.

As a citizen I am a member of the Citizens' Housing Council, the Urban Renewal Citizens Committee on Code Enforcement, a Trustee of the Regional Hospital Review and Planning Council of Central N.Y. and a Board member of the Wagonwheel, a private Senior Citizens Agency.

In all these capacities I hope to use my voice and what influence I have to have my suggestions implemented or at least considered. I will also once again approach the Syracuse Transit Co. about lower bus fares in off hours for Senior Citizens. As the Syracuse Transit Co. will before long acquire 50 new busses through the N.Y. State Transportation Act, they may be able to allow for greater conveniences for the elderly in the design of the new busses, as both Health Commissioner Dr. Bigwood and I suggested in our statements.

My recommendations have not as yet been considered by any organizations or government offices or agencies, at least not in the Model City plan. I have had some success in having a wheelchair ramp built at Mony Plaza, through the cooperation of the City's Engineering Dept. and some Mutual of N.Y. Executives. As a member of the Syracuse Architectural Barriers Committee, I am constantly working for easier access to buildings for the elderly and the handicapped.

2. Yes my overall expectation of the Model City Program in Syracuse is pessimistic.

Let me give you a few concrete examples:

In spite of extensive slum clearance and building of State Highways, no new Public Housing has been constructed, except the Apartments for the Elderly in which you held your Hearing. But in 1966 a 500 Unit Leased Housing Project, proposed by the Syracuse Housing Authority came before the Common Council and was defeated. There was great opposition from many white constituents while it was strongly supported by black people. In the summer of 1968, a revised version, of 94 Units passed the Council. To date only 4 Leased Units are in operation.

Some years ago through Urban Renewal the one and only grocery store, adjacent to the Pioneer Homes, a Public Housing Project, was demolished. A year later after many demands and protests of the residents, a small Unit within the Project was transformed into a make-shift grocery store. To date the promised Shopping Center and Supermarket has not materialized, to the great inconvenience of the residents, mostly black.

A new Public Education System is now being debated, the so-called Campus Plan. It proposes a Campus with 8 Elementary Schools grouped around central

facilities, like an Auditorium, Gymnasium, Laboratories, Offices, etc. A great many people are opposed to it, for all sorts of reasons, the great cost, the bussing, the doing away with neighborhood schools, etc. The least mentioned but the strongest is the prospect of better integration and racial balance.

In how far racial prejudice and endless delays and postponements will interfere with a successful Model City Program, no one can tell at this early stage. But these are the reasons for my doubts and pessimism.

I am sorry this has grown into such a long document, and certainly much of it is not pertinent to the subject of the aging. Thank you for your interest and for your good wishes.

Sincerely yours,

MRS. MARIA H. FARR,
Councilman at large.

Senator Moss. Mr. Ralph Falco, president of the Syracuse chapter of the American Association of Retired Persons.

Mr. Falco, would you proceed now.

**STATEMENT OF RALPH FALCO, PRESIDENT, SYRACUSE CHAPTER,
AMERICAN ASSOCIATION OF RETIRED PERSONS**

Mr. Falco. Thank you, Senator. I will be very brief. I do not want you to miss your plane; you worked hard all morning listening to a lot of people.

I am glad to say a few words because I believe you are going to find that this is a special group that I represent, the kind of people that you are looking for. I used to be a social worker for the New York Department of Social Welfare and attended many meetings and many hearings back in the TERA days and PWA days and now OEO and model cities.

During those years I found that there was something wrong. We have been witnessing many changes, interruptions, and frustrations during the most progressive period in history. I thought that welfare would be out of the picture and that worries about older people would have diminished. I found the answer to what is wrong—organization and getting the right people to do the job is essential to succeed in any type program.

I represent the Onondaga chapter of the American Association of Retired Persons & Retired Teachers. The one thing that amazed me is the interest and pleasure they display in the work that they are doing. They desire to be independent. Their motto is purpose, independence, and integrity. They wish to serve others.

These are some of the things that they are doing: Volunteering at hospitals, churches, muscular dystrophy and all the others. Then they are volunteering for local senior citizens programs, clerical work for the Red Cross, and so on, and so on. Then we have some people doing real big jobs. These are all volunteers who are volunteering their service to businessmen and educators, former social workers and former public officials, and they are doing a marvelous job. They are traveling around speaking to groups.

The man who used to be a life insurance man found that life insurance men were apathetic about government and politics, so 10 years ago the chamber started a movement and they are working on that. Then they have these public affairs programs where they teach political education and economics, and they are doing a marvelous job.

NO CUTOFF AGE FOR LEARNING

I personally have been involved in this work. When we initiated these courses for the so-called elderly, there was a fear of their capabilities. Our records prove that it was positively the most outstanding class in the country. These people 65, and over proved that there is no such thing as old age for those seeking education.

We are wholeheartedly in agreement with Senator Williams who said:

Elderly Americans must not be thought of solely as a "problem group" even though for many of them problems are persistent and, too, often overwhelming. The older citizens of this Nation are rich in talent and energies and wisdom. Many ways must be found to free such resources for public good or private satisfaction.

I believe this very, very much. These people do not want to become dependent, they want to serve. They know more about the problems of the so-called aged and the elderly because they have lived, they have worked, and many of them have had education in the field of social work and teaching and they want to do something about it. I would recommend that in any of the model cities you somehow have a place for these people where they can come back and sort of take a refresher course and serve on committees.

Now we speak for a special group of senior citizens. Many of today's services did not exist and in the olden days, as you know, people helped themselves; they were volunteers. With progress and growth the Government had to come into the picture. Our welfare programs and services have grown tremendously. We are happy to note that starting early your planning stages for developing the model cities program will allow people time to assist with selecting the right kind of people to advise on what should be done. When programs are put together in a hurry there are apt to be many mistakes resulting in much hodgepodge on committees meeting together and talking and talking and never acting.

I think that you are on the right track. We have a million and a quarter members now in the United States and they are moving forward. They are having a membership drive now and expect at least 3 million members by the end of 1970. I say that from this group will come many leaders that you need for your model cities program.

Now what can model cities programs do? Today in this most advanced nation in the world most of us in all walks of life are concerned about the nature of our communities. We are disturbed about problems that seem to defy solutions. Many are frustrated by lack of opportunity to play an effective role in shaping the community in which we live and work. Everybody is excited; they want to do something.

Sometimes there are too many committees, too many meetings. Despite our democratic traditions we have had trouble finding ways to mobilize our community resources. That is the trouble, how to mobilize and to achieve any coordinated effort that community progress demands. In the meantime our community problems intensify. This is a central problem of our times. The need to find and establish practical ways for all of us to work together for the common good of our communities, and in turn the Nation, is clear.

Now the question is how? Well, I have one simple suggestion to make in my conclusion. The Chamber of Commerce of the United

States and the local chamber of commerce, are developing a public affairs program. We are tending to educate business people and leaders in the art of public affairs, to come down and not just read about it but involve themselves and find out what it is all about, and we are succeeding.

We have one of the best programs in the United States now here in Syracuse. I would recommend to you very, very much, and I am going to leave a copy with you of a pamphlet that has recently been put out by the Chamber of Commerce of the United States, "Forward America." * It is progress for mobilizing total community resources. It is a plan to bring people together in an intelligent way, to stop this overlap, stop everybody trying to do the same job at the same time and wasting a lot of valuable time.

I would also remind you that there is much material available, not only this pamphlet but much more material in the Chamber of Commerce of the United States that fits in perfectly with your model cities program.

That is my story.

(The prepared statement of Mr. Falco follows:)

PREPARED STATEMENT OF RALPH A. FALCO

SERVICE COMMUNITY PROGRAM

The Onondaga County AARP Chapter maintains an office in the local Community Chest and Council Building, staffed everyday by volunteer members. Training seminars and conferences are held frequently to acquaint members with services and agencies related to the affairs of the aging. We are currently engaged in a complete survey of more than 500 members to reach the many who desire the opportunity to become active in community services.

In the same building we are working with the office of the director of volunteer services and others in order to coordinate and made use of talents as they are developed. We also work with the Public Affairs Department of the Greater Syracuse Chamber of Commerce to furnish leadership for conducting their courses in politics and economics, currently participating in one of their most stimulating programs "Forward America" aimed at mobilizing total community resources.

Opportunities for volunteer service on behalf of the community are ultimate aim of a majority of our members.

Following is a sampling of some of the services rendered:

1. a. Volunteer at local hospital—coffee shop.
b. Assist in church office work.
2. a. Making cancer pads through church project.
b. Bake goods for "Home for Aged."
c. Solicit for muscular dystrophy program.
d. Volunteer babysitter.
e. Assists with preparing newsletter for AARP.
3. a. Volunteer at local hospital auxiliary.
b. Volunteer phone service to 3 bedridden women.
4. a. Assists with church work.
b. Volunteer in local senior citizens program.
c. Clerical work for Red Cross.
5. a. President, Syracuse Rose Society.
b. Editor, New York District Bulletin, American Rose Society.
c. Judge and consultant on rose gardening, exhibits, etc.
6. a. Visit, brotherhood, sick members at hospitals and homes.
7. a. Volunteer work for Planned Parenthood.
b. Volunteer community library.
c. Volunteer friendly telephone.
8. a. Editing and preparing newsletter.
b. Speaker for women's organizations.

* Retained in committee files.

9. a. Operating slide and film projectors.
10. a. Office manager for AARP.
 - b. Volunteer service at hospital and church.
11. a. Teach—defensive driver training course.
 - b. Member of Council of Social Agencies.
12. a. Volunteer church activities.
 - b. Volunteer—discussion leader political education.
 - c. Volunteer leader for mental patients.
13. a. Volunteer in charge of Retarded Children Association.
 - b. Director—travel program
 - c. Chairman—membership for AARP.
14. a. Manager public affairs program for chamber of commerce.
 - b. Director political education for National Insurance Association.
 - c. Public relations chairman Boy Scout district.
 - d. Members U.S. Chamber public affairs program.
 - e. New York State chairman for AARP.
 - f. Member National Preretirement Commission (AARP).
15. a. Financial secretary for her church.
 - b. Commissioner of education.
 - c. Secretary WSCS.

We agree wholeheartedly with Senator Harrison A. Williams, chairman, U.S. Senate Special Committee on Aging.

Elderly Americans must not be thought of solely as a "problem group" even though for many of them problems are persistent and, too often overwhelming. The older citizens of this Nation are rich in talent and energies and wisdom. Many ways must be found to free such resources for public good or private satisfaction. It is wrong to force all Federal efforts on behalf of the elderly into and welfare context. Just as we now regard graduation from high school or college as the beginning of a career, so should we recognize that retirement can become the beginning of a rich and rewarding stage in life's development. Many misconceptions must be challenged before that happy state of affairs comes into being, and many critical problems must be solved. But at least we should have a clearer goal in mind when we speak of the elderly and act in their name.

America, is suffering from the absence of skills, talent, and knowledge which exist as a vast reservoir among our older people. A survey by the American Association of Retired Persons with a current membership of more than one and one quarter million members in our Nation discloses that a very large percentage in the more than 500 chapters have the time, experience and an active desire to serve others. They come to us and ask how and where to begin and request technical assistance and facilities so that they may truly live up to our motto of "Purpose, Integrity and Independence".

USEFULNESS OF THE MODEL CITIES PROGRAM TO THE ELDERLY

We speak for a special group of senior citizens who through knowledge and experience understand the special problems of the older and retired citizens. These members of the "American Association of Retired Persons", have been around long enough to know that money and material alone will not solve problems.

People problems can only be solved by people properly trained and well informed. We have been witness to many changes, interruptions and frustrations during the most progressive period in history. Many in our group remember the first automobile, bath tub, radio, television, movies and all the other great accomplishments possible only in a Nation such as ours. During those early stages, work, incentive, respect etc., were meaningful. Many of today's services did not exist, people just helped people whenever problems developed.

Progress meant changes in services that gradually drifted from volunteer to public through Government concern. This is when our troubles started. We have seen billions and billions spent by Government and yet with all of our progress there are more problems today and many of them severe problems.

We recall the W.P.A., T.E.R.A., P.W.A., and now the O.E.O. and many other agencies put together to help solve problems and yes many of us played an important part in and know why many of the programs failed. We repeat, all the money in the world will not solve our problems unless you recruit the right people to assist.

Who are these people? First, your elected public officials who should be selected carefully and then elected, second are your numerous governmental commissions

with appointments of members often not interested or qualified to act, third, are our volunteer service committees and other lay groups from business, religious and service organizations well intentioned but too often failing because of weak leadership and poor organization.

RECOMMENDATIONS

Our failures in social progress have been caused by apathy mediocrity and weak organization in the selection of people to assume certain responsibilities.

We recommend:

1. The incorporation in your model cities program manual instructions and information on how to select the right people for the job to be done.

2. There should be some information on how to secure the help of your community, agencies, public, religious and lay to bring about orderly organization and efficient operation.

3. There are many organizations to choose from in order to arrive at some form of continuity. We do know that a recent pamphlet published by the Chamber of Commerce of the United States could prove most helpful in getting started.

"Forward America" a process for mobilizing total community resources. Community and Regional Resources Development Group, Chamber of Commerce of the United States, 1615 H. Street, N.W., Washington, D.C.

4. Promote the fact that much more can be accomplished when we get business and Government working together.

WHAT MODEL CITIES PROGRAM CAN DO

Today in this most advanced nation in the world, most of us in all walks of life are concerned about the future of our communities. We are disturbed by problems that seem to defy solutions. Many of us are frustrated by the lack of opportunity to play an effective role in shaping the community in which we live and work.

Despite our democratic traditions and abundance, we have had trouble finding ways to mobilize our community resources: to achieve the coordinated effort that community progress demands.

In the meantime, our community problems intensify, this is a central problem of our times: the need to find and establish practical ways for all of us to work together for the common good of our communities and, in turn, the Nation.

The need is clear.

The question is how?

"Forward America" a program for mobilizing total community resources, suggest ways by which this can be done. And it identifies the important role all people in America can play in the effort.

The above is a part of the introduction to "Forward America" and can be used by all groups, young and old and we recommend its implementation to all "Model Cities Programs".

Senator Moss. Thank you very much, Mr. Falco. We appreciate your statement and appreciate the fine work you do with the American Association of Retired Persons. I have some acquaintance with this organization and indeed it is made up of people with a wealth of experience and background, and it is an utter waste not to use this talent that resides in our older people. We do that to some degree.

I was thinking about dealing with the Small Business Administration. They have a program where these people who come in looking for a small business loan are often referred to a retired businessman—he is now retired but he has been through the mill and he can tell the one seeking the loan a lot about it and guide him past the pitfalls and help him make a success of his small business as he starts off. That is an example of the type of resource we have in our older people.

I am glad to have you point out, too, how eager and anxious these people are to volunteer their help and to serve. As has been stressed here again and again, one of the great needs we all have is a feeling of being needed and wanted, that we are contributing. I appreciate that,

and this is what we are trying to inculcate in our planning as we look ahead on this model city planning, to involve our older people to the maximum degree and to provide for their needs, which are somewhat different from the rest of the community but really not too much different from others.

Mr. FALCO. Just one more thing. I want you to meet a person who just happened to walk in, just a coincidence, one of the busiest ladies in this country. She is on the National Legislative Committee, American Association of Retired Persons. It is amazing; this young lady just travels all over the country. She is from Syracuse, one of our greatest teachers. I want you to meet her, Mrs. Emily Barhydt.

Senator Moss. We are happy to have you here.

Mrs. BARHYDT. I am quite overwhelmed.

Senator Moss. How nice of you to come and be with us here at this hearing. We are very glad to recognize you.

Thank you, Mr. Falco.

We have two students, Miss Anna Babic and Mr. William Carlson, who each have something to contribute.

Dean Walter M. Beattie of the School of Social Work here at the university will be with them. The three will sit as a panel. We have been saving the dean as sort of cleanup man, to bat last. I was going to have him on at the end. We will just turn this panel over to you, Dean, and ask you to go ahead.

STATEMENT OF WALTER M. BEATTIE, JR., DEAN, SCHOOL OF SOCIAL WORK, SYRACUSE UNIVERSITY; ACCOMPANIED BY STUDENTS ANNA BABIC AND WILLIAM CARLSON, NOW SERVING WITH THE STATE COMMUNITY AID ASSOCIATION

Dean BEATTIE. Thank you very much, Senator Moss. Sometimes it is nice to be cleanup man. We appreciate this opportunity of having your committee and staff meet with us here on the campus of the university and here at Syracuse. The opportunity provided through hearings such as this, to model cities programs throughout the United States, cannot be underestimated. To my knowledge little has been done to date by model cities programs to reconsider the relevance of urban design and urban life to an increasing proportion of the populations of our urban communities. As a preface to my testimony, I would like to call on two of our second-year graduate students who are, as part of their educational program, working with a number of New York State communities and programs concerned with the needs of older persons, Miss Anna Babic and Mr. William Carlson.

Anna, do you want to go first?

STATEMENT OF ANNA L. BABIC, STUDENT, SYRACUSE UNIVERSITY

Miss BABIC. My name is Anna Babic. I am a second-year graduate student at Syracuse University School of Social Work. My fieldwork assignment is with State Communities Aid Association. Specifically, this placement is with title III—Older Americans Act—projects which are working closely with State Communities Aid and which are funded by the New York State Office for Aging.

I would like to report to this committee one observation I have made, primarily with those projects which are operating in the central New York area.

In October, the project directors met to discuss problems which they are encountering in their local communities. Almost to a man, they specifically mentioned that services for the elderly are not a high-priority item in their communities. Since that time, more interviews with personnel of the projects have reemphasized this statement. My objective today is to call to your attention this observation: The low priority of the aging in a local community is a major obstacle in the efforts to adequately meet their needs.

The model cities program with its stated purpose of "a high degree of cooperation and coordination * * * of efforts" seems to be an ideal vehicle by which the priority of the needs of older Americans may be emphasized, and services provided which will more adequately meet these needs.

The Syracuse model city proposal, for example, states that the numbers of elderly in the proposal's geographic area have increased in proportion to the other age groups. Yet there is no task force addressing itself to their problems, other than peripherally. Is this not a further indication of low priority? I would submit that the Syracuse model city program, if it addressed itself more specifically to including services to the elderly as a high-priority item, could become at the very least an example, and ideally an inspiration, to other communities of New York State.

Senator Moss. Thank you, Miss Babic, for that testimony and the expression of your view that aid to the elderly is given much to lower priority in planning and that there ought to be an upgrading of the planning for model cities that would pertain to accommodation of the elderly and their needs. Thank you very much.

Then we will hear from Mr. Carlson.

STATEMENT OF WILLIAM CARLSON, STUDENT, SYRACUSE UNIVERSITY

Mr. CARLSON. I have been working with Anna in the State Communities Aid Association but in a different context. I have discerned the emphasis which community leaders have placed on involving the elderly in programs designed for their benefit. They have expressed concern that the social work principle of self-determination should apply not only in programs for the elderly but in all programs. To this end they have attempted to give the elderly clear and direct access to the decisionmaking process. Civic leaders in Syracuse are well aware of the important contributions the elderly can make in planning their own programs.

Section 103 of the model city program provides for "widespread citizen participation in the development of model cities programs." This clause should assure the aged of having a meaningful role in improving their own condition. However, I would like this Senate committee to consider what directives from the Federal Government to the local communities would require the participation of the elderly in the model cities program.

Since model cities programs all over the State are still in the formative stage, Syracuse has the opportunity to become the forerunner in

developing an ideal program which stresses the usefulness of the elderly.

A successful model cities program in Syracuse which utilizes the elderly would serve as a constructive example to other communities in the State of New York.

Senator Moss. Thank you, Mr. Carlson. I would agree that Syracuse, which has shown a great deal of leadership in this planning field, does have its real opportunity in the way that you involve the elderly people in the planning process and the way that planning is designed to meet the peculiar stresses that elderly people find to keep them part of the community and functioning rather than set apart and isolated and considering only their bare minimum needs, housing and food. There is so much more we need in our planning when we plan to include our elder citizens in model cities.

I congratulate both of you students and I congratulate the dean on having fine students like you in the school here considering these problems that are national in scope and yet have to be solved really primarily on the local level in each local community. Thank you.

You may continue, Dean.

STATEMENT OF DEAN WALTER M. BEATTIE, JR.

Dean BEATTIE. Thank you.

What I will do, you have my written testimony, I would like to highlight a few points of it. I also notice you had me down for summary. I have been keeping some notes and I would like to comment, if I may, on some of the previous testimony.

Senator Moss. That certainly will be very acceptable. The full statement will be in the record and we will ask you to highlight it.

Dean BEATTIE. I think if we look at Syracuse as an example and look at its model cities document we note on the very beginning of that document a statement which I will quote to you in full. It was handwritten and reproduced in a photostatic reproduction, saying:

The Neighborhood Action Group Society will meet at Reverend Bergh's home, 204 West Castle Street, on Thursday, March 29, at 7:30 p.m.

Come and hear Mr. Irwin Davis, Model Cities Coordinator. Find out how you can help get a playground in your area, a Day Care Center, Remodel Older Homes.

Mrs. Casler, 228 West Castle, needs help with reading her mail—elderly, going blind.

However, as one reviews the Syracuse model cities proposal, one sees a disproportionate number of persons concentrated in the model cities and intercity area, that one-third of the housing units are deteriorated, that more than a third of the families earn under \$3,000 per year which is the accepted poverty level by Federal standards. We see that those who are on public assistance, and in this case old age assistance, represent an undue proportion of the population. We see that the intercity is not only in the area of urban blight but it may also be an area of human blight.

I will not quote all of the statistics from the document but I would like to underscore this because I have heard over and over in the testimony the fact of an increased life span. I could say that within the population 65 and older we have already two or three generations; in fact, we are moving from three generations to a five generation society.

I mention this in other papers so I will not belabor it other than to point out that it seems to me that we must recognize that between 65 and 100—and we have about 16,000 people in our population over 100 years of age—there are vast differences. Therefore, we have to look within the aging population itself as to the changing needs and to recognize that while we must be concerned for those with disability we must recognize that 95 percent of the elderly, of the so-called 20 million elderly, are out in the community.

COMMUNITY DESIGN LIMITS ACCESS

We must recognize within this group that the way we design our communities effectively limits their access to basic services and basic needs. Here I am not talking just about health and social services, but I am talking about fundamentals such as mailing a letter or communications, getting to the bank, groceries, sundries, as well as the delivery of services to support functioning regardless of incapacity.

It seems to me as I read the model cities proposal, and I have had some access to other than Syracuse, that they do not reflect an understanding of the goals of human existence and that too often we have tended to start from the viewpoints of physical planning and economic planning, and social planning comes in last, if at all. I would like to suggest in the model cities that particular emphasis be placed upon what are the goals of technology, what are we trying to accomplish?

Highway construction is to move automobiles rather than people. Just look beyond this building to Highway 81 which is an effective barrier for people who are living on this side of the highway to get across and get down into other areas. I am saying that is an architectural barrier. The whole way we design our communities may do much more to limit the functioning and capacity of older persons than all the services we may render them unless we plan service delivery and the environments for people jointly.

I would say that much of our worry in our family service center tends to point to the fact that the social case worker, for instance, may be low on the priority when you have inadequate housing, inadequate diet and your concern is for survival rather than dealing with intracycle social problems of interpersonal relationships.

I underscore this because in my responsibilities at the university we are concerned with developing social workers who indeed see people and their needs as they are and begin to move. We are convinced that in moving in new directions we must encompass what the architect does, what other disciplines do, and that model cities indeed offer this type of an opportunity.

I would underscore this because the very survival of the elderly is inherent in what we say about it. Yet our attitudes are such that we do not recognize them. Here in Syracuse the pedestrian death rate on the streets—and this is true throughout the United States—the very pattern of our lights and one way streets where you get half way across by the time you maneuver the curb and the person is trapped getting across. These are very fundamental things. It seems to me model cities talk about urban planning must look at ways in which we design such things to support functioning and participation.

As I say in one point of my paper, our emphasis must be on supporting and encouraging the integrity of the individuality and especially

the right of choice on the part of the older person. In other words, while we have many pieces of services in our communities, we have very few alternatives to persons in terms of this different status in the life span and in some right of making a decision.

SELF-MASTERY AND SELF-DESTRUCTION

We talk about independence as a value of our society and yet as one grows older one is forced into stages of dependency by the very way that we pursue older persons and we project their role in our community. It seems to me that the whole concept of self-mastery is part of this, and part of our goal in model cities must be to self-mastery and self-direction as people are capable of, and yet we will note that this is too often negated in how we are dealing with older persons in our society.

It seems to me that the city in many ways symbolically represents the same plight as the aging and the same values as we see such things as in a society which is future and change-oriented, that the basic orientation concepts have been in urban renewal to tear down and replace old with the new. This seems to be true with our human values as we relate to people. To be new is equated with being desirable in the physical sense of the city as well as the people.

As we look at our drawings, our architectural schemes for cities, they are quite depersonalized, if not sterilized, for our human existence. What does all this mean in terms of the elderly and model cities? I emphasize that when I talk about a five generation family that the goal cannot be only the older person but the older person in relationship to others in the generations. There is quite a dialog of mixing the younger with the elderly.

If we recognize the great variability inherent in 20 million people and the fact that the 65-year-old and the 80-year-old and the 90-year-old are quite different, there has to be this option of choice, the choice to participate or the choice to withdraw based upon the great and inherent variability in this population. So I would hope that as we look at model cities we don't repeat the same mistakes of making them all alike but recognizing the inherent differences also, what I call rational approach to planning, and that is that the older person can be supported and participate in family life, that many of the issues of family support ultimately are related to issues of again the very way we have structured our society.

If we see the mobility of our younger population that moves to our jobs and where their economic needs are to be met, we find if they have an elderly parent there is no well defined housing for that elderly parent to live close by but separate. Every study I have seen on the elderly points to the older person wants their separateness, their own household, but they want to be near their children.

ALTERNATIVES IN HOUSING

How are we planning these alternatives in suburbia as well as innercity? What I am really pleading for is alternatives in housing and that with these alternatives we see different approaches to service delivery, to recognize the uniqueness of the individual and our capabilities of working with him as an individual rather than as in the past.

I will not go into our own agency but as noted several times today the university working with the community, it seems to me, is very helpful for the future. We could characterize our society with the rapidity of change, technological innovation, as indeed a society which could be called a learning society. By this I mean knowledge is changing so rapidly that one is obsolete if one does not have access to knowledge. It seems to me the model cities area should reconsider, for instance, the place of education. Should we be considering the public school as something that is open from 8 to 5, or should it indeed be open from 8 to midnight where a total family can participate in the evening, where meals can be served in the evening as well as at noon to children so that we can see that the elderly are not suffering from malnutrition and dehydrated as we see in so many of our people.

What does this mean in terms of learning so that the older person can be a full participant with other generations? Indeed several of the generations in a family may relate around some common concept of learning and not obsolescence as we have approached it. I could go on and on because I have been very much perturbed about our limited views despite the many changes in our population and its makeup.

CHRONIC PROBLEM: TRANSPORTATION

The other point that I might like to raise to make sure it is not lost is getting to and from other parts of the city, and the whole possible innovations in transportation must be underscored. Every study I have seen on service delivery for the elderly rural or urban, points to the problems of transportation and the like, whether it is just re-routing bus service or whether it is designing buses.

The 80-year-old cannot pull up on to the high steps in the directions of our present kinds of transportation systems. They cannot move about the community and they cannot get to such places as airports and they cannot walk the long distances. So what I am really saying is that good design for the elderly and good rethinking of our networks of transportation and communication should be good for the society as a whole. I think focusing on the elderly will help us to rethink some of our urban designs.

A few other comments. When we talk about inner-city and deterioration we talk about slum lords without realizing that many of our elderly may indeed be the slum lords but not out of their own choosing. We need new fiscal mechanisms to permit the older person to remain in that inner-city and yet rehabilitate and maintain his housing. He cannot do this with fixed income and inflation, and it seems to me at the Federal level we can rethink how, against the estate of the elderly person they can have sufficient funds to rehabilitate their homes and indeed be an active participant in that neighborhood without being forced out because of the ability to survive economically.

The other is the involvement of older persons themselves. Again every study that I have come across indicates that if the older person has sufficient funds he does not necessarily want to work, he wants to be involved. The question of economic needs has to be treated quite separately from that of participation and involvement. I would like to underscore this because this is, it seems to me, dialog as to this view.

I think the older person has to have many opportunities to participate, to be involved, and to lend his knowledge, his wisdom, his skills

to the planning effort and also to the service delivery effort. In our family service center where we have preschool day care we have it in housing for the elderly and it seems to me there are unique opportunities for the older persons working directly with the younger children and proffering their talents so the teachers could stay on the business of working with the younger children around their educational needs.

THE EXPERIMENTAL CITY

For the past year and a half I have been working with the experimental city project in Minnesota which is attempting to design and build a city of 250,000 population de novo. Its emphasis is that of making an overleap from our present urban condition to that of the city of the future using our present technological capabilities; that is, social and physical technical capabilities.

In our planning for this city we recognize that the unemployed and the retired do not enjoy valued positions in our society. If human integrity, which depends in some measure upon expressions of esteem from others, is to be maintained in the face of future productive opportunities, two tasks must be undertaken: expand the scope of valued service activities in professional training but with facilities for training and retraining—and that is opening this to the older person, too. I am pleased to say at our university and my school we have had persons in their late sixties admitted to the regular program. I firmly believe they cannot predict how many years are ahead for a person; they have as much to contribute in 10 or 15 years as others have in 30 years.

Beyond this, to explore leisure time options and promote self-esteem whether these be interpersonal or solitary pursuits, motivated by service to others, or self-directed for enjoyment or personal growth. Again the lifespan beyond 65 can be quite long. It seems to me we have to rethink the whole meaning of options other than being productive or the concept of leisure, which too often is play, and to give the emphasis on meaningful use of time.

This is a major challenge and opportunity and one, in my judgment, which must embrace the many talents and contributions of all segments of society and especially those of a major university such as Syracuse working with communities such as we are attempting to do here in Syracuse to involve the citizens themselves in their own destinies.

If meaningful living is to be envisioned as encompassing the lifespan, we should consider this as a central goal of the model cities program. The quality of life, the meaning of life, and the significance of each life must be the central concern of a civilized society. If Mrs. Casler on West Castle Street is elderly and going blind and needs help with reading her mail, surely we must keep the needs of the thousands of Mrs. Caslers as central to our concern as we consider the opportunity model cities afford our urban communities.

Thank you.

(The prepared statement of Dean Beattie follows):

PREPARED STATEMENT OF WALTER M. BEATTIE, JR., DEAN, SCHOOL OF SOCIAL WORK, SYRACUSE UNIVERSITY

Senator Moss, Members of the Special Committee on Aging, we are delighted to have you meet on the campus of Syracuse University. The opportunity pro-

vided through hearings such as this, to model cities program throughout the United States cannot be underestimated. To my knowledge little has been done to date by model cities programs to reconsider the relevance of urban design and urban life to an increasing proportion of the populations of our urban communities. As a preface to my testimony, I would like to call on two of our second year graduate students who are, as part of their educational program, working with a number of New York State communities and programs concerned with the needs of older persons, Miss Anna Babic and Mr. William Carlson.

Included as a preface to the Syracuse Model Cities proposal is a significant statement handwritten by a resident in the model cities area. I quote:

The Neighborhood Action Group Society will Meet at Rev. Bergh's home, 204 West Castle St. on Thursday, March 29 at 7:30 P.M.

Come and hear Mr. Irwin Davis, Model Cities Coordinator. Find out how you can help get a playground in your area, A Day Care Center, Remodel Older Homes.

Mrs. Casler, 228 W. Castle needs help with reading her mail—elderly going blind. [Italics added for emphasis.]

As one reviews the Syracuse Model Cities proposal, one notes that the Model Neighborhood contains 28,500 persons (13% of the city's population), 33% of whom are on welfare, 32% of the housing units are deteriorated, and 35% of the families earn under the \$3,000 per year poverty level (by federal standards). It is significant to note that although the Model City area represents 13% of the City of Syracuse's population it represents 19.5% of those over 65 (5,099 of some 26,039). This older group is significantly more deprived economically than those in the remainder of the city in that 8.3% receive Old-Age Assistance compared to 3.6% of the elderly in the city as a whole. Syracuse is not unlike other urban areas. As noted in the model cities proposal:

The population of the City has experienced a change in character. The younger and older groups increased in proportion to the middle age groups, and there was a noticeable increase in the percentages of Negro, and native-born segments of the populace . . . the proportional increases of the elderly and Negro population have implications for social and welfare needs. The elderly are socially more dependent than other segments of the population.

They generally have lower incomes and a greater need for medical care.

Despite the above, one can find almost nothing in this proposal or in those of other "Model Cities" throughout the country, which reflect an understanding of the needs and conditions of the elderly and directions which might be taken to support and encourage integrity, individuality and right of choice on the part of the older person, in matters pertaining to housing and living arrangements, family interrelationships, protection and security and their need for creative and renewing experiences. The central areas of our urban communities contain the highest proportions of older persons, yet they negate the opportunities for older persons to participate or be served. Older persons are low priority in the concerns of most communities. As stated by me previously:

Planning—social and physical; service provision—whether such services are basic police and safety protection, adequate housing, consumable goods, or health, welfare, recreational, cultural or educational; and, opportunity for social participation are either lacking or badly inaccessible, unacceptable and inappropriate in the majority of our communities. The deterioration which is so very evident in the physical characteristics of our central cities too often hides, especially in the case of the elderly, the personal isolation, social neglect and deprivation which is prevalent.

Aging, regardless of social class, ethnic background, or occupation has some common attributes in Western Societies. These would include:

A loss of self-mastery and mastery of the social and physical environments.

A reduction in social space and in the number of significant others through loss of spouse (for 1966, sex ratio of 129 women to 100 men); social peers, work groups, etc.

A reduction in resources, especially monetary (between 1954 and 1965, wages increased by 49.3%; cost of living 21.9%; Social Security benefits 14.4%).

A reduction in physical energy, especially for those in their advanced years (75 and older group comprise about one-third of older population).

To summarize, the aging processes—biologically, psychologically and socially—make for an increasing narrowing of stimuli and, therefore, responses.

For many older persons, and here I would suggest, especially the poor aged—a depersonalization if not impersonalization of the individual and his social relationships.

The city, in many respects symbolically, represents the same plight and is affected by the same values as are the aged. In a society which is future and change-for-the-better oriented, the basic orientation concept of "urban renewal" is to tear down and replace the old for the new. Newness is equated with desirability—in the physical sense of the city—as with people. Further, the new city as seen in architectural drawings, is one of aluminum, glass, middleclass young adults—depersonalized if not sterilized.

If you are old, of limited financial resources; if you have no spouse or immediate family; and, if you are Negro and aged—the chances are you will live in the "blighted" inner-city; you will have sub-standard housing or, if you are not too poor, you may live in age-segregated public housing for the elderly; you will have increasingly limited access to services—if they exist, which is unlikely in many communities; you will have a higher proportion of dehydrated and malnourished neighbors—if this is not your own situation; you will be isolated—not only due to lack of transportation, but by the very design of the community with free-ways, through-ways, and express-ways, to move cars if not people, and the increasing use of one-way streets (a high proportion of pedestrian deaths are represented by the elderly)—and, you will increasingly need protection and security—not only in your place of residence, but equally so, as you attempt to move about the community and are vulnerable to exploitation, if not abuse.¹

What does this mean in regard to the usefulness of the model cities program for the elderly? I would like to suggest the following, by illustrating with some of our efforts here in Syracuse. One, the fact of an increased life span for an increasing proportion in the population means that our family's system is increasingly four or five generations rather than two or three. This does not necessarily mean increased size of households; rather the importance of providing housing alternatives which permit the elderly to live near their children. Such housing must reflect the variety of differences within the elderly population.

When we speak of those over 65 (and I would note that in all probability the normal age of retirement will be more that of 60 for the population within the next decade), we are talking about $\frac{1}{3}$ to $\frac{1}{4}$ of the life span, recognizing those who are in their sixties are quite different in regard to need and condition than those in their eighties or those in their nineties. The Toomey-Abbott Tower on the periphery of the model cities area is, I believe, a striking example of a new opportunity in developing a housing alternative for the elderly of Syracuse. Its location in conjunction to housing for college age students and on the University campus suggests another new dimension of our society which should not be lost in model cities planning.

We could, characterize our society as a "learning society" as we see learning as a lifetime pursuit as the knowledge explosion increases our obsolescence. The need to grow, to have new experiences, and to keep up with the vast social and technological changes is as important to the elderly as to those in their early and middle years. Beyond this, we must recognize that the current useage of the term "generation gap" tends to emphasize the breakdown in communications and values between the generations. This is further reflected by our age-segregated approaches to physical and social design. Most of our approaches to housing and living arrangements, human and social service delivery systems and in the social institutions of church, education and recreation have been to negate opportunities for intergenerational relationships within the family and among various segments of society.

The Family Service Center located in the Model Cities neighborhood and about which you have already heard, is an attempt to do several things which I believe are imperative as we look to the future. These include bridging the university-community relationship and assuring the relevance of education for human and social services to the needs and concerns of persons representing all segments and ages in the community. This agency, co-sponsored by the University, through its School of Social Work, the Syracuse Housing Authority, and the Community Chest of Onondaga County and supported by the State Division of Mental Hygiene, has its own neighborhood board responsible for service policies

¹ "The Plight of Older People in Urban Areas", paper presented at the 94th Annual Forum, National Conference on Social Welfare, May 23, 1967, Dallas, Texas.

while the University through the School of Social Work is responsible for the educational and research components. The board includes the black residents of the area and the white elderly, working together in setting policies and directions for the agency. While located in specialized housing for the elderly, it encompasses a full range of services from the very young (pre school day care) to the very old (a division on aging). It is presently expanding its responsibilities to encompass the administration and coordination of the services for the new Toomey-Abbott specialized housing for the elderly working with a variety of agencies and organizations. Particular emphasis will be placed on the role and contributions of the elderly themselves who, it is hoped, will participate in the development and provision of needed services. In other words, we must so consider the development of services to assure the participation and continuation of those whom we would serve, in this case the elderly, and so structure services to assure that where possible they do not segregate or isolate the elderly out of the main stream of community life. Further, the use of the elderly in significant roles in service of other groups in the community is important.

Critical to this is the fact that in the majority of our communities, including Syracuse, we do not offer sufficient alternatives in housing and living arrangements, health services, social, recreational and leisure time services to permit the right of choice and therefore the individualization of services to meet the varied needs of older individuals. Probably, one of the greatest needs is to assure that model cities design ways of permitting older persons to get to and from those parts of the city which are essential for the continuing functioning as a human being. This is the issue of accessibility to banking, groceries and sundries, cultural activities as well as essential health and social services. Our cities have been designed for the automobile and not for people and the very young and the very old are effectively kept out of community participation by the very way in which we have designed our cities. Model cities offer a unique opportunity to consider the social needs and characteristics of older persons and ways in which physical designs and environments can support the functioning and conditions of older persons to community life.

We have envisioned older persons as dependent. This view stems from our social identities around aging and not necessarily from inherent characteristics of the older persons themselves. While many will need specialized facilities, services, and environments to protect their vulnerability in advanced age, we have too often approached all older persons with the view of their incapacities rather than their capacities. Here let me note that less than 5% of the approximately 20 million persons of 65, i.e. 1 million of them are institutionalized; the rest live in the open society. I would like to suggest the urgency of developing guidelines for model cities as to how they might effectively contribute to permitting useful participation, and significant contributions through the vast reservoirs of knowledge, wisdom, and talent inherent in the older persons who reside in our urban centers.

I have had the pleasure over the past year of working with the Experimental City Project in Minnesota which is attempting to design and build a city of 250,000 population. Its emphasis is that making an overleap from our present urban condition to that of the city of the future using our present social and physical technology. In our planning for this city, we recognize that the unemployed and the retired do not enjoy valued positions in our society. If human integrity, which depends in some measure upon expressions of esteem from others, is to be maintained in the face of future productive opportunities, two tasks must be undertaken: expand the scope of valued service activities in professional training but with facilities for training and retraining; and explore leisure time options and promote self esteem whether these be interpersonal or solitary pursuits, motivated by service to others, or self-directed for enjoyment or personal growth. This is a major challenge and opportunity and one, in my judgement, which must embrace the many talents and contributions of all segments of society and especially those of a major University such as Syracuse, a busy community, the professional in service communities, and the citizens themselves. If meaningful living is to be envisioned as encompassing the life span, we should consider this as a central goal of the model cities program. The quality of life, the meaning of life, and the significance of each life must be the central concern of a civilized society. If Mrs. Casler on West Castle Street is elderly and going blind and needs help with reading her mail, surely we must keep the needs of the thousands of Mrs. Caslers as central to our concern as we consider the opportunity Model Cities afford our urban communities.

Senator Moss. Thank you very much, Dean, for that fine dissertation and summary of the discussion that we have had in the

hearing today. One of the reasons we wanted to come to Syracuse as one of our cities for hearings on model cities and the problems of the aging was to get your counsel here. We have always profited from your scholarship and your willingness to share it with us. As we look at these various problems from the viewpoint of the aging people, we are very glad that we did come, and that you have been our host here at this great school.

I think your summary has been particularly meaningful by pointing out the basic facts about our elderly people. First of all, as you so clearly underlined, we tend to just lump them all as though when they crossed that line at 65 they became an older person and all older persons were the same eggs in a row, as it were. There is not only all the differences that every personality has but actually there is a great gradation in their physical age as they go along. A person in the sixties is different from one in the seventies and one in the eighties.

As our lifespan has increased, and hopefully with the advances of medicine we will increase still further, certainly there are all kinds of variations of how the problems must be met. Principally it must be met by keeping them as much as we can in the mainstream just as they were when they were in their sixties and their fifties and back in the forties, not crossing an imaginary line and dropping off the edge as it were.

Basically, isn't that your summary that you are giving us?

Dean BEATTIE. Yes. I would say that looking at the aging population we find half are under 75. We would not plan for an 18-year-old as if he were 35. I think we have to look very carefully at those very critical early years in the retirement process—male and female, also the changes in the sex ratio, the increasing number of women. I am sure you are aware of this, that the weaker sex outlives those of us on the other side of it. We have to rethink ways of supporting them and keeping them in the mainstream of the community as you say.

This is part of the issue of scope and design as well as it is for services. If anything, I am trying to say that you must do this together. Over and over we have seen a great emphasis on physical planning and economic planning and nothing on social. If I were doing it in an experimental city, what do we know about the elderly? What do we know about the lifespan really? How do we bring this model city to meet this knowledge base and begin to really make an exciting, creative environment?

Much of what we see is pretty sterile and pretty ineffective for the real significance of participation and being a part of society—it seems the major opportunity. I thank your committee particularly for calling attention to the elderly and the usefulness of the model cities to them and, as our student Mr. Thompson said this morning, also usefulness of the elderly to model cities. I think this is really the situation.

Senator MOSS. Thank you very much, Dean, for your very fine testimony and summary.

Thank you, Miss Babic, and Mr. Carlson, for your contribution here.

I think that we have had a very fine hearing today. We have made a good record that will be most helpful to the committee as we meet to study all of the material that we have gathered, and we have hearings yet to be completed on this. As I said earlier, if there are those who want to make an additional contribution, if there is something that

has not been discussed that would enhance our record and increase our understanding, we invite you to send a written statement or addendum to your statement to be placed in the record any time in the next 30 days to be received and made a part of this hearing record.

We do thank you who have been here with us all day long. We had a larger crowd this morning but we still have a very interested and fine group with us this afternoon and we appreciate it. It has been a good hearing and I thank you very much.

We now stand adjourned.

(Whereupon, at 3:25 p.m., the committee adjourned.)

APPENDIXES

Appendix 1

ADDITIONAL MATERIAL FROM WITNESSES

ITEM 1: MATERIAL SUBMITTED BY HON. JOHN W. HILDEBRANDT,*
COMMISSIONER FOR URBAN DEVELOPMENT, SYRACUSE RE-
NEWAL AGENCY, SYRACUSE, N.Y.

EXHIBIT A. IMPLEMENTATION AND COORDINATION OF A PLAN TO MAKE AVAILABLE
TO ELDERLY PERSONS LIVING IN THE SYRACUSE MODEL NEIGHBORHOOD THE
WIDE VARIETY OF SOCIAL, CULTURAL, CIVIC AND RECREATIONAL OPPORTUNITIES
AVAILABLE IN THE COMMUNITY

The Syracuse Model Neighborhood Program will rest on the premise that the problems of the neighborhood cannot be solved without the participation and leadership of the residents jointly with the leadership of the local government.

Syracuse's response to the crisis of the inner city (programs of urban renewal, housing, health, welfare, education, employment, anti-poverty, and now the Model City Program) is a history which recounts a growing recognition of the fundamental need for citizen participation in the solution of the problems involved.

One of the conditions affecting the designation of Syracuse as a Model City was the involvement of the people residing in the neighborhood in the planning and implementation of the program.

Unfortunately, the experience in Syracuse in the past suggests that the residents of the inner city neighborhoods—including the Model Neighborhood—approach these programs with a profound sense of a distrust and a disinclination to participate in them from the outset. Accordingly, extreme care has been used in meeting this requirement to avoid the position of directing the program on the part of City officials. There is every reason to believe that the same care will be used in assuring that persons of advanced age will be included both on the Board of Directors and in the planning. Their selection for this involvement, however, must of necessity be governed along democratic lines.

The Model Cities Program in Syracuse is presently in the early organizational stage. A ten member Citizen's Interim Committee is currently developing an interim budget and working out details and procedures for the election of a Board of Directors. It is anticipated that the Committee will prepare a request for a consent to proceed letter very shortly which hopefully will lead to an early contract authorizing a planning grant. It would be contrary to our objectives to state specifically how the wide varieties of social, cultural, civic, and recreational opportunities will be made available to this particular age category in advance of the completion of the organization and the planning of the program.

With respect to current plans to assist the elderly in safety, transportation, neighborhood facilities and pedestrian access to necessary services, it is extremely difficult to state how this need will be met in advance of the Model Cities plan which is yet to be developed. We have stated in our proposal and the preceding paragraph that these facilities will be made available to the elderly, but only after the formal plans have been developed. Again, as stated above, every effort will be exerted to involve the citizens in the planning and administration of the project.

*See p. 329 for statement of Hon. John W. Hildebrandt.

EXHIBIT B. PROPOSED IMPLEMENTATION OF EMPLOYMENT OPPORTUNITIES FOR THE AGING IN THE MODEL NEIGHBORHOOD AS PROPOSED BY THE NEW YORK STATE EMPLOYMENT SERVICE

The Model Cities Concept of an "attack" on the problems of poverty has special significance in the field of employment, especially as it applies to the aging. The cure to poverty appeared so deceptively simple that it has acted as a deterrent to a coordinated, total approach that must be used in order to break the cycle of "not qualified—not hired—why try" that permeates the fabric of the disadvantaged. Many serious problems afflicting the poor such as health problems, emotional and physical ailments, housing facilities, transportation, welfare requirements, police records, child-care needs, etc. also act to limit the economic asset of employability.

The "employability" aspect itself, is made up of many facets. Employability requires basic reading, writing and arithmetic abilities; oral communications in order to receive and impart the ordinary information required to conduct most businesses; specific skill requirements for most jobs; proper attitudes in relation to courtesy, dependability, grooming, punctuality, responsibility, adherence to quality, quantity, and safety standards, etc. There is a need to understand that the employer has a legitimate, economic interest in protecting his investment and earning an income from it, which contributes to the economic well-being of his employees and provides the taxes that pay for the essential services our government provides.

The total community must be involved in the attack on poverty. The New York State Employment Service is committed to the development of human resources and is prepared to work in close cooperation with each and every agency, institution, association, union, group, employer or individual towards this end. More specifically, the "employing" sector of the community will be encouraged to actively participate in the total effort of creating full consumers and tax contributors in the place of under-consumers and tax users, and to increase and improve the available productive labor force vital to the health of any industry.

The Model Cities Concept permits the problems of employment to be examined in relation to the other closely related problems and makes possible and encourages a joint effort by all the community's helping resources to work together. Implicit in the Model Cities approach is the understanding that facilities will be available within the model neighborhood for all of the participating agencies to be close at hand to those requiring assistance and in close physical contact with each other so that the various resources, disciplines, and techniques will be coalesced rather than fragmented, and the individual needing assistance can secure it readily.

RECRUITMENT

The location of facilities for the Employment Service within the Model Neighborhood and in close contact with other helping agencies will provide an interaction with the neighborhood that should encourage residents to freely seek its assistance. However, in addition to the expected "walk-in" traffic, the Employment Service will engage in a comprehensive "reach-out" effort. Intensive efforts will be made to find and stimulate residents of the Model Neighborhood to become employable and employment-motivated. Outreach and recruitment will be carried out by non-professionals indigenous to the neighborhood. Referrals to the Employment Service will also be encouraged by all the other "helping agencies" concerned with other social problems but which become aware during the course of service to their client that employment is also a problem.

Recruitment will be geared to the training and employment opportunities that have been developed to avoid overloading, excessive waiting, hasty service and shattered expectation.

INTAKE INTERVIEWS

The intake interview will be structured to inform the applicant of the nature of the program, the purpose of the interview, and the opportunities available. The various educational and vocational alternatives and the implication of each must be examined and thoroughly explored. The applicant should know that he retains the right of decision-making but that experience may indicate alternative choices during the course of the program and that he has the opportunity to discuss these alternatives and revise his decisions based on experience and improved knowledge.

The initial interview might provide information on health problems, emergency financial needs, education, child-care, etc. and the quick enlistment of other supportive assistance might be indicated.

The carefully trained, non-professional could be an invaluable asset in this area.

EVALUATION

Once intake has been complete, those ready for placement or training will be measured with respect to their capabilities, aptitudes, interests, on the one hand, and the requirements of employability on the other hand. The primary function of evaluation will be to obtain information that will be useful in planning the program for and with the enrollee. Evaluation can be undertaken at a later date for those who are not "test-ready" or evaluation can be repeated on the completion of various stages.

The point to be made is that there will be an overall philosophy of building encouragement and confidence rather than any rigid schedule that may breed suspicion or resentment or cause dropping out of the program.

SUPPORTIVE SERVICE

The needs of many enrollees for a variety of services will become apparent during the evaluation and other stages of the employability process if they are to take full advantage of the manpower opportunities. Generally speaking, day-care services, health service, financial assistance, vocational rehabilitation service, social casework, legal service, consumer education services—the whole gamut of comprehensive services—will be coordinated under the Model Cities Concept.

Training of each agency's staff will include the types of services provided by the cooperating agency and referral will be quick and convenient.

COUNSELING

Most applicants participating in the program will need employment counseling services. Counseling seeks to assist the applicant to realize his potentialities. The process is such that the employment counselor and the applicant work together so that the applicant gains a better understanding of himself and gains knowledge of the world of work so that he may more soundly choose, change, or adjust to a vocation. The purpose is to help the applicant achieve vocational adjustment at as satisfactory a social, economic, and skill level as possible. The field of work or occupation he chooses should utilize the best possible combination of his maximum potentialities, together with his interest, temperament, values, and other pertinent factors.

Employment counseling may help the applicant gain sufficient insight into his own interests and abilities and the nature of the world of work so that he can make his own decisions, not only as to the selection of a vocational goal but also as to the steps that should be taken to reach the goal.

TESTING

Testing techniques may be very valuable in discovering latent potentials that can lead to the fruitful, satisfying and profitable development of these potentials through education and training. However, poor people often are suspicious of the motives and values in the testing process and may reject the testing experience. Therefore, Employment Service Counselors will be very sensitive to the needs for preparing applicants to become "test-ready" and to recognize that tests will only be administered where the applicant is willing and receptive to the experience.

Great care will be taken to impress on the applicant that the test is designed to explore areas of strength, and potential for development, and that it is not and will not be a device for "screening out" from any program in which he has an interest.

Applicants who are "test-shy" will not be required to take tests.

JOB DEVELOPMENT

Intensive efforts will be made to develop job openings and on-the-job training opportunities with long-range economic improvement potentials.

Occupational Analyst resources will be specifically allocated to the Model Neighborhood office to assist in working with employers to identify port-of-entry

jobs, to draw up realistic minimum entry requirements, accurate skill training needs, job dilution and restructuring, skill ladder progression and skill transferability.

Concentrated efforts will be made to obtain commitments from unions, employers in the public and private sector, profit and non-profit institutions and agencies to establish specific programs for O.J.T. slots for jobs for trainees completing training or part-time work, part-time training arrangements with full-time employment to commence after required proficiency or knowledge is attained.

Some of the outstanding prestigious employers in the community have had policy direction from top management levels acknowledging their concern, interest and intent to improve their participation in the problems of urban life. The Employment Service will make a concentrated drive to have these policies implemented at the local level, with particular emphasis and direction toward improving the occupational status of Model Neighborhood residents.

The primary objective in job development will be to find job opportunities that provide useful experience, transferable skills and upward mobility.

TRAINING

Comprehensive training opportunities will be provided to meet the specific needs of employer and applicant. These can be divided broadly into pre-vocational and Vocational Training.

PREVOCATIONAL TRAINING

Prevocational training attempts to lay the foundation upon which skill training can be effectively built. Prevocational training can include work- and job-conditioning, work experience, work-related education, and basic education.

BASIC EDUCATION

Functional illiterates and those with minimal academic skills should be given the advantage of basic literacy and arithmetic programs to provide them with minimal eighth-grade level reading and sixth-grade level arithmetic skills. Educational materials will be work-oriented. Enrollees who have aptitudes for higher academic achievement will be encouraged to enroll in programs which will lead to high school equivalency diploma and perhaps to higher education.

WORK-AND JOB-CONDITIONING

Many unemployed and under-employed poor people can benefit from supervised experience in the employee-employer relationship. Many need to know how to work in a cooperative effort with fellow workers, how to feel comfortable taking orders, how to accomplish a task quickly and correctly, and how to follow instructions. Some enrollees will need instructions in how to apply for employment, what to expect during an interview and how to complete forms. Many will need to develop good work habits. Consumer education may be essential to teach the poor how to handle the money they earn. Information on interest rates, withholding taxes, union participation and social security may be totally outside the experience of the poor, but such information is essential if they are to become employable. Without this basic knowledge, many simply will not be hired; they will be unable to get full value for the money they earn.

Field trips, discussions, films and work experience will be used in the work-and job-conditioning stage.

VOCATIONAL TRAINING

The poor cannot compete in the labor market for the better paying jobs unless they acquire occupational skills. Broad training will help the enrollee to adapt to changes he will face in employment, teach him how to apply his skills in many situations, and give him the ability to find another job if he is fired or laid off. The possession of a specific vocational skill increases his self-confidence and provides him with the conviction that he does have a valuable asset to sell to an employer.

Several factors will be considered in making a decision to place an enrollee in training or on the job; the competitive ability of the enrollee without further training, his opportunity for upward mobility, his financial need, his attitude toward training, his understanding of long-range goals, and his own native capacity.

The decision as to which methodology should be utilized for training enrollees, institutional, on-the-job training or combination of the two will rest as much

upon the job for which the enrollee is being trained, the characteristics of the enrollee and the opportunities and facilities that are available.

INSTITUTIONAL TRAINING

Syracuse has had considerable experience in institutional training through the Manpower Training Programs under the MDTA. The need for institutional training will depend on the occupation, the facilities, etc., but the essential know-how and physical plant are already available. Basic education may continue where required, during vocational education programs. Trainees will be encouraged to continue their education as far as their interest and capacity will carry them.

ON-THE-JOB TRAINING (OJT)

On-the-job training relies heavily on learning by doing and by supervised experience. On-the-job training can be effectively combined with institutional training, thus utilizing the strengths of both.

PLACEMENT

The Employment Service will undertake intensive job development and refer enrollees to job openings best suited to their abilities. The primary objective will be to find a job for which the enrollee has been trained, which will provide useful experience, and, whenever possible, provide upward mobility.

FOLLOW-UP

The real test of employability is whether or not an individual can hold a job after he has been hired. From the time an enrollee enters the program, through the evaluation, work-conditioning, training and transitional period on the job until the trainee is fully self-reliant, he will be followed up. This follow-up job period should extend for a minimum of six months after the enrollee has started working.

A sensitive non-professional worker can perform this job well. If and when the problems arise, he can marshal whatever supportive services are required to assure that the enrollee does not have to drop out of the program. The non-professional providing follow-up support will be able to spot problems and provide assistance before they get out of control.

INTERNAL TRAINING REQUIREMENT

(1) The Professional and Non-Professional staff in the Model Neighborhood office will need to get intensive training in working with hard-core applicants, knowledge of available community resources, inter-agency coordination and the theory and concepts of the community-wide approach to solving the problems relating to unemployment among the poor. This stage should precede the active operating stage, so that a seasoned, oriented, well-organized staff is ready to go in the operating stage.

(2) It would be well to organize Supervisor Training Programs for Management and Supervisory Staff of participating employers. The need to appreciate the problems of the poor, the training they are about to receive, and the humanistic approach in supervision would appear to be a must to assure the program's success. The attitude of the first-line supervisors at the first point of impact in the employment experience of the poor is critical. The creation of an environment which encourages learning, provides support to the unsure and builds confidence through acceptance is essential.

FUNDING

In order to provide for the services in the Model Cities concept, additional resources will be required than those presently available to the Employment Service for its normal operation. Time will be required for staff training and job development training program implementation. Funds should be earmarked for the Model Cities Program for a period of three-five years. Staffing will proceed as the program progresses in order to conserve funds. However, administrative arrangements must be made for rapid implementation of training projects, payment of allowances, etc. Procedures should be established for automatic funding of specific training costs, if they fall within established guidelines, are within total budgetary allocations and are not disapproved within 15 days of submittal. One of the serious problems of previous MDTA training projects was the prolonged

delay (well over a year) between project submittal and funding, and the uncertainty of approval and availability of funds.

The allocation of moneys in Model Cities must be viewed as a long-term investment in human resources development.

COST AND BENEFIT ANALYSIS

Machinery will be established to keep track of program and to determine the benefits achieved. Some of these benefits will be readily quantifiable; e.g., increase in income, reduction in welfare costs, etc.; others will be less tangible but no less beneficial; e.g., improve family stability, improved educational achievement, reduction in crime, etc. These may only be obtained by comparing various statistical data "before", "during" and "after" actual experience in the program.

However, there can be little doubt that the investment is a sound one and the returns may be even better than anticipated.

ITEM 2: MATERIAL SUBMITTED BY BRUCE THOMPSON,* GRADUATE STUDENT SOCIAL WORKER, DIVISION ON AGING, FAMILY SERVICE CENTER

WAYS IN WHICH SERVICES CAN HELP MAINTAIN INDEPENDENCE OF THE ELDERLY

Historically, the Older American's Act was the first major advance in focusing on the needs of the elderly for independence and meaningful living. However, the transition for the retired person from the production orientation of the work culture to the consumption orientation of the recreative or leisure culture is often an arduous process, especially for those persons whose economic circumstances in their productive years have left little time or energy for these pursuits, especially for those persons whose conditioning has not defined consumption except as compared with production. The typical pattern in a system which forces retirement at 65 for the majority of its people is loneliness, anomie, dependence and eventual institutionalization.

As people become older, infirm and less mobile, therefore, a battery of community services is needed to provide social activities and a reason to maintain an interest in life—i.e., community services which have as their goal the enhancement of independent living. It is distressing to read literature about older people which states that the prime goal of social policy is the maintenance of independent living, then to read on to statistics which sanction gaps between policy and practice by stating, "see $\frac{2}{3}$ or $\frac{1}{2}$ of the elderly are in independent living arrangements; we are doing our job." In order to foster independent living it seems that policy should begin with a basic philosophy which considers the human needs of the individuals with which it is dealing. A part of this consideration should be the role played by the model family service delivery system, i.e., the one adequately funded, equipped and staffed. I suggest that the contributions of the model family service system are in the following areas:

(a) The programming of multiservice senior centers strategically constructed in the inner city affording older persons the opportunity to counter loneliness and depression by gathering for post-retirement activities; the need is for the funding and staffing of new centers and more support of those already in existence.

(b) The coordination of volunteer community services, tapping the responsibility and skills of the indigenous aged person and filling personnel gaps in community agencies; the need is for new service roles to be opened.

(c) The movement of continuing education and consumer education programs from the experimental phases; the need is for funding and expansion of these revitalizing opportunities.

(d) The specific programming of retirement counseling with the preventive purpose of warding off the trauma connected with psychological and financial adjustment; the need is for funding of additional staff.

(e) The coordination of community efforts toward the maintenance of independent living, i.e., homemaker services, home health aids, meals programs, foster homes, visiting services, transportation corps, etc; what is needed is a community restatement of commitment and the willingness to work cooperatively.

(f) The opportunity for research and innovative services.

* See p. 336 for statement of Bruce Thompson.

HOW THE ELDERLY CAN TAKE PART IN SHAPING THE PURPOSES AND DELIVERY OF SUCH SERVICES

It seems that those older persons who want to contribute to society are thwarted because we have not discovered how to enable them to apply their skills and wisdom in helping provide new and needed community services. Perhaps we should be focusing as much on the usefulness of the elderly to Model Cities or model service programming as on the usefulness of Model Cities programming to the elderly; the emphasis on newness in all Model Cities literature should not exclude the potentials of the elderly for imaginative programming. The elderly have potential for representing themselves, though frequently on an individual basis especially the inner-city poor and dispossessed, they adhere to their ascribed status and surrender in futility to the double jeopardy imposed by an authoritarian housing department and an inadequate welfare system. What is needed is the organization and coordination of the older people as a constituency who demand that their voice be heard and their interest acted upon. Just as funded cities will respond to the special needs of the elderly only if the elderly respond to the opportunity opened by the Model Cities Program to participate in planning, so too the elderly must be afforded the opportunity to offer their expertise in the planning of model family services. No one knows the needs of the inter-city elderly better than they themselves.

DELIVERY OF SERVICES TO THOSE NOT LIVING IN PUBLIC HOUSING

Resourceful family services of a model nature must reach beyond the area and population inscribed in public housing, and not be content with the knowledge that community services may be reaching 1500 older people but that there are 1500 more who are in need of services but do not come to the attention of Community Agencies. Just as Model Cities planners should be relating to the varied housing needs of the elderly and should be providing alternative choices for those who find themselves in need of public housing in retirement, so too should the model delivery system be relating to the needs of those outside as well as within centralized community facilities. Age-segregated public housing of a high rise nature should not be the only choice available to the elderly in a Model City. "Scattered family services" to the elderly in scattered-site housing may well be a new mode of delivery in the coming years.

Research has demonstrated that most older persons are in sufficiently good health to remain in their own homes and that this is the most desirable living arrangement to them. This would seem to point to the need for stepping up family services of a home care, day care, or visiting aid nature.

STUDENT INVOLVEMENT IN SUCH PROGRAMS

I believe there are several roles the student can play in a model family delivery system. In a field placement situation, the student, especially in light of personnel shortages for most programs relating specifically to the needs of the elderly, can provide services of an individual, group or community nature. He can cooperate in the research that will be conducted in the model neighborhoods by D.E.O. and H.E.W. I think that the real answers to this question lie in the incorporation of knowledge and practice with older persons in professional training. Geriatric social work must become a valued and bona fide focus of social work education.

Appendix 2

LETTERS AND STATEMENTS FROM INDIVIDUALS AND ORGANIZATIONS

ITEM 1: LETTER FROM STEPHEN K. BAILEY, DEAN, MAXWELL HALL, THE MAXWELL SCHOOL OF CITIZENSHIP AND PUBLIC AFFAIRS, SYRACUSE UNIVERSITY, SYRACUSE, N. Y.

SYRACUSE UNIVERSITY,
Syracuse, N.Y., December 9, 1968.

DEAR SENATOR MOSS: I appreciate your letter of December 4 asking me to comment on the "Usefulness of the Model Cities Program to the Elderly."

* * * * *

In brief, my position is that most large scale communities lack the staff and the organization to interrelate the various social programs fostered by public and private agencies, and that, in consequence, various subgroups of our population (like the aging) have no way of knowing what policies and programs exist for their benefit (or how to relate meaningfully to these programs even if their existence is known).

Health, welfare, education, and recreational services are so splintered—especially in urban areas—that implementation is often ineffective and wasteful.

It is far easier to state the problem than to cure it. But, hopefully, your hearings will lead to a new set of recommendations for meeting this difficult administrative and policy problem, both in relationship to the elderly and in relationship to all other sub-groups in our population.

Sincerely,

STEPHEN K. BAILEY, *Dean.*

ITEM 2: LETTER FROM FRANKLYN S. BARRY, SUPERINTENDENT OF SCHOOLS, CITY SCHOOL DISTRICT, SYRACUSE, N. Y.

CITY SCHOOL DISTRICT,
Syracuse, N.Y., January 7, 1969.

DEAR SENATOR MOSS: The Educational Park in Syracuse (the Campus Plan) envisions a new role in changing the structure of metropolitan areas, not as much in a physical sense, but more for building a future society composed of intelligent, understanding, and creative individuals. Although our sites for the four educational parks are located near the periphery of the city, participation by aging residents will be encouraged, possibly through the use of free transportation. It is felt that older citizens can contribute a great deal in voluntary services in this program. We have used the voluntary services of residents of York State Manor, the retired teachers' center located in Syracuse.

A program more relevant to the questions you have asked is a proposal that the School District has made to provide a continuing education center in the Model Cities Area. This center would offer basic adult education and high school equivalency programs, along with school volunteer services and Manpower Development and Training Programs. Constructive participation by drawing on the talents of the elderly could be a definite contribution to these programs. This proposal could well accommodate certain recreational and educational facilities compatible with the needs of the elderly.

If we can be of any further assistance to your committee, please do not hesitate to contact us.

Very cordially yours,

FRANKLYN S. BARRY,
Superintendent of Schools.

ITEM 3: LETTER FROM ROBERT J. COLLINS, M.D., PRESIDENT,
COMMUNITY HEALTH INFORMATION AND PLANNING SERVICE
INC., SYRACUSE, N.Y.

COMMUNITY HEALTH INFORMATION AND PLANNING SERVICE, INC.,
Syracuse, N.Y., January 2, 1969.

DEAR SENATOR MOSS: Thank you for your letter of December 4, soliciting our observations on health services to the elderly in the Syracuse community. Our health planning organization is analyzing the findings of a long-term care study conducted earlier last year. This project is being partially financed by the United States Public Health Service.

Among the participating institutions in the study were the nursing and domiciliary homes in Onondaga County, eleven of which are located in the area designated for our Model Cities program. The major purpose of this study has been to define the health care needs of patients in these facilities, develop recommendations to improve services to meet those needs, and design action programs for implementing the recommendations. We anticipate the publication of our report sometime in March, 1969.

You may be interested, however, in some of the preliminary findings. In one part of our study, a sample of 403 persons, including 62 persons hospitalized in an acute care facility for 30 days or more, were evaluated by teams on the basis of personal contacts. Each team consisted of a physician, a nurse, and a social worker. 49% of the residents in homes for aged and proprietary personal care homes, plus 37% of aged persons in the state psychiatric hospital serving Onondaga County, were judged to be in need of community services which were either non-existent or already overtaxed. A substantial portion of the former group (23%) were deemed appropriate for semi-independent living, i.e. apartment housing in a specially designed facility offering "on premises" supportive services.

These people had unmet needs in 9 of 11 categories, including 7% with dental, 19% with occupational therapy, 10% with optometric, and 7% with physical therapy service needs. While all of the data have not yet been analyzed, it is already clear that an area in which considerable improvement is required is that of meeting the psycho-social needs of these older institutional residents.

It is our hope and intention to play an active part in the planning and implementation of the Model Cities program, particularly with respect to health services for the elderly, many of whom appear to reside in the Model Cities area. It seems to us that the Model Cities program offers an opportunity to experiment with the decentralization of health services to make them more readily available, especially to those who have for too long remained outside the mainstream of health care (a category of which the impoverished elderly are a prime example). It also seems to us that the Model Cities program offers an opportunity to coordinate the provision of health care services with the delivery of other, urgently needed social services to those same disadvantaged groups.

I appreciate your invitation to share these preliminary thoughts with you. It is good to have another chance to reaffirm our interest in helping to realize the potential embodied in the Model Cities program.

Very sincerely,

ROBERT J. COLLINS, M.D., *President.*

ITEM 4: LETTER AND STATEMENT FROM ALLEN E. GALSON, CHAIRMAN,
HUMAN RIGHTS COMMISSION OF SYRACUSE AND ONODAGA COUNTY,
SYRACUSE, N.Y.

HUMAN RIGHTS COMMISSION, OF SYRACUSE AND ONODAGA COUNTY,
Syracuse, N.Y., January 8, 1969.

DEAR SENATOR MOSS: Thank you for giving me an opportunity to submit a statement for your records.

The enclosed is our feeling about the subject—On Model Cities and How it Effects the Aged with particular reference to the Negro and other "disadvantaged" citizens.

Very truly yours,

ALLEN E. GALSON., *Chairman.*

[Enclosure]

MODEL CITIES—THE DISADVANTAGED AGED

It has been a well documented fact that Negroes as a group make up one of the largest segments of the poverty-stricken in our society. The black people in our nation are also the unfortunate victims of much racial discrimination. The dual plagues of poverty and racial discrimination relegate our Negro citizens to second-class treatment and status in almost every aspect of life (education, housing, employment, etc.), and when you combine the social and physical ills suffered by the aged with dark skin color you then have a problem that is greater than the sum of its parts. In other words, an elderly person who happens to be Negro would definitely live under the threat of "triple jeopardy" in terms of poverty, race and age.

Model Cities, however, does provide a ray of hope for the elderly Negro who lives in the Model Cities neighborhood in Syracuse.

It has been reported in the Model Cities application of the City of Syracuse that the City's population has experienced a change in character. The younger and older groups increased in proportion to the middle age groups, with noticeable increase in the percentages of Negro and native born segments of the populace. This relative increase in the elderly in our population puts increased pressure on social and welfare agencies since the aged usually have lower incomes and a greater need for medical care.

This need for assistance, however, is not evenly felt throughout the city. It is more highly concentrated in the Model Cities neighborhood; statistics indicate that 8.3% of the elderly now residing in Model Neighborhoods receive old age assistance, as compared to city average of 3.6%. In addition, 20% of persons 65 years and older live in the Model Cities Neighborhood.

Nevertheless, it is a sad fact that although many of our city's elderly live in this Model Neighborhood it probably provides the poorest possible environment for this group of people. In fact, the Model Cities Neighborhood has the highest percentage of substandard housing, the lowest educational level of inhabitants, the highest unemployment rate, the highest welfare role, the lowest amount of acreage devoted to recreation and the highest crime and delinquency rate in comparison to the rest of the city.

These problems often become magnified for the elderly because they often feel trapped by their environment to the point where they almost become completely indifferent to their surroundings, accepting everything as inevitable and questioning nothing. One of the central problems of the elderly is that they are often forced into a lifeless existence by design or by circumstance. This serves to effectively, isolate this group of individuals from the rest of the community, and often their lives revolve around the weekly visits of their social worker or the visiting nurse.

Model Cities should and must develop a program that would make the life of these people meaningful. Existing programs, however, overemphasize meeting of physical needs and do not place enough importance upon the psychological needs of the elderly. Viewing life from a second floor window is not enough. The elderly want and crave human contact, someone to talk to or be with.

Consequently, all agencies concerned with making Model Cities a success such as welfare, education, parks, health, transportation, police, housing, etc., should develop specific programs that would be relevant to the needs of our elderly citizens. Therefore, it is incumbent for our Model Cities' planners to be keenly aware of an sensitive to the special problems of the elderly for the elderly are the ones least likely to be members of formal organizations, the ones least likely to be active in community affairs, the ones least likely to complain, and, therefore, the ones with the least amount of influence.

The Human Rights Commission of Syracuse and Onondaga County, however, can help the elderly person deal with his environment. We can inform him of his right to live in safe and sanitary dwellings, and we can act as a buffer between him and the landlords. Or, we can help direct him to the proper agency for help, untangle a complicated bureaucracy, answer his questions, process his complaints, help him find a job or a house, and we can help him help himself. Our Commission is well suited to deal with the problems of the aged because we have what many government agencies do not; that is flexibility. We are not champions of government or champions of industry, but, hopefully, champions of the people. Our interest is in people and we will protect their interest no matter who tries to infringe upon their rights.

To answer the questions of what Model Cities can do for the elderly is quite simple; to solve the problems is quite complex. Model Cities can help provide better housing, more parks, better street lighting and transportation, more health facilities, cleaner streets, more trees, better community services, more community centers. The list is almost endless. Most of all the Model Cities may provide the answer to the root causes of poverty and the concomitant problems of poor education, high unemployment, welfare and crime rates. If Model Cities can help in the solution of these problems then the elderly of the future might not end up in substandard communities and the elderly of today might be able to walk the streets of their community in safety and with pride.

ITEM 5: LETTER FROM EDGAR L. GALSON, PRESIDENT, CITIZENS' COUNCIL ON URBAN RENEWAL, SYRACUSE, N. Y.

CITIZENS' COUNCIL ON URBAN RENEWAL,
Syracuse, N.Y., January 7, 1969.

DEAR SENATOR MOSS: In your letter of November 26, 1968, re recent local hearing on the elderly in relation to possibilities under the Model City program, you were kind enough to state that your record would be held open until January 9, 1969, in order that we might prepare and transmit a statement for inclusion therein.

It is the considered opinion of the Citizens' Council on Urban Renewal that the following imperatives should be incorporated into the Model City program to assure the most effective development possible within the broad range of urban renewal objectives:

1. A trained professional in the field of Aging should be hired for the Model City staff.

2. A public policy should be formulated to allocate funds to the program for the elderly in proportion to the number of those over 65 in the area, which funds should not be incorporated into other projects, but used specifically for this age group.

3. It is essential that the elderly in the Model City area have an advocate, who should be over 65, an area resident, articulate, and sufficiently committed to promote the interests of this segment of the population—which in Syracuse constitutes one-quarter of the total population of the designated Model City area.

Sincerely yours,

EDGAR L. GALSON, *President.*

ITEM 6: LETTER FROM REGINALD W. GARY, EXECUTIVE DIRECTOR, DUNBAR ASSOCIATION, INC., SYRACUSE, N. Y.

DUNBAR ASSOCIATION INC.,
Syracuse, N.Y., December 2, 1968.

DEAR SENATOR MOSS: Thank you for your letter of November 26, 1968, in which you ask that I reflect on the possible uses of Model Cities programming to meet the needs of the elderly. First of all, I think that you flatter me, since I am not certain that I have the kind of expertise needed to speak on such a complex problem.

It seems to me, from my having been associated with United Fund agencies for the past several years, that we have been looking at the aged in too much of an isolated manner. For example, we erect institutions for the aged, which are used only by the aged. The only young people around are those who are the "caretakers" for the aged. Increasingly, this seems to be wrong to me. It plays into the senior citizens' feelings that they are in the way and that their physical presence is undesirable. I don't mean to imply that we are basically bad people, but I am trying to indicate that we have said something to the aged that, hopefully, we have not intended to say.

I think Model Cities can be helpful to the elderly if we live up to the descriptions that we are given of the program from the Federal level. It is my understanding that, through Model Cities, we will attempt to look at a neighborhood and deal with it comprehensively. I interpret this to mean planning for all ages and conditions found within the target area. I see Model Cities helping to erect new institutions, such as our local Toomey-Abbott Towers, where both the young and old can have their needs met under the same roof. I had hoped that we would consider

the use of ramps for those aged citizens who have difficulty in navigating. I had hoped that we would take into consideration the increasing physical attacks on senior citizens and come up with some type of protection for them in a way not heretofore planned for.

One of the things that we see as a need in the lives of senior citizens in our area is related to their decreasing income and the difficulty they experience in getting around the city, particularly if they do not own a car. They frequently experience tremendous difficulty in transporting their food, particularly, as often happens, the neighborhood market no longer exists because it has been torn down. The structure in which they live should perhaps include a commissary, with particular attention paid to drugs and medications being made available under medical supervision.

Another thing we see here at Dunbar is growing difficulty in getting the infirm aged into institutions where protective medical care is readily available. It seems to me that we have a shortage of these kinds of institutions and yet many senior citizens present health and navigation problems of such a nature that the individual house cannot accommodate them.

I also think that relocation procedures can do with some refining. I am not pointing an accusing finger at anyone but it seems to me that older people caught in areas that are slated for urban renewal need more personal contact with experts who can explain: 1—why the urban renewal is coming; 2—what it hopes to do; 3—the changes involved; and 4—what their rights are in relation to relocation. It is not enough to tell the senior citizen that he has to move without some follow-through: to help him relocate into a new living arrangement that is warm and hospitable and geared to meeting his needs. Our present relocation policy in this city is impaired simply because we do not have the staff to do the kind of things I have mentioned above. I can cite a few examples of what I am trying to point out. In particular, I am reminded of a white, Irish, Catholic woman who was caught in an urban renewal area. She lives in a structure that is isolated, since most of the buildings around have been leveled. She is naturally fearful, since she is in her sixties. She talked of hearing sounds and behaved in a manner that made one wonder if she was going through terrific mental anguish. We also knew that she had certain medical concerns. The point I am trying to make is that this woman found it very hard to be left alone, to see things fall down around her, and to be told only that she must move someday. We must refine the relocation process so that people like this can feel planned for.

Finally, I am wondering if we could work out relationships between all sorts of social agencies, private, Federal, and local, where some of these agencies could become helpful to the Relocation office. It seems to me that an agency such as ours and the Salvation Army, etc. could be helpful in preparing families for relocation once these decisions have been made by the city planning process.

I hope this information will be helpful to you in arriving at concrete plans through Model Cities that will be helpful to our aged.

Sincerely,

REGINALD W. GARY, ACSW.

ITEM 7: STATEMENT OF JAMES C. HOOKER, RESIDENT, ALMUS TOWERS

On behalf of the residents of the Almus Towers, I would like to take this opportunity to thank all of the persons who are assembled here to-day. If it were possible, I would thank each one of you individually, but due to the number of dignitaries, and representatives of the various branches of governments, and various departments within, I can only say a thank you, to all who are here to-day.

To begin with, I would like to state that I have had many years of experience with housing programs, and I am quite familiar with the problems confronting the elderly citizens. I have not only been a long term resident of Almus Towers here, but I have had experience as far back as the first housing project, "The Pioneer homes". Thus, I feel that I am well qualified to speak on behalf of the residents of Almus Towers, in pointing out various things that could and should be done to improve the conditions in not only this housing for the elderly, but in other similar units. The following are what we feel should be done for the welfare and safeguard of our elderly residents here.

(1) First of all, I feel that the government has made an error in building these units to the height that they did. This is based on the fact that our elderly citizens aren't as spry as they used to be, and as a result, they have considerable distances to walk within a building of this size. Also is the fact that when the elevator breaks down, these people must walk many flights of stairs, and some who have heart conditions, and other infirmities are unable to do this, and must thus wait for an extended period of time, or else take the risk of killing or injuring themselves. It would have been better, if the government had built a series of small cottage like structures, such as those two story buildings that are located nearer downtown, about the vicinity Montgomery St. and Adams, where the low income families live. Units such as these would have been more beneficial, and more freedom would have been provided for our elderly citizens. They could have enjoyed a nice yard with flowers, and a nice yard to relax in, rather than being cooped up in a tall apartment building.

(2) Because of the amount of violence on our city streets, such as muggings, purse snatchings, etc., it is unsafe for our elderly residents here to even go out to the grocery store in the daytime, let alone at night, especially in this area of town. It would be a good idea if a commissary could be either installed within the present building, or have an addition built on to the present structure, where the elderly citizens could buy their groceries and drug needs.

(3) Another very important item is that a resident nurse and physician should be available 24 hours a day, so that in the case of an emergency, the medical services would be available immediately, rather than waiting for assistance to come from the outside. A loss of time could mean the loss of life. Serious consideration should be given this item as well as the foregoing. These top two items are the most important. They can be lifesaving.

(4) Regarding of safety features within the building, there should be keys provided. At present, when the doors become stuck, the person trapped within must wait for a considerable time, until someone can go downstairs and get a key and come back again. Better too, would be to install a better type of elevator, such as banks have, that work quickly and efficiently. Or another suggestion in this respect would be to have an operator on the elevator 24 hours a day, to not only act as an operator, but also as a guard or watchman, similar to a doorman at a hotel. This should be a younger person, maybe from a guard service, who would not only run the elevator, but could be there to protect the elderly also. A guard service, in this respect would be very beneficial.

(5) A maintenance crew around the building would be another asset. The elderly people at present must carry their trash or garbage to the incinerator from their apartment. If a maintenance crew were available, the elderly people could set their trash outside their door, and the maintenance people could collect and dump this for them, in addition to keeping the place clean for them.

(6) There should be more entertainment than is now provided. Perhaps other social organizations, such as the Red Cross could provide more activities, such as bingo, with prizes being offered, or such other forms of recreation as the residents here might enjoy, so that minds would be occupied, rather than looking at the four walls. Perhaps items could be made by materials provided by the governments, with an outlet for sales, similar to the lighthouse for the blind. This would provide a little extra income for these people. Women could be given material to crochet things with or knit. Men could be given items, such as leather, etc., where they could create items and sell these through a retail outlet.

In conclusion, I would like to suggest more meetings between the representative of the housing authority, and the tenants, so that any troubles or complaints could be aired and corrected where necessary. All of these items are listed in their order of priority. But particular attention should be paid to that of a resident nurse and physician, and that of the commissary. These two items are of the utmost importance. They could mean saving a life, or saving life earnings. By this last remark I mean that if one of our residents had their last few dollars with them, and were going to the store, and were attacked, beaten and robbed, this could be the last few dollars that they had to their name. This is why I strongly urge that you take immediate steps to install these two items as soon as possible. You cannot act too soon, but, you can act too late.

Thank you.

ITEM 8: LETTER AND STATEMENT FROM MINCHIN G. LEWIS,
CHAIRMAN, WESTSIDE PRACTITIONERS, HUNTINGTON FAMILY
CENTERS, INC., SYRACUSE, N.Y.

HUNTINGTON FAMILY CENTERS, INC.,
Syracuse, N.Y., January 14, 1969.

DEAR SENATOR MOSS: This testimony is being submitted by the Westside Practitioners of Syracuse New York, in response to your request.

The Westside Practitioners arranged a discussion group to bring together the experiences we have had in working with the elderly. Nine people took part in the discussion which we hope has resulted in particular insights into the problems of the elderly in Syracuse. In general, we are hopeful that the Model City Program will meet some of the material and social needs of our Senior Citizens.

We regret that we were not able to prepare our testimony by January 9. We hope that you will be able to use our ideas whether or not they are included in the official record.

Thank you for consulting with our group of Social Work Practitioners.

Respectfully submitted.

MINCHIN G. LEWIS,
Chairman, Westside Practitioners.

[Enclosure]

A POSITION PAPER ON THE ROLE OF THE ELDERLY IN THE MODEL CITY PROGRAM

Testimony presented by: Mary Benz, Huntington Family Center; Florence S. Greenia, Visiting Nurse Association; Elizabeth Joyce, Department of Health, Supervising Public Health Nurses; Laura Kohles, Huntington Family Center; Ruby Leachtenauer, Westminster Neighborhood House; Minch Lewis, Huntington Family Center; Fern MacKinder, Teaching Aide, Home Aides of Central New York; Peter M. McCole, Better Syracuse Living, Inc.; Sister Mary Vera, School Social Worker, St. Lucy's School.

This testimony is the result of a special meeting of Practitioners held at Huntington Family Center on January 7, 1969. The ideas contained in this paper are the result of the varied experience of people who have been working with the elderly in Syracuse.

I. ASSESSMENT OF THE PRESENT CONDITION

Our society has as much difficulty in understanding and providing for the problems of the elderly as it does in coping with the problems of the young. It is the feeling of our group that elderly people are confronted with a number of day to day problems. Among them are:

1. *Isolation*

Many elderly people are not involved in any type of community activity. In many cases they live alone. Children have moved away; homes have been sub-divided; their financial situation makes it impossible for them to be mobile in the society; their personal needs keep them from establishing good relations even with other elderly people; few have close family ties; many have survived their close friends; and many are living in a neighborhood where they are surrounded by younger people who are unable to understand the needs of the elderly.

2. *Forced Withdrawal from the Society*

As old age approaches, people find it more difficult to cope with the demands which society places upon them. Elderly people living in their own home find upkeep a major problem. Money is not available through mortgages for maintaining the property. Many elderly prefer to withdraw because they are no longer able to function as they were at one time. Many elderly people have a high degree of self-pride. They know they aren't keeping up as they once did, and they don't want their neighbors to know.

Society has not provided the physical facilities which enable elderly people to function self-sufficiently. Shopping and medical facilities are not available.

Withdrawal is also forced upon elderly due to their extreme financial needs. Younger people often take advantage of the needs of the aged. Some grocers charge elderly to cash checks. Elderly are often charged for food delivery. This presents an additional drain on their meager resources. Even the Syracuse Public

Housing Authority which used to maintain an office in the elderly units for the purpose of paying monthly rent has moved their office to their main building which cannot be reached by the aged easily.

3. *Personal problems*

Depression is a major problem for elderly people. The depression results from many factors. One of these is the fact that they realize that they are no longer able to play a usefull role in the society. Employment is no longer available to them. Another source of depression is the fact that they see many of their friends being taken from them by death. A distressing number of elderly people cope with their depression through the excessive use of alcohol. This is true of both men and women. Many times gossiping is a serious problem. When so few avenues are open to them, gossiping presents itself at least as an expenditure of energy. This in turn contributes to the isolation of many of the elderly.

4. *Summary*

In general, it seems that society has not come to grips with the problems of the elderly. It may even be said that society has demonstrated a certain degree of callousness in this matter.

II. NEEDS OF THE ELDERLY

Our discussion could be summarized with regard to the needs of the elderly by saying they have two basic needs:

1. *Material needs*

The elderly have a need for housekeeping services. In our day to day contact with elderly people, we have found that most are able to handle cooking and simple housekeeping chores. They need support, however, with those housekeeping functions which require more work. They also have a great need for a safe way to handle money. It should be close at hand and trustworthy. They have a third great need in the material area in terms of obtaining groceries and other store-bought items.

2. *Social Needs*

There is a great need for someone to be interested in them and willing to spend time talking with them. They tend to live in the past, and derive a great enjoyment from relating their past experiences. For those who are more active and more able to cope with the present, a great social need can be met by providing them with meaningful organizational involvement.

III. THE MODEL CITY PROGRAM

It seems to us that the Model City Program can meet many of the material and social needs of our elderly people.

We have found that many elderly people prefer to live in the neighborhood where they have lived for years. We would hope that the rehabilitation programs under Model Cities could provide the development of small housing complexes on a scattered-site basis for elderly people. These complexes should be located at various points within the Model Neighborhood. Each complex could include shopping, medical and recreational facilities.

Further emphasis should be given to developing a spirited community within the existing High Rise Elderly Units. Perhaps an additional staff worker could be attached to each High Rise Unit. The Model City Program should have as a major thrust, the development of real community within the elderly projects.

A serious attempt should be made to involve elderly people on the various Model Cities Task Force Committees. From our contacts with elderly people, we feel that they have much to offer in the neighborhood planning aspects of the program. This in turn provides for some of their social needs.

In addition, a special Task Force Committee should be set up under the Model City Program to deal with the problems of the Aged. This Committee should have a high representation of elderly people, but it should also be composed of other neighborhood residents.

Several factors must be kept in mind if elderly people are to become involved in Model City Committees. Meetings must be scheduled at a place convenient for the elderly. They must also be scheduled at a time when elderly people can attend.

Organizations of the elderly are now being formed by Syracuse Public Housing Authority. These organizations should be contacted to send representatives to the Model Cities Planning Structures. Model Cities staff should be commissioned to attend meetings at the elderly projects to keep elderly people informed.

Our experience indicates that, especially in the area of housing, our society is not making best use of its resources. Many elderly people in the Model Neighborhood are living alone in large homes. On the other hand many large families are cramped into small housing units within public housing. Central Village is hopelessly inadequate. It seems to us that the only successful housing is housing for Senior Citizens. We would hope that more public housing units with adequate services could be made available to elderly people who would move from large homes located within the neighborhood. This would provide more adequate housing for those families now cramped in public housing.

Respectfully submitted.

MINCHIN LEWIS,
Chairman, Westside Practitioners.

ITEM 9: STATEMENT OF GARSON MEYER, CHAIRMAN, ADVISORY COMMITTEE, NEW YORK STATE OFFICE FOR THE AGING, ROCHESTER, NEW YORK

To Members of the Special Committee on Aging of the U.S. Senate: I appreciate this opportunity to present a written statement relating to the hearings you are now conducting on "The Usefulness of the Model Cities Programs to the Elderly."

In 1967, President Johnson in his message on "Aid for the Aged" directed the 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 like to believe that the President was not emphasizing only "poor housing and decaying neighborhoods", but was particularly emphasizing "the needs of older people." Certainly, we must all agree that if the Model Cities Program results *only* in the physical improvement of a neighborhood, the intent of the Model Cities law will not be fulfilled.

You will recall that when your committee conducted hearings several years ago on "The War on Poverty and Older Americans" that witness after witness testified that the elderly were not being given adequate consideration by many CAP agencies. There is the danger that the Model Cities Programs may fall into the same situation of neglecting the elderly unless some positive action is taken to emphasize the importance to incorporate programs to meet the needs of the elderly in all planning for model cities.

It is of interest to note that only about one-half of the model cities indicated in their plans that they expected to identify the needs of the elderly.

Permit me to review the situation in a specific New York State upstate community, in order to more clearly identify the problem. If my statement appears to be critical of the composition and planning trends of this community's Model Neighborhood Council, it is only because I am apprehensive that the needs of the elderly will not be met with a broad, comprehensive, well co-ordinated program—and also I wish to emphasize the importance of including the elderly in the planning process.

The Model Neighborhood Council, which is the planning and implementing body for this upstate community, consists of—

18 voting members—one elected from each of the 18 districts;

18 voting members elected as group nominees—from such groups as the Southern Christian Leadership Conference, the Ibero-American Action League, and other similar organizations; and

18 civic officials approved by the City manager. These 18 are only advisory members and have no voting power.

Since the elderly in this model neighborhood are not organized as an action group, and since they are not a dramatically vocal group, there is not an elderly member on the Model Neighborhood Council. And, yet, in many of the census tracts in this neighborhood, the elderly (those over 60 in the 1964 Special Census) comprise from 13% to 30% of the residents. (See attached Census Tract data and map for greater detail.)

The Model Neighborhood Council has sub-divided itself into the following six task forces:

- (1) Health and Social Services
- (2) Education and Culture
- (3) Physical Development
- (4) Employment and Job Training
- (5) Housing and Neighborhood Services
- (6) Public Safety and Recreation

It is apparent that the elderly have a stake in all these task forces, and yet there are no elderly on the council who could advance their position at the planning meetings. One Council member assured me that they will "keep in mind the needs of the elderly as the various programs unfold." Merely keeping the needs of the elderly in mind is not sufficient; for it is quite evident from the trend of the early planning meetings that the youthful and more vocal groups will bring great pressure to improve the needs as they see them. And it is equally evident, from past experience, that the needs of the elderly do not hold a very high priority with these groups. The elderly will need help if their needs are to be recognized. I am not urging that the elderly be singled out as a special group for special treatment. We must, however, recognize that some of the needs of the elderly require special treatment—as does the education of the pre-school child, the rehabilitation of the delinquent, the increased opportunities for economic development of the untrained youth. And so, too, the elderly may require some special treatment for leisure-time activities; cultural programs geared toward the elderly; budget and diet counselling; protective services; as well as improved housing and transportation.

I do not in any way wish to diminish the great and overwhelming importance in serving youth and large family units. But to be a model neighborhood in the true sense, *all* residents must be adequately served. Better housing, better schools, better job opportunities, better health services will get first call, and I agree that they should. But let not the attention to one or two segments of the neighborhood's society be so demanding that the needs of the elderly are completely overlooked. The Model Cities law gives us an opportunity to plan innovatively and courageously, and even boldly, to develop a neighborhood soundly co-ordinated in all its services to all residents.

Gentlemen, to help achieve a well rounded program which must include co-ordinated and comprehensive services to the elderly, I suggest—

- (1) That a directive be issued making it mandatory to include the elderly in Model Neighborhood Councils or other planning bodies;
- (2) That these planning bodies be directed to use the resources, the knowledge, and the expertise of the State Office for the Aging in planning for the needs of the elderly;
- (3) That the State Office for the Aging direct their field counsellors to make frequent, scheduled visits to the model cities to offer their assistance to the planning bodies;
- (4) That the planning bodies involve the State Recreation Council for the Elderly in their planning for leisuretime activities; and
- (5) That local Departments of Aging—where they exist in model cities—be urged to make known their concerns about the elderly to the [Model Neighborhood Council and to urge the Council to use the Department's knowledge to identify local needs.

I thank you for the opportunity to make this presentation.

Respectfully submitted.

GARSON MEYER.

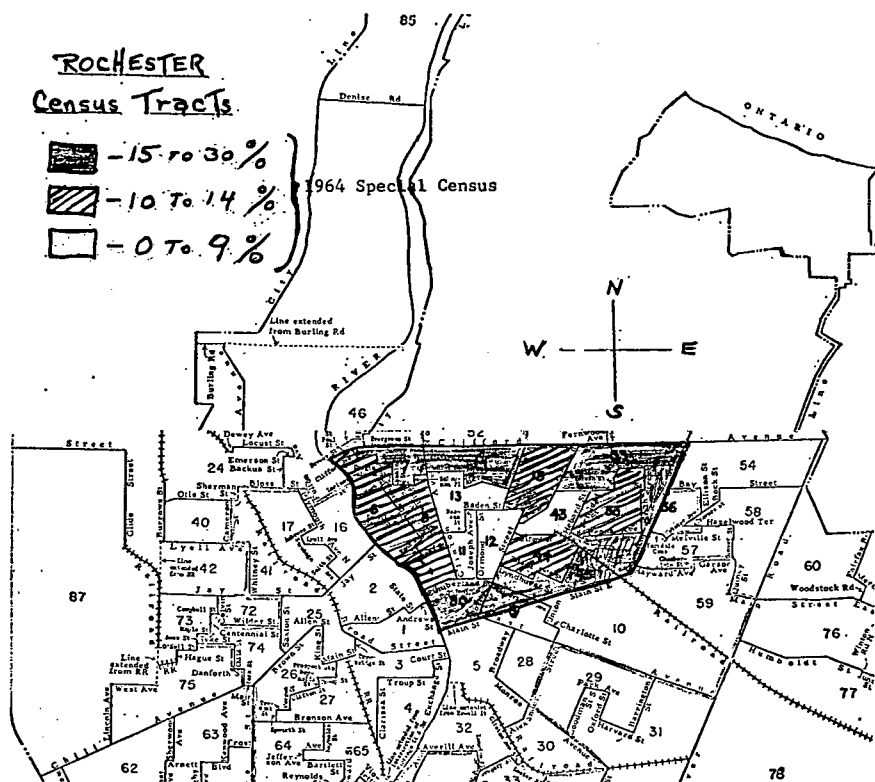
[Enclosure]

THE ELDERLY IN THE MODEL CITIES' NEIGHBORHOOD

The Model Cities' area is bounded by the Genesee River on the west, Clifford Avenue on the north, Goodman Street North on the east, and Main Street East on the South. This involves the following census tracts:

No. 6.	No. 11.	No. 15.	No. 53.
No. 7.	No. 12.	No. 43.	No. 55.
No. 8.	No. 13.	No. 44.	No. 56.
No. 9.	No. 14. .	No. 45.	No. 90.

Only one half of tract No. 9 and three-fourths of tract No. 56 lie within the Model Cities' area.



Ethnic and Racial Characteristics of Area Population.—This area has probably been researched by those involved in the Model Cities' project. It is our impression that this is an area with an expanding core of nonwhites who are moving into outlying areas as fast as they are abandoned by whites. There is probably a residue of Jewish and Polish, but this is only guessimate. A more precise picture of the characteristics of this area would be necessary for any planning for the elderly since it is that generation of Americans who have strong feelings about ethnic, religious, and racial backgrounds.

The Aging in the Model Cities' Area.—The aging can be considered as that group of individuals who are sixty-four years of age and older. While the Department for the Aging is vitally concerned with the entire population of the Model Cities' area, it is particularly concerned with those individuals who are sixty-four years of age and older. However, it views the age group forty-five to sixty-four as being of equal importance since it is during those years that one develops attitudes, job skills, and community involvement (i.e., participation in the affairs of the neighborhood or volunteer work) that offers the best preparation for retirement in our society.

In connection with this latter age group, the Department for the Aging assumes that it, aging adults, and senior citizens will play some role in developing program for the entire area and that the total effort in the Model Cities' neighborhood which will involve meeting the job needs, etc., of individuals will result in a built-in preparation for retirement program that will, in the long run, go far beyond our present effort for the elderly which focuses on services for a generation who has had inadequate preparation for retirement. As for the group who is sixty-four years of age and over, the 1964 Special Census reveals the following picture:

1. Thirteen percent (13%) of the total population of the Model Cities' area is sixty years of age and older. (These same individuals will now be sixty-four years of age and older.) This is above the national average which is approximately

9.3%. Of a total population in the area of approximately 36,167 there were 4,685 sixty years of age or older.

2. The elderly are *not* evenly distributed over the Model Cities' area, and the following pattern seems to emerge:

(a) The heaviest concentrations lie on the north, south, and east borders of the area or on census tracts Nos. 7, 9, 14, 53, 45, 56, and 90. Even tracts Nos. 6 and 55 have only a slightly smaller percentage and are on the western and eastern borders. Percentage of elderly in these heaviest areas vary between thirty percent (30%) in tract No. 9 and sixteen percent (16%) in tract No. 56.

Census tracts	Percentage of elderly
No. 9.....	30
No. 90.....	24
No. 7.....	17
No. 14.....	17
No. 45.....	17
No. 53.....	17
No. 56.....	16

(b) A somewhat less heavy concentration of elderly is found just inside the border census tracts. This inner ring comprising tracts Nos. 6, 8, 15, 44, and 55 has percentages of elderly that vary from fourteen percent (14%) in tract No. 55 to ten percent (10%) in tract No. 8. These tracts still have a higher percentage of the elderly than the national average.

Census tracts	Percentage of elderly
No. 55.....	14.0
No. 6.....	13.6
No. 44.....	11.0
No. 15.....	11.0
No. 8.....	10.0

(c) The highest concentrations of elderly are found in the census tracts which comprise the *core* of the Model Cities' areas. These are tracts Nos. 11, 12, 13, and 43. Here the percentage of elderly varies from a maximum of nine percent (9%) in tract No. 12 to a low of six percent (6%) in tract No. 11. These tracts as seen below have lower percentages than the national average.

Census tracts	Percentage of elderly
No. 12.....	9
No. 13.....	8
No. 43.....	7
No. 11.....	6

3. The elderly population within the Model Cities' area is almost evenly divided between males and females. There were, according to the 1964 *Special Census*, 2,202 males to 2,463 females. This ratio of male to female is more even than would be expected. It relates in part to the fact that the elderly population was a fairly young one in 1964 when seventy-seven percent (77%) of those over sixty were in the age range from sixty to seventy-four. Whether this ratio still holds true is unknown; but, if it does, then the Model Cities' area has an overwhelming percentage of elderly who are still healthy and capable of contributing to the welfare of the area.

4. The elderly population in the Model Cities' area in 1964 was overwhelmingly *white*. At the time, ninety-one percent (91%) of those sixty years of age and older were white and nine percent (9%) were non-white. Contrast these figures with those of the total population in the area, which at that time was sixty-five percent (65%) white and thirty-five percent (35%) non-white.

Those census tracts with a very heavy proportion of white individuals have the highest percentage of elderly and the lowest percentage of Negro elderly. Only core tracts (Nos. 11, 12, 13, and 43) have significant percentages of Negro elderly. Census tract No. 11 had forty individuals over sixty and seventy percent (70%) of these were Negro. Tract No. 12 had one hundred sixteen (116) individuals over sixty and fifty-three percent of these were Negro. Tract No. 13 had three hundred fifty-three individuals over sixty and thirty-four percent (34%) of these were Negro. Tract No. 43 had one hundred thirty-four individuals over sixty and fourteen percent (14%) of these were Negro.

1964 SPECIAL CENSUS—ADULTS 60 YEARS OF AGE AND OVER

TRACT NO. 6

Population group	Total	Male	Female	White	Nonwhite	Percent
60 to 64.....	63	37	26	62	1	.....
65 to 69.....	44	24	20	41	3	.....
70 to 74.....	36	16	20	36	0	.....
75 to 79.....	32	15	17	31	1	.....
80 to 84.....	12	10	2	12	0	.....
85 and over.....	9	4	5	9	0	.....
Total.....	196	106	90	191	5	.....
Tract total.....	1,440			1,080	360	.....
Population of 60 and over.....						13.6
Percentage of Negroes among elderly.....						2.5
Percentage of nonwhite in tract total.....						33.3

TRACT NO. 7

60 to 64.....	76	38	38	76	0	.....
65 to 69.....	50	23	27	50	0	.....
70 to 74.....	51	20	31	51	0	.....
75 to 79.....	47	16	31	47	0	.....
80 to 84.....	16	8	8	0	0	.....
85 and over.....	13	3	10	13	0	.....
Total.....	253	108	145	253	0	.....
Tract total.....	1,499			1,415	84	.....
Population of 60 and over.....						17
Percentage of Negroes among elderly.....						6

TRACT NO. 8

60 to 64.....	99	52	47	89	10	.....
65 to 69.....	78	43	35	67	11	.....
70 to 74.....	48	19	29	48	0	.....
75 to 79.....	56	32	24	54	2	.....
80 to 84.....	22	12	10	21	1	.....
85 and over.....	7	6	1	6	1	.....
Total.....	310	164	146	285	25	.....
Tract total.....	3,103			1,967	1,136	.....
Population of 60 and over.....						10
Percentage of Negroes among elderly.....						8
Percentage of nonwhite in tract total.....						37

TRACT NO. 9

60 to 64.....	97	51	46	93	4	.....
65 to 69.....	77	39	38	75	2	.....
70 to 74.....	56	37	19	55	1	.....
75 to 79.....	53	22	31	53	0	.....
80 to 84.....	23	10	13	23	0	.....
85 and over.....	14	7	7	14	0	.....
Total.....	320	166	154	313	7	.....
Tract total.....	1,091			957	134	.....
Population of 60 and over.....						30
Percentage of nonwhite among elderly.....						2
Percentage of nonwhite in tract total.....						12

TRACT NO. 11

60 to 64.....	20	12	8	2	18	.....
65 to 69.....	8	5	3	2	6	.....
70 to 74.....	6	3	3	4	2	.....
75 to 79.....	5	4	1	3	2	.....
80 to 84.....	1	1	0	1	0	.....
85 and over.....	0	0	0	0	0	.....
Total.....	40	25	15	12	28	.....
Tract total.....	668			51	617	.....
Population of 60 and over.....						6
Percent of Negroes among elderly.....						70
Percentage of nonwhite in tract total.....						92

See footnotes at end of table, p. 420.

1964 SPECIAL CENSUS—ADULTS 60 YEARS OF AGE AND OVER—Continued

TRACT NO. 12

Population group	Total	Male	Female	White	Nonwhite	Percent
60 to 64.....	43	27	16	17	26	.....
65 to 69.....	39	24	15	20	19	.....
70 to 74.....	19	7	12	9	10	.....
75 to 79.....	10	4	6	5	5	.....
80 to 84.....	3	1	2	3	.....	.....
85 and over.....	2	1	1	1	1	.....
Total.....	116	64	52	55	61	.....
Tract total.....	1,250	.....	.....	213	1,037	.....
Population of 60 and over.....						9
Percentage of Negroes among elderly.....						53
Percentage of nonwhite in tract total.....						83

TRACT NO. 13²

60 to 64.....	126	45	81	71	55	.....
65 to 69.....	93	50	43	60	33	.....
70 to 74.....	82	38	44	63	19	.....
75 to 79.....	32	18	14	26	6	.....
80 to 84.....	12	8	4	6	6	.....
85 and over.....	8	6	2	6	2	.....
Total.....	353	165	188	232	121	.....
Tract total.....	4,303	.....	.....	1,068	3,235	.....
Population of 60 and over.....						8
Percentage of Negroes among elderly.....						34
Percentage of nonwhite in tract total.....						75

TRACT NO. 14

60 to 64.....	176	77	99	149	27	.....
65 to 69.....	149	60	89	140	9	.....
70 to 74.....	147	73	74	137	10	.....
75 to 79.....	90	37	53	88	2	.....
80 to 84.....	38	24	14	38	0	.....
85 and over.....	18	9	9	18	0	.....
Total.....	618	280	338	570	48	.....
Tract total.....	3,594	.....	.....	2,367	1,227	.....
Population 60 and over.....						17
Percentage of Negroes among elderly.....						8
Percentage of nonwhite in tract total.....						34

TRACT NO. 15

60 to 64.....	93	45	48	79	14	.....
65 to 69.....	101	41	60	95	6	.....
70 to 74.....	101	44	57	95	6	.....
75 to 79.....	66	37	29	64	2	.....
80 to 84.....	25	16	9	25	.....	.....
85 and over.....	9	7	2	9	.....	.....
Total.....	395	190	205	367	28	.....
Tract total.....	3,587	.....	.....	2,442	1,144	.....
Population 60 and over.....						11
Percentage of Negroes among elderly.....						7
Percentage of nonwhite in tract total.....						31

TRACT NO. 43

60 to 64.....	30	13	17	18	12	.....
65 to 69.....	29	12	17	27	2	.....
70 to 74.....	34	15	19	31	3	.....
75 to 79.....	28	15	13	27	1	.....
80 to 84.....	11	8	3	10	1	.....
85 and over.....	2	1	1	2	.....	.....
Total.....	134	64	70	115	19	.....
Tract total.....	1,928	.....	.....	806	1,122	.....
Population 60 and over.....						7
Percentage of Negroes among elderly.....						14
Percentage of nonwhite in tract total.....						58

See footnotes at end of table, p. 420.

1964 SPECIAL CENSUS—ADULTS 60 YEARS OF AGE AND OVER—Continued

TRACT NO. 44

Population group	Total	male	Female	White	Nonwhite	Percent
60 to 64.....	121	54	67	105	16	.....
65 to 69.....	105	51	54	97	8	.....
70 to 74.....	79	32	47	72	7	.....
75 to 79.....	54	20	34	52	2	.....
80 to 84.....	26	15	11	23	3	.....
85 and over.....	18	10	8	17	1	.....
Total.....	403	182	221	366	37	.....
Tract total.....	3,679			2,301	1,378	.....
Population 60 and over.....						11
Percentage of Negroes among elderly.....						9
Percentage of nonwhite in tract total.....						37

TRACT NO. 45

Population group	Total	male	Female	White	Nonwhite	Percent
60 to 64.....	46	27	19	38	8	.....
65 to 69.....	65	33	32	62	3	.....
70 to 74.....	40	22	18	37	3	.....
75 to 79.....	39	16	23	37	2	.....
80 to 84.....	15	6	9	15	0	.....
85 and over.....	10	4	6	10	0	.....
Total.....	215	108	107	199	16	.....
Tract total.....	1,270			583	387	.....
Population 60 and over.....						17
Percentage of nonwhite among elderly.....						7
Percentage of nonwhite in tract total.....						30

TRACT NO. 53

Population group	Total	male	Female	White	Nonwhite	Percent
60 to 64.....	139	55	84	138	1	.....
65 to 69.....	133	58	75	133	0	.....
70 to 74.....	119	51	68	119	0	.....
75 to 79.....	81	41	40	81	0	.....
80 to 84.....	49	30	19	49	0	.....
85 and over.....	16	10	6	16	0	.....
Total.....	537	245	292	536	1	.....
Tract total.....	3,124			3,056	68	.....
Population 60 and over.....						17
Percentage of nonwhite among elderly.....						1
Percentage of nonwhite in tract total.....						2

TRACT NO. 55

Population group	Total	male	Female	White	Nonwhite	Percent
60 to 64.....	103	44	59	100	3	.....
65 to 69.....	97	30	67	94	3	.....
70 to 74.....	117	49	68	116	1	.....
75 to 79.....	106	47	59	104	2	.....
80 to 84.....	50	30	20	49	1	.....
85 and over.....	24	14	10	21	3	.....
Total.....	497	214	283	484	12	.....
Tract total.....	3,467			2,949	518	.....
Population 60 and over.....						14
Percentage of nonwhite among elderly.....						2½
Percentage of nonwhite in tract total.....						15

TRACT NO. 56*

Population group	Total	male	Female	White	Nonwhite	Percent
60 to 64.....	143	65	78	140	3	.....
65 to 69.....	151	71	80	151	0	.....
70 to 74.....	135	67	68	130	5	.....
75 to 79.....	95	39	56	92	3	.....
80 to 84.....	42	22	20	42	0	.....
85 and over.....	18	9	9	18	0	.....
Total.....	584	273	311	573	11	.....
Tract total.....	3,614			3,423	191	.....
Population 60 and over.....						16
Percentage of nonwhite among elderly.....						2
Percentage of nonwhite in tract total.....						5

See footnotes at end of table, p. 420.

1964 SPECIAL CENSUS—ADULTS 60 YEARS OF AGE AND OVER—Continued

TRACT NO. 90

Population group	Total	Male	Female	White	Nonwhite	Percent
60 to 64.....	46	34	12	45	1	.....
65 to 69.....	30	16	14	30	0	.....
70 to 74.....	22	13	9	22	0	.....
75 to 79.....	14	3	11	14	0	.....
80 to 84.....	12	7	5	12	0	.....
85 and over.....	2	1	1	2	0	.....
Total.....	126	74	52	125	1	.....
Tract total.....	523			503	20	.....
Population 60 and over.....						24
Percentage of nonwhite among elderly.....						1
Percentage of nonwhite in tract total.....						4

¹ One-half of this tract is in model cities area.

² Tract has small percentage nonwhite, not Negro. None are in 60-plus group.

³ Only $\frac{3}{4}$ of this census tract is in model cities area.

