DOCUMENT RESUME

ED 165 047 CG 013 116

TITLE	The Nation's Rural Elderly. Hearing Before the Special Committee on Aging, United States Senate, Ninety-Fifth Congress, First Session. Part 10, Terre Haute, Indiana.
INSTITUTION	Congress of the U.S., Washington, D.C. Senate.
PUB DATE	11 Nov 77
NOTE	85p.; For related documents see CG013115, CG013117, CG013118. ; Not available in hard copy due to marginal legibility of original document
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402
EDRS PRICE	MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS	*Economic Disadvantagement; *Federal Legislation; *Health Needs; Hearings; *Housing; Needs Assessment; *Older Adults; Policy Formation; *Rural Population; Transportation; Visiting Homemakers
IDENTIFIERS	*Older Americans Act

ABSTRACT

Due to the smaller populations of rural areas, the greater distances between places, the generally smaller and one-dimensional economic bases, and the movement of younger persons away from rural areas, the rural elderly have unique problems. Few services are available which are designed to help elderly persons remain in their homes rather than in institutional care facilities. The Terre Haute area is representative of a rural environment. Testimony received from a number of witnesses addresses three specific topics: (1) the provision of services to the elderly under the Older Americans Act; (2) the energy problems of the elderly; and (3) health care delivery systems for the elderly. Information collected will be used to develop and implement a national policy on aging. (Author/JLL)

THE NATION'S RURAL ELDERLY

HEARING

BEFORE THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

NINETY-FIFTH CONGRESS

FIRST SESSION

PART 10—TERRE HAUTE, IND.

NOVEMBER 11, 1977

Printed for the use of the Special Committee on Aging

U.S. GOVERNMENT PRINTING OFFICE

25-757 WASHINGTON : 1978

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402

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Part 3. Gretna, Nebr., August 17, 1976.
Part 4. Ida Grove, Iowa, August 17, 1976.
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THE NATION'S RURAL ELDERLY

FRIDAY, NOVEMBER 11, 1977

U.S. SENATE;
SPECIAL COMMITTEE ON AGING,
Terre Haute, Ind.

The committee met, pursuant to notice, at 1:30 p.m., in the First Baptist Church, 4701 Poplar Street, Hon. Charles H. Percy, presiding.

Present: Senator Percy and Congressman Myers.

Also present: Kathleen M. Deignan, professional staff member; Margaret S. Fayé, minority professional staff member; Wayne Fletcher and Lawrence Grisham, legislative assistants to Senator Percy; and Theresa M. Forster, assistant clerk.

OPENING STATEMENT BY SENATOR CHARLES H. PERCY, PRESIDING

Senator PERCY. The appointed hour having come, I am very pleased indeed to open this hearing of the U.S. Senate Special Committee on Aging.

We had hoped that Senator Birch Bayh might stop by sometime during the course of the proceeding and, if he does, I would be pleased to have him join me and make any comments he might like to make.

Congressman Myers has also indicated that he will be here today. Is there a staff member of either of those offices here?

Miss DIXON. Senator Percy, I am here representing Senator Bayh.

Senator PERCY. Would you care to make an opening statement of any kind?

Miss DIXON. The Senator just asked me to be here and that concerns be expressed today so that he would know what the people are concerned about on the Older Americans Act.

Senator PERCY. Fine. Does Senator Lugar have a representative here?

Mr. CAPPS. I am representing Senator Lugar.

Senator Lugar would like to have been here himself, but his schedule would not permit it, so he asked me to say that he would like anybody that has any questions to write to him. He would be glad to answer any correspondence. Of course, he is very much concerned about the aged and the senior citizens group, and he hopes to be able to come and join you the next time.

Senator PERCY. Thank you very much, Mr. Capps. We appreciate your coming. I have enjoyed working with Senator Lugar on many issues. Senator Bayh and I have also worked through the years on many issues.

I would like to express deep appreciation to our hosts, who have so thoughtfully permitted us to use this beautiful edifice, the First Baptist Church. I think it is such a wonderful spirit on their part to feel that any problems of the community and problems of our Nation should be concerns of the church. Rev. Archie Showen, pastor of the First Baptist Church—we are grateful to him and Rev. Charles Newman, associate pastor, and Mrs. Virginia Yaw, the church secretary.

I also would like to mention Peg Fayé, who is on my right, of the minority staff; Wayne Fletcher and Lawrence Grisham, members of my staff, behind me; Kathy Deignan and Theresa Forster; and Annabelle Short is the court reporter. Kathy and Theresa are with the majority staff, and I express appreciation to them for what they have done to make these hearings possible.

The Sullivan Senior Kitchen Band is here. They have to leave for the Health Fair but we are very grateful to have them. I wonder if they would stand. There they are, in the back. [Applause.]

We know that you have to leave before we are finished today, and you can just quietly slip away, but we wanted to issue a cordial welcome to you and express appreciation for your being here.

This is a hearing of the Senate Special Committee on Aging, and we are particularly pleased to be in Terre Haute today. This committee has been charged by the Senate to "make a full and complete study and investigation of any and all matters pertaining to problems and opportunities of older people. * * *" In that capacity, the committee has been conducting a series of hearings on the Nation's rural elderly, which is the topic of our hearing today.

We are here to look into the unique problems and needs of the rural elderly. Our inquiry will concentrate on the provision of services under the Older Americans Act, energy related programs for the elderly, and health care delivery.

We are becoming an older society. Presently, 10 percent of our population is age 65 or older, and it is projected that this figure will increase to 17 percent in 50 years. Such a population shift presents critical questions to Congress and to the American people as a whole as we develop social policies which will enable all Americans to lead full and productive lives. The elderly have special needs in all areas of societal concern—housing, transportation, employment, health, recreation, and other social services.

"Unique Problems"

Due to the smaller populations of rural areas, the greater distances between places, the generally smaller and one-dimensional economic bases and the movement of younger persons away from rural areas, the rural elderly actually do have unique problems.

In the Terre Haute area, 18.5 percent of the population is over 60, and of that number, 30 percent are over 75 years of age. Seventy-four percent of them are below the poverty level. In the six-county area around Terre Haute, only Terre Haute itself has a bus system. One county has no taxi service, while four other counties have only a few taxis. Few services are available which are designed to help elderly persons remain in their homes rather than in institutional care facilities. Often, family members provide needed services, such

as transportation and companionship to elderly persons. However, in the Terre Haute area, 46 percent of the elderly have no family members nearby, and 38 percent, that is one out of three, have no family of any kind even in the State of Indiana, anyplace.

These conditions are not unique to the Terre Haute area. There are similar problems in rural areas throughout the country. This is why the committee is conducting hearings on the problems of the rural elderly throughout the country. We are gathering the information necessary for Congress and the executive branch of the Federal Government to develop and implement a comprehensive national policy on aging.

Although tremendous strides have been made toward achieving that goal in recent years—the establishment of senior centers, nutrition programs, and other initiatives designed to assist the elderly have achieved significant successes, we still have a long way to go.

We will be receiving testimony today from a number of witnesses on three specific topics: (1) The provision of services to the elderly under the Older Americans Act; (2) the energy problems of the elderly; and (3) health care delivery systems for the elderly.

Our first panel will consist of Maurice Endwright, State director on aging; Sidney Levin, chairman, Indiana State Commission on Aging; and Jean Cox, director, Terre Haute Area Agency on Aging.

I warmly welcome our distinguished panel. What we would like you to do, if it is at all possible, is confine your testimony to 10 minutes apiece. We are not going to have a whistle on you, but the more time we allow for questions, the more time we will have for spontaneity in our discussions.

Mr. ENDWRIGHT. It seems I drew the unlucky straw. I want to thank you for the opportunity to testify.

A VOICE FROM AUDIENCE. We can't hear.

Senator PERCY. While the mikes are being adjusted, I would like to introduce my favorite grandmother, the grandmother of our three grandchildren, Lorraine Percy, who is with me today.

Lorraine, could you stand, please. [Applause.]

I am sensitive to hearing problems. I wear a hearing aid myself. So, if I cannot hear—I am going to ask our witnesses to speak up. But if any of you cannot hear—I will look around occasionally—just raise your hand and I will ask them to adjust the mike. I think we have to take into account this is a large room and the acoustics and the mike system are not all that perfect. If we project our voices, we can be heard.

Does anyone have difficulty hearing me speak?

A VOICE FROM AUDIENCE. No.

Senator PERCY. All right. Now I expect each of our witnesses to do exactly the same thing. Please proceed, Mr. Endwright.

STATEMENT OF MAURICE ENDWRIGHT, EXECUTIVE DIRECTOR, INDIANA COMMISSION ON THE AGING AND AGED, INDIANAPOLIS, IND.

Mr. ENDWRIGHT. Senator, I do want to thank you for the opportunity to testify in behalf of the rural elderly of the State of Indiana.

Indiana has 750,000 older Hoosiers and 225,000 of these senior citizens reside in rural Indiana and are scattered throughout the State's 16 planning and service regions. Indiana believes in the area agency on aging concept and is building an aging network which is concerned about the rural elderly. We have designated an area agency in each of the State's planning and service regions in order to provide needed services to the rural elderly.

West central Indiana, where this hearing is being held, is a good example of an area where there is a vast population of low-income rural elderly with great needs and where the aging network is working not only to solve the problems but also to bring joy and hope to these older citizens.

The vast majority of these rural residents are below the poverty level and are quite concerned about the future of social security. Quick action by Congress to insure the fiscal stability of the social security program will bring peace of mind and a sense of security to older Hoosiers.

The Indiana State agency has followed the mandate of the Older Americans Act in designating an area agency in each of the State's planning and service regions, but in doing this has spread the funds mighty thin. This is why quick action on 1978 appropriations with increased funding is essential to the future of the aging network.

The direct delivery of services by area agencies is an issue that should be resolved by the upcoming revisions of the Older Americans Act. Eight—which is one-half—of Indiana's 16 agencies are affected by the grandfather clause which permits the direct delivery of services by the area agency.

It is easier for those agencies which deliver direct services to generate local matching funds. If area agencies are mandated to be planning, pooling and coordinating agencies, then funds for administration should be increased.

Projects under titles III and VII have made it possible for hundreds of older Hoosiers to remain in their own homes and have helped them to continue to be productive and useful citizens. Increased funding under 1978 appropriations are necessary to meet increasing demands. More than 13,000 title VII meals are served Monday through Friday at 301 meal sites, 150 in rural Indiana. We urge changes in regulations to assure even greater coordination in these programs.

"Senior Centers . . . Lifesavers"

Title V has been slow coming into reality but will be of great help to the rural areas where senior centers are truly lifesavers to the rural elderly. We strongly recommend that the title V regulations be changed to permit the use of funds for the operation of these centers. This is essential to rural areas where parks and recreation funding are not available. Senior centers can and should be the hub for services as well as activities for the elderly.

Title IX—green thumb and CETA—has provided a most valuable program in offering needed services to the elderly and needed part-time employment. But we are in receipt of a number of complaints

from rural providers of the service who say they are having difficulty in filling the positions because of the income qualifications and these letters from these providers will become a part of this testimony.[1]

We strongly endorse the statement that will be made in this hearing by the other panel members which will speak about the many needs in the State of Indiana and which we feel are representative of older people throughout the Nation.

Rural elderly residents are hardest hit by increasing utility costs, and this is a problem, and we feel that serious consideration should be given to the Hart amendment to the energy bill. We also plead for the elimination of unnecessary paperwork. We also strongly recommend that the regulations of the Older Americans Act be changed to have area and State plans required every 3 years instead of annually. We would still recommend an annual budget and annual hearings in order to update plans and keep in touch with the views and needs of older citizens.

Too much valuable time is spent in writing plans with not enough time to carry out these plans. We want credibility in the programs, but we want time to be about the task. We are dedicated to do the task of providing the services and opportunities to our older citizens.

We are well aware of the costs of what we are asking for, but we are also aware of the taxes paid and contributions made by our senior citizens. We are also aware of the millions of dollars that can be saved if we can continue to keep 94 percent of our older citizens in their own homes.

We are also proud of the low cost of our senior citizens program and for the involvement of volunteers who play an important role in keeping costs down.

Older Hoosiers Act

Indiana became a partner of the Federal Government by enacting the Older Hoosiers Act this year, with State funding for social services. Indiana was also the first State to have a State coordinating council of all area agencies, an organization that provides services and opportunities for older Hoosiers. We urge the strengthening of working agreements with those Federal agencies that are mandated to provide services to older Americans.

Indiana held an "older Hoosiers assembly" last month in the house chambers of the State capitol building in connection with the Governor's Conference on Aging, where 100 senior delegates spoke out on needs and opportunities of older Hoosiers.

We are also proud of the support our programs are receiving from churches, temples, civic clubs, fraternal, social, labor, business, and professional groups.

Thanks, Senator Percy, for listening, and thanks for your interest and concern for older Americans, our Nation's greatest resource.

Senator Percy. Thank you very much, Mr. Endwright.

Sidney Levin, do you have any comments you would like to make?

[1] See appendix 1, page 815.

We commented on Congressman Myers' coming to the hearing today, and I am now very proud indeed to welcome him.

If you would not mind, Mr. Levin, if we could have some comments by Mr. Myers. We are in your district and proud to be here, proud to have you.

STATEMENT BY CONGRESSMAN JOHN T. MYERS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF INDIANA

Congressman MYERS. Thank you very much for coming to Terre Haute and for participating and listening to our people.

I apologize to you, Senator, as well as to the people here, for arriving late. I had a luncheon appointment when I learned about this meeting a week ago; so I apologize I could not be here on time.

On behalf of our neighbor from across the river, we are glad to have you in Terre Haute and pleased that you came out and listened to some of the problems they certainly have.

Welcome to Terre Haute. Glad to have you.

Senator PERCY. Thank you very much. Mr. Levin.

STATEMENT OF SIDNEY LEVIN, CHAIRMAN, INDIANA COMMISSION ON THE AGING AND AGED, INDIANAPOLIS, IND.

Mr. LEVIN. As I look around and observe the crowd here today I thought of the noble purpose of this meeting which was called for the purpose of benefiting our brothers and sisters who have made our society great, but due to the infirmities of age cannot fend for themselves. It sort of reminds me of the old bridgebuilder's story:

An old man going down a lonely highway came
on an evening cold and gray
To a chasm vast in the deep and wide.
The old man crossed in the twilight dim,
the sullen stream was no match for him.
And when he reached the other side
he built a bridge to span the tide.
Old man, said a pilgrim near,
you make a mistake in building here.
You crossed the chasm deep and wide
but why build you this bridge at evening tide?
The old man lifted his old gray head and smiled.
The stream that has been as naught for me
as for the fair haired guy, might a pitfall be,
He, too, must cross in the twilight dim.
Good friend, I am building this bridge for him.

Well, what I am trying to say is that we are all here together, and I can consider each and every one of us the leaders. The people who are on the State commission, and you people, too, are considered as bridgebuilders for the future advancement of senior citizens. I work with a wonderful cooperative group known as the Indiana Commission on Aged and Aging, of which I am the chairman, and there is 1 from each congressional district and 5 others at large, making 16 of us, and there are 8 consultants.

There is a 35-man administrative staff, of which one of them is at my right; there is an advisory council of about 65 people, and ap-

proximately a dozen on the technical review committee. Our State is divided into 16 areas, each area represented by a council or an area agency. This happens to be area 7, which is a six-county area. The concept of the area agencies brings the help and strength down to the grassroots level. In addition, there are many volunteer organizations helping the cause of the aged in Indiana.

One thing that is significant in my opinion is that all of these people are working above the normal call of duty, and I would call this a labor of love. This is why I referred to all of us as bridgebuilders. As a retail businessman, I have noticed a significant change in the elderly. Most all used to have a grim look of despair, and I believe we are gradually replacing that despair with a look of hope. I am happy to say that the change has been gradual but we are making inroads in health, nutrition, housing, recreation, education, and spiritual well-being.

There is one thing we must guard against, and that is that these programs are designed for the needy and not the greedy. There are many cases of people financially able to fend for themselves taking advantage of programs for the needy. We must also stress the financial responsibility—from the children to the parents—not as a legal obligation but more or less as a moral obligation upon each and every one of us. In other words, those who have the wherewithal and can fend for themselves, if they have parents who have nothing, they should try to help support them and not look to the Government for everything. I think this is a moral obligation upon each and every one of us to think that way.

Thank you, Senator Percy and John Myers, and the rest of you. Mr. Endwright presented our formal statement for the record.

In closing, I want to state that Maurice Endwright is one of the greatest humanitarian bridgebuilders that I have ever known. He is underpaid and overworked, and his dedication is a true labor of love. I must say that I am amused, in a way, because after all I am a Jewish boy sitting in a Baptist church between two angels and this morning my wife called me a devil. [Laughter.]

Thank you.

Senator Percy. We thank you very much indeed.

I think, Mr. Endwright, that even if you are underpaid, you will get your reward, not just in heaven, but every single day of the week that you work in this noble cause. I think that Mr. Levin, as chairman, deserves a tremendous amount of credit.

We will next hear from Jean Cox, director of the area agency on aging in Terre Haute. I want to pay tribute to you for this information book which I am holding. I think it is a wonderful thing. In the several years that I spent in putting together my own book on aging, called "Growing Old in the Country of the Young," I compiled an index, by States, of all services available to senior citizens, including telephone numbers and addresses. It was a herculean job, but I notice that for this immediate six-county area, you have all the information that I tried to compile for the Nation. It is a very, very useful information book. I notice it is in the third edition, so it must be very popular.

We are happy to have you testify today.

STATEMENT OF JEAN COX, DIRECTOR, AREA AGENCY ON AGING, TERRE HAUTE, IND.

Mrs. Cox. Thank you.

Certainly the staff will thank you because they are the ones who had to stay the other night to assemble these directories, but it was a labor of love for them, I guess. They don't get paid overtime, you know. They were going around the tables 500 times to collate those books. We are passing them out at the health fair so that all of our people may have them to take home with them.

We would like to welcome Senator Percy and his staff to area 7. Much of the programing has been primarily for urban areas, but we do have hundreds of thousands of elderly people living in rural areas, and they, too, have problems. Thank you, Senator Percy, for giving us an opportunity today to tell you about those problems.

Area 7 is a large rural area with a very high percentage of elderly population. Out of the six counties in the area, four of them have over 20 percent of their total population falling in the 60-and-above bracket. The other two counties are only slightly under 20 percent. With such a large number of elderly persons in the area, I feel we can address the problems confronting the rural elderly very well.

Recommend Consolidation

We have tried to work through our agency, and with the cooperation of other agencies throughout the area, to develop a comprehensive system of aging programs. We are strongly committed to the concept of area agencies and the aging network. To strengthen the aging network, the Indiana Association of Area Agency Directors would like to make the recommendation that the national, State, and area agency network is the most efficient and effective administrative mechanism for the delivery of aging programs and recommend the consolidation of all aging programs under the Administration of Aging.

We feel that through the development of a strong aging network, the senior citizens themselves have more direct input in expressing their needs and having a voice in the decisionmaking process of how those needs are going to be met. The concept of bottom-up planning does work in Indiana. We plan with our senior citizens, not for them. I would like right now to dispel the myth that they are old, senile people who need to be "looked after." True, they need physical help sometimes, but they are a lively, alert group who still have much to offer to all of us. We have over 600 volunteers who work with our nutrition program in this area and the large majority of the volunteers are over 65.

This does create a problem though. We have found that in trying to comply with Federal regulations in hiring older persons, our workman's compensation and liability insurance rates are extremely high. This is also true of transportation programs where we are transporting older people. The high cost of insurance for these programs is becoming a limiting factor in delivering service.

Inflation hurts all of us, but especially the retired person. The original intent of title IX of the Older Americans Act and title X of the manpower program was to provide employment opportunities to older people who needed to supplement low incomes. But the regulations need to be revised. It is impossible to find an older person living on an income under $2,700 who either wants to work or who is physically able to do so; and if they do want to work, they often do not have the means to afford transportation to and from a job. Many of these people do not have skills.

The group we find that has been hit the hardest with rising costs of living is the group above the $2,700, but under the $4,000 mark. They do not qualify for many of the assistance programs such as food stamps, subsidized housing. All of them are eligible. We simply do not have the housing units to meet those needs. If you are 550 on the waiting list of 700, you can see how long it is going to be before your name comes up, so we almost have to cross out the assistance of subsidized housing for the majority of our older persons.

"The New Poor"

They do not qualify for medicaid and these other assistance programs. Yet what we call the "new poor" must pay many of their expenses. They must pay for their insurance, both health and home, as well as doctor fees, medicine, cars, taxes, and other necessities. They are the ones often who really need to supplement their small incomes. Couldn't the regulation be updated to be more realistic to what we are actually finding out in all of our areas?

Another Federal regulation which truly discriminates——

Senator Percy. I wonder if I could ask you right here, would it not be a good idea when we put in certain income limitations of so many thousand of dollars to automatically build in an escalator clause? I ask our distinguished Congressman, could you look at this in the House to see if we could not build in an escalator clause? They ought to be adjusted every 6 months, based on increased cost of living.

Mrs. Cox. What we are truly finding is that the person in the $3,000 to $4,000 bracket has to pay many expenses themselves, their true net income is less than those people on a small income with assistance programs, and yet they want to maintain their independence. Could we not revise these regulations to allow them to do so?

Senator Percy. We ought to build in an automatic factor just like we did in social security. We never have to go around now and pass the hat every couple of years in Congress to increase social security. We just know that we are trying to keep the buying power of social security constant.

Congressman Myers. Attach the same triggering mechanism we have in the social security index the same way, the same time?

Senator Percy. No reason not to.

Mrs. Cox. A person with $2,700 or less cannot maintain a car in order to get to and from the services.

Senator PERCY. Go right ahead. Thank you.

Mrs. COX. Another Federal regulation which truly discriminates against the elderly poor is title XX of the Social Security Act, which requires at least three services to be directed toward those receiving supplemental security income. In our State, the burden of meeting that quota has fallen to services for the elderly. Yet, in this area which has the highest percentage of low-income older persons—30 percent of the elderly population—only 3 percent of them receive SSI and only 12.5 percent of the below-poverty group are SSI recipients. That means that 60 percent of the in-home service units are serving 3 percent of our people, while the remaining 40 percent of the units are to be spread out over 97 percent of the aging population, and it seems to me that the other 80 some percent of low-income persons also deserve help.

These programs—titles IX, X, and XX—literally force our older people to accept welfare, or declare themselves paupers before we can serve them. When our country can send billions to other nations and spend more billions on other programs, why should we force such indignity on our senior citizens? This is degrading to them and they certainly deserve better treatment than what they are getting.

I would like to comment on changes needed in the new version of the Older Americans Act. We would like to see written into the new version the removal of the 3-year funding limitation on programs in local communities. In rural areas, this places a great burden on small counties that are having a very difficult time meeting the cost of operating the county already. Although our officials in the counties are aware of the problems facing the older citizens, and sympathetic to their needs, there is simply not the money there to do the things that the officials would like to do for our senior citizens.

SENIOR CENTER STAFFING

We also recommend that both sections of title V be funded. We are very grateful for the funds now available for the purchase or renovation of multipurpose senior centers. They are the real focal point in every community for senior citizens, but there is a great need for adequate staffing. The center can assist with the problems and questions that older people have and either give the help needed or refer them to an agency that can provide the help. All of our programs are coordinated through our centers.

Another problem that is not unique just to rural area agencies, but is more acute in rural areas, is the matching requirement on planning, coordination, and pooling of the area agency funding. In small counties, trying to secure the 25-percent match required on the planning portion of the budget and the additional 10 percent on coordination and pooling, is asking for money in competition with the aging programs we have established there. Since there is so little money available, we feel it unfair to ask for money to maintain the agency when the money is needed so desperately to maintain the programs there for the older people. Also, if all aging programs could be channeled through the State and area units, it would provide more efficient use of personnel and funds and create less confusion to the older people.

TRANSPORTATION

Transportation is also a major problem in rural areas. There are no public systems, distances are far, and costs high. Add to that the additional time and assistance needed to transport older people and you can see why it is so hard to meet the transportation needs of senior citizens. Yet transportation is the key to all the other problems. Without it, other services are not available to the isolated person. Senior citizens need their own specialized personal service, as do the handicapped, and at this point in time I cannot see public transportation as the answer.

Our drivers help the older person put on their coat, help them on the van, take them where they need to go, go to the doctor's office and make sure the receptionist knows when they are to be back, carry their bags, even take their groceries into the kitchen. Without that type of personal service the older person is not mobile. Many of our older people can barely get themselves in and out of the van, or into a store or an office, they must have the additional assistance in order to be transported, yet that is far better than leaving them alone in the home. We do have some that live in homes for 4 or 5 years and never go outside that home; we take all the services possible to them.

They are very grateful just to see us. Of course, they would like to go but they are physically unable to do so. Public transportation is not the only answer to these specialized needs.

I have tried to bring out some of the real problems that we confront daily. I would like to say, as far as the worth of the programs, that the value can best be estimated by the senior citizens themselves. I know we have many people that say, "Thank God." We have saved several lives. Certainly, we have brightened thousands of others, and they certainly have enriched ours.

The only requirement that we have in area 7, deliver the service the best way you possibly can, but be sure you deliver it with love. Love is the main thing that many of our senior citizens need, and I say to the people who work with us, "God loves them and so can we."

Senator PERCY. Thank you very much for a very stimulating beginning for our hearings.

I yield to you, Mr. Myers. Do you have any questions?

Congressman MYERS. I just appreciate the talent that we have here to help lead this group, and especially the fine talent we have down here, who, unfortunately, don't have the time to give all the testimony, but they have some mighty fine representatives here to speak for them.

Senator PERCY. I have a few questions. Any time you would like to interject with questions, I would be happy to have you do so.

Congressman MYERS. Thank you.

Senator PERCY. Mrs. Cox, on page 3 of your testimony, you use the term "force such indignity on our senior citizens." It has been my observation that there is no prouder group of Americans than our senior citizens. They have raised their children, educated them, trained them, sent them off into productive lives in society, seen their grandchildren growing up, and yet, they thought they had provided enough for their income in later years. They thought that

between social security and their annuities, they would have enough, but they had not taken into account the compounding influence of inflation, the way prices would go up, and particularly property taxes, which are forcing so many people out of their homes. This is why we have been giving special attention now to what can be done to relieve senior citizens of burdensome property taxes.

Is that a particular problem that you see? In your judgment, have the cost-of-living increases, for which so many of us fought so hard, helped? Should we try to build in escalators in programs for senior citizens to help them meet increases in their cost of living?

Mrs. Cox. First, I would like to say this is certainly true. Our older people are a very proud generation; they do not ask for help, and they are very reluctant to accept it. If there is any way possible for them to be independent and remain in their own homes, they are going to do so. Many times, we have gone into homes where there was nothing to eat and yet they were too proud to accept our nutrition program unless they could pay for it. We have tried to encourage them to participate in the program and to accept the programs, because they truly have paid for them, in the sense they have always been taxpayers.

Effect of Social Security Increases

Yes, the social security raises help; but let me give you an instance where it was just the reverse. In July, we had calls in our office that it put some of our people just above the welfare department breaking line for them to receive medicaid. In order to stay on medicaid, they had to repay some of the money to the welfare office. Actually, in one case, the lady called us with the figures. She was making $19 less after the social security raise than she was before.

Senator Percy. Veterans, also.

Mrs. Cox. It helps if you are in a lower bracket where you have to depend on some assistance from the other programs.

Senator Percy. You also mentioned, and I would also like to ask Mr. Endwright or Sidney Levin to comment, the renovation of multipurpose senior centers. It has been my observation that we have built beautiful dormitories all across the country on college campuses, so much so that we have thousands of empty rooms. Yet, there are long waiting lists for senior citizen housing.

In Chicago, we are so far behind that a couple in their mid-seventies would be told, "Well, for what you want and need there is a waiting time of 6 years." Well, to tell somebody 65 or 75 that they have a 6-year waiting period before receiving housing is a little discouraging.

What do you see as the need for multipurpose senior citizen centers? On every campus that I have ever been on there is a student union center, a beautiful place, generally, where the young people can congregate. Is the need just as great for senior citizens to get together, and do we have adequate facilities?

Mr. Levin. No, we do not.

Mr. ENDWRIGHT. No. In many communities they are in buildings or old homes. Many are very old and do not take care of the need. That is why I think the title V funding is very important. I agree with Jean Cox that we also need funds for operation of these centers, particularly in the rural areas.

We do want to use recreation departments and continue services that are presently being provided. The majority of the senior citizen centers are funded by other sources, particularly outside of the rural areas. We feel that there is a great need for senior citizen centers because I think the center is going to be the future for not only providing activity for senior citizens, but for actually providing these services, because they are the hub for transportation and other services.

Mrs. COX. May I make one comment, please.

Senator PERCY. Yes, Mrs. Cox.

DORMITORIES AS HOUSING

Mrs. COX. You know how impractical some of you in Washington are—not you, but some others. [Laughter and applause.] We had two beautiful dormitories sitting here on the campus of Indiana State empty. Mr. Endwright and Mr. Levin and myself did meet with officials. We were proposing that they be designated as elderly housing units. They had beautiful kitchens, lounges, everything. The only objection that HUD had—and the reason they would not move older people there—was that there was not a private bathroom in every room. I said to HUD, "The people I want to bring in here don't even have a bathroom." [Applause.]

Mr. LEVIN. I made a statement previously that I think many of these programs should be considered for the needy and not the greedy, and I would like to retract that statement, because I think we as individuals sometimes can do this and not depend on the Federal Government for everything. [Applause.]

Now we didn't have a senior citizens' center here in Terre Haute, but we did have a council on aging in Vigo County. Mary Alice Banks, stand up there. She was the one that inveigled me to come to this council on aging, and this put me on the building program, and I inveigled some gentleman who had quite a bit of wealth, but he was only interested in the youth. I came to this gentleman, he was 75 years old, and he said, "Me contribute to the aged? Never." I talked to him. I had about five or six sessions with him and showed him the need and he contributed $65,000 toward the center. Then, when he gave me the check I said: "There is one thing that you must consider. I can't take a white elephant like this with the $65,000. I have to have some means of support for a 2-year period."

He said, "You have more nerve than anyone I ever heard of." Then he said: "OK. If you take the presidency of this organization, because I know you and know who I am dealing with, I will be glad to support you as long as you give me a monthly statement. I'll support you for a 2-year period."

After the 2-year period, we got recognized as the United Way agency. What I am bringing about here is that there are private

means and ways of doing it. This organization now has approximately 1,400 members, one of the biggest single senior citizen centers in the State. They do yeoman work. They are doing a terrific job.

Limited-Income Housing

Now in addition to that, you mentioned the housing. Through our meetings at the senior citizen centers, we decided there was another type of housing that was essential, and that is the housing for not the completely destitute, but for the grade above that. In other words, older couples whose children are married and they have an eight-room house and they cannot afford to keep that house going; they cannot afford to get out of it either and get into an apartment that they have to pay $175 to $200 a month for, plus utilities. They have to have some place to live, so they continue to live in this big house that could be used by a young couple, you might say.

So we started limited-income housing through our Wabash Senior Citizens Center and we got Federal funds for that, and that is not public housing. There is more need for that, too, in addition to the public housing. So let's not forget that, because I think that is an important facet right there.

Senator Percy. I want to thank our panel very much indeed. What we will do now, in the interest of time, is move right along to the next panel and then we will hope that all of you can stay so that, if we have time at the end, we can question all of you. We thank you very much indeed.

Our second panel will consist of Dr. Anne Doherty and Louise Johnson.

While we are pausing here, John Thomas, speaker pro tem of the Indiana House of Representatives, is here.

Mr. Thomas, I wonder if you would mind coming up here with us if you are able to stay. We are just delighted to have you here. [Applause.]

We now have Federal Government, State government, and local government here.

A Voice from Audience. You have Darrell Felling, too, if you want to be bipartisan.

Congressman Myers. Come on up, Darrell.

Senator Percy. Come right on up, please. We are delighted to have you join us up here.

Dr. Anne Doherty is the associate director of the Katherine Hamilton Community Mental Health Center and will describe the activities of the center and its efforts to improve the mental health of the elderly in rural areas who may suffer from mental health problems because of their isolation and loneliness. She will also describe the efforts to work with the elderly in nursing homes.

Louise Johnson is vice president of the State advisory council to the Indiana State Commission on Aging and lives in Putnam County. For 8 years, she was the university extension agent, serving first Park County and then all the counties in the area. She knows the health problems and the lack of health services in rural areas and will address this issue.

Why don't we start with Anne Doherty.

STATEMENT OF ANNE DOHERTY, PH. D., ASSOCIATE DIRECTOR OF CLINICAL SERVICES, KATHERINE HAMILTON COMMUNITY MENTAL HEALTH CENTER, TERRE HAUTE, IND.

Dr. DOHERTY. Thank you very much, Senator. I am delighted to be here.

Since we have some Indiana legislators here, I am delighted to have the opportunity to present a few "commercials" for mental health. In some cases they are very much needed with legislators.

Congressman MYERS. You mean they need them?

Dr. DOHERTY. Well, if you neglect the mental health of your constituency, I would begin to worry about yours, I think.

I would like to begin by saying my purpose in doing this is to attempt to raise the consciousness of all of us concerning the fact that older persons have exactly the same mental health needs as younger persons. There appears to be kind of an unconscious discrimination in our country, and it is also here among us. We do not like to deal with mental health problems in the elderly. We would all like to imagine that when we are older we will have no problems with depression anxiety, that we will be peaceful and calm, and that we will not face the stress that adolescent and middle age persons face sometimes in developing and managing their marriages. This is not true.

"CONSPIRACY" NOT TO NOTICE MENTAL HEALTH PROBLEMS

If you listened to the remarks that Maurice Endwright and Jean Cox made, you noticed their emphasis on the financial and sociological stress that elderly persons must face, and because so many problems of mental health are related to that type of social and psychological stress—no money; no safe, comfortable, warm place to live; no loving companionship, no future that is stable—you can understand that the elderly do have mental health problems even though the rest of us engage in a conspiracy not to notice them.

The conspiracy extends at times even to the area of health provision so that if an older person goes to a physician and states, "I am not feeling so well, Doc; I am not sleeping well; I have lost my appetite," the first thing that happens with frequency is the person gets another pill and is given no opportunity to discuss the factors relating to this depression. Health care is so expensive that the older person, if he can manage to get there to receive it, may be feeling guilty and depressed the whole time, worried that he cannot pay for his medicine; that he cannot pay the doctor bill, and finally that he has to hurry out of the office without talking about his real concerns.

When we reassessed the mental health needs of the elderly at Katherine Hamilton, we decided that in order to meet these needs we had to do three things. We had to first educate persons who deal with the elderly to notice and to assist with their mental health needs, to stop pretending that this was just part of being old and to acknowledge that these were mental health needs that could be met and could be remedied.

Second, we decided that we must look at the need for prevention in high risk groups, persons who are in high risk of illness among the elderly. They are persons first of all who are in nursing homes, who are in failing health, and who have had to leave behind their home and their loved ones. They are persons who live alone in the community, without emotional support in dealing with financial stress. They are persons who have recently lost a loved one and who themselves are tempted to give up, to become ill and to die just by slipping away, rather than to try to make a fight to see if there is anything else to look forward to in life.

The last thing we had to do was to plan a system to deliver mental health services to the elderly. Since we are lucky enough to be located in area 7, we had an excellent agency for the elderly in Jean Cox's agency and we have plugged into that. We are attempting to deliver mental health services through the nutrition sites by prescreening the elderly persons for health needs and thus giving them an opportunity to deal with some of their mental health problems which they frequently associate with poor health.

Depression Linked to Poor Physical Health

Depression is often linked to or covered up by poor health in the elderly. When we observe anxiety and confused thinking in the old, people often say, "He has hardening of the arteries." Frequently this is depression or poor nutrition. It may be anxiety in the older person and much of that confused thinking can be helped. What appears to be brain damage in the elderly can at times be assisted and relieved by better management of the person.

We are trying to educate the staff of senior citizens' centers to help such staff improve the mental health attitude among groups and persons who use there services. We are presenting a very extensive program in nursing homes. We are educating the staff to recognize and to assist persons in the nursing homes who are trying to adjust to a nursing home.

We are trying to work with families who must place a parent in a nursing home and who go through periods of guilt and depression themselves. We are working with staff who have to work with older persons who have hardening of the arteries. We are bringing groups from local nursing homes to our local mental health center and demonstrating that these persons can take a renewed interest in life. They do not have to sit in a wheelchair, staring at a nursing home wall, waiting to die. They have vital energies that can be used. We have to consider not just the physical health of persons who are over 60 but also their mental health.

We are attempting to work with persons who face retirement in order to prevent depression. We are assisting county councils in every way we can, and we are anxious to hear from all of the local citizens about improving our delivery of mental health services. We feel that elderly persons must be served as close as possible to where they live. They will probably not be able to come into Katherine Hamilton, but their needs for our services are just as great.

Nine Obstacles to Service Delivery

Now I have nine basic obstacles to delivery of mental health services that I just would like to go through and I don't want you to forget them because I think they are important for these legislators. This is an area that is related to Jean's comment about how Washington can help us.

We are all interested in cost benefits. We are interested in not increasing the cost of health care, but sometimes health deliverers like our agencies get two messages from legislators. One of the messages is "keep costs down. We are going to cut your funding but continue to deliver those services." The other message is "Fill out 10 copies of everything. We are going to give you 45 new regulations so that you will require six extra clerks in order to deliver your services."

First: In our rural outreach programs in each of the six counties, we cannot be paid by medicare for delivering health services unless we have a physician physically onsite in that outreach program. Physicians are extremely expensive. Each time we hire a psychiatrist at our center, our costs have to go up.

When you train and educate persons to deliver mental health services to the elderly you have to be very selective in the person you choose. They have to be persons who relate well to rural people and who can relate to the elderly. God did not give these gifts just to physicians, but in the medicare regulations we are only reimbursed when we have a physician physically onsite. This boosts the cost of mental health services for the rural area astronomically.

Second: We need assistance for mental health patients who are elderly and who are discharged from a State hospital. For example, last year 45 elderly persons were discharged from the State hospital back into our area. Katherine Hamilton Center assisted in providing 36 of those persons with a place to go. These were persons whose family members had died. We may find a person has money left from the estate of a relative but no one can assist to find placement until the State department of mental health first files a suit and gets these funds for the patient. In the meantime, the patient does not qualify for medicare or medicaid because supposedly they have funds. However, the funds are not available to them.

Third: When we provide psychiatric inpatient care to an elderly person who might have an organic brain syndrome or who is extremely senile, or we have to prepare a nursing home to manage this person, we cannot receive reimbursement for those days the patient stays in the center while we work with the family or work with the staff of the nursing home.

Unless the person is being diagnosed and evaluated, if it is a very difficult older person to place and we want to place this person very carefully in a nursing home where the staff can work with the person and where the person will be happy, we cannot be reimbursed for that time while we maintain that person on our unit, even though it may cost us, the center, $100 a day to maintain that person. Medicare will not reimburse us because they say that is really not mental health treatment for that person. I presume they

would prefer that we would put the person out on the street since we cannot be reimbursed. They say that for us to maintain that person custodially until we can make a placement that will assist them to be well, it is not providing them with care.

Another means of discriminating against the mental health of the elderly is that mental health centers have a lifetime of 180 days under medicare for provision of mental health services. General hospitals are not discriminated against in this manner, there is not a limit to the services that they can provide. So, if we have an extremely difficult patient whom the nursing home must replace or must give back to us periodically for management or evaluation, ultimately that person runs out of his insurance money.

In rural areas, where we wish to provide mental health services to the elderly, many of our clients are on medicaid. As you know from Jean's comments about medicaid—one can only have $700 and must be practically a pauper before one qualifies. This also means that the person may not have a vehicle that is worth over $1,200. An elderly person who has very little money cannot even have a car that is in good condition. He cannot drive to receive his health care because a car that is worth $1,200 is not a reliable car for an elderly person who lives in the country.

I think I am going to stop at this point because I don't want to go over my time. I have left a prepared statement for the Senator. I just want to emphasize again that each one of us really has a moral and a political obligation to look at elderly persons in terms of not only the health of their bodies, but also the health of their spirits. Although we attempt to get churches to assist us with the mental health of the elderly, none of us can transfer that responsibility to somebody else. Even though we are older, we still live in this culture. We still have the same sources of stress and certainly all of us may at some time have poor mental health. Older persons have the same right to mental health services as younger persons, through title XVIII and title XIX, medicare and medicaid. Title XX does not currently recognize group eligibility in homes for the aged. Until we can provide mental health services to them, these obstacles are really discriminatory against elderly persons.

Senator PERCY. Dr. Doherty, thank you very much indeed. Your prepared statement will be incorporated in the record at this time.

Dr. DOHERTY. Thank you.

[The prepared statement of Dr. Doherty follows:]

PREPARED STATEMENT OF DR. ANNE DOHERTY

INTRODUCTION—KATHERINE HAMILTON MENTAL HEALTH CENTER

Since September 1971, the Katherine Hamilton Mental Health Center has served a six-county area—Clay, Greene, Parke, Sullivan, Vermillion, and Vigo counties. This area has 13.7 percent of its population living on incomes below poverty level as contrasted with the State average of 7.4 percent. The center provides all mandated services and in fiscal year 1976–77 had an average monthly enrollment of 2,706 persons. Staff provided 38,837 interviews to these outpatients and also admitted 732 persons to the short term, crisis care inpatient unit during the same period. Partial hospitalization services cared for an additional 52 persons while the residential detoxification center, a non-hospital setting, admitted 519 persons suffering from alcoholism.

In addition to extensive clinical services and comprehensive services in the area of addiction, consultation and education, the center provides a wide array of educational/vocational services to persons suffering from developmental disabilities. Ninety-five children received these services last year either through classes at the learning center, or through the infant follow along or homebound/homestart programs.

SERVICES TO THE ELDERLY—NEEDS ASSESSMENT

After an ecological analysis through surveys, appraisal of census data and extensive review by the board of directors, community agencies and center staff, the center elected in 1976 to use conversion grant funding to focus its primary attention on services to the elderly. This decision was based on the fact that the service area of the center contains over 40,000 persons, or 18.8 percent of the total population who are over 60 years of age. At least one county has 23 percent of its population in this age group. Population projections suggest that the relative number of older persons in the service area will continue to remain high in the coming decades.

Data specific to the incidence of mental illness among the elderly in the national level indicate that less than 1 percent of persons over 65 are patients in mental hospitals. An additional 1 or 2 percent have significant mental or emotional disability and reside in other institutions. A number of community surveys have found that the prevalence of psychosis varies from 4 to 8 percent among the elderly.

Much of mental illness among the elderly is at least partly caused by social and psychological stress and, therefore, can be ameliorated by the reduction of stress and proper treatment. Organic deterioration is also a factor in mental disability of the elderly, particularly in persons experiencing physical ailments. The most frequent pervasive emotional disability is depression.

A needs assessment survey of 500 individuals over 60 in the center's catchment area initiated by the center in 1976, revealed that one-third of the respondents did not have anyone to talk to when depressed or upset. Over 40 percent of those surveyed expressed a need for companionship. The number of those living alone among the 500 was over 40 percent. Another frequently expressed need was the desire to be able to remain in one's own home.

Although the older persons living in rural areas appeared in their responses to have more life satisfaction than urban residents, 46 percent of the respondents had no children living in the area. Lastly, the needs assessment data revealed that older persons' utilization of center mental health services was less than that of other age groups and substantially less than would be expected given the percentage of aged in the six-county region (8.7 percent of inpatient admissions in the first three quarters of last year were over 60 years of age—51 admissions in all). The number of inpatient days used by older persons was almost 10 percent in the same period. In the first half of last year, 63 persons were admitted to outpatient services.

All of the above factors resulted in the center's decision to put major emphasis into developing a network of community support systems to assist in meeting the mental health needs of older persons in this area. This decision mandates education and consultation to the staff of agencies such as personnel of nutrition sites, welfare workers, housing authority staff, nursing home employees, etc. It also necessitates raising the consciousness of medical and health personnel, as well as those persons described above, to an awareness of the various disguises mental illnesses such as depression and anxiety display in the elderly. The center has assumed a share of the responsibility for preparing other community resources such as churches, day care centers, county councils on aging, staff of senior citizens centers, etc., to serve as delivers of mental health services to older Americans.

DESCRIPTION OF SERVICES TO THE ELDERLY

Some of the services the center has already implemented are: Needs assessment and planning, screening and referral in natural environment, emergency services and crisis intervention, diagnostic services away from the main facility, treatment services in natural environment, followup and aftercare, liaison services, staff development in gerontology, continuing education to area caregivers, program development in nursing homes, activity therapy programs and

consultation to nursing home staff, community education or geriatric mental health education, volunteer programs, peer counseling programs, adult education programs, information services, and consultation/education research and evaluation.

STATEMENT OF OBJECTIVES AND PROGRESS TO DATE

This section summarizes the objectives of the first year grant application, and outlines the progress which was made in achieving these objectives during the first year of the grant. The objectives stated in the current grant application may be viewed as a continuation and extension of the comprehensive services initiated during the first year of the grant.

1. Services Specifically Oriented to Needs of the Elderly

The provision of specialized services for the elderly are coordinated by means of a standing committee on mental health of the elderly. This committee is comprised of representatives from each of the organizational divisions of the center. Continuity of care is a basic tenent of center services.

Objective 1: Indepth needs assessment and planning

Progress in achieving objectives: All seven action steps were completed. The center established linkages with area agencies on aging through a mental health of the elderly subcommittee comprised of representatives from KHMHC, area 7 agency on aging, subarea 1 HSA, [illegible] sociology department, nursing homes, housing authorities, and other agencies. This group developed a formal survey instrument *(Sunrise Survey)*, established a method of collecting data and field training sessions for interviewers; conducted the survey; assisted in compiling results of the survey in written form, and disseminated findings through public hearings and county councils on aging. The results of the needs assessment were utilized for program planning and implementation.

Objective 2: Screening and referral in natural environment

Progress in achieving objective: A highly experienced ACSW community social worker was hired in October 1976 to coordinate all clinical services to the elderly. An experienced psychiatric nurse (part time) and experienced LPN (part time) were hired later in the year. The social worker, psychiatric nurse, and LPN provide screening services in nursing homes, nutrition sites, in the homes of elderly persons, and in senior citizen centers. Referrals to and from other agencies have increased through their efforts, in particular, the housing authority, welfare department, senior citizens group, legal aid, and McMillan Daycare Center.

Objective 3 and 4: Emergency services and crisis intervention; diagnostic services away from the main facility

Progress in achieving objective: Coordination of emergency and crisis care for elderly has been established with Vigo County Lifeline, nursing homes, Red Cross, welfare department, hospitals, and Civil Defense. A workshop was held by KHMHC staff for representatives of nine nursing homes on management of geriatric patients demonstrating psychiatric symptoms. The psychiatric nurse and the LPN assist in crisis care and diagnostic evaluations to elderly in nursing homes and nutrition sites in all six counties. Emergency evaluations of applicants for social security disability, unable to come to the center, were implemented in October 1976. These evaluations are conducted by the social worker in the individual's homes and are available in all counties.

Objective 5: Treatment services in natural environment

Progress in achieving objective: Inpatient services.—Some 51 persons 60 years and older (8.7 percent of inpatient admissions) were admitted to the inpatient unit from October 1976 to June 1977. Since the average length of stay is longer for older persons, the number of inpatient days for persons 60 and over was almost 10 percent of total inpatient days. In an effort to maintain older persons as close to their familiar surroundings as possible, additional inpatient care for elderly is handled in outreach counties by area physicians; however, center staff provide ongoing therapy to these individuals. An evaluation of consumer satisfaction with services on the inpatient unit was conducted between March and July 1977. Data indicated that center inpatient

services to the elderly, including referral and community placement, were adequate at this time.

Outpatient services.—These services are provided at the main center and in all outreach locations. To deliver treatment that was accessible to the elderly, the emphasis this past year was the delivery of outpatient services in homes of the elderly, at nutrition sites, and at other locations frequented by senior citizens. Coordination of these services were assigned the community social worker and liaison nurse. Outpatient admissions of elderly for the first 6 months of 1977 totaled 63.

Partial hospitalization.—Although no major additional services in partial care were proposed, expanded consultation by activity therapy to nursing homes and agencies providing day-care was implemented by staff not funded by this grant.

Objective 6 and 7: Followup and after-care; liaison services

Progress in achieving objective: Persons referred to the center by the State hospital systems and individuals discharged from inpatient care are channeled into after-care programs to facilitate their reentry into local communities. Of the 41 persons discharged from State hospitals, the center assisted in placement of 30, with 25 placed in nursing homes and 11 in other residential facilities. The largest number for after-care come from the center's inpatient unit. After-care is provided through partial hospitalization, activity or occupational therapy, or rehabilitation through the center's sheltered workshop program or the social knowledge for independent living (SKIL) programs. The majority of elderly discharged from the inpatient unit are referred to nursing homes for placement. Representatives from the center participated with area nursing home staff in a "LinkAge" workshop in May 1977. A planning group inaugurated at that time, has continued to meet to create plans for increased mental health services, including after-care and liaison services in area nursing homes.

Objective 8: Staff development on gerontology

Progress in achieving objective: The objective pertaining to in-service training in gerontology was implemented. A four-series staff development program was provided. It consisted of four 2½ hour sessions and covered the topics, "illness and health of aged," "attitude toward aging and aged," "creativity in the elderly," and "sexuality and aging." Guest speakers have been invited to monthly general staff meetings to acquaint staff with services their agencies have to offer for the elderly. Staff members have also attended local and State workshops on aging, such as a "give a care" workshop, an ISU sponsored seminar on aging, and preretirement planning training programs offered by the State agency on aging. A resource list of center staff with interest and expertise in geriatrics has been developed. The program director of continuing education coordinates center training programs.

Objective 9 and 10: Continuing education to area caregivers; program development in nursing homes

Progress in achieving objective: All 24 nursing homes in the region were canvassed concerning needs and interests. Three nursing homes contracted for regular monthly consultation with the social worker, and a total of seven homes are provided clinical consultation by center staff. Consultation and education services to agencies and organizations that serve the elderly increased substantially over the past year. Case and program oriented consultations were conducted and ongoing training and education programs to nursing home personnel were implemented in 10 such facilities. Socialization groups have been established in at least five nursing homes. Then additional clinical staff have been identified as having interest and expertise in working with the elderly, and are utilized as resource persons as the need dictates.

The program director for consultation and education services is responsible for the coordination and delivery of center-wide consultation and education services.

Objective 11: Activity therapy programs and consultation

Progress in achieving objective: Several groups of persons meet weekly in nursing homes, or are provided transportation to the center in center vans for activity therapy sessions. Expanded consultation by activity therapy staff to nursing homes and agencies providing day care was also accomplished during the grant period.

Objective 12: Community education on geriatric mental health education

Progress in achieving objective: Some community education programs designed specifically for the elderly were developed and implemented this year. A "literature for living" and "widows support" group were offered through the school for living. Plans for the coming year include expansion of school for living programs for the aging, including such topics as preretirement planning, creative movement for the elderly, death and dying, and grief and bereavement. A target group not yet reached is the medical profession; plans are being developed for continuing education programs to the medical community in an effort to increase knowledge and skills in providing services to the elderly of the region. A grandparents study group is also planned for the coming year.

Objective 13: Volunteer programs

Progress in achieving objective: The elderly component of ancillary services was not developed as fully as was envisioned because of limitations on staff time. With the help of the program director for ancillary services, however, over 25 elderly volunteers participated in foster grandparents programs at the center and in retired senior volunteers programs.

Objective 14: Peer counseling program

Progress in achieving objective: Because of the center's difficulty in recruiting a program consultant for the aged/aging until July of this year, the model program of peer counseling was not initiated, but is planned for the coming year.

Objective 15: Adult education programs

Progress in achieving objective: The Coordinator of consultation/education adult and aging program is responsible for services to adults and elderly persons, including community planning and development, case and program consultation, training, human development and community education.

The Family Education Association, the center's largest existing community education program, had over 35 elderly participants in its programs during the year. In the community education "school for living" programs, between November 1976 and June 1977, some 36 percent of the 77 participants were 60 years and older, and approximately 32 percent were retired. This indicates that consultation and education services are reaching the target population.

Objective 16: Information services

Progress in achieving objective: In the area of public information, more articles of interest to older persons and their families were written for the center's newspaper column, "Dear Counselor." A brochure describing the center's services for the elderly is planned for the coming year, as are radio and television spots.

Objective 17 and 18: Consultation and education research and evaluation; participation and planning for community development

Progress in achieving objectives: Because of delays in recruiting and hiring qualified staff for some positions, much of staff time was spent in program development and planning. This was carried on in close collaboration with area agencies working with elderly persons. A great deal of staff time was expended in developing and implementing the *Sunrise Survey* needs assessment project. Some 1,133 hours of direct time (2,400 hours total time) were spent in community development activities by center staff.

Some programs were not implemented as soon as intended, which delayed program evaluation efforts. A more concentrated effort will be made this coming year to evaluate systematically the effectiveness of prevention programs. Particular emphasis will be placed on developing research designs to utilize in the evaluation of community education programs.

Objective 19, 20, and 21: Services for elderly substance abusers

Progress in achieving objectives: The hiring of an addictions specialist for elderly in March 1977 facilitated progress toward these objectives, and most of the action steps were completed. Twenty-two individuals 60 years of age and older were admitted to the detoxification center during the year, and 17 elderly persons were enrolled in alcohol and drug programs. Some 313 hours

were spent by alcohol and drug specialists in services to the elderly. The addictions specialist established relationships with 17 agencies in the area. During the year, this individual was involved in training, and developed a program for specialized services for the elderly substance abuser. Development of programs in the outreach counties, as well as participation in workshops, seminars, and inservice training, are priorities for the coming year.

Objective 21: Research and evaluation for elderly

Progress in achieving objective: The Management information systems department has developed a new set of service codes that more accurately depicts and describes services provided to the elderly. In addition, the services rendered slip used as an entry document to the computer is in the process of being revised to better identify location of service. The center will be able to more easily determine the amount of services provided in nursing homes and other locations. The MIS department has almost completed the process of converting to a large computer, which will enable greater storage of information and provide data for cost benefit analysis. The increased processing of paperwork for title XX and programs for the elderly has necessitated the hiring of a business office clerk and a data entry operator.

2. Expansion of Current Services (i.e., Updating of Ongoing Services) to Meet New Requirements of P.L. 94–63

a. Consultation and education

Further expansion in the area of consultation and education services was made possible during the past year by the addition of community services staff. In addition to their efforts in providing programs and services for the elderly, these individuals participated in the expansion of current services necessary to meet the mandate of P.L. 94–63. Over 5,633 hours of direct time (over 10,000 hours total) were provided by staff during the year in consultation/education activities.

b. Training programs

In addition to developing gerontology training programs and other in-service training concerning the elderly, the program director for continuing education is responsible for other staff development and formal training programs mandated by P.L. 94–63.

c. Administrative Services

Objective 22: Long-range planning

Progress in achieving objective: The needs assessment of space needs has been undertaken and has merged with the long-range plan development for the center. A contract has been negotiated with the A. T. Kearney management consulting firm to develop this plan (not funded through this grant). A natural by-product of the long-range plan will be the determination of space needs.

An administrative assistant has been hired to be responsible for seeking out additional sources of funds as part of long-range planning, and also has responsibility for quality assurance and program evaluation. This position was not filled until July 1, 1977 due to difficulties in securing a qualified candidate.

Objective 23: Financial self-sufficiency efforts

Progress in achieving objective: Third-party payor collection rates have substantially improved since medicare/medicaid payment decisions have been challenged when legitimate charges are disallowed. It is anticipated that the site visit by JCAH in February 1977 will lead to certification by medicaid of the center's inpatient services. In addition, center staff have been utilized in collecting from individuals who have a proven ability to pay but refuse to pay for services rendered. Expanded counseling services are also being offered to the elderly in the business office to assure that they are covered by appropriate insurance. A more thorough program budgeting system has been established, with line-item allocation of funds to major cost centers for specific purposes.

Part of the administrative assistant's job is to attend conferences and seminars related to grant-writing and self sufficiency, in order to assist the center's efforts to gain financial stability.

The further development of research and evaluation activities, as well as other administrative services, are in accordance with the mandate of P.L. 94–63.

Services in process of implementation include development of varied, wide ranging services to nursing homes which house a highly vulnerable population of elderly. The center continues to provide services wherever the elderly are, but a prime focus continues to be delivery of emergency and crisis care to residents of nursing homes together with consultation about management of patients; educational seminars for nursing home staff to assist in improving their mental health and the health of their residents. A description of one program follows.

HOMES ASSESS PREVENTION NEEDS

I. Program Objectives

The primary purpose of the H.A.P.N. program is to prevent mental illness in the elderly population of nursing homes in six rural counties of southwestern Indiana through formation of a practical, inexpensive prevention program designed to fulfill these goals:

(a) To educate the personnel of the 21 nursing homes in Indiana region VII concerning the basics of preventative mental health as applied to the elderly residents of nursing home facilities.

(b) Through continuing education programs provided by center staff at all nursing homes, to present a model for these personnel—techniques designed to prevent deterioration in their own and their patients' mental health.

(c) To involve nursing home personnel with the personnel of other facilities in a network; sharing techniques and information related to patient education in preventative mental health services.

(d) To increase the residents' participation in activities which affect the mental health environment of these facilities by developing and maintaining at least five reassurance groups. To enhance the supportive atmosphere of seven nursing home facilities.

(e) To measure the continuing effects of the H.A.P.N. prevention programs used in nursing homes.

II. Program Description

The H.A.P.N. services are one segment of a comprehensive program of elderly services provided by Katherine Hamilton Mental Health Center. In July 1976, the center received conversion grant funding to assist in establishing a network of community mental health support systems for the elderly in region VII. This area in southwestern Indiana, once a prosperous mining and railroad center is now a poverty area with 13.7 percent of its population on income below the poverty level as contrasted with a State average of 7.4 percent. The percentage of older persons in the six counties served by Katherine Hamilton averages 18.8 percent (the whole national average in 1970 was 9.9 percent). Some counties in this area have 23 percent of their population over 60.

The total elderly services program has as its objectives:

(a) Education of persons living with, or responsible for, older Americans concerning the mental health needs of this population.

(b) Prevention of mental illness through attention to high risk elderly groups such as persons living alone in the community; residents of nursing homes; persons experiencing death of a spouse; retirement; etc.

(c) Delivery of emergency, diagnostic, consultation, and treatment services at accessible sites and in a manner helpful to this population.

The objectives of the H.A.P.N. segments of the center's comprehensive program of elderly services are delineated above. The title of the program was selected to remind center staff and service recipients that small town or rural persons who are elderly may be isolated, and at times ignorant of the usual tenets of mental health professionals, but they are a proud, fiercely independent group. Preventive mental health services designed to renew their interest in life must incorporate strategies which allow them to initiate changes. More than any other group of service recipients, rural aged reject a passive role. If older Americans can initiate social interactions in their environment, their mental health is strengthened. The strategies used in the H.A.P.N. program

were developed throughout the 7-year history of the center. Provisions of after-care services by center staff to former residents of State hospitals placed in nursing home facilities over the past 5 years had revealed lacunae in the therapeutic aspects of region VII nursing homes. Some of these deficiencies appeared to be peculiar to rural facilities. Contrary to much of the literature provided by research involving urban facilities, rural nursing homes often appear to be blessed with perceptive, dedicated staff who work for little money and who are minimally self-taught in the mental health fields. However, the opportunities for continuing education or development of skills are often lacking in these isolated facilities.

Target populations

Target groups for the N.A.P.N. program consist of: (a) Nursing home personnel, (b) residents of the nursing homes and their families, and (c) volunteers being prepared to work with residents.

The target groups during the first 2 years of the project consisted of seven specific nursing homes—one each in Parke, Vermillion, Clay, Greene, and Sullivan counties. Two homes in Vigo County participated.

The facilities ranged from small (capacity 40) private homes licensed to care for a limited number of residents to large facilities managed by 'for profit' corporations. Seven (or one-third) of these facilities were selected as initial target facilities which could serve as model projects to assist the other two-thirds of the homes. Basis of this selection was need for prevention services as evaluated by center personnel. All seven homes had expressed an interest in receiving after-care referrals of psychiatric patients from the center's liaison person to State hospitals over the course of several years prior to the start of the project in October 1977. Staff of several homes had also requested help with patient management.

Staff development

Key center staff, already experienced in community consultation developed methods of approaching and penetrating nursing home systems. These were taught to other staff. Staff training was provided by an experienced psychologist, a social worker, and a nurse. Later assistance was provided by a psychiatrist specializing in community geriatric psychiatry. A series of special training workshops for staff were provided during 1976–77. In addition, consultants with post-graduate training were available for supervision.

Basic delivery strategies include the following:

(a) Staff selected to work with a nursing home are chosen on the basis of ability to establish rapport with a wide range of populations and ability to provide consultation in the Caplan model.

(b) Nursing home administrators are approached for discussion of center prevention programs only after the staff has: (1) First effectively coped with at least one psychiatric crisis of a patient in the facility, or (2) made one placement of a person discharged from a mental health facility and provided after-care for some months.

(c) Repeated visits to the nursing home and attention to other clinical referrals from the home's personnel then follow.

(d) After establishing a relationship, and discussion of educational needs, use is made of a video tape describing mental health services to the elderly in nursing homes. A center brochure provides additional suggestions for inservice education in mental health and prevention programs.

(e) Techniques for providing services in each facility are addressed slowly as the needs evolve. Initially, administrators and directors of nursing most frequently request patient care consultation and continuing education programs.

(f) As consultants come into increasing contact with staff, the needs assessment is widened to include staff and patients.

(g) Programs for each facility are individually developed and reviewed.

(h) Weekly meetings of center staff serving nursing homes results in the pooling of ideas. These stimulate suggestions to other nursing homes for meeting additional needs.

(i) Quarterly meetings with administrative staff of all nursing homes serve to facilitate shared progress and to stimulate communication about mental health techniques.

(j) Specific strategies used include:
(1) Reassurance groups for residents,
(2) staff training in self awareness and nonverbal behavior for use with residents,
(3) classes in creative writing and sharing for residents,
(4) experiences in drama and dance with emphasis on experience,
(5) recruitment and training of volunteers from the mental health association who will replace center staff in maintaining a mentally health environment in the nursing homes, and
(6) assertive behavior for key staff.

Prevention techniques used

A copy of the techniques offered is attached.[1] Nursing supervisors and administrators of the first seven homes have agreed to serve as resource persons to the homes involved in the second segment of the program (1978–79). Another device aimed at solidifying the continuity of the H.A.P.N. program is recruitment and training of volunteers from the mental health association. These persons will help to maintain a mentally healthy stimulating environment in the nursing home when center personnel must limit their participation in the first seven homes in order to expand to an additional group in 1978.

Obstacles to Delivery of Mental Health Services to the Rural Elderly

Obstacles to the delivery of mental health services to a rural population of elderly are many. Isolation and some measure of inaccessibility must be overcome through maximizing the use of other personnel such as those who deliver meals-on-wheels; public health nurses; van drivers; etc.

Selection and training of staff to deliver mental health in rural areas can also be a timely, expensive process if mental health administrators choose to recruit and keep only staff of high professional calibre. These mental health generalists must also be persons who can establish rapport with rural residents.

Once a mental health center does manage to employ a qualified social worker or psychologist, it is difficult to have the staff reimbursed under the restrictive policies of medicare (title XX) and medicaid (title XIX). Some examples of common obstacles to rural mental health in the elderly include the following:

(1) Unless a physician is physically on site during delivery of mental health services in an outreach center such as our rural county centers, these services are not reimbursed by medicare. In light of the mushrooming tendency of other insurance companies to imitate the standards for "covered care" of medicare, the future of cost efficient, rural mental health care looks even bleaker.

(2) Elderly patients being discharged from a State mental hospital who have funds from an estate of a spouse or relative cannot use these funds until the Department of Mental Health files a claim against the estate and the estate is settled. In the meantime, the patient does *not* qualify for SSI or medicaid because he "has funds" even though these funds are unavailable.

(3) Medicaid programs (title XIX) keep the elderly poor, away from mental health services by forcing them to sell any vehicle worth over $1,200 in order to qualify for medicaid. They are thus forced to have older cars which constantly need repairs. The rural elderly do not have the money for these repairs or the opportunity for other means of transportation.

(4) Medicaid recipients must reduce resources to $700, thus surrendering even burial funds. This reduces the last source of dignity—paying for one's own way "out." This $700 resource limit includes even the cash value of life insurance policies. The elderly are forced to cash in policies to reduce total resources to $700.

(5) Any elderly person of moderate means who needs nursing home care only temporarily (ex: post surgery) quickly reduces cash resources. In order to get medical help (medicaid) he must reduce his assets so totally that he must keep the medical assistance to survive financially. Thus dependency and depression may increase.

(6) Another need is medicare coverage for "intermediate care" nursing home care. Most persons with mental problems only qualify for intermediate nursing care for which there is *no* medicare reimbursement.

[1] Retained in committee files.

(7) Mental health centers are considered by social security to be "institutions", *not* hospitals. SSI is therefore discontinued when a patient is admitted to a comprehensive center—regardless of the length of stay. The patient must reapply for the funds after discharge. This requires a 4- to 6-week wait. Meanwhile, the patient has no funds.

(8) Certain diagnoses common to elderly persons such as Alzheimer's disease or organic brain syndrome are not covered by medicare except during the time the patient is receiving active diagnostic, evaluative treatment. The efforts of skilled mental health staff to plan referral to a residential facility with a treatment regimen that would improve the patient's functioning through improved management techniques are not considered effective despite proven results. The elderly appear to suffer from discrimination even in the field of mental health.

(9) A final obstacle is the 180-day lifetime limit for inpatient days placed by medicare on hospitalization in mental health facilities. Patients hospitalized in general hospitals have no limit.

CONCLUSION

The basic issue in the delivery of mental health services to the elderly seems to be twofold:

First, whether or not we really believe that the elderly, and particularly the rural elderly, have the same need and right for mental health services as the rest of us. Leo Strole's monograph in June 1977, "Mental Health in Metropolis," concludes that rural mental morbidity is higher than in urban areas—in some cases nearly 20 percent higher. Yet funding allocated on a per capita basis will be at a higher level in urban areas.

The second issue is whether mental health services provided by both medical and allied health professionals, should not be integrated into health insurance plans—even into national health insurance if that should be implemented.

Both of these issues demand investigation and affirmative action on the national level. The needs are clear; the response should be prompt and appropriate.

Senator PERCY. Dr. Doherty, we all appreciate your speaking from your heart and capturing the essence of what you have in your paper in a very dramatic way. We will have some questions for you and I am sure my distinguished colleagues will have questions.

Louise Johnson, I have already introduced you.

STATEMENT OF LOUISE JOHNSON, GREENCASTLE, IND., VICE PRESIDENT, STATE ADVISORY COUNCIL ON AGING

Mrs. JOHNSON. Thank you very much.

Thank you all for coming. We are very sorry that our "kitchen band" and choral group of older people are down at Honey Creek, as this other group has just now gone, and they are down there entertaining at the health fair. We think it is an important thing; it has to do with the Red Cross and all the different agencies that benefit the aging. They are sorry to miss this, but they are always ready to help and we appreciate their help.

Our delivery of health services for the aging, as you all know very well—as Dr. Doherty has said—we know there is a very close relationship between the physical health and the mental health, so we do have to consider both of these really at the same time. There are many older persons who suffer from a variety of health problems and handicaps. Some neglected health problems cause handicaps which may last as long as the older persons may live. There is a

great need among all persons in our society to develop awareness of the need for available services to improve the health of the aging persons so they may have a fuller and more rewarding life, which is most important.

Fifteen Health Concerns

We have about 15 different concerns in our area for the health of the aging:

First, our programs are furnishing health screening for the aging. When health problems are identified, there are too few physicians to care for the needs.

Second, many senior citizens find health problems through the screening process. For lack of length of time to see a doctor may cause a shorter life for the aging person. Sometimes it is as long as 3 months before a doctor's appointment.

Third, there is a great need for more staff to help in the screening process, so the aging persons can get the help soon enough to care for the results of the report. We need more people to volunteer.

Fourth, we recommend that the medical association will consider ways to improve the health care of the aging persons.

Fifth, medicare is misleading. Many older persons fail to get the benefits of medicare and fail to get the proper medical help because of their misunderstanding; many times they do not fill out their forms properly and go ahead with the effort.

Sixth, many persons are unable to care for minor problems, which may grow into major problems, and may cause critical illness or death. There is a great need for trained persons to visit those in need of help, for such problems as a manicure, care of feet, hands, and ear infection, and so forth. Many isolated persons in rural areas are in need of this help but do not have help of any kind.

You may think that these are minor things, but there are things that can happen with blood poison, and many things that are serious with isolated persons, who have these kinds of things, and just go on without any help.

Seventh, the nutrition program is a necessity for senior citizens and due to the need of expanding sites and delivery to home-bound persons, some increase on financial help is a must.

Eighth, the nutrition and transportation programs cannot be separated. Transportation is a necessity of getting persons to the nutrition sites from distant areas. We have so many people who are in the outlying areas and do not have transportation, and they are slow to ask for it, too.

Ninth, health problems of the aging may be helped through transportation by taking the aging to medical clinics, physicians, drugstores, and other places where they do have to have some help. Financial help for the transportation is in great need. Many in the isolated areas do not have this service because of their need.

Tenth, expense of health screening for the aging is too great to reach all of the needy people. Mobile units, especially for the rural areas, would be of great value in preventive help for several types

of health problems. This is a thing we feel here in our area that could be a great help is having a van that could take care of certain things. Of course, we know that it might not be the licensed doctor that would serve their needs, but we do know that there are needs for many of this sort.

Eleventh, home help provided in the homes of the aging could be companionship, provide information of available help, and many other things related to the health of the individual.

Twelfth, encouragement of senior citizens to live in a large older home together with privacy and supervision. This could be a boarding type home situation which could enrich the lives of those participating. There could be other people and they could socialize when they would like to, knowing they had other people their own age in the building would be of great benefit.

Thirteenth, small rural hospitals in outlying areas could be kept open for nursing care help without specialists unless there is an emergency. Spouses could visit each other in this situation, while in large hospitals, at great distances, it is impossible. This is true when the spouse is in the hospital for a long time and the other person is isolated and cannot go to see their spouse.

Fourteenth, Health, Education, and Welfare recommends reduction of 20 percent of beds in all hospitals. Nursing homes, and so forth, might be able to care for some of those patients who are not in hospitals.

Fifteenth, volunteer help for the aging to understand the cost and benefits of liability and complicated insurance policies.

Sixteenth, education of the aging and staff concerning winterization day care centers, homemaker programs, and so forth, could be a great benefit to help the improvement of health programs which would improve and enrich the lives of the aging.

We do hope that as our area program has grown so rapidly in health, in many areas, that we will have much more that we can do to help the aging in their health needs.

Thank you very much.

Senator PERCY. Thank you very much indeed, Mrs. Johnson.

I would like to ask Congressman Myers if he has any questions for us.

Congressman MYERS. Well, thank you very much, Senator.

First I want to make a comment about the Katherine Hamilton Center for those who are not familiar with it; what a tremendous job they are doing not only for the elderly, but for people of all ages.

Anne, what percentage of your patients, in perspective to the percentage of elderly citizens, do you treat versus those of younger age? Is the percentage any greater with the elderly people who require mental care?

Dr. DOHERTY. The need for mental health assistance for the elderly, national surveys make it roughly 1 percent to 4 percent. Sometimes up to 8 percent experience mental health difficulty. We found here in our center last year that about 8 percent of our admissions were older patients, which would be comparable to the na-

tional average of about 1 percent of our outpatient admissions. When you consider the percentage of elderly persons in our catchment area, it is much higher. You see that there are many health problems we are not touching.

The group that is most prevalently served by Katherine Hamilton is the age group from 24 to 44. They use Katherine Hamilton more at a higher rate than they are in the population.

Congressman MYERS. I have one other observation about the problem that the Senator and I and the State representatives writing the legislation have. In the legislation written by the commissions, or by the agencies charged with the responsibility of administering the programs that we develop, it is impossible in mark-up sessions to write all of the probabilities, so you have to necessarily give the agency some latitude, but often they take too much. This is one of the real problems we do suffer with, that it is not written in the legislation. The regulators carry it much further than we anticipated and often make it difficult for you locally to administer.

Louise, I have one observation here. It is true that health care is becoming a real problem for people of all ages but are we really talking about our senior citizens' capacities here? How about the many doctors? Some doctors get old. How about the nurses? Why don't we use the same people who are retired to take care of other retired people—doctors, nurses, cooks. We have many, many talents in our senior citizens. I don't think we have begun to touch it. I think that we can do a lot right within our own group without looking to someone else for assistance.

Mrs. JOHNSON. It would be wonderful if you would talk to the doctors.

Congressman MYERS. I know it does present a problem.

If you will yield for just one further question, Senator.

RURAL HOSPITALS

You spoke about the rural hospitals. What also concerns me are the rural nursing homes, which we have so many in our area. Maybe they don't meet the standards of having 40-inch doors. Maybe the door is only 39 inches wide. Maybe they don't have many of these things that we would like to see, but doggone it, the people are at home. You can go visit your friends, the children, and grandchildren. Until we can afford to build something better, it is a shame to close some of the good facilities at home because they don't meet some bureaucrat's standard from Washington or Indianapolis.

I think we have to be extremely careful because as consumers you are the people that have to pay for all these fancy facilities that maybe we forced upon you. Yes; we want the finest and the best, but meantime we have to provide something, and until we can provide the best, I think adequate care is most important, and it is much better to be as close to your home if at all possible. I think we have gone way too far.

Thank you for yielding.

Senator PERCY. Thank you. Mr. Felling.

STATEMENT OF DARRELL FELLING, INDIANA STATE REPRESENTATIVE, TERRE HAUTE, IND.

Mr. FELLING. I am delighted to be here. I didn't anticipate participating on this panel discussion; only to be here to listen to your concerns and to listen to the distinguished Senator and Congressman, Representative Thomas, and the other panel members.

Being a freshman legislator, there is a lot I need to learn, and that is the primary reason for me to be here. I don't have any specific questions but will stay here as long as I can today to listen to your concerns.

Thank you, Senator.

Senator PERCY. Thank you very much.

We are breaking precedent. I don't know of any other Senate hearing that had a State legislator participate in it before.

Speaker Thomas, I would be happy to have you make any comment or ask any questions of our panel.

STATEMENT OF JOHN J. THOMAS, INDIANA STATE REPRESENTATIVE, BRAZIL, IND.

Mr. THOMAS. Thank you, Senator.

Let me echo what my friend Representative Felling said. I appreciate the fact that we are having this meeting here, and on behalf of the citizens of western Indiana, of all ages, we thank you, Senator, for coming and conducting this hearing, and you, Congressman Myers, for being here today.

I know these two participants very well, as well as their predecessors on the other panel. I certainly appreciate their knowhow and their experience and their guidance.

You know, when we are in the legislature, I guess like you in Congress, we get many requests for time; we get many requests to lend assistance to certain programs that groups have, including those of senior citizens. We try to respond, Representative Felling and I and other members of the legislature, to your needs; the same as we do the needs of other constituents that we represent in this State of ours.

One of the needs that Senator Percy mentioned just as I came in a little while ago was concerning the property tax situation. Property taxes are a political issue at times, but yet, in regard to senior citizens, I think it is quite appropos to say in Indiana we have to consider in our legislature the needs of the senior citizens, especially the low income, of all classifications who want to remain in their residences. For that reason, back in 1973, Senator, we in Indiana did pass some legislation concerning property taxes.

We at that time did pass a law which increased our sales tax, although it is still under that of surrounding States, including that of your State of Illinois. Ours is 4 cents, and we exempted groceries, prescriptions, and many other things from that. Most of that increase, from 2 to 4 cents, was channeled into a State fund from which public education is paid. So, in Indiana a good part of the

cost of public education, two-thirds of it in fact, comes from the State, and a good part of the State help comes from the sales tax increases, so we are not, through our local taxes, paying very much of the cost of public education in the State of Indiana.

I think we also, as the people here know, have a freeze on property taxes. In fact, yesterday was our day to reckon with as far as paying our property taxes. I just mention in paying my own taxes, in comparison, were less yesterday than they were 4 or 5 years ago, because of the freeze we have had on property taxes.

I have not had many taxpayers complain about the freeze on property taxes, although frankly I have had several local boards and agencies and governmental groups say, "We don't have enough money today," but I have not heard many property taxpayers say, "Let our taxes go sky high."

You and I and Representative Felling are fully aware of the need to raise the qualification level of taking what is known in Indiana as the old age tax exemption for those that still want to reside in their own dwelling houses who are 65 or older. We periodically have increased that qualification level; it is now at $6,000, and it should be $8,000 or $9,000. Representative Felling and I believe that the legislature will do this job at this time—I would hope so—to make it consistent with the increase in the cost of living, and so forth, as occurs.

Thank you for letting me make these comments.

Senator PERCY. Thank you.

I would like to ask Bill Esken, social director for the church, to stand. Is Bill Esken in the room?

If not, we extend deep appreciation to him for the help that he gave us in setting up these hearings.

I would like to ask our panel about the problem of loneliness—the sense of not being a part of things, of being left on the shelf. I wonder if you could comment on that. First is it a real problem, and second, what have you found can be done about that problem?

ISOLATION

Mrs. JOHNSON. We have had experience at Greencastle in Putnam County, at our senior center, and we have several examples of isolated people. One lady was just sitting with something over her shoulder to keep her warm, her thermostat was turned down. She had used all of her money and bought a little home and she was just sitting there. We did have the nutrition site at our center, and we were able to get her to come because she happened to know the director of the nutrition program, and she has worked for about 3 years now, and that was the thing that she had to look forward to day after day. She was not physically able to do heavy work, but she would arrange the tables and help in the serving of food. This sort of thing has enriched her life tremendously.

We have several other incidents such as this, if you would like to hear one or two others. We have a gentleman who had been a farmer. He was, of course, up in years, and when he found out that we were

having a nutrition program—he was in an isolated place, which he left, and rented a little apartment. He found out about the nutrition program, but he was not quite sure exactly when he read the article in the paper about where the location was, so he walked across town to the armory. It was a long distance that he walked, and he said, "Now is this where I can get my lunch today?" and they said, "Well, no." They explained and told him where.

The next day he came to the center. All of these years he has never missed a lunch there at the center because this is all that he has to look forward to. He socializes, of course, when he gets there. There was one time when he was in the hospital and I will always remember the day that he came back. I said, "It is so nice to have you back," and the tears began to fall because he was so happy to be back. It really made us happy that we could do this much for some people. We have a lot of experiences like this.

Senator PERCY. When Senator Kennedy and I first introduced the nutrition program, we asked the Senate for $1,800,000. I had some colleagues criticize me, saying, "Millions of dollars for just food for the elderly." Well, we said it is not just food for the stomach, it is food for the soul. The meal with the family is not just to feed yourself, it is a place to converse, exchange ideas, and so forth.

That program is now funded at about a quarter of a billion dollars, and I think it is the best money we spend. The senior citizens contribute what they can. No means test is applied to anyone.

Mrs. JOHNSON. Amen. [Applause.]

Senator PERCY. This is one of the most popular programs we have. We have no problem funding it now and the House has been wonderful in supporting it. It was just an idea a few years ago and I think it has worked out very well.

Tell me about drug abuse. I wonder if you could tell us, Dr. Doherty, whether drug abuse is a problem among the elderly and, if so, why?

PRESCRIPTION DRUG AND ALCOHOL ABUSE

Dr. DOHERTY. Yes, it is. The main problem appears to be prescription drugs. There are compound reasons for this. One is that, of course, the pervasive loneliness and depression is the greatest mental illness we have among the elderly. The other one is when your life is not scheduled with meaningful activity. Frequently, the elderly lose track of time and no one has helped them. We tell them to take five pills out of a bottle and leave them there so they know how many they have taken. They wake up frequently during the night and they will take another pill when they have a cold.

Because of the lack of money to see a doctor, they start medicating themselves. As you know, they go to the senior citizen center and they share their medicine. They say, "The doctor gave me this." "Try Dr. so and so."

For many reasons we do see persons who are admitted to our unit who are addicted to prescription drugs and are so seriously addicted that they will have a convulsion and have a seizure when we do not realize this and they do not obtain the drug in our unit. So we have

special personnel who are attempting to alert and raise the consciousness of other people to the fact that addiction among the elderly is a problem, yes.

We had, I believe, something like 17, 18 persons over 60 who were admitted to our detoxification house last year that we have for elderly alcoholics, which is another problem. The alcoholism in the elderly, particularly in the elderly male, the incidence of suicide in the elderly male alcoholic is phenomenal because what he is doing is medicating his own depression. That is another reason why people need to be alerted to the mental health need of the elderly. Very frequently the drugs or the bottled wine simply becomes the person's own way of handling depression and loneliness and before you know it he is addicted and he is ill. He will stop eating, he will become increasingly confused, and he can readily die without assistance.

Senator PERCY. We have tried fielding the question that possibly this sense of loneliness, being left out of society, leads people to resort to drugs. Loneliness can best be overcome by useful activity. Do you find that if a person gets involved again, finds something they can do, feel as though they have made a contribution—do you feel that this is a way of coping with this problem?

Dr. DOHERTY. We have a delightful gentleman who, when he came to the nursing home, you would have thought he was ready to die. He has developed an interest. He is very handy with his hands and makes everything from birdhouses to clever wall hangings, and so forth. He takes them back to the nursing home and then he sells them for a profit; he is like a different man. When I go in that room I see this alert, responsive man who is very anxious to show you what he has done. You would not believe that he is the same gentleman who came there before, because now he has dignity, he has something to talk about when he goes back to the nursing home, he has something that he has created. The next day he has something to look forward to.

INTERACTION BETWEEN YOUNG AND OLD

Senator PERCY. I would like to tell my fellow legislators about an experience that I had some time ago. I noticed the correlation between two groups of people, the young who were drug addicted and the older people who were drug addicted. The middle aged people in between these two groups were working, active, busy, feeling useful, raising children, and so forth.

I wrote every high school in the State of Illinois and suggested that the students find a nursing home close to them, go in and visit, and see if they can establish a relationship on a 1 to 1 basis with someone. They could go in and comb hair, write letters, make telephone calls, or just sit there and read and talk. I found it was a wonderful thing. The young people felt as though they were useful; they had not felt useful before. They felt as though they were needed. One young boy said:

"You know, I am a little kid, I am only 4 feet 11, but I feel 10 feet tall because they always look forward to my coming. I am able to help them and they call me their grandson now."

Well, the same way with the senior citizens in this nursing home; they had something to dress up for, something to look forward to, someone to see, and it made them feel good. So many times Lorraine and I will go to a nursing home on Sunday afternoon and find we are the only visitors that have been there the whole weekend.

It was a way of bringing two groups together that needed each other and didn't know it. Would that work in Indiana, do you suppose?

Congressman MYERS. Yes.

Mrs. JOHNSON. Yes, and we hope we can get a program. Of course, we have the Foster Grandparents with the teenagers, and so on. We also have people who are RSVP, our volunteer program for senior citizens. In our own particular center at Greencastle we have an office for RSVP, et cetera. We have times when we get certificates and all this sort of thing for doing volunteer work—we have about 200 people that do it—it is really amazing. They tutor children, they read to children in the library, they work in all the school libraries, and this sort of thing.

The one thing I will always remember was one man who was in a nursing home; he was well off financially, he had no wife, he could not take care of himself at home, but he was not a bedridden person. He would look out the window when he wanted to go out in the sunshine. He wanted so much to go fishing and he kept saying, "I want to go fishing." So they called the RSVP office. We have a black man there, a Mr. Chapman. He is a tremendous person in the community to help people; so they gave him a call and they said, "Would you take a gentleman at the nursing home fishing?" He said, "My goodness, yes, I would love to," so this is exactly what they did. The two of them went fishing and they both had a lot of fun, and it meant a lot to those two older people who were alone in their lives. This didn't stop with one incident, it was many times that this happened. There are many, many varieties of things that we do with the 200 volunteers that we have as senior citizens volunteers so that you can talk about it all day.

Senator PERCY. Dr. Doherty, I know that you have a very tight schedule and have to leave. Do you have time for just a couple more questions? Maybe one from me and then I would like to see if we have some questions in the audience.

I would like to ask your judgment as to institutional care versus home health care. Do you think that it is possible for us to try to find ways to increase home health care, and is it desirable for us to try to do so and, if so, why?

HOME CARE IMPORTANT FOR MENTAL HEALTH

Dr. DOHERTY. I will definitely state that it will be in every way possible that we could increase home health care, it would be advisable even from a physical health point of view, but from the mental health viewpoint. We have to admit this to our unit persons who are disoriented. We see the first signs of brain damage because they have had to move and they become confused. Frequently, when a person is placed into a nursing home, he appears to decline because

he cannot adjust to the new surrounding. The change comes harder for all of us as we get older. So persons who wish to die at their own home, in the area of mental health, I think anything that we can do to make it possible for a person to die in his own home would be very helpful.

Senator PERCY. We will just take one question from this side and one from over here.

STATEMENT OF THEODORE R. DOBBRATZ, LUTHERAN BROTHERHOOD SECURITIES CORP., TERRE HAUTE, IND.

Mr. DOBBRATZ. Theodore R. Dobbratz.

I have never been in the Katherine Hamilton Community Mental Health Center, but either in or out of the home there, I often wonder, even in mental hospitals, could we not have a halfway house where there would be some supervision; they would not need complete care, the whole works, or complete supervision. You know what I mean, the trained personnel but they would have somebody that is watching over them to see if they do need further care. Sending them back to the environment of their home, where conditions did not change, would only cause them to have their condition return to what it had been before treatment. I think we are missing the boat by not having sort of a halfway house for the mentally disturbed. They don't need psychiatric care, just have a little supervision, friendliness, companionship, and that kind of therapy until fully able to cope again with conditions.

Thank you.

Senator PERCY. Mrs. Johnson, do you want to try that, or Dr. Doherty?

Dr. DOHERTY. I heartily concur with that. We have many persons in nursing homes who do not need to be there because they do not require skilled nursing care, they require some type of custodial care. I think the program of day care for the elderly is an excellent one. The problems currently in this area, we do not have adequate care for the elderly, so what you are suggesting is that we need some form of care that is between full-time custodial protective care and care in the home.

I do think that the HUD housing authority here is really doing an excellent job. I would like to publicly commend them. When a person can be maintained in a department like that, where they can do everything that their social services do to make it possible for the person to be maintained. Many persons that we work with, because of the help by the housing authority, the excellent assistance we have here, are able to maintain their own residence because of the custodial services. In many respects, these matters are taken care of by the social service aspect of the housing authority, and also by the fact that persons in the housing authority do what they can for one another and do report when somebody is missing or somebody is confused. We do have a need for halfway houses for the elderly.

Senator PERCY. Now we have time for a short question from a lady on this side and then we will ask this gentleman in the back to

ask his question. Do we have a lady here first. All right. Would you come forward and ask your question?

Mrs. DeVault. Thank you.

Senator Percy. If you would identify yourself, please.

STATEMENT OF MYRTLE M. DeVAULT, BRAZIL, IND.

Mrs. DeVault. I am Myrtle DeVault of Brazil, Ind.

I know Dr. Doherty and I wish I knew Mrs. Johnson. It just seems like everyone has been doing a wonderful job.

Did you say that there were 200 teenager volunteers at Putnam County or 200 volunteers all together?

Mrs. Johnson. People 60 years of age and older.

Mrs. DeVault. But you did speak of the teenager volunteers.

Mrs. Johnson. No, we were talking about the possibility of in the future having youth to perhaps visit once a week with the aging person.

Mrs. DeVault. Thank you very much.

Mr. Felling. May I make a statement?

Senator Percy. Yes, of course.

Mr. Felling. With regard to this previous question, I would like to bring to your attention that here in this community there has been a private foundation formed for the purpose of providing a facility which would give residential care for senior citizens aged 55 and over who have had any type of a drug abuse problem in the past. This is a halfway house of sorts, but it is really more than that, it is a facility that we envision and hope to have in this community in the future, which would be available to any senior citizen who does not have a home to go to, who may be coming out of Katherine Hamilton, or may be coming out of the detoxification center located at Twelve Points.

I would like to further announce that the gentleman that this foundation has been named after is seated on the back row here, John Lamm. Certainly any of you who would like to assist us with this project, we are in desperate need of funding, and will be turning to Washington as well as the State house, in an attempt to get some funding to get this project underway.

We concur with the gentleman and the statement made by the doctor that definitely this is a very severe need in this community, that it is the expert's opinion that there are several hundred people right here in the Terre Haute area who are in need, at the present time, of this particular service, and if any of you would like to assist us with this, in any way, shape, or form, feel free to either contact my office here in Terre Haute, or Mr. Lamm, or several other people in the back, or Dorothy Hewitt in particular. So, if you would like to assist us, this is a very worthwhile and needy project, and something that we hope to bring into reality within the very near future.

Thank you, Senator.

Senator Percy. Thank you very much.

Mrs. Johnson, we have just one question for you, and it will be the last question.

What type of mechanism would be necessary to adequately serve the health needs of the senior citizens in this area? Can you envision some sort of a mechanism that would be needed to fulfill all of the health needs for the citizens of the area, and do you have any idea what the cost of that might be?

Mrs. JOHNSON. No, I am sorry. I would not have the cost estimate. I think, probably, each county would, because of the difference in this sort of thing. They would have to have their own client, and then possibly put it together with our area plan, and this sort of thing. There would have to be some surveys and things of this sort, so that we really could work at it and make a plan.

We are going to have some figures on some surveys that have gone through our counties, and I think from that you can see some of the population of the aging, and the needs, and all of this from the survey.

Senator PERCY. Dr. Doherty.

NUTRITION SITES AS SOURCE OF HEALTH SERVICES

Dr. DOHERTY. I would just like to suggest that the nutrition sites would provide expanded health services. I feel that these are excellent outlets or delivery systems, and we have begun with asking for health-screening there. I feel that persons who frequent these nutrition sites are frequently persons who do not have a lot of community resources, and there might be a regular clinic established there where you would not just have minimal screening, but you could have some delivery of health services, and that this could be funded probably as inexpensively as your original project is funded.

Senator PERCY. Thank you very much.

I want to point out that there is a form to submit written testimony for everyone here. If you didn't get one as you came in, you can get one at the door when you leave. It is addressed to me. It simply says, "If we had had time for me to say what I wanted to say, this is what I would have said." If you will mail that to me within 7 days, your comments will be incorporated in the official record of this hearing. We hope to hear from more of you when we finish our next panel.

While our panel is still here and in anticipation of our third panel, I would like to point out that in addition to the problem of taxes, which we have been trying to deal with at both the State and the Federal level, we have a problem of skyrocketing energy costs. As the President said the night before last, energy costs have gone up five times since 1973. For a home heated by oil, gas, or coal, it is much more expensive now than it was, and income has not gone up five times by any means.

The Senate did pass in the energy tax bill a few weeks ago a provision that we hope will be incorporated in the House bill, and perhaps Representative Myers can help us on that. The vote was 88 to 2 in the Senate, so you can see the overwhelming support it had. It provided that every head of a household, age 65 or older, living in a home that they own or an apartment where they pay for their heating shall receive, if their income is $7,500 a year or

less, a refundable tax credit of $75 each year to help them with their heating bill. The $75 would be paid directly to them. If they don't pay an income tax, they just simply file the form for it and they will get it. Those with incomes above $7,500, a tax credit will be provided, but on a declining basis up to an income of $12,500. So it covers all homes, all families age 65 or over, that have an income of less than $12,500.

Congressman MYERS. Are we speaking gross or net income?

Senator PERCY. That is gross income. Gross income. That is effective through 1985, when it would be looked at once again.

I want to thank our panel very, very much for a most stimulating discussion. I am just sorry that we have now run out of time with this panel.

Our final panel will consist of Martin Miller, Harold Cox, and Rev. Noel Hord. We will have the three of them appear together.

I would like to introduce Dr. Harold Cox first, no relation to Jean Cox, who is a rural sociologist with Indiana State University. He recently conducted an area survey of senior citizens. He is going to give us some of his statistics, as well as tell us about the problems and concerns of the elderly.

Dr. Cox, we are delighted to have you on this panel.

STATEMENT OF DR. HAROLD COX, DEPARTMENT OF SOCIOLOGY INDIANA STATE UNIVERSITY, TERRE HAUTE, IND.

Dr. Cox. I am very glad to be here today.

I was delighted when I learned I was going to be on the same panel with Martin Miller. I believe him to be a kind of senior statesman. He always speaks out for senior citizens. When I first was told I would be on a panel and Martin and I would be here together and we were each to talk 15 minutes. Later, because of the pressure of time, they asked us if we could not reduce that down to 20 minutes, but after discussing this with Martin, he agreed that he would level his comments to 18 minutes and if I could get by with 2. So, because our audience has been very patient today, we will try to make these comments very, very brief.

I was asked to tell a little bit about a survey that we made in area 7 of the current delivery programs for senior citizens, as well as the need and desires of senior citizens regarding future programs. In the summer of 1976, I worked with a group from Katherine Hamilton from area 7 on aging. I represented the university in putting together this survey. We ultimately interviewed 500 people. We randomly chose voting precincts and we interviewed everybody in the chosen voting precincts that were 65 and older.

Part of the problems older Americans are confronted with is that often college professors or professional people working with the older Americans suggest what programs we think they need. We don't often go out and ask them what do they really need and what do they think of the programs we are providing. So we went out and asked exactly what they thought their needs were and how their programs were doing in relation to those needs.

Now I will skip over some of this rather briefly. We thought our sample was pretty representative as to older people in the Nation. In terms of age, 31 percent of the people we interviewed were between 65 and 70, 28 percent were beteewn 70 and 75, 18 percent were between 75 and 80, and 23 percent were 80 plus. In terms of sex composition, 32 percent were male and 68 percent female.

We all know that females are the stronger sex and survive longer. That is about typical of the national average, also, for people over the age of 65.

In terms of race, we had 88 percent white and 12 percent black. Now that is probably typical of national averages also. There is one slight thing we did find. Most of the blacks that we interviewed were either in Terre Haute or Brazil; they tended to be located in the cities and not in the rural and surrounding areas of the countryside.

We defined rural as 2,500 or less, and urban any community of 2,500 or more people, so we had about 33 percent of our sample that was for rural areas, which means 2,500 or less.

Survey Response: 44 Percent Live Alone

Reviewing some of these responses that we got back from this sample data, in terms of housing and living arrangements, we had 44 percent over 65-plus people that were living alone, 40 percent were living with spouse, 5 percent with children, 1 percent with spouse and children, 5 percent with spouse and relations, and the other 5 percent had a different living arrangement.

We asked specifically, if you were to move, where would you like to move, and why? We got very few answers there that were really significant. Three percent said they would not like to move within neighborhoods where people were only their own age. That is a little bit interesting, given the fact that we segregate them for senior citizens. Most of them don't like that.

Second, some people, 2 percent, said they would like to live in less congested neighborhoods, and 3 percent said less isolated neighborhoods. Most said they would like to move near services. Most of them wanted to live right near homes, but if they were going to move, they wanted to move near services.

We asked the question to determine how many of them had a son, or daughter, or immediate relative living either in their community or adjacent neighborhood. Forty-six percent had no children living in their particular area of the State. Just to comment briefly on this then we often hear the argument that it is the family's responsibility to take care of their older members and it is not the Government's responsibility. Well, the fact seems to be that in our complicated mobile world most families don't have immediate family members living in their same community. Whether it would be desirable or not, most of them don't have families to do the job; therefore, the Government has to do something that the families used to do in the past.

In terms of transportation, how they got to needed services, how they got around. Eight percent of our sample walked to whatever

they wanted to go to, 58 percent owned their own car, 4 percent took a bus, 1 percent took a taxi, 2 percent rode in senior citizens vans, and 27 percent were driven by a friend.

We asked them a further question of how many had a bus that came anywhere near them and 47 percent of our sample, being a rural sample, had no bus anywhere near them.

We asked them if they had transportation problems in getting to medical services, medical doctors. Nineteen percent said that they did.

We asked them if they had transportation problems in getting to grocery stores, and 17 percent said that they did.

We asked the question about medical problems, and this is not from a medical point of view, we asked the person himself to judge their own state of health and describe their own health as to how they felt. Eighty percent of them said they had no immediate medical problems, 13 percent said they had some reoccurring medical problems, 7 percent said they had constant medical problems.

"Sixty Percent With Inadequate Diets"

Let me introduce one other item here. We asked the question about diet. I introduced some degree of timidity here. We asked them what they had eaten in the last day, in terms of the last 24 hours, and we recorded this and then we went to the home economics department in Indiana State University and we asked the home economists to give us their opinion of what an adequate diet was. Then we judged how many of the basic foods they had in their diet met the standards of the home economics department. Sixty percent had inadequate diets.

Now, I think, maybe if we use the standards of the home economics department, the general population might have inadequate diets, so we should interpret that rather conservatively.

We had some questions from the last panel members about socialization in old age, and we asked if they felt the need of someone to talk to or have companionship with. Forty percent of them said they very often felt the need for companionship.

We asked the further question, did they have somebody to talk to when they were depressed. Thirty-six percent answered no, they did not have someone to talk to when they were depressed.

Then we went into questions about income and they ran just about as you would expect. We asked, what was your principal source of income. Ten percent said they had savings and investments; 60 percent social security, as you might expect; 4 percent were employed; 1 percent got money from family members; 7 percent got more than one of the above; 7 percent were on welfare, and 11 percent indicated other. I don't know exactly what this would be.

When you look at how much income they make in our survey, 69 percent of the older Americans in this area had incomes of less than $6,000 a year; 40 percent of these people had incomes of less than $4,000 a year; and 9 percent had incomes of less than $2,000 a year.

I noted Senator Percy stated in his introductory comments that we have a disproportionately high number that fall in this particular area below the poverty line.

Perceived needs, it is not surprising that 57 percent said they needed more money; 44 percent needed better housing; 41 percent better transportation facilities; 48 percent said broader medical services; and 56 percent answered lower taxes.

We asked them in terms of how happy they were with their present life and 23 percent of our sample responded that they were very happy with their present life, 60 percent responded that they were pretty happy with their present life, and 17 percent responded they were not very happy with their present life. It seems that you can infer from that, that regardless of the nature of the problem, most of them are reasonably happy and otherwise optimistic about their present life.

Just a few additional comments here. The average life expectancy is approximately 74 years for women, and the average man can expect to live to be 67 years old. You must consider in arriving at that average, for every baby that dies at birth, or for every youngster, someone has to live to be quite old. Those individuals who reach age 65 are a select group who have experienced and survived other health problems and obstacles throughout the life cycle. That gives you an average of 74 years for women and 67 for men.

For the group of people that arrive at age 65, they can, on the average, expect to live 15 years beyond that time. Medical science is now telling us that in terms of the breakthroughs in heart trouble or cancer will extend that another 15 years. So the next generation of people arriving at 65 may well live to be 30 years from that and 15 more years in retirement. This obviously is going to put pressure on the Government for services and Government service programs such as we are discussing here today.

Don Cowgill's work at the University of Missouri asks: "How many people do you have between 18 and 65 of your population, and how many people in comparison do you have under 18 and over 65?" He is assuming that people between 18 and 65 are people that we discussed earlier today, producing the goods and services in the country, and the people under 18 and over 65 are in one way dependent on these people for the production of these goods and services.

Cowgill's major point is that the dependency ratio is no greater today than in the past, but that it is located at different ages in the life cycle. We have fewer under the age of 18 and more over the age of 65. There is a shift, however. Family members are very willing, in fact consider that they have a moral obligation to support younger family members under the age of 18, but they do not consider they are obligated to support older family members over the age of 65. Therefore, the burden of responsibility seems to have shifted from the family to the Government, in terms of older Americans, and the problems they are confronted with.

Just one or two final comments here.

Terre Haute, in area 7 of west central Indiana, is particularly appropriate for addressing the problems of older Americans. In 1960, in terms of the age composition of the population, Terre Haute was the second oldest city in the United States. In the 1970 census, we were the seventh oldest city in the United States. The data from the

1970 census indicate that: (1) Each of the six counties in region 7 have a much higher percentage of elderly than either the State or Nation; (2) region 7 has a considerably higher percentage of its population below the poverty line; and (3) a higher percentage of those 65 and over as primary individuals; that is, living alone. Therefore, we considered this as a good location to study the problems of older Americans in general and rural older Americans in particular.

Martin, I didn't make it in 2 minutes, but that is the quickest I could do.

Senator PERCY. We appreciate very much the information you have given us, and I do think it will constitute one of the most significant contributions that we have in our hearing record.

We are glad that Mr. Miller, president of the Indiana Senior Citizens Association is with us today. President Miller will serve as our anchorman so we will ask Rev. Noel Hord to testify next. Reverend Hord is with the community action program of Vigo County and has been active in weatherization programs for 2 years. He will discuss energy problems and offer suggestions. Now that fall is in the air and we have another cold winter ahead, tell us what we can do to protect ourselves.

STATEMENT OF REV. NOEL E. HORD, TERRE HAUTE, IND., ENERGY PROGRAM COORDINATOR, VIGO COUNTY COMMUNITY ACTION PROGRAM

Reverend HORD. Honorable Senator Charles Percy, Congressman Myers, our State representatives, other panel members, interested citizens, my name is Noel E. Hord, a Bapist minister in this community for 25 years. I have been involved in various phases of building, since 1943, in this community and other communities. I was community action program's coordinator to introduce SSI to Vigo, Park, Vermillion, Clay, and Sullivan Counties. I have been community action program's coordinator of the energy program in Vigo County for the past 2 years. In early spring of this year, I introduced to the Vigo County commissioners a homesteading concept for the county that was approved and funded for $50,000 and is presently being implemented in the rural Vigo County area. Now this is only scratching the surface.

Our county, along with others in this congressional district, is unique in that we have one of the largest percentages of elderly people in the Nation, with all of the attendant problems of the aged.

The energy program here, as elsewhere, is designed to alleviate the suffering of the elderly and poor in our county by retrofiting, weatherizing homes, and assisting in the payment of fuel bills for those who are faced with shutoff or totally depleted fuel reserves for their homes.

The poor are defined as being at or below 125 percent of poverty. Currently, this is at or below $3,713 for a single urban dweller, and $3,188 for a single rural resident with increments of $1,200 for each additional urban unit resident, and $1,012.50 for each additional rural resident.

Energy Consumption Reduced

Since the inception of the energy program of Vigo County, we have weatherized 108 homes, and by actual tests reduced energy consumption by 28 to 42 percent by actual fuel readings, using a formula furnished by Dr. Jerry Caskey of Rose Hulman Institute of Technology, who is a member of our local advisory board.

By projecting this year's figures, 64.6 percent of units completed are elderly. 60.8 percent—60.85—of units insulated are elderly, and 70.2 percent of units where infiltration was stopped are elderly. Significantly, the percent is increasing each year. I would like to suggest that this has significantly increased over last year.

At our request, Dr. Caskey, other members of Rose Hulman Institute faculty and students, are involved in a special solar energy project to find and refine alternate sources of energy. This program, to my knowledge, is unique, as of this date in our State, in that it will attempt to adapt a low-cost housing unit to the use of solar energy as a part of the heating system. Within the next 12 months, this promises to bear fruit.

The primary thrust of the energy program has two objectives: (1) Protect the health of the poor, the aged, and the handicapped by weatherizing their homes and making fuel available in crisis situations; and (2) reduce the consumption of precious fossil fuel that affects our total economy and therefore touches the lives of all of us.

In July of this year, through August 28, roughly 60 days, in midsummer, we were involved in a "special crisis assistance program, federally funded and spread across out Nation." In this effort, we all learned something hopefully. Initially, we all know that it was ill timed to effectively assist with the fuel bills for the severe weather of last winter. Many paid fuel bills by cutting food bills and/or other essentials. Only a precious few had been extended credit up to the maximum $250 per household that was our limit to assist; and to those who paid and suffered through, we could only refund $50 if such payments resulted in proven hardship to the client who sacrificed other essentials. May I point out a few problems encountered in this special crisis assistance.

"Bureaucracy" Slows Assistance

There were endless forms to complete with evidence to establish eligibility, visits with clients, calls to other support agencies, employers and township trustees, and many other things. While fiscal responsibility was uppermost in the State's intent and design of the project—as it was with us and must be—precious hours were lost in checks, rechecks, and counterchecks to insure that the bits and pieces of information required were valid, complete, and in order. This task could stagger the imagination of the Internal Revenue Service, who has 12 months to work with "experienced staff" in completing their annual chores. Our task had to be performed largely with new recruits, recently introduced to the program, to question clients, make home visits, complete forms, confirm evidence, spot check, order fuel on an impartial and timely basis, and to answer an endless stream of calls from the community asking what this pro-

gram was all about. All of this had to be done at a cost which had to be at $5 per client, or 4 percent of advocated assistance confirmed by the State. If clients were ineligible or were so determined by the State, the work of our agency was gratis for the local agency.

Another crucial problem developed for natural gas users, and the same would be true for those few who heated with electricity. Indiana law says we cannot pay for any fuel that has not been delivered and invoiced.

Senator PERCY. Can you explain what that means exactly, Reverend Hord? Why does that apply to electricity or natural gas but not apply to oil?

Reverend HORD. Yeu can physically deliver 500 gallons of oil and then you receive an invoice for that delivery, or for propane gas, for wood, for coal, but you cannot prepay it. It is after the fact.

Senator PERCY. Oh, In other words, words, it is only prepaid?

Reverend HORD. In other words, they were looking ahead to this winter.

Mr. FELLING. I might add, not that we are trying to pass the buck, but that goes back to the point Representative Myers made earlier. I think it is coming from the result of some insensitive administrators who administer the particular program. I know that many of the experts who testified here today dealt with some of these individuals who in the bureaucracy are perhaps not fully aware of the difficulties placed on people like Reverend Hord and others who are implementing these programs.

"UNNECESSARY GOVERNMENT"

I think we legislators have good intentions, but at the time, the goods and services are attempted to be delivered to you or to the users oftentimes it almost becomes impossible, and I for one feel, and I know that my colleagues up here share this concern with me, that we must do something to start improving the delivery of goods from Government and doing away with some of these problems that Reverend Hord has mentioned, and others as definitely unnecessary government, and your assistance in that regard would be appreciated from Washington, as well as from what we will try to do in the State house.

Senator PERCY. I think the intent of the law is very clear. The bureaucrats should go ahead and administer it in a sensible way.

Go right ahead. Excuse the interruption.

Reverend HORD. Sixty percent of our clients—as in most urban centers—use natural gas. Sixty percent of our clients were penalized by this law in preparing for the coming winter. There must be a more equitable way to assist these clients to the same degree as those who use fuel oil, coal, wood, and bottle gas. People who struggled, sacrificed to the hazard of health to pay prohibitively high bills, were refunded only $50.

Our future programs must be simpler in paperwork, more timely and equitable in its implementaiion and administration.

There is also a critical need for elderly citizens and the poor and near poor in urban centers to receive loans at low interest rates to supplement what we are doing; so many are just above the poverty

guidelines to qualify for our program; or to supplement the work we are committed to do under the "balanced plan" as outlined in Federal guidelines.

When we go in, they have roofs that are leaking, and we cannot put in the insulation without doing something about it, which poses a problem. It seems to me that low-cost interest loans should be made available to these people who cannot afford to make these necessary repairs themselves.

Finally, with the high rate of unemployment—this is something that is very dear to my heart, not that I am a sentimentalist—our present and growing timber shortages and the urban redevelopment programs nationwide, we must find better ways to salvage precious resources in housing units and timber that are being daily sacrificed to efficient and professional wrecking crews intent on reclaiming the land.

"SECOND CYCLE OF CLEARING"

Two hundred years ago, we cleared our virgin lands of precious timber, which was then in abundant supply, to open the womb of fertile fields and pasturelands. We are wiser now and more technologically astute. Today, in all of our cities, we have embarked upon a second cycle of indiscriminate clearing, committed to indiscriminate reclamation of our land, our "real property"; but in the process, not enough thought or time is being given to the value of salvageable material in those units legitimately selected for demolition, and others which, with imagination and insight, could be salvaged standing where they are.

Hopefully, the energy crisis has taught us one thing: Nature, in all of its prolific productivity, cannot forever supply man's indiscriminate wastes and legitimate needs.

Senator PERCY. Thank you very much, Reverend Hord. You touched on a very, very important subject.

We have not yet had the question of crime raised. Mr. Miller, president of the Indiana Senior Citizens Association, who at his young age has been extremely active, comes to us with a lifetime of experience. He is president of the Association of Retired Railway Employees, a member of the joint legislative committee of NRTA and AARP associations, and serves on the State advisory committee to title XX, so he is well suited to talk about the problem of crime against the elderly and the problems of title XX.

Mr. Miller, if you could probably condense your comments to 15 minutes, we could still have time for about 10 minutes of questions before we adjourn, hopefully around 4:15, as the schedule indicates.

Mr. Miller, it is an honor to have you with us.

STATEMENT OF MARTIN MILLER, INDIANAPOLIS, IND., PRESIDENT, INDIANA SENIOR CITIZENS ASSOCIATION, AND PRESIDENT, ASSOCIATION OF RETIRED RAILWAY EMPLOYEES

Mr. MILLER. Thank you, Senator. I will be very glad to do that. As a railroad brakeman, I will try to give the highball. [Laughter.]

It is very reminiscent that I should be the anchor because I worked on the caboose, the last car on the train, so I will try to bring up that rear end and get it in the clear on time. [Laughter.]

Senator Percy, we appreciate your thoughtful consideration in bringing this hearing to Indiana, and to Terre Haute, along the banks of the Wabash. The limited time allotted will permit only brief references to a few of the several urgent needs and desires of our Indiana senior citizens.

First on the list of important urgent needs, in our opinion, will be renewal and improvement of the Older Americans Act, with its several valuable titles which have been so helpful in alleviating many deplorable conditions. The seniors sorely need a greatly improved Older Americans Act to continue benefits already started.

Title III, with its provisions for involving activities of many seniors in programs and projects, has proven to be of great benefit to the seniors served.

Title IV has been most helpful in providing needed training to many persons.

Title V, with its provisions to create and expand senior centers, has been great and is in need of additional funds for expansion in other senior areas.

Title VII has fulfilled a great need in bringing thousands of seniors out of the reclusiveness of their places of abode to mingle and associate with others while enjoying well-prepared, wholesome, nutritious meals.

Title IX has enabled many who for various reasons needed employment.

Crime Prevention

We also recommend a new title to be added to the Older Americans Act to provide for a nationwide program of prevention of crime against the elderly citizens.

Based on our observations and information available, we are convinced that criminal assaults on elderly persons and their property has greatly increased in recent years. Persons with criminal intentions often consider elderly persons as easy prey for their unlawful and inhumane acts, because the elderly are usually unable to physically protect themselves against violent and surprise attacks. If robbed, beaten, or otherwise abused, they may not be able to remember the criminal or the details, and, if the assailant is known, they are often afraid to testify in court in fear of reprisals against them, their families, or friends.

The turmoil of such events adds to the confusion and bewilderment of the victim and the elderly of the community. There are many instances where elderly persons are becoming prisoners of fear in their own homes. A few years ago such crimes against the elderly was an urban problem, but recently it has spread rapidly to rural areas, where the elderly usually do not have the needed protection or help when attacked. Therefore, we urgently request immediate serious consideration be given to adding a new title to the Older Americans Act covering the important subject of prevention of crime against the elderly citizens.

Title XX of the Social Security Act contains several good provisions benefiting elderly citizens. In Indiana, we have experienced some difficulties in the administration of the parts of the title applying to benefits and services to the elderly. There is reason to believe the elderly in other States may experience the same difficulties.

First, the provisions providing benefits for the elderly, as well as for all ages, are paid for on a reimbursement basis instead of being on a grant for such services. That method of payment for services requires the provider of the service to have a large cash fund, or to borrow funds at high interest rates, to keep the services operating as needed, and as contracted for.

Second, there is often usually long delays in preparing and approving agreements and contracts for services. Such delays often prevent fulfillment of contracts within the time of the appropriations, both Federal and State match funds.

We recommend that title XX of the Social Security Act be amended to permit State agencies on aging to have jurisdiction of all provisions of the title applying to any and all benefits to the elderly citizens and that payment for such services be changed to grants instead of on a reimbursement basis.

"Transportation: A Major Concern"

A major concern and usually a top priority among many elderly citizens, especially in rural and small urban communities, is that of transportation. All Indiana's 16 service areas have both rural and urban areas. The larger urban communities have public transportation, which sometimes leads to neglect of transportation for the nearby rural areas.

In Indiana, as in other States, there has been some exodus to nearby rural areas, often to border counties. The withdrawal of privately owned transportation and the present energy situation has, in many instances, left the elderly unable to drive cars, for various reasons due to physical condition, refused auto insurance, and excessive cost of auto insurance due to their age. Where public-owned transportation has been established, there is often disagreement on out-of-county service. The end results are that many seniors cannot afford to pay for taxi service and relatives and friends are not available at times for medical and other needed day trips.

Many elderly citizens are in need of counseling and consultation service, which properly given with good judgment and understanding of the individual problems can, and in many instances do, keep the elderly persons living in their homes without the need of placing them in an expensive and often a depressive atmosphere of an institution. We are informed of many cases where properly instructed and guided CETA and other project workers have helped elderly citizens to remain contentedly in their homes.

The Indiana green thumb project has accomplished much in the employment of agricultural elderly persons in several worthwhile projects of benefit to public parks and recreational areas. The project workers are also being used to winterize homes of rural elderly persons.

As previously mentioned, the first major national effort in behalf of senior citizens should be renewal and improvement of the Older Americans Act, to also include a new title on prevention of crimes against the elderly citizens.

The second effort should be suggested changes in title XX of the Social Security Act by changing the method of payment for services to the elderly from reimbursement to grants, and changing the State's single agency jurisdiction to that where the State's agency on aging will be given authority over all provisions of the title benefits for elderly citizens.

Third, we are of the opinion that the State agency on aging should have jurisdiction over all Federal laws or parts of laws pertaining to or providing benefits for elderly citizens. Such provisions would permit better coordination, supervision and more efficient use of Federal and State funds used in services for elderly citizens.

And fourth, we are of the further opinion and recommend that the State's service area agencies be authorized and permitted to serve as providers of services under the provisions of Federal laws affecting elderly citizens under the direction and guidance of the State agency on aging.

Our purpose in submitting the previously listed recommendations is in the belief that the elderly citizens will be better and more efficiently served without overlapping duplications and with considerable savings.

We again thank you for the opportunity to present our views on these timely subjects here in Indiana.

Thank you.

Senator PERCY. Thank you very much, Mr. Miller.

I would like to ask Reverend Hord if he could give us some idea as to what the potential is in the community that he is serving for weatherization programs. How many dwellings need weatherization? How long is your program going to take to finish up every dwelling that needs it?

Reverend HORD. Senator, I think ideally, as we have the energy problem with us, we are going to have the problem of retrofitting weatherizing, renovating, upgrading property. I think it is really that simple. I wish it were possible to visit many of the sites. I am sure the sites are not necessarily peculiar. I think it would probably be typical of the kinds of homes in which people are forced to live. I would have to believe that we have only touched the surface, we have only scratched the surface, in terms of the actual need in our community.

Senator PERCY. Would you say that, in virtually every home that you went into, the rate of return on the investment is quite high? In other words, if you earn 6 percent of the investiture money in Government bonds, what can you potentially earn by investing $100 in weatherization, weatherstripping, storm doors, storm windows, and insulating material?

Reverend HORD. By actual test, taking into consideration the form that was provided for us, 28 to 42 percent. It actually ranged more than that. There was a saving that ranged from 28 to 42 percent of energy consumed. Now that same money that was invested in insula-

tion, then you get it returned in terms of reduced energy cost plus the fact that that same energy is available to our economy. Our plants can continue to run, we have got more oil and gas for everybody because of the reduced consumption.

Senator PERCY. For the elderly, financing is a problem. Would it be helpful if utilities would help finance this on their monthly bills so that you don't have to pay for the insulating cost all at once? They would have the job done and then bill you so much a month until you paid for it?

Reverend HORD. Well, I suppose any approach that we would take would present a problem. Most of the people, when we talk of an amount of $3,700, and $13 for one person for a year—and that is urban. We are talking about a little better than $7,000 for rural. That is the person that makes their living from the land. That is not much money. Then if you are married, if you have a wife, just roughly $1,000 more. This is a tragically low level in terms of the cost of living today.

So people would not qualify for our program and still could not afford to do it. There are not any loans available at low interest cost, and I really think that might be a better solution. I find that people would like to do as much as they can for themselves. I think they like to control as much of their destiny as they possibly can. I think the affinity feeling would force them to do things a certain way. This has been my experience. Now maybe somebody else may have some other reaction.

ENERGY CRISIS INTERVENTION

Senator PERCY. For those in the room that may not have knowledge of it, would you tell everyone what you know of the emergency utility bill rebate program of the Community Services Administration? Did that program reach all the persons who needed assistance, and if not, why didn't it?

Reverend HORD. No. Unequivocally no.

Our share of the $5.7 million in Indiana for this particular county—and I can only speak for this county—was $141,901. Of that we were able to expend $37,938. Now 60 percent of our clients were eliminated simply by one fact. That 60 percent of our clients used natural gas and except for 10 percent that we paid—10 percent—these were small bills that ranged somewhere from the $10 to $30 variety, not the $250 that we could have got had we put in the coal. We put in $250 worth of coal or oil, or whatever it is, but for the gas people we could not help them at all to get ready for this coming winter. So there were many inequities.

The timing of it was mid-July. July through August. Most of them had managed to pay something on their bills, or had it arranged by that time, so the timing was poor. Then the administration, there was just a lot of redtape of things we had to do.

I am not wasting your time, or the community's time, but I asked our girls to evaluate what they had to do and it is provided here in two pages, the different problems that they encountered in trying to administer the program.

Congressman MYERS. Could we make that part of the record?
Senator PERCY. Yes; it will be made part of the record, Reverend.
[The material referred to follows:]

SPECIAL CRISIS INTERVENTION PROGRAM—JULY 5, 1977–AUGUST 26, 1977

Amount of allocation for Vigo County	$141,901.00
Total expenditures	$37,957.98
4 percent administrative	$1,518.32
Number of families contacting program	390
Number of families served by program	248
Average subsidy per client	$153.05

DISTRIBUTION OF SERVICES

	Oil	Propane gas	Coal	Gas and electric[1]	Hardship
Number served	134	47	31	24	22
Percentage of clientele	54	19	12	10	9

[1] Payment only for bills accrued during last winter.

NOTE.—Number of ineligible applications, 108; number of incomplete applications, 33; number of void applications, 18

RECORDKEEPING FOR PROGRAM

Office copy—Possible components for the client's file
1. The application.
2. Income documentation.
3. Unpaid bills for payment.
4. Invoices of bills for purchase.
5. Paid bills over the winter for hardship cases.
6. Documentation of hardship origin and that it still exists.
7. Dire need statement for hardship cases.
8. C.S.A. referral forms.
9. Referral form from trustee until July 25, 1977.

State copy—Possible components for the client's file
1. Copy of the application.
2. The original bill or invoice for payment.
3. Dire need statement for hardship cases.
4. Voucher signed by vendor for payment and purchase. Voucher signed by client for hardship cases.

PROBLEMS AND CONFLICTS OF PROGRAM

I. Confusion between State and local agency
A. Program started before forms arrived.
B. Client to protected by use of number but referred by name when information requested from State.
C. No explanation of what was to be included in State copy—first set submitted returned for proper documentation.
D. Was not known clients were to sign dire need voucher.

II. Bottleneck of applications in office
A. Clients did not know what information to bring.
B. Calls had to be made to vendors for vertification of bills.
C. Prorating income for clients whose financial status had change from 1976 income tax statements.
D. Calling clients back in for signing of dire need vouchers.

Senator PERCY. Dr. Cox, would you say that increased employment opportunities for young people in this area would be helpful to the elderly and, if so, why? What correlation or relationship do you see between the two?

Dr. Cox. If I read the question right, a lot of the service delivery programs which the Federal Government has sponsored for senior citizens has emerged in the last 5 years or the last 10 years at most. Many fine people are doing a commendable job in administering these programs. Ultimately, we believe the programs will be operated more efficiently if there were a professionally trained staff.

Now, in the case of the educational and training program, which I think is your question, we in the field of aging have only the beginnings of college training for people of certain delivery programs in aging. We are hopeful that these programs will develop. In the future we hope young people will get into this field and form a career of service, but at the present time, many of these programs are in the embryonic stage.

Senator PERCY. Mr. Miller, you have suggested a new title be added dealing with crime against the elderly. Would you be more specific as to what types of action would be effective in combatting crimes committed against the elderly? In other words, if I were to start to draw that title up, what should I put in that title?

Mr. MILLER. I would recommend, Senator, that there is a booklet out by the NRTA–AARP. I had a copy, but when I testified before a House committee, I gave my copy in evidence. There are numerous things that can be accomplished: Training the elderly to help protect themselves, have certain protections in their homes, like a bolt lock on their door instead of a slide lock, and training them how to protect themselves when they are out, and not to go out at times when there are few people on the street, don't go counting their money outside of their bank when they cash their check, urging them to have their checks sent to the bank instead of their mailbox. There are just numerous things that I would be very glad to furnish you with a list later on.

Senator PERCY. Well, we will call upon you for help in that regard.

I am going over to Illinois this evening, so I have plenty of time, but a few of our staff members must go out to the airport to catch the last plane back to Washington, so we will excuse them at any time that they need to leave.

Does anyone, any of our legislators, colleagues here, want to say anything?

Does anyone have a last question they would like to ask?

Let me just say this. May I thank all of you very much indeed for coming. Your presence here meant a great deal to us.

Don't forget that if you wish to have any comments put in the record we would be very happy to have you mail this form to me.

Thank you again for coming.

Congressman MYERS. If I may say something here on behalf of all your good friends here, we are very pleased to have Senator Percy and the committee from the Senate.

I might add as a personal note, this is the closest the U.S. Senate and the House have been together this year. [Laughter and applause.]

We are pleased to have you. Thank you very much.

Senator PERCY. The hearing is adjourned.

[Whereupon, at 4:18 p.m., the hearing adjourned.]

APPENDIXES

Appendix 1

MATERIAL SUPPLIED BY WITNESSES

ITEM 1. LETTER FROM ELIZABETH E. NEES, EXECUTIVE DIRCTOR, MORGAN COUNTY SENIOR CENTERS, INC., TO MAURICE ENDWRIGHT,[1] EXECUTIVE DIRECTOR, INDIANA COMMISSION ON THE AGING AND AGED, DATED NOVEMBER 7, 1977

DEAR MR. ENDWRIGHT: I am writing to you concerning the title X program and the title IX regulations governing the hiring of employees.

I am deeply concerned about this program as it is a very valuable program and it is a very valuable part of the services offered in Morgan County. Many people need the handyman and homemaker services which we offer and the services are used extensively. My concern is that we are unable to fill all of our positions for employees due to the title IX regulations on income. People who are able to do the work and are a minimum of 55 years of age do not qualify according to income, and persons who qualify according to income are not physically able to do the work.

It is essential that all available positions be filled, for there is a need for the service. I understand that there is a hearing with Senator Percy on Friday and I hope that this issue will be discussed and that an alteration in requirements can be realized or the restrictions can be totally eliminated. The regulations were made in good faith, I am sure, but are so restrictive that they are hurting the program as well as the elderly persons so in need of this service.

I hope that something can be done concerning this problem and hope that you will relay this concern to Senator Percy and others, on Friday, and that action can be taken.

Thank you.

Sincerely,

ELIZABETH E. REES.

ITEM 2. LETTER FROM BRUCE ZIMMERMAN, EXECUTIVE DIRECTOR, HAMILTON COUNTY SENIOR CITIZENS SERVICES, INC., TO MAURICE ENDWRIGHT, EXECUTIVE DIRECTOR, INDIANA COMMISSION ON THE AGING AND AGED, DATED NOVEMBER 8, 1977

DEAR MR. ENDWRIGHT: In reference to the hearing conducted by Senator Percy in Terre Haute this Friday, I am writing to express my concern over the title IX regulations. As director of a newly established senior citizen service corporation, I am currently involved in filling four part-time staff positions funded under title IX. The success of our services depends heavily on our ability to fill these positions as soon as possible with quality workers.

However, our efforts to date have been hampered by what appears to be an unrealistic poverty income requirement. We have advertised in six different

[1] See statement, p. 765.

newspapers, used public service announcements on the radio, contacted the county welfare office along with the township trustees, and registered the positions with four area employment offices. As a result 17 people age 55 or above have applied for the positions. Unfortunately, only one applicant had an income falling below poverty. Our situation is complicated by the fact that because we operate countywide in a rurally oriented county, the delivery of our services necessitates the use of personal cars by our staff. Should we ever find applicants below poverty, it is rather doubtful that this person can be of much use to us because few people can afford to operate and maintain a car while living on an income below the levels set by title IX.

We feel the income standards have been set extremely too low, and therefore render the title IX program unworkable in Hamilton County. Not only does the income requirement prohibit us from filling positions, but it also prevents obviously low-income applicants from securing employment with us because their income, though insufficient for their needs, is nevertheless a few hundred dollars above the title IX levels.

To summarize our situation, after extensive efforts we have found only one of seventeen applicants who falls below poverty, and this person does not own a car. Nevertheless, the woman has been hired, but in order for her to reach seniors living beyond walking distance of her home, we must either pay someone or find a volunteer to drive her to the client's home. This arrangement is obviously far from desirable and should we by chance find more applicants below poverty, we could not afford to hire them under title IX unless they can provide their own transportation.

In order for title IX to be successful in Hamilton County, we feel the income requirement must be raised. As mentioned before many prospective workers were ineligible under these standards despite the fact that their income was insufficient to cover the rising costs of today. The entire county stands to benefit from an increased income requirement. Through our title IX positions we can provide more services and deliver them countywide. At the same time older people in the community can supplement their incomes by securing meaningful employment with our organization. Finally, and most important, senior residents will receive much needed transportation, outreach, and home-making services, should we fill our title IX staff positions.

We encourage the proper officials to reevaluate the income requirements under title IX, and hope that the standard will be substantially raised in response to the prevailing situation. Thank you for your consideration.

Sincerely,

BRUCE ZIMMERMAN.

Appendix 2

LETTERS AND STATEMENTS FROM INDIVIDUALS AND ORGANIZATIONS

ITEM 1. LETTER FROM PHYLLIS C. HOWARD, CONNERSVILLE, IND., PRESIDENT, AREA IX COUNCIL ON AGING; EXECUTIVE DIRECTOR, UNION COUNTY COUNCIL ON AGING AND AGED, INC.; TO SENATOR CHARLES H. PERCY, DATED NOVEMBER 10, 1977

DEAR SENATOR PERCY: I am Phyllis C. Howard, Connersville, Ind., a resident of Union County. I am president of the area IX council on aging, the governing body of the area IX agency on aging; executive director of the Union County Council on Aging and Aged, Inc.; member of the State Advisory Committee of the Indiana Commission on Aging and Aged; member of the ICOA Title XX Task Force representing the State advisory council; chairperson of the subarea 2 of the Central Indiana Health Systems Agency; chairman of the CIHSA Subarea 2 Mental Health Committee, and member of CIHSA Regional Mental Health Task Force; cochairman of the Comprehensive Mental Health Centers Planning Committee for the Indiana Department of Mental Health; president, Union County Mental Health Association.

Equal services are not available for rural residents, no matter what the age, but are not existent for the elderly as like programs are in urban areas. Pilot programs are funded near or in larger centers of concentrated population with guidelines developed which are not applicable to small population of rural distribution, not fiscally feasible for continued services according to required numbers of people served based on city area norms, and are expensive and difficult to administer in rural areas. The rural areas usually become the stepchild of the city area and the program is to expand in some other timeframe to give services to the truly rural isolated elderly people.

Rural programs are slow and difficult to instigate due to the lack of a large enough tax base to even request support programs, let alone ever anticipate in the economy of today that the full fiscal support can be obtained, and the programs shall certainly cease to exist. Because a county is rural and small in area and population does not mean that its problems are also small. Indeed, their problems are usually larger in context due to the lack of social services and supportive services. The tax dollar is the basis of services, but as long as we look primarily at county lines and boundaries for services including the various fragment programs now in the Older Americans Act, rural people will continue to suffer and be short changed as second-class citizens receiving services in the cluster population areas with only lip-service given to the expensive hard to reach isolated elderly who are shrugged off as impossible to serve. This is not and should not be true.

A funding formula based on the additional expense of fiscal resources needed to deliver services to the isolated rural elderly must be developed based on other than population, mandating services to the truly rural, not just those serviced now in rural counties often only or mainly in the county seat or small towns. The transportation I administer is now mandated to deliver 10 percent of all services this year to the truly rural and to attempt to cover a rural county of 6,700 total population, serving each township as possible. To date, no one else in eastern Indiana has made this effort. I want to demonstrate the problems and expenses of such a project with only half-time employees, of which I am one.

The following areas are of primary concern to me as a person "on the firing line" of services and administration with a broad-based experience in planning and with some 25 years of extensive volunteer work in a rural community.

(1) Establish area agencies as the channel for all programs for serving older Americans by putting all the fragmented programs now under OAA into a consolidation of administration, fiscal budgets and authority, fiscal accountability and unification of programing, and public hearings. In compliance with planning approvals through the State administration, all titles of the Older Americans Act should then be administered through the area agencies on aging at the local level. In Indiana half of the area agencies operate as direct deliverers of service under the grandfather clause. All area agencies should have the option of delivering direct services particularly in rural areas where social service and other organizations are scarce or unavailable. It is a better efficiency of expenditure of administration of funds as well as providing broader services to under-serviced rural areas to provide for this option by the State and area agencies. The option to deliver direct services should also be extended to cover the county councils on aging which may be the only source of services in a very rural county. In such a circumstance, a rural council should not be penalized because they carry the added responsibility of providing direct services to their citizens.

(2) HEW needs to recognize the individual development and workability of various systems in States providing the approval of such options as recognizing area councils on aging where such councils govern an area agency and with the provision that such presidents of such area councils are extended the opportunities to attend regional and national meetings of HEW, along with the presidents of the area advisory councils. I was personally denied the right to even attend the 1976 HEW meeting in Dallas, Tex., since authorization to attend did not include presidents of area councils on aging.

(3) Membership as presently recommended for area advisory councils, area councils when recognized as official, and county councils on aging all need to be expanded to include, or at least to not exclude, providers of service from the planning process and access through board membership. At present the law is supposed to eliminate such persons. We would not have active working councils and boards without providers of service and their assistance and willingness to work with programs as developed unless they served on them. It can be an option designed for rural counties and area agencies in rural areas. A rational approach to this problem can find a balance in addition to person 60-plus years of age. A model for inclusion of providers with consumers of services is found in the health systems agency legislation which is mandatory.

(4) Coordination needs a mandate with sanctions for enforcement to provide written assurance of nonduplication of services for the elderly. This can be programed into a first phase through the requirement for specified federally funded programs such as CETA, title XX, Green Thumb and other appropriately identified programs to move through the appropriate area agency for a signoff of nonduplication of services for that geographical area. In addition, programs to be delivered in an area or county or counties will be required to have the recommendation of the county councils on aging in the area to be served. This a more servious situation as the title XX guidelines develop for group eligibility and other service providers see it and other programs as funding opportunities for their agencies.

(5) Confidentiality must be resolved between programs both inside the network programs on aging and between agencies with whom the area agency may have memorandum of understanding and a signoff on programs. The confidentiality must not eliminate the right of the area agencies and the State to access to evaluations of their own and of the other funding program of the signoff. The rights of the individuals must be protected, and the manner of such operation defined in the law.

(6) Strong support of the continued development and funding of senior citizens centers is recommended as the preferred link to the major network of services for the aging. In this context, nutrition programs of title VII should be restructured with the sole mandate to provide the meals with emphasis on additional delivery and funding for delivery of meals to the homebound, and especially through development of programs to deliver in rural areas and outside of cluster population areas now being served. The role of the programing at nutrition sites is changing, and when senior citizen centers are established should be the responsibility of the senior center staff to provide such programs for all sites including those outside of senior centers. To achieve this goal, funding will be necessary not only for operation but also for staff. Rebudget-

ing of the title VII program could channel administration as well as some support programing funds to senior center programing, and providing expansion of title VII into underserved or areas of no service in the rural sectors. Through joint training, upgrading of staff and workers including volunteers could increase the efficiency and quality of meals as well as expand the number of meals served and to serve rural isolated elderly in need.

(7) Transportation is an essential program requiring continuing and increased funding for suitable vehicles providing accessibility to persons with limited mobility. Rural areas are using vans which have, at best, steps which eliminate accessibility to many people not even in wheelchairs. These are the least expensive vehicles available but cannot be used by all. In the five-county area of area IX, there is only one vehicle with a chairlift for wheelchairs. It can be rented for use by the other counties, but there is not funding available to pay for this use. The industry needs to develop a different approach to vehicle to serve the elderly. Systems need to be authorized to and encouraged to join forces in transportation. Why should the elderly persons be served by former school buses classified as unfit for the safety and use of school children and purchased and used for elderly? Each life is as precious as the other and needs the dignity of the safety and convenience of transportation. Most transportation programs in area IX are approaching the fourth year of funding, and the continuation of the transportation program is essential to the other support programs in many cases, with support for the operation of the programs, maintenance, and replacement of vehicles in the budget.

(8) Employment through titles IX, X, and Green Thumb and other CETA programs and any other programs provided through Federal funding should have a minimum level of income eligibility raised from the present level accepted as poverty and/or, with the exclusion of social security. The last raise in social security payments eliminated several persons from possible employment through Green Thumb in our county for people 55 years of age and over. A woman 78 years of age needs to work and just moved to a less expensive apartment, but I could not employ her as she received $255 a month. These folks need the work and want to work to help themselves and to help others. It certainly seems time to use the same levels of income for Federal programs, or else eliminate the programs as unworkable.

RURAL HEALTH ISSUES

During the hearing on November 10, 1977, at Terre Haute, Ind., not a mention was made of the role of the federally mandated program of the health systems agency program and the role which the elderly should not only be playing in the planning but in all phases of the health issues. I am and have been involved in health systems agency development in Indiana since the geographical designation of HSA regions. In addition, there is vital concern about the rural underserved population areas. In the field of aging, this is a major concern in the effort and purpose of the support programs to maintain support for the individuals to remain in their own homes as long as possible and in their own communities or rural areas. I urge more involvement in the planning and goal-setting processes due to the large user group which the aging compose, the huge expenditure made by the funds through medicare-medicaid. As services become subject to the mandate of the laws and as the guidelines and proposed legislation regarding national health insurance are developed, it is a major health issue as to how adequate services to the aging will be available and will be delivered, especially in medically underserved rural areas. The life support systems to reach primary care establishments are essential. In addition, preventive services need to be made accessible and approved for payment as well as alternate care facilities. Senior citizen centers can be utilized and become a part of preventive care for the aging through programs of testing and full support education for preventive care. Where services are not available at low cost or accessible, mobile units can be established and staffed. Additional care in the home can maintain the persons there much longer than at present if the medicare/medicaid programs are redesigned for the payment to then follow the patient and not the patient to follow the funding into a nursing home. Funding could support the present home care with increase services in addition to care at residential and other alternate care facilities.

NURSING HOMES

Nursing homes are often the last resort to independent living. Under the present laws, many persons are forced into the sale of property or homes and therefore have no recourse nor alternative to residence in a nursing home. For those for whom they are necessary, it is appropriate. For many others, it is forced upon them. Strong funding should be given to ombudsman programs to give resources to the elderly and to their families as an assistance to them to prevent institutionalization and to reduce medicallization of patients until the last resort and until it is needed for the benefit of the patient—and no one else! This includes the treatment and support for those patients with mental problems either developed or in process who need appropriate medication and support care in appropriate, least restrictive facilities—and in a home environment whenever and for so long as possible. The systems of the care need to be mobilized to benefit the aging person regardless of the status, with all alternatives fully researched to assist the person.

Senator Percy, may I thank you for your personal concern and effort to come into rural areas to hear the rural problems. For years it has been a major problem to bring the persons involved in such hearings to specifically hear rural issues. There are commonalities of problems and also the differences with which I have personally struggled to even make minimal services available in rural areas. Such concerns as additional funding for the mileage necessary for services to reach rural isolated elderly seems to never find the light of a budget item but is essential to all programs serving or whoever intend to extend services to the rural elderly. I trust that the shortness of the notice of this hearing will provide you with the understanding of the sincere concern with which I submit these statements and recommendations as my personal opinion. If I can be of service in providing examples of the problems to which I refer, these can be documented for you and I shall be happy to do so upon your request.

Very truly yours,

PHYLLIS C. HOWARD.

ITEM 2. LETTER AND ENCLOSURE FROM HAROLD W. WRIGHT, PRESIDENT, INDIANA FARMERS UNION, TO SENATOR CHARLES H. PERCY, DATED NOVEMBER 11, 1977

DEAR SENATOR PERCY: I am Harold W. Wright, president of Indiana Farmers Union, Indianapolis, Ind.

Mr. Percy, we regret that we were unable to testify aloud at the hearing in Terre Haute, Ind., but we do appreciate this opportunity to express our concerns for the rural elderly on the subject of employment.

We are all aware, of course, of the urgency to begin the review process on reauthorization of title IX, as there is always the time pressure of meeting important deadlines related to the congressional budget process.

While it is true that funds have been provided in the fiscal year 1978 Labor-HEW appropriations bill to continue title IX programs from July 1, 1978, to June 30, 1979, budgeting of funds to continue the program beyond June 30, 1979, must be included in the first congressional budget resolution, with necessary action by both Houses of Congress by May 15, 1978. This means that the legislative committees handling Older Americans Act legislation must report out that legislation for floor action before May 15, 1978, budget resolution deadline in order for funds to be appropriated to extend title IX beyond June 30, 1979.

Sincerely,

HAROLD W. WRIGHT.

[Enclosure]

INDIANA FARMERS UNION STATEMENT ON RURAL ELDERLY EMPLOYMENT

Mr. Percy, we urge you to remind your colleagues of the need to schedule legislative hearing dates on title IX as soon as possible. With the tremendous pressures and priority issues under consideration in Congress at this time, such as energy and welfare reform, remaining time on the legislative clock will pass much too quickly.

We appreciate your leadership Mr. Percy, for holding the hearings regarding "The Nations' Rural Elderly."

Those of us from Farmers Union are proud of the leadership which has been provided by our Green Thumb program, demonstrating ways in which the skills of the older Americans can be used to enhance the quality of life in their rural committees.

National Farmers Union has recognized long ago that this Nation can ill-afford to waste the vast reservoir of talent, skills, experience, and wisdom of our older citizens. It was felt that this tremendous potential resource could be tapped, and that the able and willing hands and minds of this Nations seniors could be brought into service for the development and revitalization of rural America.

This concept was made possible 11 years ago by the Nelson-Laird amendments to the Economic Opportunity Act of 1965, establishing "Operation Mainstream" and launching the first employment program for the older workers that was to become one of the most valuable and important program achievements to spring from the Great Society era.

Through the pioneering efforts of Congress and National Farmers Union from 1965, and later in 1968 in concert with other national aging organizations, older worker programs were established in many areas of the country. Needless to say, they proved themselves to be tremendously successful, popular, and much needed.

These early programs became the fertile ground for innovation and creativity in the development of new and better ways to bring back into service the generation of Americans responsible for this Nation's greatness.

Realizing the programs significance and value, Congress established, under the Older Americans Act Amendments of 1973, a senior community service employment program (title IX): "in order to foster and promote useful part-time opportunities in community service activities for unemployed low-income persons who are 55 years old or older who have poor employment prospects."

Green Thumb continues to take strides in plowing new areas of activity to meet the increasing service needs of rural communities.

We appreciate the expansion provided by Congress which almost doubled the title IX program last year, and are grateful of the efforts and support of Secretary of Labor, Ray Marshall, and his staff, for expeditious handling of the program development and grant agreement process.

The fiscal 1978 appropriations for title IX programs will provide nationally approximately 45,000 full and part-time jobs for senior Americans.

Despite tremendous bipartisan support in both Houses of Congress, the projected 45,000 positions made possible under current authorization levels will provide employment opportunities to less than 1 percent of the 5.4 million older Americans eligible by age and income for enrollment in the program. Most of these could and would work if given the opportunity.

Senator Percy, our national unemployment figures still stand at better than 7 percent of those registered as actively seeking work. This does not reflect the many discouraged workers, particularly in rural areas, who are not registered as seeking employment, but who are anxious to work.

It is important here to note that in a recent study of exhaustees of supplemental Federal unemployment insurance, 70 percent were age 45 years and over, and 45 percent were age 55 and over. Older workers are the first to be laid off or terminated when the economy slows, and the last to be brought back into the labor market when the economy warms and employment rises.

In 1975, workers 45 and over were 26 percent of those unemployed 15 weeks, and 31 percent of those unemployed 27 weeks or more.

In 11 months of 1976, workers 55 years and over were 14 percent of those unemployed 15 weeks and more, and 15.4 percent of those unemployed 27 weeks or more.

Yet in 1975 only 2 or 3 percent of participants in programs funded under CETA were 55 years of age and over and less than 6 percent were age 45 and over—dramatic evidence of a continuing pressing need for a strong older worker program tailored and operated specifically to meet the employment needs of the elderly.

Green Thumb was established to put the skills, talents, and experience of the older rural persons back into service to make rural America a better place to live, work and play. Minds do not cease to function, nor do physical abilities suddenly diminish when a person reaches age 65. Green Thumbers have

proven that they can still successfully contribute to their communities long after they have passed the traditional retirement age. Across the country today Green Thumbers are working to repair, winterize, and build rural homes and community buildings; Green Thumbers are aiding other seniors by working in community nutrition programs and outreach services; and still other Green Thumbers are working with local rural governments to provide much needed community services that seniors could not otherwise afford.

All Green Thumb workers are over the age of 55, the average age is 69 and 10 percent of the Green Thumbers are over 80 years of age. The oldest Green Thumber is 102 years old and is working in Florida for the division of forestry doing yard and maintenance work.

The increased lifespan of people around the world, particularly in industrialized nations, make such programs as those covered by the Older Americans Act, and particularly title IX, of particular relevance in discussion of services available. Recently our National Farmers Union president, Tony Dechant, returning from a meeting of American agriculture leaders with Japanese agriculturalists, brought back a story outlining the developments of a Green Thumb program in Japan.

The Japanese Government has provided jobs for over 7,000 Japanese elderly, doing community service work in a way very similar to title IX, and with the same overwhelming success. The story points out, and I quote: "Indeed, true welfare for the aged is not mere allowance or pension, but a purpose in life." (Excerpt from the Japan Times, Tokyo, Japan, Aug. 29, 1977.)

Older workers bring with them, to anything they do, a vast knowledge of useful skills and an understanding of the working world. They are able to use this understanding to adapt to new positions readily and learn new skills easily.

From their work in the community, Green Thumbers are able to renew their sense of dignity, self-esteem, individual belonging and self-worth. In a culture steeped in the work ethic, depriving a person of their right to work is dehumanizing, assuring that right is only just.

In addition to much needed income earned in title IX employment, the program is vital to the extension of the work ethic into later life.

This Nation has been built on fundamental, but sound, principles which are incorporated in the spirit of what title IX is all about—work instead of idleness; payrolls instead of welfare rolls; wages instead of the dole; contribution to our Gross National Product rather than a drain; contribution to our Society rather than a supplicant; paychecks rather than transfer payments.

Older workers employed by title IX of the Older Americans Act have made many programs under the various other titles of the act work successfully, particularly title III and VII. This is not only true in rural America, but throughout the country where older workers are enrolled in title IX programs.

Eight hundred ninety-eight Green Thumbers work in title VII and other nutrition programs. If we could expand nutrition programs for the elderly 10 times, providing opportunities for them to share nutritious meals in cheerful surroundings, it might do more than any other single step to control the climbing costs of nursing home care that must be provided by medicare and medicaid.

During the first quarter of this year, 42 percent of Green Thumb title IX workers were working in direct service to other elderly persons through cooperative working relationships with area agencies on aging across the country. Older workers have been busy providing home repair, weatherization, transportation, nutrition services, and outreach services, in an attempt to assist area agencies on aging to extend their services and involve older residents who are geographically isolated, homebound, or lacking transportation to centers of service in often distant communities.

Public transportation simply does not exist in most of rural America. If you are unable to drive, don't have a car, or weather and road conditions make travel hazardous or impossible, you are denied services because you can't get to them, even if you're eligible.

We have been able to provide over 300 Green Thumb drivers to drive buses that can provide the transportation to rural disadvantaged people so they can use the services of our small towns—and provide support for the small-town merchants. Ten times that number of drivers and buses would hardly begin to meet the need.

While National Farmers Union is concerned about older workers everywhere in America, our expertise lies in the rural population, and it is here that we are deeply concerned.

Under the sponsorship of the National Farmers Union, Green Thumb has pioneered creative leadership in the area of the older rural worker employment, and has made a strong commitment to the development of rural America. The Rural Development Act of 1972 directed all Federal agencies to work toward the national goal of revitalizing rural America. In furthering the spirit of the Act, Green Thumb operates only in rural communities employing the rural low-income elderly.

By definition, rural areas include any area that is within open country or a village, town or small city, not larger than 50,000 people, and not within suburban or suburbanizing areas adjacent to a city larger than 50,000 people.

Forty percent of our Nation's elderly live in rural areas. Thirty-six percent of those who are 65 years of age are living below the poverty level. Twenty percent of these are heads of households and their incomes are less than $3,000 a year. Fifty-five to 60 percent of the low-income elderly in this country are in rural America. The farmer and the farm laborer experiences prolonged and seasonal unemployment more than people in any other occupation. The need for job opportunities in rural areas is indeed great.

The migration from the rural areas to urban areas has reversed itself in the last decade. Since 1970, the net migration to the rural areas has resulted in an increase of rural population by about 2 million people. Polls indicate this trend will continue, as people seek to escape the pressures of urban life. These factors, coupled with serious gaps in economic opportunity and availability of community and social services, sound an alarm on the growing problems of the elderly in rural America.

Many other indicators show that, as a whole, rural residents have less access to adequate housing, health and social services, and other community facilities. Small rural governments, often managed by part-time officials, quite often lack the resources to address the complex intergovernmental structure. Title IX provides a viable solution to many of these inherently rural problems.

Perhaps most important for the individual, Green Thumb employment represents an assurance that he or she can continue contributing to rural community life. This translates into several important meanings for rural communities: the delivery of services they could not otherwise afford; an increase in the cash flow and employment positions in the community; a pool of federally subsidized workers enabling communities to enhance or establish individual and community services; and the assurance that the talent, skills, and energy of older low-income rural workers is not going to waste.

Green Thumb's role in returning the ability to work to the older person is sometimes as simple as providing clothes, shoes, a pair of glasses, a hearing aid, or other supportive services necessary in making Green Thumbers "work ready." The Green Thumb program provides its 13,000 employees with an annual medical examination to determine provides the older rural worker and the project sponsor with the assurance that the Green Thumber is physically able to perform assigned work, and points out any possible limitations which might cause injury or illness to the worker.

The wages and fringe benefits Green Thumbers earn are a welcome addition to meager social security benefits for the individual and their family. Green Thumb serves as a major source of income for many small rural communities. In some communities Green Thumb is the largest employer in town.

In some States, Green Thumb workers are coaching high school students. They are also keeping high schools in good repair in some Green Thumb States.

Last year 539 Green Thumb workers, with the help and supervision of local sponsors, repaired and/or weatherized nearly 13,000 homes.

Winterizing can include anything from repairing holes and cracks in a house to repairing or replacing plumbing and electrical systems or installing new roofs and floors.

Response to the winterization program has been exciting. The following are a few of the comments made by some of those who were aided by the Green Thumb weatherization programs:

"House is so much warmer, wind doesn't come through the east side."

"They installed and paneled the living room kitchen combination room for us. It is so warm now and a delight to live in. My husband is ill and bed-fast and every care was given by the crew not to disturb him."

Mr. Percy, as a result of title IX employment, 18,000 older workers enrolled in the Green Thumb program are well and are contributors to the well-being of their families and their communities, and are able to maintain their sense of dignity and self-esteem. I am sure the same is true for those title IX workers employed by the other program sponsors.

However, though we can look back and see that we have come a long way together in the past decade, much remains to be done, and millions remain unserved.

There are 5½ million potential older workers out there who need to be useful and productive. Many of them are destitute, lonely, and generally out of the mainstream of our society. Relatively few of these people are interested in receiving a handout. They simply want an opportunity to work, remain independent, and earn their keep; although they cannot, yet, count on the private sector to provide them with that opportunity.

Mr. Percy, we recommend and urge this Congress to move decisively in reauthorizing title IX legislation which would guarantee the continued existence and substantial growth of senior community service employment programs. There is a great need for such a tried and proven program operating for the explicit purpose of providing employment opportunity to the elderly wishing to remain independent and contributing members of American society.

Authorization and appropriation levels must be raised substantially to give opportunity to every older American wishing to remain employed, the choice and chance to do so.

It is our belief that program sponsorship and administration by national organizations has clearly proven to be the most cost-effective method of achieving a high quality title IX program. We urge legislative language that will insure continued utilization of the experienced and concerned organizations who pioneered the concepts of the title IX program, and who developed the expertise, efficiency, and proficiency in administration of the older worker employment programs.

For similar reasons, we recommend that the administration of older worker employment programs remain with the Department of Labor in order that fullest advantage can be derived from the experienced and competent personnel working with the administration and monitoring of title IX programs. The complexities of funding and program management are many, and the well-trained systems of more than a decade in the Department of Labor are working. Program quality and services can only suffer from a shift from one agency to another at this point in time.

Lastly, but most importantly Mr. Percy, we ask that serious consideration be given to the creation of permanent authorizing legislation for senior community service employment programs.

Title IX programs are among the most successful in achieving their purpose and most efficiently operated programs currently receiving Federal funds. With countless jobs needing to be done in thousands of communities across the country, and eager, talented, and experienced hands ready and willing, but still idle, we know there is a great need for employment opportunities for older workers.

Such frequent need for reauthorization hinders longer range local planning and creates needless insecurity among the workers and their families dependent on a job to maintain their dignity, self-esteem, independence, and sense of well-being.

Title IX programs have proven their immense value to the financial, physical, and mental health of 38,000 of this Nation's elderly and to the communities that have benefited from their energies, skills and enthusiasm.

Mr. Percy, we enthusiastically urge continued orderly progress and growth in title IX and, even more importantly, we recommend that employment programs for older Americans be made a permanent part of American life.

The title IX pledge to older rural workers is captured in Green Thumb's slogan:

"If you keep working, you can live better, you can live longer. You can do more good and you will be more satisfied. Get a job. Go to work. Contribute to betterment of rural America instead of sitting idle."

ITEM 3. LETTER AND ENCLOSURE FROM SHIRLEY M. FITZGERALD, WASHINGTON, IND., PRESIDENT, INDIANA ASSOCIATION OF SENIOR CENTERS, TO SENATOR CHARLES H. PERCY, DATED NOVEMBER 11, 1977

DEAR SENATOR PERCY: Attached is a copy of concerns I would have listed on behalf of the Indiana Association of Senior Centers. As we meet at various times and places during the year, many concerns dealing with the area agencies on aging have been expressed. I have listed what we feel the role of the area agency on aging should be with recommendations. Also attached is the statement of purpose of our association.

Our other concerns are as follows:

(1) That income guidelines for title IX, Older Americans Act, and title X, Economic Development Act, be raised. These severely limits not only filling much-needed positions but deprives many deserving senior citizens of employment and income. This should also apply to funding for Green Thumb projects.

(2) We strongly urge the implementation of tile V funding for operational costs of senior centers. These centers have grown and expanded services as needed for local Older Americans—both those who are able to participate in center activities as well as those confined in their homes. With this expansion, additional operational costs are incurred and local rural communities with high percentages of elderly cannot support those costs. Title V could help meet this need.

Respectfully,

SHIRLEY M. FITZGERALD.

[Enclosure]

ROLE OF AREA AGENCY ON AGING

(1) To actively seek out funding sources to support senior citizens needs;

(2) To help in a supporting role, implement programs deemed necessary and needed by local county councils on aging, senior centers, and other organizations working in the field of aging;

(3) To help identify needs of the elderly in their areas and work with local "service delivery" organizations, i.e., multipurpose/multiservice senior centers, to meet those needs;

(4) To work cooperatively with the State commission on aging—not in competition with or directly against—i.e., commission passes regulations down and the area agency on aging interprets them their own way;

(5) Not to engage in the delivery of services when local qualified organizations and multipurpose/multiservice senior centers are already established for this purpose;

(6) Not to assume an imperious role by dictating policy through control of their governing boards; these policies many times adversely effect senior citizens and senior citizen projects in several counties over a wide area.

RECOMMENDATIONS

(1) That the area agency on aging role be so defined that the State commission on aging is empowered to enforce that role if and when necessary;

(2) That local established multipurpose/multiservice senior centers be recognized as the focal point for delivery of services related to the needs and opportunities of older Americans and provide funds accordingly;

(3) That people involved in the operation of multipurpose/multiservice senior centers, as well as recipients of services through these centers and representation from the National Institute of Senior Centers be invited and included in all hearings dealing in any way with needs, opportunities, funding, etc., that affects the lives of those age 60 and over;

(4) That senior centers roles/positions be clearly defined in the present funding delivery system, keeping in mind that many, many centers existed before area agencies on aging and some prior to the State commissions on aging;

(5) That a "Sunset Clause" be included when area agencies on aging are involved in the delivery of services thereby enabling local, emerging service delivery agencies an opportunity to become a part of the aging network when qualified.

STATEMENT OF PURPOSE

The purpose of the Indiana Association of Senior Centers is to initiate and develop the following functions:

(1) To provide a vehicle by which the over 150 statewide senior centers may have a sense of oneness and comradeship in meeting the challenge of providing and developing opportunities to enrich the lives of the elderly.

(2) To plan and sponsor statewide workshops designed to:

(a) Stimulate the senior center movement in the State;

(b) Interpret the relationship of centers to area agencies and other organizations in the local community, the State, and Nation;

(c) Help personnel working in the field of aging realize the importance and potential of senior centers on the grassroot level where the services are actually provided on a day-by-day basis.

(3) To serve as a medium through which centers can exchange information, give and receive encouragement, and engage in joint endeavors to serve the elderly.

(4) To provide a statewide unified body when representation, recommendations, requests, or problems need to be presented to implement solutions on behalf of centers and/or the clients they represent.

(5) To cooperate with the Indiana Commission on Aging and Aged as well as other governmental units in carrying out objectives and programs related to the needs and opportunities pertaining to older people.

ITEM 4. LETTER FROM HERSCHEL AND HILDA HOLLOPETER, TERRE HAUTE, IND., TO SENATOR CHARLES H. PERCY, DATED NOVEMBER 11, 1977

DEAR SENATOR PERCY: We, the over 65, appeal to your sense of justice, to importune the Congress of the United States to reinstate the "now elderly" as first class citizens of our beloved country.

We believe that setting us apart from the citizenry of our land and restricting us at age 65 as "unable unpersons" to limits we have long endured is one of the most unjust acts our Congress has ever perpetrated on our society.

We seem to be relegated into one great mass of faceless unpeople, though our needs and circumstances are as varied as they always were through our lifetimes.

We want first to be allowed the freedom of being ourselves, to think and help plan for ourselves; we want to be considered live persons, citizens of these United States with the rights for which we worked and fought through our active lives to make this country strong and equitable, and we want to be independent as long as our circumstances allow.

We implore you, Senator Percy, to work with us toward this end.

Sincerely,

HERSCHEL AND HILDA HOLLOPETER.

ITEM 5. STATEMENT OF THOMAS A. ROSS, DIRECTOR, REGION XI AREA AGENCY ON AGING, COLUMBUS, IND.

The region XI area agency on aging receives $90,569 of title III funds. Of this, $63,591 is used in social service programs. The area agency has a strict philosophy of not providing direct service when applicable. Region XI consists of five counties in southern Indiana (Bartholomew, Brown, Decatur, Jackson, and Jennings).

The title III objectives for fiscal year 1977–78 are: (1) transportation, (2) health screening clinics, (3) home health/homebound services, (4) information and referral systems, (5) legal services, (6) home repair/home maintenance, and (7) emergency assistance funds. The following will define in more detail each objective, its action steps, and the actual amount allocated to that objective. (Please note that $15,000 allocated in outreach and $1,000 allocated in escort do not have a priority objective. The escort and outreach

budgetary categories are used to provide supplementary funds to each of the seven priorities.)

STATEMENT OF OBJECTIVE NO. 1

By June 30, 1978, increase utilization of available transportation services by 25 percent and implement a new system in Brown, Bartholomew, and Jackson Counties in that portion not now serviced to reach 100 additional older persons.

Rationale for selection

To reach the low-income and minority older persons, our goal is to provide a service which can provide the means of alleviating other related problems of the low-income person. Providing transportation to the doctor, bank, grocery, dentist, and optometrist solves the problems of health care, food, dental, eye, and financial needs. Low-income persons rarely have one problem. Their needs are usually complex and of a variety. Our rationale is that by providing transportation we can solve many problems. We expect that the impact will be to serve 150 additional low-income persons and those without drivers' licenses in area 11.

Major action steps to achieve objective

Step 1: Locate target population to be served by the transportation systems. This will be accomplished by map locations of older persons who have been identified as needing transportation to participate in senior center activities. Estimated date of completion: October 15, 1977.

Step 2: Identify the agency or organization responsible for the transportation systems. Estimated date of completion: December 31, 1977.

Step 3: Sign a contract with the agency or organization to provide the service for a specific cost per service unit. Estimated date of completion: January 31, 1978.

Step 4: Receive from the contractor a report which includes the routing plans to insure each identified older person is required to spend no more than 30 minutes each way. Estimated date of completion: April 15, 1978.

Step 5: Assessment of each contractor with a 1-week test for transporting 50 persons. Estimated date of completion: May 15, 1978.

Step 6: Initiate operations of the total number of unit systems (3). Estimated date of completion: May 31, 1978.

Step 7: Monitor total transportation system. Estimated date of completion: June 30, 1978.

Step 8: Evaluate, make alternatives and modifications where systems are below par. Estimated date of completion: June 30, 1978.

Actual/projected funds:

Non-title III funds	$1,334
Title III funds	12,000
Total estimated funds to achieve objective	13,334

STATEMENT OF OBJECTIVE NO. 2

To establish by June 30, 1978, a health screening clinic in Bartholomew, Jackson, and Jennings Counties to provide services to 500 older persons of which 50 percent will be low-income.

Rationale for selection

Health factors affecting older persons indicate that this service will have a great impact on the well-being of 50 percent of the older, low-income residents of the area. Health care was chosen as the second greatest need of older persons in our public hearings. To the extent possible within the limits of resources the area agency will address itself to this important need which has been identified. The target population is the clear responsibility since medicaid and medicare rarely cover the cost of any kind of preventive measures toward keeping older persons healthy or finding problems such as malnutrition, hypertension, glaucoma, diabetes, and other related health problems of the aged.

Major actions steps to achieve objective

Step 1: Obtain letters of support from the area medical associations for the health screening projects. Estimated date of completion: September 15, 1977.

Step 2: Complete a written report based on a feasibility study to determine the types of services to be provided and the number and skill of individuals to staff the projects. Estimated date of completion: November 30, 1977.

Step 3: Identify the grantee responsible for the program. Estimated date of completion: December 31, 1977.

Step 4: Negotiate a plan with the grantee to incorporate the findings of a 1 week test run. Estimated date of completion: February 1, 1978.

Step 5: Publicize the program with a campaign to advertise the service through weekly ads in all county newspapers and weekly spot announcements on local radio and TV. Estimated date of completion: March 1, 1978.

Step 6: Provide technical assistance to insure that grantee has initiated operation of the unit. Estimated date of completion: March 15, 1978.

Step 7: Initiate a complete monitoring and assessment system of health screening units. Estimated date of completion: March 31, 1978.

Actual/projected funds:	
Non-title III funds	$556
Title III funds	5,000
Total estimated funds to achieve objective	5,556

STATEMENT OF OBJECTIVE NO. 3

By March 31, 1978, to have established three home health/homebound services to 500 low-income, physically and mentally handicapped older persons in area 11.

Rationale for selection

In one county where a public hearing on the development of the area plan was held the participants voted that home health/homebound services were high priorities of services to be developed in area 11. This was a priority in three other counties where we held public hearings.

The title X home health aid program is providing services in one county; however, we have identified the need in three additional locations.

The impact of better health for older persons is felt when assistance with personal care is so that they avoid expensive institutional care and they can remain longer in their own homes.

Major action steps to achieve objective

Step 1: Obtain a letter of support for the home health/homebound services from the county health department. Estimated date of completion: September 30, 1977.

Step 2: Complete a written report on a feasibility study to determine the types of services in the home to be provided and the trained persons to perform the services. Estimated date of completion: November 15, 1977.

Step 3: Identify the contractor or grantee responsible for the program. Estimated date of completion: January 15, 1978.

Step 4: Complete the publicity campaign through newspapers, weekly ads, and radio in all counties. Estimated date of completion: February 28, 1978.

Step 5: Provide technical assistance to insure the grantee has initiated the operation of the services. Estimated date of completion: March 31, 1978.

Step 6: Initiate the monitoring and assessment plan. Estimated date of completion: May 15, 1978.

Actual/projected funds:	
Non-title III funds	$889
Title III funds	8,000
Total estimated funds to achieve funds	8,889

STATEMENT OF OBJECTIVE NO. 4

By December 31, 1977, establish an information and referral system to provide a base of information on resources available for the elderly and the agency to which persons needing a service may be referred which will serve 1,000 persons a year.

Rationale for selection

Before deciding to select this services as an objective, we held four public hearings to collect data about the characteristics of older persons, their knowledge of the services now available to them, and the services they needed. Our study showed that approximately 75 percent of older people do not know where to go for available services.

The impact of this service will be felt in the target population since it is always the indigent who need this kind of service to alleviate more than one problem. The poor have a complex of problems to be solved and this kind of service is the purpose or aim at the end result; to solve a particular problem or render a needed service.

To coincide with the State agency on a time schedule we will begin followup procedures by July 15, 1977, in order to provide the State agency with sufficient required data.

Major action steps to achieve objective

Step 1: Update the resource file using data collected in quarter January through March 1977. Estimated date of completion: July 15, 1977.

Step 2: Conduct workshops in each county designed to assist agencies in usage of I & R. Estimated date of completion: August 15, 1977.

Step 3: Conduct regional workshop to provide technical assistance to agencies requiring assistance. Estimated date of completion: September 15, 1977.

Step 4: Assess the I & R program with a 1-week test to evaluate the effectiveness of the program. Estimated date of completion: September 30, 1977.

Step 5: Initiate changes, additions, deletions required or shown in the assessment. Estimated date of completion: October 15, 1977.

Step 6: Identify any gaps and barriers and implement alternatives that are required. Estimated date of completion: November 15, 1977.

Step 7: Total operation initiated and begin monitoring. Estimated date of completion: December 31, 1977.

Actual/projected funds:	
Non-title III funds	$945
Title III funds	8,505
Total estimated funds to achieve objective	9,450

STATEMENT OF OBJECTIVE NO. 5

By September 30, 1977, increase utilization of legal services by 156 participants of low-income and minority older persons in area 11.

Rationale for selection

The legal services program in region XI was set up primarily to reach the indigent in three counties. In fiscal year 1975–76, a one-shot title III grant was approved to launch a campaign to reach low-income older persons in five counties. Thirteen older low-income recipients received legal assistance. We found that older people are overcoming the social barrier and are seeking legal aid through our program.

This program, as it gains more acceptance, will have a great impact on low-income older persons. Legal services is staffed with two full-time lawyers, bookkeeper, and secretary.

This kind of service to low-income older persons is the first in region 11.

Major action steps to achieve objective

Step 1: Locate target population to be served by the legal services program. Estimated date of completion: July 1, 1977.

Step 2: Provide technical assistance to insure grantee has initiated the operation in five counties. Estimated date of completion: August 1, 1977.

Step 3: Conduct interviews with recipients to find out if the service is sufficient and satisfactory. Estimated date of completion: August 31, 1977.

Step 4: Monitor contractor performance to identify progress. Estimated date of completion: September 1, 1977.

Step 5: Take action to make any necessary corrective measures in the program. Estimated date of completion: September 30, 1977.

Actual/projected funds:	
Non-title III funds	$200
Title III funds	1,800
Total estimated funds to achieve objective	2,000

STATEMENT OF OBJECTIVE NO. 6

By March 31, 1978, increase the home repair/home maintenance projects by three to repair and winterize 75 additional homes of older persons in region 11.

Rationale for selection

Home repair began with title III grants to three towns in region XI in September. Two additional grants were approved January 1977. This program has been a desirable and needed program for the elderly. The severe weather of January proved that homes that had been winterized still required less fuel than other winters of the same month. The program is a coordinated effort between title III, CETA, and Green Thumb. Poverty income guidelines are followed in most every case. A continuation and increase in the program is planned to meet the great need that has been identified.

Major action steps to achieve objective

Step 1: Evaluate previous program for adequacies and deficiencies. Estimated date of completion: July 31, 1977.

Step 2: Provide technical assistance to three additional towns and cities to aid in funds. Estimated date of completion: August 31, 1977.

Step 3: Identify alternatives, resources, and prioritize for further findings. Estimated date of completion: September 30, 1977.

Step 4: Identify the contractor responsible for the additional three repair units. Estimated date of completion: October 15, 1977.

Step 5: Complete the publicity campaign through newspapers and radio in counties of program operation. Estimated completion date: November 30, 1977.

Step 6: Monitor contractors performance to identify progress: Estimated date of completion: January 15, 1978.

Step 7: Evaluate and make necessary corrective measures in the program. Estimated date of completion: March 31, 1978.

Actual/projected funds:	
Non-title III funds	$1,223
Title III funds	11,000
Total estimated funds to achieve objective	12,223

STATEMENT OF OBJECTIVE NO. 7

By December 31, 1977, to establish an emergency assistance fund of title III to provide winter emergency needs of oil, heat, transportation, plumbing (thawing of pipes, etc.), and other related services to older persons in region XI.

Rationale for selection

The winter of 1977 was a bitter experiance for many older persons in Indiana. No one was prepared for such an emergency. Our rationale is to be prepared for 1978. Emergency stations will be set up enabling us to go into immediate action when necessary. The information and referral system will be of great service to us in this program.

The low-income, in substandard housing, heating with gas and oil, were hardest hit. Enormous bills couldn't be met and it is the responsibility of the area agency to set up such emergency funds to assist the older low-income persons.

Major action steps to achieve objective

Step 1: Locate target population to be served by the emergency assistance program. Estimated date of completion: September 30, 1977.

Step 2: Provide technical assistance to trustees, all other agencies whose clientele are low-income. Estimated date of completion: October 31, 1977.

Step 3: Identify the grantee responsible for the programs. Estimated date of completion: November 15, 1977.

Step 4: Initiate and monitor the services. Estimated date of completion: December 31, 1977.

Actual/projected funds:	
Non-title III funds	$143
Title III funds	1,286
Total estimated funds to achieve objective	1,429

Since July 1, 1977, the following title III projects have been funded to meet said objectives:

(1) Town of Crothersville—home repair/winterization;
(2) City of Seymour—home repair/winterization;
(3) City of Seymour—aging awareness program;
(4) Bartholomew County Retirement Foundation—senior center beautification;
(5) Bartholomew County Retirement Foundation—outreach program;
(6) Hamblen Township Civic League—transportation program;
(7) City of Greensburg—home repair/winterization;
(8) Jennings County Coordinating Council—information and referral system;
(9) Ohio Valley Opportunities—transportation system;
(10) Ohio Valley Opportunities—center repair;
(11) Town of Crothersville—senior center renovation;
(12) Brown County Commissioners—homebound health services.

It is estimated that the above-mentioned fundings will serve 1,575 people.

In the fiscal year 1976–77, the social service budget was $75,650. The following projects were funded, providing the listed service:

(1) Medora Senior Center—escort transportation service;
(2) Brownstown, Indiana—home repair/winterization program;
(3) Crothersville, Indiana—home repair/winterization program;
(4) Greensburg, Indiana—home repair/winterization program;
(5) Brown County Council on Aging—escort transportation system;
(6) Video Access, Bartholomew County—outreach program;
(7) Information and Referral—five-county I & R system;
(8) Decatur Co. Park & Recreation—escort transportation service;
(9) Greensburg Meals on Wheels—supplemental funding;
(10) Ohio Valley Opportunities—senior center repair;
(11) Ecumenical Assembly of Bartholomew County—repair of center;
(12) Town of Medora, Indiana—home repair/winterization program;
(13) Bartholomew County Retirement Foundation—health clinic;
(14) Decatur County Board of Commissioners—emergency winterization;
(15) Legal Services, Inc.—legal aid funding to elderly;
(16) Jennings County Coordinating Council—emergency winterization program;
(17) Human Services, Inc.—emergency winterization program;
(18) Human Services, Inc.—home repair/winterization program;
(19) City of Greensburg—emergency winterization funding.

The title IV–A training funds allocation for 1977–78 is $2,350. These funds will be used to further the training of board members and county councils on aging. Also, $598 will be used for education and training of staff.

Title V funds are necessary to coordinate with title III funds. If you will notice the number of title III funds used to renovate existing senior citizen centers, you can assume title III funds were used because of the lack of title V.

In fiscal year 1976–77, $3,996—the total amount allocated—was used by Hickory Ridge Community Center in Brown County. This year, $9,764 will be used by the city of Greensburg to renovate a purchased building for senior citizens by the city. Also, $2,000 will be used by Medora Senior Center for repairs.

The region XI area agency on aging received $143,801 of title VII funds for actual meals. The agency has meal sites in all five counties (Seymour; Brownstown; Nashville; North Vernon; Hope; Greensburg; Love Chapel, East Columbus; Westport; St. Paul; Hickory Ridge; Medora; West Columbus.

The title VII objectives for 1977–78 are as follows:

OBJECTIVES: NUTRITION

(1) By March 31, 1978, increase utilization of available nutrition sites to provide meals for 10 percent (130 persons) of low-income and minorities in region XI.

(2) By March 31, 1978, increase meal site locations by four in incorporated towns in area 11 to serve approximately 100 older persons.

(3) By July 1, 1977, provide supportive services of nutrition education, information and referral, and consumer education, to 450 older persons in 10 nutrition sites in area 11.

(4) To provide outreach services in coordination with public and private organizations in area 11 to reach 100 older persons by October 1, 1977.

The project this year has served to date 22,852 persons.

In fiscal year 1976–77, the title VII nutrition project budget was $112,574 which served 64,387 meals.

The region XI area agency has not dealt directly with title IX funds. We do, however, employ the services of Indiana Green Thumb. Indiana Green Thumb employees are an invaluable service of manpower for home repair/winterization; outreach; nutrition sites supervisors; etc.

We feel that the most important programs are, in priority, title III, title VII, title V, title IV, and title IX.

To strengthen the aging network, regions XI area agency on aging makes the following recommendations:

The National, State, and area agency on aging network is the most efficient and effective administrative mechanism for the delivery of aging programs. We recommend the consolidation of all aging programs under the Administration on Aging. At the local level, all titles of the Older Americans Act should be administered through the area agencies on aging, the unit established for the development and delivery of services at the local level.

AMENDMENTS TO THE OLDER AMERICANS ACT

Title III: It is recommended that all State units on aging be required to decentralize their grant-making function and delegate Older Americans Act funds to local public or private not-for-profit agencies designated as area agencies on aging. In Indiana, it has been demonstrated that such a requirement will insure that local decisions on aging programs will be made locally.

It is also recommended that decisions regarding direct delivery of services and the funding of a program beyond 3 years, be options of the area agency's governing board.

The 25 percent matching requirement on planning and an additional 10 percent on the remainder of an area agency's administrative grant is impractical and detracts from insuring that all important functions of the area agency are accomplished. We recommend removal of matching requirements for planning, coordination, and pooling or at least lower overall matching requirements to 10 percent.

Title V: Senior citizen centers are the focal point and vital link to the delivery of services to older persons in the community. Adequate funding of section B of the title is vital to the development of multipurpose centers.

Title VI: The programs as now administered by the Federal ACTION Agency are not compatible with the Older Americans Act, thereby hindering coordination and program effectiveness. We recommend restoration of aging programs of ACTION for implementation through the Administration on Aging.

Title VII: Ambiguous rules and regulations of title VII hamper coordination with title III and other Older Americans Act programs and promotes competitiveness on an unequal level. We recommend that title VII be recognized as a single component along with other aging services in the continuum of comprehensive services under the auspices of area agencies.

Title IX: National contractors are no longer necessary to administer the older American community employment program. National contractors create unnecessary administrative costs and barriers to coordination. We recommend that the program be administered by the Administration on Aging through the existing aging network of State agencies and area agencies on aging.

TITLE X OF PUBLIC WORKS AND ECONOMIC DEVELOPMENT ACT

There is a need for additional job opportunities for older Americans and a need for additional manpower in the aging network. We recommend the continued funding of title X of the Public Works and Economic Development Act.

COMPREHENSIVE EMPLOYMENT AND TRAINING ACT

CETA programs do not provide proportionate job opportunities for older workers and manpower for aging programs. We recommend a mandate to provide proportionate job opportunities to older workers and manpower for aging programs.

SOCIAL SECURITY ACT

Social security recipients are unable to maintain a reasonable standard of living on social security benefits and allowable income. We recommend removal of earnings limitation or substantial increase in earnings limit to reflect current economic conditions.

Social security recipients are ineligible for many programs for which they have a need. We recommend that social security benefits be removed from consideration in determining eligibility for other federally assisted programs.

TITLE XX

Title XX rules and regulations are not compatible with the OAA. This creates eligibility barriers, administrative problems, a welfare stigma, unworkable cash flow problems, an impractical imbalance of SSI recipients and other income eligibles, as well as many other constraints to the proper delivery of services to the elderly.

If Federal funds are appropriated for title XX services to the aged, we recommend that:

(1) States be encouraged to administer title XX services to the aged through State agencies on aging;

(2) Grants be given to private providers to assist with the cash-flow problems, thereby insuring full delivery of services;

(3) Eligibility barriers be removed;

(4) Impractical imbalance of SSI recipients and other income eligibles be corrected;

(5) Every effort be made to erase the welfare stigma.

ITEM 6. STATEMENT OF RAYMOND A. FEILER, TERRE HAUTE, IND., VICE PRESIDENT, INDIANA TAXICAB OPERATORS ASSOCIATION

Mr. Senator, Mr. Congressman, honored guests, ladies and gentlemen, I would like to thank you for giving me a chance to present this position paper.

My name is Raymond Feiler, a local taxicab operator, today representing the Indiana Taxicab Operators Association as vice president.

The taxicab industry in the United States is being put out of business by you. We realize that you don't know anything about it and that you are unaware of this. This paper will attempt to enlighten you on our mutual problem.

Our Indiana association is the voice for approximately 1,200 taxicabs in over 100 cities and towns serving 81 of the 92 counties in Indiana. In 1974 we transported 13 million passengers and traveled over 40 million miles. If the demography of the total State population is like Vigo County, then 80 percent of the 13 million passengers our industry transported were the aged, elderly, and the poor and handicapped.

Contrary to popular belief, the rich do not use taxi services. In our county, 80 percent of our customers are the aged, elderly, and the lower income population. These people are our treasured customers. We constantly transport them between home, clinics, doctors' offices, hospitals, medi-centers, grocery stores, and drug stores. This is the basis from which our business is operated. Most taxi companies are open 24 hours per day, 7 days per week, 365 days per

year. We are the only means of transportation from 6 p.m. until 6 a.m. in all the first and second class cities in Indiana.

Taxicab companies are the only form of mass transportation that is fully self-supporting from the fare box. We have always paid our own way. You never hear much about us; however, nationwide we're five times bigger than the federally subsidized mass transit systems. Taxicabs operate in over 3,400 cities and towns compared to local transits' 947. Taxicabs hire 634,000 workers compared to local transits' 160,000 workers. In 1975, taxicabs traveled 12.2 billion miles compared to local transits' 2 billion miles. Operating revenues for taxicabs was $5.2 billion compared to $2 billion for local transit. Aren't these figures impressive? Taxicabs have been all around for years. Everyone takes them for granted. However, in 1975 there were only 298,000 taxicabs in the United States, compared to 360,000 in 1970.

You see we are declining in numbers. Why is this? There are several factors involved. As I stated before taxicab companies are the only form of mass transit that is fully self-supporting from their revenues. But listen to this: Airlines are federally subsidized. All municipal-owned bus companies are subsidized locally and federally; railroads file bankruptcy and are subsidized; and down on the bottom of this mass transit hierarchy is the little taxicab company trying to keep its head above water. We are the only mass transit systems not to be helped with local or Federal tax dollars. The irony of this is we are paying property taxes, excise taxes, license taxes, Federal and State motor fuel taxes that local bus companies are exempt from. We pay the State of Indiana 2 percent of the gross revenue income tax off the top of our revenue.

We are taxed to death to help support our competition.

Now you are wondering, what is this person doing here? Throwing out all these facts and figures on the taxicab industry at a public hearing on the Older Americans Act. I am here to help our industry and the senior citizens who are immobile in a mobile society. I am here to tell our governmental leaders and all the concerned citizens the problems that exist in our transportation system and government systems. We want to help senior citizens become more mobile and make transportation available to them on a demand response basis.

You see we have a system already in existance and established in 3,400 cities and towns in the United States, however, we're overlooked because everyone of the social human services agencies funded by Housing, Education and Welfare, the Older Americans Act, Department of Transportation, Urban Mass Transit Authority want to build their own little bureaucratic transit systems because Uncle sends them a request for proposal for vans and a driver to start into business.

In May 1976 the House Select Committee on Aging issued a report "Senior Transportation: Ticket to Dignity," which concluded that program coordination was the major obstacle to providing improved transportation to senior citizens. Coordination was made difficult, the report noted, due to user eligibility restrictions, usually involving age and income, imposed by the myriad programs offering services. Lack of adequate planning for the transportation needs of the elderly, technical problems caused by existing franchises, and lack of program cooperation between transportation agency programs and human services delivery agencies were pinpointed as additional problem areas.

The Federal commitment to improve transportation facilities for the least able in the society is now well established at the expense of the taxicab operator who sees his revenue going down because of subsidize systems in his area.

The Federal system is such a mess caused by the uncoordinated proliferation of duplicated transportation services one agency doesn't know where the other agency is going. In my county, HEW, DOT, and others have put 24 vans in this county to transport the aged, elderly, handicapped, poor, welfare and the developmental disability groups. At present, these are the people that make up 80 percent of our taxicab business. Our company can easily see why our source of revenue is declining. We don't have mother hen taking care of us. She bypasses us for her own duplicated, uncoordinated transit system.

The area agency on aging has so many sources of transportation funds it boggles one's mind. To list a few sources for transportation programs, one must consider titles III, IV, VII, and IX of the Older Americans Act of 1965, as amended; titles VI and XX of the Social Security Act of 1935, as amended;

sections 3, 6, 9, and 16(b)2 of the Urban Mass Transportation Act of 1964, as amended; section 147 of the Federal Aid Highway Act of 1973, as amended; appropriate sections, including section 5 of the National Mass Transportation Assistant Act of 1974 and title II of the Economic Opportunity Act of 1964, as amended; and of the State and Local Assistant Act of (revenue sharing) of 1972. The above totals 15 different sources of transportation money.

In March of 1977, a human resource book was published titled "State of Indiana Proposed Comprehensive Annual Services Plan." It has 29 proposed human services to be provided and 22 of the 29 different type services provides transportation for the recipient. Now does this mean that Vigo County will have 22 more Vans added to all the other uncoordinated transportation systems?

To solve this uncoordinated problem, our association asks that we be given a fair and timely opportunity to bid on these type services and to participate in the development of HEW transportation programs. But there is so much "turf protection" (negative attitudes of Federal, State, and local program personnel operating transit services against the private, for-profit transit system) we don't stand a chance.

We need a joint and coordinated public policy statement or mandate from the Secretaries of HUD and DOT to force these type agencies into public bidding and to coordinate these systems to be competitive with the private sector. This will solve about all of your overlapping problems.

Now, for the real input. You know from the earlier facts the dimensions of the Indiana Taxicab Operators Association. Our association wants to propose a total, statewide transportation system for senior citizens. Our State association wants to work with the commission on aging to provide a shared ride paratransit system with a user side subsidy in the form of transportation script that will give all senior citizens mobility.

The basics are these:

(1) A statewide senior citizens transportation script book as attached. These transportation script books can be purchased in $10 denominations from a printing firm. They would be sold to senior citizens, $2 for a $10 book, or whatever other value the commission chooses.

(2) At present, there are 89 counties out of the 92 in the State that have senior citizen centers or clubs. These centers would be your distribution point for the script books.

(3) All script books are numbered so there can be controls on them.

(4) We believe one of the commission staff members could control the 89 distribution centers and keep a record of the number of books distributed to each of them.

(5) The senior citizen would purchase the script books from the county's local senior citizen center. The center returns the money to the commission's staff member in charge in Indianapolis who, in turn, matches it with the Federal funds.

(6) The senior citizen can then use this script book to pay for rides in any taxicab or city bus in the State of Indiana. The taxicab company then turns the script books it has collected from the senior citizen to the commission's staff member for payment.

The Indiana Taxicab Operators Association is very willing to work with the Indiana Commission on the Aging and Aged to accomplish their goals. If you have any questions, please contact us. Thank you.

Appendix 3

STATEMENTS SUBMITTED BY THE HEARING AUDIENCE

During the course of the hearing, a form was made available by the chairman to those attending who wished to make suggestions and recommendations but were unable to testify because of time limitations. The form read as follows:

DEAR SENATOR PERCY: If there had been time for everyone to speak at the hearing in Terre Haute, Ind., November 11, 1977, on "The Nation's Rural Elderly," I would have said:

The following replies were received:

OLIVE BENNETT, SULLIVAN, IND.

I would like to see the nutrition program and also the funds be continued. It has been a help to all senior citizens.

MRS. BEN BROWER, ROCKVILLE, IND.

The town of Rockville, county seat of Parke County, Ind., is in need of some kind of transportation for the elderly. Quite a lot of us elderly do not have any way to get our groceries and medicines. We have two grocery stores and a drug store in the center of town, but their prices are too high. There is a supermarket and a Hook's drug store on the north edge of town. The drug store gives us a reduction on our medicines and the prices at the grocery are a lot lower than up town. So please help us get some sort of transportation. We would be glad to pay to ride as we only shop twice a month. The SCATS van is really wonderful; we can go places and see things and enjoy companionship with others.

RUSSELL BUCKBEE, TERRE HAUTE, IND.

We heard testimony about the need for senior citizen centers. I strongly agree, but would add that if we provide funds, let's allow some flexibility in use of the funds. Construction funds that can also be used in remodeling existing buildings, for example.

Much testimony presented today complained of excessive paperwork associated with fiscal responsibility. At times I am sure this paperwork consumes 50 percent or more of the additional service time that is supposed to be provided. We must reduce this wasteful block to providing services. The legislators mentioned administrators who add requirements to the legislation. In response, I would like to suggest that the legislation specify limits to what will be required to document use of funds.

ANN BURGEN, FRANKFORT, IND.

The Indiana Nutrition Directors Association of Title VII Directors has been represented here today, but were not asked to testify and in fact were not notified of this hearing. There are a number of issues we would like to have addressed:

(1) The high ratio of persons in rural areas who need home delivered meals that cannot be provided under title VII because most projects are serving far above their level with current available funds. Meals-on-wheels bill is essential.

(2) The high energy costs are sending hundreds of new elderly persons to our nutrition sites and we cannot serve them now but must put them on a waiting list because we need more money until title VII.

(3) Too much money is being spent under title VII for rent, utilities, supportive services. Funding of title V for senior centers will help to relieve some of this. We believe most of the title VII money should be spent on food!

(4) We do not believe that title VII programs have to be delivered by the area agencies. We feel other agencies should be allowed to have the opportunity of delivering services. We believe the problem is one of "coordination," not of "dictatorship"! We have several instances in this State where title VII is administered by a separate agency and a working agreement has been worked out between the area agency and the title VII service providers. It can and does work! We do believe the AAA should have review and comment on the title VII plan. Don't close the doors on other local agencies being allowed to deliver services. The AAA has enough responsibility now. Leave the title VII like it is now.

(5) The title XX program in Indiana as it is now being administered under the Indiana Department of Public Welfare is unworkable!

(6) We believe the commodity program under USDA should be expanded and more and better items made available to the title VII nutrition projects.

SALLY BURNS, SULLIVAN, IND.

I would like to see all funding continued for senior citizens. It's been a big help to citizens of Sullivan County.

VIOLET C. CARD, ROCKVILLE, IND.

I wish more emphasis on physical fitness for elderly and wish a program of same. I am not a sedentary person and do not wish to become one.

EILEEN DAVIES, DILLSBORO, IND.

I feel that area nutrition directors should have had some input at the hearing. We deal on a personal level with many of the rural elderly. I am the nutrition director for area 12 and serve almost exclusively rural elderly. There is a great need for a meals-on-wheels type program in this area. We have extended ourselves to capacity in delivering homebound meals. Around 50 percent of the meals we serve are to homebound and this is a strain to our resources. There are many more elderly in the area who would benefit from homebound meals.

We employ several senior citizens under the Green Thumb program. I feel that the income requirements are much too strict. We have many applications from people we must turn down because of their income levels and I feel that many of these people are in great need of a job and are having a hard time making ends meet.

I feel that the nutrition projects are a step in the right direction, but we need expansion.

JUDY EATON, TERRE HAUTE, IND.

Many older persons have a need to be hospitalized due to symptoms associated with organic brain syndrome. Medicaid and medicare will not pay for hospital care of this older person unless it is the first admission or the purpose of diagnosis on the basis that this condition is of a chronic and debilitating condition, and therefore payment for care is refused.

80.

Many older people function quite well for a while and then need brief hospital care to adjust their medications, etc., before being returned to their home or a nursing home.

Let's be practical and provide payment for needed and highly probably types of health problems for the older American.

DOROTHY GAEDE, TERRE HAUTE, IND.

When will the widow women, who maintain their own home and live on social security, be able to file income tax as head of the household? Has the bill passed—a person on social security can earn more than $3,000 in 1978? Thank you.

FOSTER HANCOCK, SULLIVAN, IND.

Senator, I would like to see this program refunded.

We are so happy at our center in Sullivan. So many people have been lifted up and a hope to live has been given them. I am one of them.

Thank you.

LENA HART, SULLIVAN, IND.

I would like to see the nutrition program and also the funds be continued as it has been a big help to all our senior citizens of Sullivan County.

CHARLES HUBBLE, SULLIVAN, IND.

I would like to see all funding continued for senior citizens as it has been a big help to citizens of Sullivan County.

MARIE IRVIN, NEW LEBANON, IND.

I would like to see the nutrition program continued, it has been beneficial to the senior citizens of Sullivan County.

EDWARD L. JORDAN, SULLIVAN, IND.

I would like to see the nutrition program and also the funds be continued as it has been a help to senior citizens.

MRS. VERMONT MCCOSKEY, SULLIVAN, IND.

We need to have the Older Americans Act "renewed." That has been a wonderful thing for us oldsters. The senior citizen centers and food supplied and delivered has certainly made a difference in our daily living. My daughter and son-in-law of Greenville, Ill., thought you a "right guy." Think of us on this important act. Thanks.

TERRENCE R. MCGOVERN, WABASH, IND.

A system of checks and balances and input from a variety of individuals is vital to any social agency or organization to prevent stagnated services or dictatorial policymaking procedures.

Throughout the State of Indiana, title III agency on aging directors are pushing for direct control of Green Thumb programs, RSVP programs, title VII programs, titles IV, IV–A, IX, X, and XX programs, as well as any addi-

tional programs affecting the older Americans. At the same time they are demanding less regulatory control by the State commission on aging to monitor title III activities. If their desires are granted, the final result will be an authoritarian organization with high salaried directors, limited input from service receivers in decisionmaking policies, and limited ability of the State commission to restrict the agency directors' activities. There would be fewer services provided at a higher cost per service.

If the title III directors would utilize the time and energy they are using in an effort to gain power into coordination and pooling of available services, the older Americans would benefit greatly. Title III directors need to learn that before they can be granted additional responsibilities they first must learn to accept and achieve the responsibilities of coordination and pooling already designated to them. Their past record of not working with local county councils on aging or other organizations to provide services is indicative of their failure to coordinate and pool available resources.

If the older Americans of Indiana are to receive the best possible services at the lowest possible cost, no agency can be allowed the power and authority desired by the title III directors.

KAREN MCMILLAN, TERRE HAUTE, IND.

These people do not have ready access to adequate medical care. The nearest doctor is often 50–70 miles away. Many do not have transportation either. Rural health care, delivered to the people, is urgently needed.

GRACE PAGE, DUGGER, IND.

I would like to see the nutrition programs and also the funds be continued as it has been a big help to all senior citizens of Sullivan County.

ZELLA PATTON, SULLIVAN, IND.

I would like to see all funding continued for senior citizens as it has been a big help to citizens of Sullivan County.

REV. ROBERT PRIEST, TERRE HAUTE, IND.

As a retired clergyman, living on social security and a very small (and temporarily frozen) ministerial pension, my wife and I find that our greatest and most baffling problem is the steady increase in the cost of utilities. We manage to cope with food and other living costs by increased economizing. But we are at the mercy of the rising costs of gas, electricity, water, sewage, phone, and water softener, also auto and home insurance.

PEARL REED, SULLIVAN, IND.

I, Pearl Reed, of Sullivan, Ind., Senior Citizen Center appreciate your help for us and hope you continue the nutrition program. It means so much to us old folks.

NORA B. RINEHART, SULLIVAN, IND.

Please continue using the commission on aging to channel funds for the aging programs—please leave the handling of the funds in the hands of people who know what they are doing.

Please arrange a continued financing program for senior citizen programs located in areas where local governments are unable to pick up the budget.

Our multipurpose center offers consultation, transportation, nutrition, crafts, etc., but the greatest thing we have is fellowship—food for the soul!

Continue the centers and we will need less nursing homes. We will have healthier, independent and active senior citizens.

Utilities are a constant problem for all ages, but especially senior citizens.

JOHN RODGER, SULLIVAN, IND.

I would like to see the nutrition program continued and also the funds as it has been a help to senior citizens.

ELIZABETH ROLLINGS, MARSHALL, ILL.

As I live close to Terre Haute, Ind., I would have liked to attend the meeting you held in Terre Haute concerning the needs of senior citizens. As I didn't get to attend, I would like to just say one thing I know would help a lot of us people on fixed incomes and senior citizens. Some of us have a small amount of savings on which we receive interest and this helps supplement our fuel, energy, and telephone bills. Our social security alone—we saved this after taxes over a lifetime, now we pay taxes again on the little interest we receive, such as State and Federal taxes.

As a widow I was forced to take my social security on reduced payment of 71 percent of my husband's social security; as I am under 65 years I cannot receive circuit breaker or homestead exemptions.

President Carter has asked for relief on this. As he says, we are taxed two or three times on retirement and savings.

I believe Congress should go along with the President on this and give us widows and elderly some help.

DR. HEROLD T. ROSS, GREENCASTLE, IND.

I believe that the present regulation under title III which terminates Federal funding for multipurpose centers after 3 years should be changed to allow 5 or 6 years of funding. When the center is established for a county particularly, so much must be spent to meet all of the codes and regulations that sizeable amounts locally raised must be spent for installations or maintenance, at the expense of countywide programs centered in the senior center. To cut off funds after these formative years prevents the expansion of the services originally anticipated. Therefore, I recommend that Federal funding be continued after the first 3 years.

THERESA SELLECK, TERRE HAUTE, IND.

A question to Dr. Dougherty of Katherine Hamilton Mental Health Center. She mentioned counseling for elderly confined in nursing homes because senility may result from their removal from familiar surroundings.

I am a 29-year-old R.N. and find that the above is true especially in the hospitals where most elderly people are admitted first. May I suggest psychological counseling during hospital stay because it may delay or prevent disorientation and also provide an advocate for the elderly patient, who often is given no consideration as to his feelings when doctors and families decide where they go after their hospitalization.

DR. ROBERT D. SELTZER, TERRE HAUTE, IND.

"Retirement" for the professional person is just as traumatic as it is for the other workers. Volunteerism (RSVP) may not fill the vacuum as worthy as it may be to satisfy some individuals.

I recently made a rough survey and found that there are over 100 faculty members of Rose-Hulman, St. Mary of the Woods, and Indiana State University who have remained in the community. Spot checks indicate that they

have retired and that very few of them are being asked to contribute their knowledge and expertise to the community. We are supposed to be intelligent to work out our own future destiny.

I find many deterrents to having them used as consultants. The regulations of social security are absurd.

(1) A 15-hour limit per month of work of skilled retired persons. (Some of us worked 15 hours a day at times as faculty members.)

(2) A dollar limit on amount earned—$270 per month. Even at a minimum of $25 per hour for consultative services a retired professional person would make $375.

(3) Present social security regulations reduce your monthly stipend $1 for each $2 earned over the amount allowed. Ridiculous.

(4) Since even the new bill being considered forces us to retire at 65, there should be no arbitrary limit on what we earn—either on the month or the calendar year.

I am not ready physically, emotionally, nor dollarwise to be shipped off to the glue factory—like a dead horse. I think many of us want to make our knowledge available, want to be recognized, want to contribute to society, want to make Democracy and our form of government work. Most professional retirees are busy doing their own thing—enjoying their retirement—but would be willing on contract, hourly, or volunteer our services if called upon by institutions in this SMSA.

PEGGY SPARGO, CONNERSVILLE, IND.

There are quality services being provided to the elderly throughout Indiana in several areas under separate grantee agencies.

In one area, under separate grantee agencies, there are two excellent RSVP programs: Salvation Army, title XX, and CETA home aid services; transportation provided by separate grantees in each county, and title VII nutrition program. There is great effort and emphasis to coordinate these services through the area agency and county council on aging.

Many feel in this area that it would be disastrous to tunnel all programs under the area agencies unless Congress wants to encourage dictatorships. We would like to see the Older Americans Act left open for various agencies.

JOHN STAKEMAN, TERRE HAUTE, IND.

My first thought is; if you would get taxes low enough, it would leave enough money in our pocket to take care of ourselfs. And when we do need help, I think it should be closer to the need or local, if you people in Washington would just make various agencies or departments of government work properly and efficiently. Try to do something about inflation instead of adding to it.

I saved for my old age. If we didn't have inflation, I'd be doing fine; but with inflation, I'll probably need help if I live very much longer.

In other words, if you could be a little more efficient in Washington, that would be a big help. We have managed to take care of ourselfs this long. Why would we need a lot of forms, rules, and regulations to contend with, just because we lived to be 65 or 70 years old?

FRANK THOMAS, SHELBURN, IND.

Regarding the Green Thumb project, a man is unable to draw over $242 and still be able to work on the Green Thumb. I feel this is unfair to us who only draw $265 or even more. We should be able to work and create a better living for ourselves.

I passed the total test till it came to the social security I was able to secure, which again is only $242. I was forced to retire at 62 in order to wait on my wife who had cancer and eventually passed on. I need this work to pay the additional doctor and hospital bills. The job I was to have was overseeing the food centers. This I could have handled for several years to come.

MRS. R. W. WANN, WINGATE, IND.

More time has been spent on selling the public on the area agency concept than on identifying the needs of the rural elderly. We do not need to establish another level of administration with more bureaucracy and administrative expense, as has been suggested by the area agency directors. Their duty is to establish goodwill among the providers of services and satisfy the needs of the elderly through the coordination of services. They are to be an official messenger for the elderly! This can be done without the full control of all services which they seek. Today we are honoring the veterans, some of whom gave their lives to put down a dictatorship. Let us work with our established forms of government with their built-in merit systems and local control.

We should be hearing from those who provide services for the elderly. They are very much aware of the needs of the rural elderly. Let us listen to RSVP, foster grandparents, senior centers, nutrition programs, CETA, Green Thumb, transportation programs, employment programs for the elderly, and others who are solving the problems of the elderly through dedicated hard work.

GERALD R. WIBERT, VINCENNES, IND.

Federal legislation needs to encourage a speedup in the process for reviewing and approving title XX applications under the Social Security Act. It's been approximately 5 months since our application was submitted in full, and to date we have not had a signature and have not received any official word as to objections to the contract on request for renegotiation.

We in Indiana have a network on aging that works. State units, area units, and nutrition programs for the most part work together. I would like to recommend for the upcoming changes in the Older Americans Act that:

(1) You strengthen the requirements for network development in each and every State;

(2) For all aging programs to operate through the established aging network, since they have proven their ability and capacity to handle a variety of programs and to plan comprehensively for the needs of senior citizens;

(3) Develop a formula to provide rural America with a higher percentage of funds than urban America. In other words, find some other way to distribute the money rather than by the total population of senior citizens and total population of low-income senior citizens. The reason for this is that resources are much more readily available by way of organizations, as well as funding, for urban America rather than for rural America. Federal programs that are sometimes forced upon local communities have a limited capacity for development and maintenance over a period of time. At least this is the perspective of some smaller units of government.

(4) Legislation needs to be enacted in the Older Americans Act encouraging home care programs, such as home/health, home repair, handyman, chore, and housekeeping. Also, legislation needs to be enacted which permits the home-delivered services to be paid for out of medicaid and/or medicare funds.

As one working in the aging network, I feel Indiana has some unique qualities and I am proud to be working in this State as a director of an agency on aging. I would personally like to thank you for permitting this public hearing and for participating in it.

HAROLD J. WILDEN, CLINTON, IND.

As a driver for the transportation of the elderly, I believe that the drivers are underpaid as compared to people in industry. At $7,000 per year and a disabled wife, the salary leaves me in worse financial condition than many of those I transport. I would recommend that your committee set the salaries to be paid on a sliding scale as per the cost-of-living index.

The time may come when it would be more profitable to be on welfare than to work. Most of us want to work but we'd like to be on a comparable basis with similar public servants.