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ABSTRACT

This document contains the transcripts of testimony and prepared statements from the Congressional hearing called to gather information on Michigan's Older Americans Act programs. Following the opening statement of Representative Albosta, briefly summarizing the objectives of the Act, the prepared statement of Representative Hertel is given. Testimonies from three panels of witnesses are then presented. The testimonies of the director of Michigan's Office of Services to the Aging and the director of Northe st Michigan Community Services are presented in panel one. Topics covered include the needs of the rural elderly for transportation and nutrition services and the funding needs of area agencies on aging. The testimonies of panels two and three, comprised of seven directors and representatives of Michigan county aid agencies on aging and other service agencies for the elderly, are provided. Topics covered include the need for services for the growing population of elders over age 85; the need for in-home nutrition and medical services; and the needs of older (over 55) workers. Brief testimonies from ten Michigan citizens are also included. The appendix contains additional material submitted for the record. (MCF)

OLDER AMERICANS ACT PROGRAMS: HOUGHTON LAKE, MI

HEARING

BEFORE THE

SUBCOMMITTEE ON HUMAN SERVICES

ON THE

SELECT COMMITTEE ON AGING
HOUSE OF REPRESENTATIVES

NINETY-EIGHTH CONGRESS

FIRST SESSION

OCTOBER 10, 1983, HOUGHTON LAKE, MI

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OLDER AMERICANS ACT PROGRAMS: HOUGHTON LAKE, MI

MONDAY, OCTOBER 10, 1983

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON AGING,
SUBCOMMITTEE ON HUMAN SERVICES,
Houghton Lake, MI.

The subcommittee met, pursuant to notice, at 1 p.m., in the Houghton Lake Community Center, 2625 Townline Road, Houghton Lake, MI, Hon. Donald Albosta (acting chairman) presiding.

Members present: Representatives Albosta of Michigan and Hertel of Michigan.

OPENING STATEMENT OF REPRESENTATIVE DONALD ALBOSTA

Mr. ALBOSTA. This hearing will now come to order. I am pleased and proud to convene this hearing of the Subcommittee on Human Services in the heart of my congressional district, Houghton Lake, MI.

I want to thank all of you who have come here today, and especially those who are taking time out of their busy schedules to testify before this hearing. Most importantly, I want to express my deep appreciation to my good friend and colleague, Congressman Dennis Hertel of Michigan's 14th District for being here today to receive testimony.

As a member of the House Select Committee on Aging, Congressman Hertel has demonstrated time and again his unwavering support for our older Americans through his activeness on the Aging Committee and his advocacy on the floor of the House for aging programs.

Welcome, Dennis. We appreciate your being here very much.

When the idea of a comprehensive Older Americans Act was first conceived in 1965, it was hailed as landmark legislation for very good reasons. It finally affirmed our Nation's sense of responsibility toward the needs and well-being of our elderly citizens. That commitment is still vital today, and in many cases, more so, as it was in 1965.

Over the years, the Older Americans Act may have been amended and revised, but only to strengthen, its basic premise to address the social needs of this Nation's elderly. Clearly, the objective is being initiated.

We are gathered here today to accept testimony on the specific programs that together comprise the Older Americans Act. As stated in title I, the Older Americans Act is directed toward assist-

ing older persons to attain a full participation in the benefits of this Nation. The act states these objectives:

An adequate income in retirement; the best possible physical and mental health; suitable housing designed and located to meet special needs; full restorative systems, services, for those who require institutional care; opportunity for employment without discrimination; retirement in health, honor and dignity; pursuit of civil, cultural, educational training; efficient community services; benefits from research designed to sustain and improve health and happiness; and freedom to plan and manage their lives.

Now, it is your opportunity as concerned citizens, older Americans, agency representatives, and State administrators to provide input into reauthorizing this program.

I view this hearing as a vital link in the overall reauthorization by the fact that it brings the grassroots organizations in Michigan together with the Federal Government in one common objective—to provide, through a coordinated effort, the older Americans of this country with assistance, guidance, and advocacy which are so necessary if they are to enjoy a rich and fulfilled life.

Dennis, do you have anything that you would like to say?

STATEMENT OF REPRESENTATIVE DENNIS HERTEL

Mr. HERTEL. I would like to submit my opening statement for the record because it does agree so much with what Congressman Albosta has pointed out.

Congressman Albosta wanted to have this hearing and asked Chairman Roybal and Claude Pepper to have a hearing here in Houghton Lake so that we could get on the record from the citizens the needs of rural senior citizens.

I come from an urban area, Macomb County, Wayne County, Oakland County, and Hamtramck, which I represent. Over 25 percent of the people are 60 years and older. In Macomb County, that ranks third in our State in the number of people 60 years and older. And so I have a pretty good perspective of some of the urban problems.

Most of the problems are the same, whether it be transportation in a different form, whether it be job training and placement, nutrition, but especially senior citizen centers; what we call day care centers; so that we could have more people receive proper medical and nutritional treatment, and thereby save our Government a lot of money but, more importantly, have more people live healthier and longer lives.

And so I want to let you know that because Congressman Albosta has had this hearing here, that the members of the Aging Committee will be able to read all of the testimony that is submitted to us so that we can learn and have the authorization go properly for the needed changes that are necessary in the Older Americans Act.

And I thank you for your great welcome. And, as Don told me, it was a beautiful day. He planned it that way. And we had a beautiful drive up here. And it is great to be here with you.

Thank you.

[The prepared statement of Representative Hertel follows:]

PREPARED STATEMENT OF REPRESENTATIVE DENNIS M. HERTEL

The Older Americans Act—the major source of funding for social and nutritional service delivery programs for our nation's older population—has an impact on the quality of their lives that is indeed considerable. These federal funds, in the form of formula grants to States, also provide for senior centers, congregate and home-delivered nutrition services as well as authorizes funds for personnel training, research and demonstration projects in the field of aging. The Act also authorizes a part-time public service employment program for low-income persons age 55 and older, and finally, it provides grants to tribal organizations for the development of social and nutritional services for older American Indians.

The newest reauthorization of the Older Americans Act contains a number of amendments of concern to older Americans. For example, the functions of the Commissioner on Aging have been broadened; $5 million set aside for Legal Services under Title IV was repealed although legal services are retained under Title IV; and the 50 percent priority services requirement is eliminated. Instead, area agencies on aging must spend an "adequate portion" of their funds on these services.

Judging from constituent mail in my own Congressional District which includes Macomb County, an area that ranks third in our State in the 60 and over age group, and the City of Hamtramck where 25 percent of the population is 60 and over, Titles III and V of the Older Americans Act are of the highest priority. The Community Services Employment program under Title V, provides jobs for unemployed persons age 55 and over to supplement their incomes. This is of great concern to our low-income seniors who depend on the training and job placements made available to them under this provision of the Older Americans Act. This is particularly true in rural areas where job opportunities are so scarce. In the current program year, over 62,000 jobs have been funded for low-income unemployed who cannot possibly survive on social security benefits alone. In Michigan's rural areas particularly where heating costs bite extensively into their budgets, older people spend a disproportionate share of their incomes to carry them through the cold and long winter months, and even then, at uncomfortable temperature levels in an effort to keep costs down. Unless we reauthorize the Older Americans Act with adequate funding to at least provide for their basic needs, we will fail dismally in our commitment to our senior population.

Transportation services, covered under the Older Americans Act is another source of considerable concern to older Americans, many of whom are unable to cope without such assistance, must be addressed adquately. Many of our rural areas have a sufficient supply of vehicles, but no funds for operating them. In addition, the high cost of health care and the elimination of many services under medicare emphasize the need for available transportation, home care delivery services and expanded training for social service jobs.

These hearings take on greater significance in the face of reduced budgets which cut deeply into the social programs upon which so many of our senior citizens depend. I want to encourage those senior citizens who will be testifying today to give us the benefit of their own experiences in meeting the challenges they face in their day to day living. We need to gather pertinent statistics on their needs and on the ability of area agencies, charged with the responsibility for providing services to the aging, to function under current budget constraints. Your testimony is essential in providing information and in documenting concerns of our aging population to help us prevent further erosions in these programs. It is important to emphasize that the rapid rate at which this age group is growing demands additional funding rather than reduced funding if we are to adquately provide for their needs.

I want to conclude by commending Congressman Albosta for holding this hearing in a rural area where the elderly are often isolated and access to centers of activity is extremely difficult. Senior citizens centers often provide the only source for socializing at a time when the need is greatest. I look forward to hearing the testimony of the panel participants today.

Mr. ALBOSTA. Thanks, Dennis. And again I really appreciate your being here. Your attendance today certainly makes the importance of this hearing even greater.

Our first panel witness will be Olivia Maynard, better known as Libby, State director of the Michigan Office of Services to the Aging.

PANEL ONE, CONSISTING OF OLIVIA MAYNARD, STATE DIRECTOR, OFFICE OF SERVICES TO THE AGING; SUE SCHULER, DIRECTOR, NORTHEAST MICHIGAN COMMUNITY SERVICES.

STATEMENT OF OLIVIA MAYNARD

Ms. MAYNARD. Thank you, Mr. Chairperson and Congress Member Hertel.

I am director of the Michigan Office of Services to the Aging, the agency charged by State and Federal law to administer programs serving older men and women in Michigan. In addition, we are mandated to be visible, and we hope, effective advocates on behalf of aging and older persons.

Today I will address two issues: First, those services and concerns which most directly affect the rural elderly; and second, some considerations for the 1984 reauthorization of the Older Americans Act.

Transportation continue to be the preeminent concern of Michigan's elderly. Indeed, it can be said that adequate, affordable public transportation is the key for successful aging programs in rural areas. Without transportation, participation of older men and women in community services and nutrition services becomes problematic. It is critical, then, that the Human Services Subcommittee of the House Select Committee on Aging be vigilant in its oversight and evaluation of administration proposals to cut Federal operating assistance for countywide public transportation. We must remember that public transportation, whether in rural or urban areas, probably can never be self-supporting, and must always rely on Federal and State resources.

Nutrition services continue to play a crucial role for the well-being of Michigan's 1.3 million older citizens. Both congregate and home-delivered meals have done much to ensure the health and longevity of Michigan seniors. I might add that the availability of home-delivered meals has meant the difference between costly institutional care and continued independent living for our rural citizens. And here we note that the age of the rural recipient of home-delivered meals averages 80 years.

However, we need to look at the needs of the so-called young old and I believe we must be more creative than simply providing a meal at a congregate site. I would like to see special efforts in the areas of nutrition education and prevention targeted to those who have recently come of age. And many of the problems of advanced age could be lessened if sound nutrition and health concepts could be shared with the aging population.

Soaring health care costs have stimulated the growth of home health care and in-home services. And, in rural areas, the limited availability of providers and transportation, as well as personnel costs, have posed great problems to the aging network. It is very important that we recognize and continue to nurture the ability of area agencies on aging, county councils on aging, and local service providers to link together—and I would like to emphasize that—appropriate services to persons in need. Here local support through millages, use of community senior programs, title V workers and available discretionary funds is critical.

We urge Congress to reauthorize and fine tune the network of services and advocacy efforts established through the Older Americans Act. Our network is especially important as a point of access to a wide variety of services across the State. In rural areas, area agencies on aging, together with their network and county of local agencies, may be the key to keeping older people as independent, contributing members of society. And to accomplish this goal requires that the aging network interact positively with the units of local government and other human service networks to insure that maximum resources are available to meet emerging needs. An example of this indeed was the cooperative agreement, where we worked out anew intrastate funding formula for fiscal year 1984. And certainly everyone was to be applauded for that effort.

As for specific proposals for changes in the Older Americans Act, we would encourage a greater recognition of the impact of advanced age and sex on poverty. Furthermore, we strongly recommend putting title V under the jurisdiction of the Administration on Aging while still guaranteeing funding to both State and national sponsors so that our advocacy efforts can continue in the context of a more sensitive administrative practice of the Administration on Aging. OSA will be coming forward with detailed recommendations for reauthorization to the Select Committee on Aging in the coming weeks.

Let me say again, I would be happy to answer questions from you, Mr. Chairperson, or Congressman Hertel, and I am very happy to be here this afternoon.

Mr. ALBOSTA. Perhaps before we would take any questions, we will hear from Sue Schuler, who is the northeast Michigan community services director.

Sue, you can proceed with your testimony. And then, if we have any questions, we will ask them of both of you as a panel.

STATEMENT OF SUE SCHULER

Ms. SCHULER. Thank you.

Congressman Albosta, Congressman Hertel, ladies and gentlemen, my name is Sue Schuler. I am the director of the region 9 area agency on aging. I appreciate this opportunity to present comments on the focus, function, and availability of services under the Older Americans Act.

I have recently completed a year and half of intensive work on an intrastate funding formula task force, charged with review and development of a funding formula for distribution of State and Federal funds in Michigan. I am concerned with the removal of the language eliminating the regulatory provision requiring that an identical base be provided for the allocation of money to an area agency.

The statute requires that 105 percent of the amount spent under titles III, V, and VII of the act in 1978 be allocated to rural areas. We must remember that the 1978 funding allocation was based on the 1970 census. The existing formula at that time does not necessarily assure an appropriate level of funding. Furthermore, under the proposed rules, the definition of rural would be determined by the State unit on aging.

While I applaud greater flexibility, I am cognizant of the situation rural or small area agencies could experience should they lose their rurual status or lose the identical base funding. I would urge the Select Committee on Aging to reconcile the desire for greater State flexibility with an assurance that area agencies receive an adequate amount of funding to continue service delivery based on current service performances and current population statistics.

This 1984 funding year marks the 10th anniversary for the region 9 area agency on aging and for the councils and commissions on aging in its planning and service area. What a long way we have come.

In 1974, the council on aging were established and first tentative steps toward developing services were initiated. Today we have senior centers built with general-revenue-sharing moneys, community development block grant funds, and private funds.

These eight councils and commissions on aging, together with the area agency, mobilize over $1 million and other resources annually to augment senior services delivery in region 9. Our combined efforts provide for information and referral, legal services outreach, transportation, nutrition, in-home services, weatherization, fuel assistance, and employment training. And we have only scratched the surface on need.

Without the structure of area agencies and councils and commissions on aging, working with their local units of government, these other resources, would not have been mobilized to this extent in securing services for the elderly. It is my belief that area agencies can create the atmosphere for eliminating duplication of services, mobilizing resources and effecting regional cost containment.

As the population of the United States continues to expand, so does the number of at-risk elderly. The direction area agencies must take is clear. We need to develop case management services and long-term care initiatives. The challenge in northeastern Michigan is to initiate home health services, eliminate fragmentation of the limited existing health services, while continuing to support current endeavors in an area suffering from high unemployment and poverty-level incomes.

Historically, area agencies have proven that they can plan, develop, coordinate, and initiate services in a cost-effective manner. We need the support of Congress to get on with the work at hand. It is my hope that Congress will appropriate additional dollars specifically for area agencies to develop long-term care initiatives, and that those dollars be targeted to those regions of a State which lack health care services.

I represent an area where one county does not even have a primary health care facility and two counties have no hospital; 2, sometimes 3, hours of travel are necessary to receive oncology services, kidney dialysis treatment to CAT scan diagnosis. Health care costs explode with the additional burden of 3-hour, one-way travel costs. Transportation to these services is not always available.

It is not enough to identify the elderly through Outreach, give them information and referral when they have a problem or provide a meal to meet their nutritional needs. The elderly persons of this country have the right to expect affordable health care and in-home health services. The opportunity for Congress to assure these

services for the elderly of this country can be realized by using the existing aging network.

Together, Congress, the State area agencies, councils on aging and local units of government can develop a comprehensive, long-term care initiative which could provide services while containing costs.

Thank you.

Mr. ALBOSTA. I thank both of you very much for your testimony. I think it is going to be very useful to the House Committee on Aging during its discussions of the Older Americans Act.

You can keep hanging on to the mike. I think most people can hear my voice. It carries pretty good.

Libby, you mentioned fine tuning the aging network. And what specifically would you do to fine tune what you refer to as the aging network?

Ms. MAYNARD. A couple of things. And I don't want to preclude any additional material we may send to you. One I touched on, which has to do with changing the funding from title V so that it comes from the Administration on Aging, not from the Department of Labor, and comes directly to the State units on aging.

In Michigan, it is now in the state unit on aging. It did not start there. It started in the Department of Labor. And, as I am sure Sue could testify, it took a while then to get it into the state unit on aging. In Labor, it seemed to be neglected because they had so many other responsibilities.

Another concern that we have would indeed—in terms of mental health. And one of the suggestions we have made is to add another title so that additional—not taking away from any other dollars that are already in the Older Americans Act—but additional dollars be given for the whole mental field.

Sue touched on another item that I think would make a lot of sense, is that moneys be poured into area agencies in terms of the ability to case manage for people so that frail elderly do not find themselves in institutions but can remain in their own homes and remain independent with dignity as long as possible.

Those are just three items that we think would make sense, if you are looking at the reauthorization of the Older Americans Act.

Mr. ALBOSTA. One more question. How do you view the transportation services for older Americans in Michigan? As the State agency director, you must have some idea of what the needs might be and how we might be able to improve on existing services.

Ms. MAYNARD. Well, again—and I would like to just—you know, Sue indicated and very vividly described, as a rural area agency, the difficulty in providing the small vans and transportation for seniors throughout the State. Our problem is that, even though we are concerned about transportation, all the moneys go into a different department. So much of our work has to be negotiating kind of work. And we don't have the dollars to say OK to the Department of Transportation, "You have to provide in Antrim County"—and that may be a bad example, but "In Antrim County, you have to provide vans for handicapped and senior persons."

We would like to see more Federal dollars and that the Federal system support and encourage the State to also put dollars into transportation.

Mr. ALBOSTA. Do you think there should be some participation by the local units of government also?

Ms. MAYNARD. Yes, yes. But, you know, right now, some of the local units can—indeed, there is a system where the hardware can be purchased. And then, after each year, it becomes—they have to take on more and more of it. They are a little nervous to do that right now, because local funds are very scarce. And I can understand why some local units of government might not want to make that commitment and then not be able to fulfill it later on.

But I do think that, if they were encouraged by both the Federal and State governments, they would be more interested. I do think there should be local participation. It is always better when all levels of government participate.

Mr. HERTEL. Sue, could you tell us how title V is working in your area and give some examples and——

Ms. SCHULER. Yes. Title V in our area is a difficult program to operate, primarily because we are not allowed to put enrollee positions in the same work site, particularly that maybe the national subcontractor has. Trying to coordinate that program has been a nightmare. It is not so much a lack of cooperation. I think everyone tries to cooperate. It has just been a difficulty in finding someone who meets the guidelines and trying to find a nonprofit organization.

And then you run into problems where low-income people on the title V program don't have their own means of transportation. So you are limited in the area in which you can put them. In other words, if they don't have transportation and there is no public transportation available, you can't put them in a work site maybe 7 miles away. It just becomes difficult.

I have always had difficulty understanding why title V of the Older Americans Act doesn't flow through the network so it can be administrated with the least amount of layers of administrative dollars coming out of that so that those dollars flow on down and more seniors could get the benefit of the placement. Title V is extremely difficult in terms of the transition of subsidized employment, particularly when you have the discriminations of unemployment with other people and high unemployment. It is an extremely difficult situation.

It can be done, but we need to be able to control a little better. And I have to agree with Libby. The program sort of gets lost in the Department of Labor. I think it would be much more effective to have it flow through the aging network the same as the other titles under the Older Americans Act.

Mr. HERTEL. Overall, with Ms. Maynard's overall view of the State programs as how it works and yours, Ms. Schuler, in northeast Michigan, with all the problems that we see with high health care costs, the most expensive problems, with problems in nutrition and all the other things, though, I think from your testimony as you are telling us that the basic priority has to be improved transportation; because even with the limited programs and help that you have, without transportation, those things can't even be fairly and adequately used by seniors. Is that right?

Ms. SCHULER. It is partially right. We need to have the transportation if we are going to have access to services. But it doesn't do

us any good to have the transportation if the service isn't there when we get them wherever it is we are taking them. In other words, we need to develop both.

When you take older people and transport them 3 hours one way for an oncology service—and that is only one way—and you have got a 6-hour drive round trip, that just isn't possible with a lot of older people. And the transportation systems that we do have—we have a 12-passenger van. It can't be everywhere at one place. And we have stipulations in the past where you couldn't go out of the country with them. So we do have a specific problem that way.

It would help if funds because available, if we can't have the primary care facilities, at least augment ambulatory services or some kind of help in assisting them in an overnight stay so that they can at least get the service and not have a 6-hour drive plus a treatment.

We have tried to develop programs with out-of-region medical facilities so that every senior in a county who needs transportation gets the same day for an appointment. But that is about the best we have been able to do in terms of utilizing the existing transportation services.

We need to develop long-term care initiatives within the region which would help them take some of the strain off the transportation programs.

Mr. ALBOSTA. Are there any of those activities that you think could be done right in the home? Could we have some service available that might move into those areas when needed and provide some of those services right now?

Ms. SCHULER. I am not a medical person. But I know where they have such things as mobile kidney dialysis machines. I am certain something could be developed.

As an area agency director, I think I can speak on behalf of my colleagues. We would be delighted to think up something.

Mr. ALBOSTA. I am sure a lot of senior citizens would be delighted if we could find the financing for it. But I really believe most people want to remain in their own homes as much as they possibly can, as they get older. This would prevent them from having to go to some kind of institution before it is medically necessary.

We have been moving in that direction in Congress. We have some pilot programs around the country that we are studying this possibility. We hope that eventually we will have a system where medicare assists in providing services to individuals right in their own homes. Would you comment please, Libby?

Ms. MAYNARD. Well, you inspired me. I just would hope that, if Congress looks at services, and a lot of them for the frail elderly or for older people, that they make sure that they are individually oriented and are not just medical models that concern themselves with doctors and nurses. That is—well, that they really look at that person, that woman or that man, as an individual, and is able to use the moneys to deal with them so that they can indeed do what you talk about, keep them in their own home.

So often we would look at the medical way to do it as the way to solve problems. And I am afraid sometimes that dehumanizes the very individuals we say that we are concerned about.

Mr. ALBOSTA. That concludes our questions right now. But again, I want to thank the people that came here today. This certainly is a great turnout.

I certainly am gratified by the number of people who cared enought to come. It shows that there is attention paid tc what we are doing in Congress and in the Older Americans Act itself.

And so your turnout and your presence here today is very much appreciated by both myself and Dennis, I am sure.

Thank you very much for your testimony, Libby and Sue.

Ms. MAYNARD. Thank you very much.

Mr. ALBOSTA. Our next panel of witnesses can take their places: Al Kleyps, director of the Trio Council on Aging; Kathy David, director of the Isabella Commission on Aging; Mary Hendrickson, director of the Twin Council on Aging; and Ruth Rodriguez of Harrison. Welcome.

PANEL TWO, CONSISTING OF AL KLEYPS, DIRECTOR, TRIO COUNCIL ON AGING; KATHY DAVID, DIRECTOR, ISABELLA COMMISSION ON AGING; MARY HENDRICKSON, DIRECTOR, TWIN COUNCIL ON AGING; AND RUTH RODRIGUEZ, HARRISON NUTRITION CENTER.

STATEMENT OF AL KLEYPS

Mr. KLEYPS. Good afternoon. I am Al Kleyps from the Trio Council on Aging. I am the executive director of that organization. I would like to take this opportunity to welcome Mr. Albosta and Mr. Hertel and thank them very much for being here in our lovely center today. We also would like to thank the members of the audience for participating in this public hearing today. We appreciate your input. And I am sure the Congressmen do, as well.

My testimony will center around the fact that the Trio Council on Aging is a local, rural agency serving older Americans within a three-county area; Iosco, Ogemaw, and Roscommon Counties. The purpose of the Trio Council on Aging is to establish and provide services for older Americans in those three counties.

Our agency was established in 1974 and in the past 9 years has provided services in many different areas to seniors, both in the centers that we serve and also in in-home services as well.

To give you all a brief idea of exactly what type services we have been providing over the past 9 years, we have 11 senior centers that operate in the 3 counties in northern Michigan. We have three in Roscommon County. We have three in Ogemaw County. And we have five in Iosco County. We also provide, at those centers, congregate meals and recreational activities.

Our in-home services that we supply to senior citizens are in the form of case management services, chore work, and also personal care services. We also provide various functions such as Life Line, ID discount programs, and information and referral.

Without the funding provided to us through the Older Americans Act, these services would not be available to the over 13,000 senior citizens in the three-county area.

To give you a brief idea of the number of people we have served just in the past year alone, out of the over 13,000 people, senior citizens aged 60 and over in our three counties, we have served

over 4,800 individuals in this past year alone. This was done not through any one specific program, but a combination of all of them.

I think much of the credit is due to the fact that we have a very dedicated staff in our organization, that we have very dedicated volunteers within our three counties and that the dedication is not confined to the normal working hours of many of these people.

Our seniors are the best there are. And we appreciate them in every sense of the word. Many of our seniors would not be able to obtain services if it were not for the Trio Council on Aging simply because of the economic position that they are in and also because of the availability of transportation in the local area here.

We work cooperatively in connection with the Dial-A-Ride systems, however, we feel that oftentimes this is not enough to satisfy the needs of the seniors.

Our in-home services are a vital link between the senior citizens and a life of dignity and independence.

I would wholeheartedly encourage the Congress to endorse the reauthorization of the Older Americans Act, and specifically the in-home service programs.

Another area of great impo tance to us all in the Trio Council is the congregate and home-delivered meals. This, again, is often a vital link between a senior receiving a well-balanced meal for a particular day and someone who is going hungry. Again, I would like to strongly encourage the Congress to reauthorize the necessary funding to provide services for those particular programs, as well.

In summation, I would just like to say that there are many problems that I realize are not handled through our agency. We would like to support the need for an expansion of senior citizens programs throughout the northern Michigan region. And we encourage the cooperative working relationship within our area to arrange for those services.

Thank you very much.

Mr. ALBOSTA. Thank you, Al. We will continue with the panel and then we will ask some questions afterward.

Would you identify yourself for the recording secretary.

STATEMENT OF KATHY DAVID

Ms. DAVID. Yes; my name is Kathy David, and I appreciate the opportunity to speak to both of you today.

I am the director of the Isabella County Commission on Aging. I have been invited to speak today and certainly do appreciate this opportunity to address the concerns I have over programs funded by the Older Americans Act.

I began working with the elderly nearly 9 years ago and, during that time period, have seen many changes, both positive and negative.

During my work with the elderly, I have continually been concerned about services in the home. A trend that has developed over the last few years from an agency standpoint is the need for services for the very old person and those who have chronic illnesses.

As I review articles on population projections, I can't help but be impressed and very concerned about the expected increase in the over-85 age group. Most demographers have predicted an 80-percent increase in this segment of our elder population. One can only speculate the impact of this increase on our health care systems, nursing homes, and home service organization.

The Isabella County Commission on Aging began its in-home services program in the fall of 1977, with personal care, chore services, and minor home repair. Those were funded by the Older Americans Act. Other in-home services—Outreach has been funded by CETA and is now funded by title V of the Older Americans Act. The home-delivered meal program is funded by the State of Michigan and title III, C–2 of the Older Americans Act.

As Congress begins its review of the Older Americans Act for reauthorization, I would encourage a careful evaluation of the components of a well balanced in-home services program.

If an organization is going to meet the needs of the very old, it must be able to address many needs. The older person or their families who request services rarely have only one need. They have a variety of needs, such as meals, homemaking, or someone just to check in on them on a regular basis. Unfortunately, their request for assistance is much greater than most agencies can provide. Many families have no idea how difficult it is to find care in the home for 24 hours or how costly it will be over a lengthy time period.

I would like to share with you three examples of elderly people who receive in-home services through the Isabella County Commission on Aging.

We have a 79-year-old man who has been receiving our personal care services for 2 years. He lives in a senior high-rise, has no family support network, is overweight, diabetic, has leg ulcers, and must have surgical stockings put on and taken off twice each day. He had been threatened with eviction due to lack of cleanliness of his apartment. He now receives regular chore services and two home-delivered diabetic meals per day.

Another example is an 80-year-old woman who lives in a senior high-rise who exhibits considerable memory problems, confusion, disorientation which leads to medication management problems. Her family support network is very limited. She is depressed, lonely, and feels worthless. The commission on aging has arranged for the health department to set up a medication schedule, which is monitored by a personal careworker of the commission on aging. This older woman receives weekly chore services and shopping assistance. Arrangements were made for an evaluation with the local mental health clinic. This woman also receives one home-delivered meal from the Commission on Aging Program.

My third example is a 72-year-old woman who lives alone in a senior high-rise. She is suffering from severe emphysema and general weakness. She receives daily personal care services. She also receives homemaking chore services. She has little contact with the outside world, even though she does live in a housing complex.

I have cited these examples to point out that most older people need more than one or two services in the home. These people are

all receiving at least three services. These are only three examples of people receiving our services. There are many more.

What is even more disturbing is the number of people we are unable to serve. Our personal care service hires only two people—one who works full time and one who works part time.

Needless to say, our service touches the surface of those in need. Since January of 1983, our agency has had in excess of 200 requests that we have not been able to meet—requests for 8- to 24-hour care, live-in, evening and weekend care are typical requests.

As Congress reviews the programs funded under title III(b), I hope that you will give as much weight to these programs as you have for nutrition. They are as important.

With the increase in our very old, the need is likewise to increase.

As we look at the nutrition program, I would like to express a point of view that is related to my previous statements. When the congregate meal programs began back in the early seventies, we were definitely meeting a need of socialization and nutrition. The population we were serving then was very different from our existing elderly. One reason is that, as gerontologists, we have done a good job of encouraging independence and activity in one's retirement years. Hence, we have seen a nationwide decline in congregate meal programs. Yet, on the other hand, we have seen an increase in requests for home-delivered meals.

We have a definite trend developing—more older peole who are in their late seventies and early eighties who are in need of another service in their homes.

I have been concerned that the Federal and State levels are not recognizing the shift and done the same with funding. I certainly acknowledge this State's efforts in providing funds for home-delivered meals, but it also only scratches the surface. We need to be able to develop a home-delivered meal system that goes into the more rural, isolated areas. This is going to cost because it will require vans specially equipped to keep meals hot for longer periods of time.

We also need to address more widespread need for special diet meals.

I have two other concerns—that Congress recognize that the aging network does not stop at the regional level, that you recognize that there are thousands of commissions and councils on aging, senior centers, and other services to the aging that are out there struggling to exist.

It is the local agency that must work each day with the needs of our elder population. At the same time that we are being overwhelmed by requests for services, we are also being overwhelmed by program administration.

We must address the State's minimum standards and the regions' latest desire. Then, on top of it all, the regional office criticizes agencies for high administrative costs. I assure you that we feel like we are in a no-win situation.

To summarize my statements, to address the needs of the very old, agencies must be funded at levels where they can address a variety of needs that are reflected in current requests. Further, that a careful analysis must be made of current distribution of congre-

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gate and home-delivered meal funds to reflect an apparent decline in congregate and increase in home-delivered requests. Finally, the local commissions and councils on aging be recognized as the aging network, as the real service providers.

Thank you.

STATEMENT OF MARY HENDRICKSON

Ms. HENDRICKSON. My name is Mary Hendrickson. I am the director of the Twin Council for Older Americans. We provide service to seniors in Clare and Gladwin Counties.

I have to say that I agree completely with what both Kathy and Al have said. And I would like to take a different point in providing you with some current statistics that we have developed in our agency.

Our agency has provided 12,000 hours of service to 1,600 clients in the last year. The types of service we offer are Outreach, home repair, chore service, personal care. We put out a newsletter. We help with taxes. We have a friendly visitor and telephone reassurance program, as well as many other services.

Our chore service program that we have provided has provided help to 700 clients in the last year, with 6,000 hours. Of those 6,000 hours, 90 percent of those hours are being provided by title V workers that we have employed. We employ four title V workers who are 55 years old.

I would like to take 1 minute to talk to you about title V workers and the prospects that I see what their jobs mean to them. I think not only do we have to concern ourselves with the service that they provide to the senior, but also as a service that is being provided to them and the opportunity to financially help themselves and to also mentally give themselves an uplift in knowing that they are helping others in the community by going out there into the seniors' homes.

No. 1, they are able to relate better because they are seniors and they are going into our seniors' homes. They know the feelings that the seniors are feeling—their fears, their anxieties—so that they can go in and become more than just a worker. They also become a friend and somebody that the person in the home can have contact with. That is really important that we need to consider with our title V people. And I think that the service has helped a lot of seniors, both employment-wise and also in the seniors' homes.

These are all necessary and needed services to our seniors. It helps them become more independent and feel more self-confident within their lifestyles.

There is one particular service that we offer that I would like to spend a little bit of time giving you some more information on. Because, as a service provider, I feel that this is one of the most needed services and cost-efficient services available through our agency. That is our personal care services.

Personal care is offered by Twin. And, briefly, personal care provides the basic type of in-home health care service, such as bathing, hair care, nail care, assisting with dressings and ambulations, monitoring blood pressures, range of motion exercises, and things along this line.

As with all Twin services, the ultimate goal is to allow a senior to stay in his or her own home for as long as possible and also to insure a safe and healthy environment. Currently, we serve 65 clients in both counties. Twenty of these clients that we serve are what we call full-care service; that is, they require most of the services above that I named, such as bathing and hair care. Those seniors take a little longer to provide the service to. Those seniors that we are seeing at that point, normally we see more than once. The remaining 45 clients require one or more of the above-mentioned services.

The majority of these people live alone and/or are isolated. And all have severe health problems which inhibit or render impossible activities of daily living which you and I take for granted. These people don't need to, nor do they want to, be institutionalized. And with a few supportive services, they can manage very well at home.

The Older Americans Act has helped us provide this for them.

I would like to talk a little bit about dignity and quality of life which we offer our seniors. It is difficult to measure both. However, each one of us knows how we feel when we are the least bit incapacitated, the frustration and helpfulness involved. All that set aside, I would like to give you some information on basic facts and figures.

Let me go back to the 20 full-time care clients that we have. No. 1, they would need to hire some kind of outside help without Twin's intervention. And 10 of those people could not possibly afford it. Those remaining of the 45 of the 65 would find their qualities of life greatly reduced, if not in jeopardy. Consequently, some of these people would have to be institutionalized.

We have taken the opportunity to go through some of our nursing home care areas to find out what the cost is. We have found that it would be $56 per day is an average cost of the nursing homes in our area. Now, there are some higher and there are some lower. But that was the average that we came up with. We multiply that by 30 days, which would be approximately $1,680 per month, or $20,160 per year for one person. You take $20,160 times the 10 people I was talking about before, and you are talking of a cost of $201,600 for institutional care for these 10 people.

Twin's program, which has served 65 people in the last year, budgets out at approximately $30,000, which is only $10,000 more than the cost of keeping one person, a senior citizen, in our nursing facilities. In dollars and cents alone, I think you can see how effective these home programs can be.

None of these 10 people that I have talked about previously would have had funding to take care of a nursing home. So that leaves medicare or medicaid, which you and I both know who picks up the cost on that. And I think that anything that the Congress can do to help us in the field and providing in-home services would be greatly helpful. That is a very helpful program. It is very cost efficient. And I hope that this is taken into consideration when you reconsider the reauthorization of the Older Americans Act.

Thank you very much.

Mr. ALBOSTA. Thank you.

Ruth Rodriguez.

STATEMENT OF RUTH RODRIGUEZ

Ms. RODRIGUEZ. Hi.

Mr. ALBOSTA. Hi.

Ms. RODRIGUEZ. I am Ruth Rodriguez, and I am a spokesperson for the Harrison Nutrition Center. And I would like to tell you a little bit of what the center means to the seniors in that area.

First off, our nutrition director is Shirley Connors. She is out of Gladwin. She serves both Gladwin and Clare Counties. But to run a successful center, you have to have a site manager that has the skin of a walrus, the patience of Job, nerves of steel, and an understanding love for her fellow man. And we are very fortunate in our center to have that person in Bea Husted. Not only in the center itself, but also in our kitchen, where the food is prepared according to Government regulations and to the nutrition center that Shirley Connors heads.

We have the same qualities there, because the food has to be prepared in a skillful manner, a pleasing manner, and so it is very tasty. And there again, we are lucky to have Shirley Allison and Bonnie Parshall. Now they prepare approximately 103 meals a day. Out of that 103 meals a day, 28 to 30 of them go to the home-delivered meals. The rest remain at the site.

Now, you take 103 meals a day. That is 500 a week. And as of October 1, our center alone has prepared 18,000 meals—been served there. So that is quite an undertaking. So you can also see why the nutrition program is very vital to our center and to many of our seniors.

Now, a lot of our seniors live alone. And so anyone living alone, you are not about ready to prepare yourself a real hot, nutritious meal at noon. So they come to the center. They utilize the services there. And not only that, they get a home meal for less than they can go down to the fast food store or the fast food chain restaurants for a hamburger and a cup of coffee. But they also come in for the happy, cheery banter and smiling faces of the rest of the seniors that are there partaking of that meal.

So, in many ways, to a lot of these people, that is the only hot meal of the day they get. And as one senior said, it also saves on their grocery bill because where else can you get a meal for a dollar?

So, again, the value of the center is a very vital part of their lives. The first time you come in as strangers, but after that, you are nevermore. You are just one big member of a big, happy family.

Now, it is always good to feed our bodies, but our mental and emotional needs have to be nourished also. So many—in polling the seniors, they said one of their greatest problems was of combating loneliness and boredom. Even married couples. After all, you know, you probably get tired of seeing your wife day after day, day after day. So they have—oh, let's go back. OK.

So I believe all of us, at one time or another, have been down that road. But thank God we have a center that they can go to where they can—some of them go every day of the week for the love, companionship, and socializing that their other needs require so they can forget their problems for a few hours of the day.

And, to many of them, their day begins and ends with the center. And, to a lot of them, without the center, their life wouldn't have any meaning. So there again it is a vital part of our community to maintain that center.

Everyone has an opportunity there to participate in our various programs and activities set up by our site manager, Bea Husted, who is constantly putting forth activities that require that participation. So, besides our regular bingo, exercise, square dancing, and round dancing that we have through the week, we have special days; T-shirt day. We had a red, white, and blue day that, if you didn't wear all three colors, you were fined.

We have cake walks. We celebrate all the holidays. We have special occasions. And we always have an early Thanksgiving and early Christmas for all the snowbirds that will be heading either east or west. We also held an election this year for a king and queen. And I am very fortunate to say my husband and I were elected to be their king and queen.

We entered a float in three parades. We took second place for originality at Lake George. We took first place in the queen's category at the Clare Centennial Fair. And we also had a bake sale one day at the fair, which was beyond all of our expectations.

These are things that the whole group can participate in.

We also—the cookbook by seniors got off to a flying start. The recipes were all furnished by seniors, compiled by seniors, and sold by seniors. We had one senior, Hattie Doty, that sold over 187 copies of our cookbook. And so we held a special day in her honor.

Once a month we also honor a senior that has done a little bit more to—let me go back over that. Once a month we honor a senior for her outstanding contribution to the center. She does a little bit more than just attend and take part in the activities. And so this month, we have a couple, which was Doris and Gordon Lints.

We are such an active and fun group that somehow or another "P.M. Magazine," channel 5, heard about us. And they wanted to tape segments of our activities for their national program. So we agreed that they could be able to do this. But, boy, oh boy, what a day for the center we had. All the excitment of seeing how they put together a TV program and all the excitement and fun it generated. And also, the excitement of waiting to see ourselves on television on October 5, when it was previewed.

We also chartered a bus that took a group of us to Lansing for Senior Power Day.

Our center also has little added advantage over some of the other centers in the area. And that is, we have our own memory lane band, with vocalist Tom Proctor. That provided enjoyment for all of us, whether we are dancing to their nostalgic tunes or just listening. They are a great band. You ought to hear them.

These are just some of the activities at the center that keep us all happy and fun loving and why we keep coming back and going back to that for the—other than the food part of it or nutrition program. Not only that, but our snowbirds are so anxious to get back to us come spring, that they say that, in all the areas they have been, Florida, California, Arizona, that their centers are nothing like our center is in Harrison. So that makes us feel good.

Now, just to show you that we are not all fun and games, we do have the serious side to us. We are very compassionate. And we are a very caring group. An example of this was when Ruth Neeves, one of our seniors, was involved in an automobile accident. She was paralyzed from her waist down; has to spend her life in a wheelchair. She said if it hadn't been for the hundreds of letters and cards from the senior center and others, that through those agonizing and frustrating months in the hospital on the road back to recovery, that she never could have made it without us.

She was about ready to give up many a time, because it was—figured it was—just too much for her. But she said she just couldn't do it when she knew so many of us were pulling for her.

So there again, we as a group meant something to her. And we do send our seniors that are in hospitals or ones that have come home from hospitals that are home, we keep in contact with cards and letters. So we are a caring group.

We also have a couple of our seniors that man the Clare County Pantry Food Center there in Harrison. So again, you can see that the center is a very vital and throbbing part of our community. And we would like it to stay that way.

So if you, Mr. Albosta and Congressman Hertel, in Washington, and with all of our supporters here in Lansing, with our council on aging and with our own advisory board and our own Harrison Nutrition Center leading the way, fighting our battles for us, and we will stand behind you all the way because we are all marching to that same drummer. And I am sure that, with all of us, that the future for all of our senior Americans will be a better and bigger place.

I thank you.

Mr. ALBOSTA. Thank you.

It is being proposed that the contribution at the meal sites be mandatory rather than voluntary. I am going to ask all of you the same question, and I would appreciate it if all of you would answer in your own way.

What do you think of this proposal? What would the impact of it be if the contribution was increased or mandatory? All of you have expressed your support for in-home health care services. What do you think should be done to provide and expand these services? I would appreciate it if you would touch on these questions. We will start with you, Mary.

Ms. HENDRICKSON. OK. To answer your question on the donation becoming mandatory for congregate meals, I myself am not the director of our meal program in Clare and Gladwin Counties. And I don't have a lot to do with that. So I couldn't really give you an adequate answer in that fact, although I think that most of our seniors feel they want to pay their own way. And they want to be independent. And that would cause them to probably go ahead and donate anyway, because they do, most of them, anyway.

As far as expanding our home health care services, I think I can speak on that. We do provide that service. I have hired two full-time aides. My aides sometimes see as many as five and six people a day. And that really puts a strain on them. And we cannot give the full care that we would like to.

I think that this has to be increased. The funding has to be increased. I think that our new regulations at our hospitals, as far as DRG's are concerned, or diagnostic regulatory groups, are going to create somewhat of a problem in sending seniors home early or to other facilities. And I feel that we do need to expand this area as much as we can, that this is where we will be able to help our seniors the most.

Mr. ALBOSTA. Thank you very much.

Kathy.

Ms. DAVID. I am very concerned about the idea of making donations at the meal sites mandatory. We have had the meals program for many years now. And I know at least in our project we have a very high return. The latest calculation was—our donation, first of all, our suggested donation, is $1. And this morning, when I checked on it, we are receiving 86 cents. So I would say that that is a very good contribution rate.

Our home-delivered meal program is slightly less than that at 73 cents.

I believe in the older people. I think that they contribute every chance they can. And, if they can't contribute to us monetarily, they sure are out there giving us a lot of volunteer support. And I think that has to be considered when you are talking about mandatory contributions. I am just totally against it.

Mr. ALBOSTA. What would the impact be of it being mandatory?

Ms. DAVID. Of it being mandatory?

Mr. ALBOSTA. Do you think it would hurt them?

Ms. DAVID. I think it definitely would hurt them. As I said, I think we have been operating on an honor system for several years and our people are very honor-oriented. And I think that they would definitely feel insulted by this. And I do believe that it would, you know, reflect in attendance.

Mr. ALBOSTA. The other question was on home health care.

Ms. DAVID. And what was the question?

Mr. ALBOSTA. What do you think should be done to provide and expand the home health care service? What should we do? What should the State do?

Ms. DAVID. Well, I think more money is definitely needed and I realize that that is—you know, you are hearing that from everyone.

Mr. ALBOSTA. Would it be cost effective to include under medicare these services for home health care?

Ms. DAVID. Well, I think we all know that one of the weaknesses of medicare is that it does not provide any kind of long-term care assistance. As soon as the person has used up their skilled nursing days, they are automatically either going to have to private pay or they are going to have to be put on medicaid.

I think that agencies need to work more cooperatively together. But I do think that the regulation—I think Congress has to realize we have an aging population and that what medicare started to provide back in the sixties is no longer providing adequate health care. So I definitely think that some medicare regulations need to be changed.

Mr. ALBOSTA. Thank you.

Mr. KLEYPS. I would also like to basically reiterate with Kathy's opinion about the medicaid/medicare system. The revisions to the system I think need to be looked at in that respect. And certainly we are always looking toward more dollars. And again, everybody seems to be saying that.

But, as Mary pointed out before, our agencies, we feel, are very cost effective in keeping people in their homes and not in nursing homes, unless absolutely necessary. And I think that one of the big, strong points that needs to be reemphasized is the fact that, if you provide x number of dollars to a commission on aging or a council on aging or to an aging program, I think those dollars have a tendency to go a lot farther than they would by simply pumping them into different home health care projects.

Regarding the question of the mandatory contribution rate at senior centers, I would find—I think I would find that to be insulting, in my own respect. It would appear to me that such a mandatory contribution would be aimed at those people who had the ability to pay can get the nutritious meal and those that did not have the ability to pay, you can go fly a kite. And I don't really like that particular way of doing things.

And I think many of our seniors, again, most of them, like to pull their own weight. We also have a very high rate of return for our contributions for our meal programs. And we are very proud of the way our seniors get behind our programs and support them. And I think it would be a personal kick in the pants to them, too.

Thank you.

Mr. ALBOSTA. Thank you very much.

Congressman Hertel, do you have any questions or comments?

Mr. HERTEL. No. I don't have any questions. The first panel gave us an overview of the State in large areas. But today the second panel has given us an excellent view of the day-to-day problems that you face in administration.

But the basic reason that you are able to serve people, whether it is through the different types of health care and how much more needs to be done in that area and home meals, transportation, which I keep hearing over and over again, but also the more esthetic things that come along with the centers and the programs; and that is, the companionship, the cheerfulness, the fun, the caring about others that I think is the most important thing for all of us to remember and which makes life so much brighter.

So I thank you very much and congratulate you for all your good works.

Mr. ALBOSTA. I am going to ask our next panel to come up: Connie Root, of the Midland Council on Aging; Earl Morris, from Midland; William Liebler, representing Michigan Green Thumb.

PANEL THREE, CONSISTING OF CONNIE ROOT, MIDLAND COUNCIL ON AGING; EARL MORRIS, DIRECTOR, REGION 7 POLICY BOARD; AND WILLIAM LIEBLER, GREEN THUMB

STATEMENT OF CONNIE ROOT

Ms. ROOT. Thank you, Congressman Albosta and Congressman Hertel. I am Connie Root, and I am the transportation and volunteer coordinator for the Midland County Council on Aging. I appre-

ciate the opportunity to present to you the involvement a local agency has with the Older Americans Act.

The Midland County Council on Aging is very concerned about the proposed 5-percent funding reduction for the Older Americans Act by the Reagan administration for fiscal year 1984. The Older Americans Act is the main provider of services in the Midland County area for older adults. At a time when the number of older persons in the United States is rising dramatically, more attention should be given to providing services and developing programs to meet the needs of an aging society. Reducing the funding for the Older Americans Act is contrary to addressing the needs that are being created by an aging population.

I would like to cite some issues and concerns our agency has encountered in providing services to older adults in Midland County. According to the 1980 U.S. census, Midland County has a population of 7,925 elderly individuals. This is 10 percent of the total county population. In the last 10 years, Midland County's elderly population has increased 51.7 percent, a trend that is anticipated to continue.

The Midland County Council on Aging is the focal point for service delivery for aging programs in Midland County. Our agency provides Older Americans Act programs under title III (b) and (c) in the areas of transportation, Outreach, case management, and nutrition, both congregate and home-delivered.

Title V Community Service Employment Program for the Older Americans is also an active program at the agency. Due to the Older Americans Act programs offered to the rural elderly, countless individuals have been able to continue living an independent lifestyle and have been able to enhance the quality of their life.

The Midland County Council on Aging's transportation program allows individuals who have become transportation dependent the freedom to remain mobile and carry out daily tasks. Transportation is provided countywide 5 days a week. However, due to title III(b) funding constraints, transportation can only be offered on alternating days to the rural out-county elderly where public transportation is nonexistent.

The nutrition program serves both congregate and home-delivered meals, often to capacity crowds. Outreach provides home visitation from a staff member to explain the programs available and to assess the social, physical, and emotional needs of the elderly. Case management goes one step further to link the elderly with needed services and provide advocacy.

The Midland County Council on Aging employs older, low-income individuals in the Outreach Program and on the clerical staff of the agency. The Midland County Council on Aging strongly supports the enhancement and expansion of the Older Americans Act. As local administrators of the Older Americans Act programs, the council on aging not only has the opportunity to witness how beneficial a home-delivered meal is to a homebound individual or how grateful an older adult is for transportation to a doctor's appointment, but to witness the areas where services can be enhanced.

In-home care services for the frail, vulnerable elderly is one area demanding immediate attention. Supportive services provided to frail older persons allows them to remain in their home and to con-

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tinue a lifestyle with dignity. Our agency receives numerous requests for in-home assistance ranging from minimal custodial care to 24-hour live-in companions.

It is a well-known fact that American people are living longer today due to better health care and nutrition, among other factors. Because of this longevity, the frail, vulnerable elderly population is also increasing. The demographics suggest a growing need in the area of in-home care services.

Another Older Americans Act program in need of expansion, especially in Midland County, is the Congregate Nutrition Program. Midland County currently has four nutrition sites providing meals 5 days a week. There are occasions when the sites reach capacity and individuals have to be turned away. Expansion of this program would allow for additional nutrition sites to relieve the current, overburdened sites and encourage attendance from areas of the county now deprived of nutrition services.

Provision of legal services is another area requiring attention. The older population, for the most part, utilize legal services frequently. The Older Americans Act allows for legal services, but only on a limited basis. Legal advice constitutes the main thrust of legal services locally under the Older Americans Act. While many elderly are looking for legal answers to their questions, the majority are concerned about wills and estates and competent legal representation. The Older Americans Act needs to expand upon their present program and provide comprehensive legal services.

Counseling for older adults is a program the Older Americans Act does not address. It is an area in constant demand. Dealing with widowhood, depression, loneliness, and fears of growing older are very real concerns faced by older adults.

Financially, many older adults on fixed incomes cannot afford to pay for counseling services. Their fears and frustrations are turned inward and are attributive to the overall decline in physical health. Currently in Michigan, there are only two counseling programs in existence that are directed to the older adult.

The Older Americans Act Program should also address the active elderly individual, to link them into the system early on so they are keyed into the services and are aware of how to proceed, should they find themselves in need. Too often, the active elderly person perceives the Older Americans Act as programs only for frail, vulnerable elderly, and is not drawn to the program unless a need arises. There must be a way to recycle the talents of the active elderly into the Older Americans Act and provide their importance to the programs.

The goal of the Midland County Council on Aging is twofold: to maximize the independence of the frail, vulnerable elderly, and to enhance the quality of the active elderly. Without the Older Americans Act to set standards and guidelines and provide funding for programs, the elderly would be in desperate need of assistance.

Midland County Council on Aging views the Older Americans Act as an important entity to maintaining a positive lifestyle for the older American and encourages the committee to consider continuation and expansion of the programs under the Older Americans Act.

Thank you.

Mr. ALBOSTA. Thank you, Connie.

If I could get everyone's attention for 1 minute just before Mr. Morris starts his testimony. Dennis Hertel has got to catch a plane back to Washington at 4:25 at Tri-City Airport, so one of my staff people is going to run him back. He hasn't got a lot of time. I think he will make it. I hope he makes it. His daughter is going to be in a Brownie program in Washington this evening, and if he doesn't get back he is going to get it from his daughter—and she is only 5, isn't she?

Mr. HERTEL. Seven.

Mr. ALBOSTA. She is seven. Dennis, we really appreciate you being here. Your concern for older Americans is much be appreciated. Let's give Congressman Hertel a big round of applause.

Mr. HERTEL. I just want to say that I have really learned a lot here today. I think it is important that the hearing go ahead so that we have this record for the entire Congress, really, and the entire Aging Committee, on some of the problems that are different in this part of our State and in rural parts of our country regarding the Older Americans Act.

I am appreciating what it is like to have such a big district that Congressman Albosta has. And it is great to be in a hearing with him, because we started out in the State legislature together in 1975, really. And so I have enjoyed it very much. I will be able to read the entire transcript that you have finished.

I am just glad to serve on the committee with Don. He is the one that suggested to me that I get on the Aging Committee, and I have enjoyed it very much. In fact, I have learned more on that select committee than all the other committees and subcommittees that I serve on.

It is the greatest challenge we have—how to make life better for all of our senior citizens today and all of us that become senior citizens in the future. It has been great to be with you.

Thanks very much.

Mr. ALBOSTA. Thanks, Dennis.

Earl Morris of Midland will be the next witness.

Earl, you can proceed.

STATEMENT OF EARL MORRIS

Mr. MORRIS. Congressman Albosta, I have been asked to comment on some aspects of area agencies on how it relates to our region 7.

Now, I realize that the partnership between the Federal and State Governments is very important here. And some of the things I am going to mention are things under the purview of the office of service to the aging in the State. However, in order for them to function, and function the way I think they should, they really need the backing of both the State legislature and the Federal Legislature. So if we keep that in mind—and I am going to try and read this and get through it very quickly.

My name is Earl Morris. I am from 4013 Oak Court, Midland, MI. I am a director of the region 7 area agency on aging policy board. Today, however, I am speaking as an individual who has

had many years of service in the public sector in the city and county of Midland in the region 7 planning area.

The Older Americans Act as amended has served the senior citizens in Michigan very well. A reauthorization of the amended act is highly desirable, since it has improved the lives of approximately 10 million senior citizens in the United States. You heard Libby Maynard talk just a short time ago about some of the needs, and, in general, those are the needs that I see, particularly transportation and so on.

My immediate concern, however, is the service to seniors in region 7 where 116,000 seniors, or approximately 9 percent of the State's citizens over 60 years, reside. Now, that is 14 counties in which most of you live. Until the fiscal year 1984 budget method was proposed by the State office of service to the aging, the distribution of Federal funds in region 7 was creating many problems. However, the most serious problems, as I see it, stem from the credibility of the policies, the procedures, and the general operation of the area agency.

For approximately 5 years, the region 7 area agency has been in an almost continuous state of flux, with confrontations with its employees, public officials, the service providers, and the press. Employees' turnover in this agency has been very high. In recent months, the area agency's fiscal manager and one of its bookkeepers have been fired because of a policy, as announced by the director, that any employee giving information to the board members, the press, certain other individuals, would likewise be fired.

There has been an attempt to deny a board member's rights under the first amendment of the Constitution by censoring him for challenging improper use of funds, the integrity of the agency operation, and mistreatment and threats to individuals.

Now, my positive recommendation to you, as a Member of Congress, as well as to the OSA, is that you heartily support and urge the State office of services of the aging to, as soon as possible, restructure region 7 area agency on aging; that you will use your influence to assure that appointments to the area agency policy boards be made directly by the county board of commissioners, who are the elected officials of all the seniors in their region; that the area agency voting and financial and policy decisions be based on proportionate representation of senior citizens; that the office of services to the aging take a much firmer hand in setting standards and establishing suitable management control along the line that the Comptroller General of the United States has recommended—policies, levels of administration expenditures, and so on; and that we also adhere to the public acts so that the region's seniors will be more adequately serviced; that all area agencies be subject to certification every 3 years; that a complete performance evaluation of the total management of the area agency, including the board of directors of these organizations, be appraised.

Where the area agency's management does not meet the criteria, the recertification should be denied by the State; that program development moneys be spent for program development, not on general administration. Also, all area agencies should be mandated to be active in the State's advocacy programs in their respective re-

gions—advocacy for senior citizens' rights and senior citizens' services.

I thank you, Congressman Albosta, for the opportunity to express my views and would appreciate any attention you would give to the above suggestions.

Mr. ALBOSTA. Thank you very much.

Mr. Liebler, you are with the Green Thumb Program?

STATEMENT OF WILLIAM LIEBLER

Mr. LIEBLER. That is correct, sir.

Congressman Albosta, members of the panel, ladies and gentlemen: I am very happy to be able to represent Green Thumb here today on behalf of the 18,000 or more Green Thumb workers in the United States of America. We are employers of people with low-income status. They have to be 55 years of age or older. And the medium age of my workers—I represent four counties in this area—is 68 years of age.

I would like to read a litle case here for the older workers. Older workers have been taking a bum rap for a long time. They stay with a firm for many years, perhaps an entire career, only to be pushed out, fired, or retired when they get to the age some people think is old. So, off they go, taking the years of experience and dedication to doing a good job, to out on the street.

In a recent survey, 46 percent of the retired persons stated that they would prefer to be working. Older people want to continue working and earning for many reasons—for independence, for self-esteem, for value in the community, for a sense of belonging, and, of course, for financial well-being. That is why each year an estimated $10 billion is lost to the U.S. economy through the nonuse of older workers. By the year 2005, that amounts to $40 billion in revenues on the national, State, and local level.

They are proven. These workers are proven workers. Research has shown that workers that are 60 years old are just as good as the younger ones, if not better. This was shown in a rating of some 3,000 persons, 60-plus, in retail, industrial, office, and management positions in organizations such as Bendix, Bankers Life & Casualty, Bank of America, Macy's, Lockheed, John Deere, Travelers Insurance, and Northwest Security & Detective Agency.

Moreover, there are many other good things to know about the older worker. They have better attendance records, health and injury records, than younger workers. By more persistently staying on the job, they help reduce absentee problems. Older workers generally are capable of doing many different kinds of work. Even when physical tasks are required, they do rather well. In places where physical, excessive strain is necessary, age has no great bearing on overall work capacity.

Continuous work capacity doesn't decrease as age increases in moderate environments. Capacity to perform light to moderate physical work isn't grossly age-dependent. Job tasks requiring substantial judgment and awareness, when unexpected incidents may occur, place the older worker at an advantage over the younger worker. Once experience is gained, the chance of an accident drops sharply, and the older worker still maintains an above-average de-

pendability rate over a younger worker. It also is reported that Green Thumb workers, their health increases when they go to work.

I would like to state to you some of the sites and what the Green Thumb workers are doing in this community. This only covers an area of four counties. In this particular instance, right here on this meal site we have three Green Thumb workers. They are helping in the preparation of meals, serving meals, general cleaning, and things like that.

Last month, the month of September, they were responsible for the helping of serving 11,822 meals. Not only that, 2,240 of these meals were hot meals—hot meals on wheels, I should say. That is meals that are going into the community to people that are unable to get to the meal sites.

Also, in Hale, I have a Green Thumb worker who has a big garden up there, an acre or more. He raises, along with other workers in the site, a great volume of the vegetables and other commodities that you can grow out of a garden and is used in that meal site.

We also have a Green Thumb crew. This crew is now four members strong—sometimes five, sometimes six. They vary. We have done a lot of different jobs in the community. For instance, in the Hale school, we built some cabinets for the classrooms. We built a computer cabinet. In the Hale fire hall, we painted that whole building. In the Prescott Library, we built some cabinets for the librarian when she didn't have any place to put her books when they are returned, and things like that. In the Mills Township fire hall, we put in some bathrooms for them, put paneling, built a big storage rack. We built cabinets, we painted, and we even laid a rug for them.

Perhaps some people in this audience have attended the Ogemaw Fairgrounds. The Green Thumb crew last summer, and way back into the early winter, put in approximately $1,800 from land clearing. They built, I think, 48 horse stalls, 48 cow stalls. They built a complete building 24 by 28, a utility building. They built a horse judging stand. They built the horse judging fence that goes around the arena. They built 15 or more picnic tables.

They are now just lately working here in Denton Township. Perhaps some of the people in this area are aware that the fire hall down here has been recently painted. That was done by the Green Thumb crew. The old township hall in Denton Township was painted by the Green Thumb crew. The storage building over there in the Denton Township park was painted by the Green Thumb crew. At the present time, they are working out here in the Denton Township's cemetery repairing the little building out there in the cemetery.

We also have two core workers up here in Roscommon. They work with the handicapped people. One is more or less a line supervisor, and the other one is actually working in packing.

I also have seven Green Thumb workers who work in social services. They do things from taking medical claims, they interview, they handle money for people that are unable to handle their own money, and they do a lot of clerical services.

We have three Green Thumb workers working in agriculture extension offices. They do—one worker especially puts out an agriculture bulletin by herself pretty much every month. She has this newsletter, and she discusses canning, gardening, clerical work. And she also is going around and giving public talks to senior citizens.

I have three Green Thumb workers that work in parks for the DNR. They work on park maintenance and general upkeep of the park. In all, the nitty-gritty of Green Thumb, when it first was concepted, was the Beautification of America Program. Now we have phased out into all sorts of work sites.

Also, I have two Green Thumb workers that work in the clerical services for the MESC offices. I have a senior housing worker over in Tawas, and she keeps up the libraries, goes around and checks on the rooms every day, answers the telephone, and is just a general all-around helper.

Perhaps people have been over to West Branch and saw the State police post over there. Those letters in the lawn over there, "MSP," were designed, built, and maintained in the lawn by a Green Thumb worker.

In the last fiscal year, we assisted our Green Thumb workers by placing at least 15 percent of them into the private work force.

I thank you very much.

Mr. ALBOSTA. Thank you.

Thank you all.

Mr. Morris, I hoped Libby was still there. I think that she probably could have the most influence on the suggestions you had for changes in the State program.

Mr. MORRIS. That is right. That is right. But she needs some backup.

And, as far as the legislative people are concerned, and many times—I am sure that the OSA people are well aware of what the problems are and what the solutions are. They got good solutions. Sometimes they are inhibited in putting those into place.

Mr. ALBOSTA. What kinds of changes do you think should be made at the area agency levels? I think it is very important that we pinpoint some of those, because you have served there. And you are serving there now; is that correct?

Mr. MORRIS. Yes, I am. I serve on other regional agencies, too.

I think that there should be more uniformity on representation from the counties. And it should be on the basis of the seniors in the units in the counties. And it should be—you know, should be apportioned. And the small county has a lot; the big county has a small amount.

The thing is that I am handling funds. It is the seniors that really count. So they are the ones at the basis of the representation. And I think that this is a big problem.

And the big problem in our particular agency is that the director—the board of commissioners are the elected officials, and they represent all of the people in their areas. And so they should be the ones that are appointing directly on the agencies. It should not be the board itself determining who goes on their own board. If that was true, then it would be just as plain as any other appoint-

ments by the board of commissioners, which you can understand because you were on the board of commissioners for a long time.

Mr. ALBOSTA. I think those suggestions are good. I believe Michigan office of services to the aging are aware of these as well?

Mr. MORRIS. Yes; they are.

On the advocacy, the area agencies are supposed to work on the advocacy of senior citizens. And all seniors in all the States should have people working on their behalf on advocacy. But the only way that can happen is to have all the 14 area agencies in the State working on advocacy for senior citizens. And I think that should be mandated that that is the way it should be.

Mr. ALBOSTA. Well, we hope that can be taken care of.

Ms. Root, I have a question for you. Would you say that the needs of seniors are different in the more urban areas such as Midland than they would be in the outlying areas?

Ms. ROOT. In the outlying areas?

Mr. ALBOSTA. More rural-type of areas rather than in cities such as Midland.

Ms. ROOT. Just using our county as an example, in Midland there very much is a difference. The city of Midland is located completely to the east side of the county, and the rest of the county is very rural.

The doctors, grocery shopping, and many of the things that the senior citizens are in need of are within the city limits. It is easier—yes, definitely—when they are in the city limits, to get around. But the further away from the urban center that the senior lives, it is very difficult for them to get in to a doctor. Many of them do not have transportation; they don't own cars; they can't afford it; have no out-of-county transportation. It is a very difficult problem for them.

Their needs are the same, both urban and rural. But the way in which the needs are taken care of very much are different. And services that we see for the elderly in the rural area are not as plentiful as they are in the urban area.

Mr. ALBOSTA. So there is a difference, a basic difference, in your opinion. Do you think we ought to try to reduce that difference as best we can?

Ms. ROOT. I think so, yes. We should try to offer the services equally to all the seniors, not only in the urban area but in the rural area, too. There is a great need in the urban area to increase the services for the elderly.

Mr. ALBOSTA. Thank you very much.

Mr. Liebler, how many workers, roughly, in Michigan would you say are covered under Green Thumb? And has that number increased over the years, stayed about the same, or decreased?

Mr. LIEBLER. Our workers at the present moment are declining due to a budget cut, I believe, in the program. We were up to a total, I think, of 720-some-odd workers. As of last count, I think we were down to 686 and had had orders from, I think, national headquarters that we have to get down to 650 workers.

Mr. ALBOSTA. And you have a lot of people, undoubtedly, that want to do this type of work. They could really contribute to a lot of worthwhile projects if you had proper funding.

Mr. MORRIS. Yes; I have more agencies crying for workers. But everything has been frozen in our part since the beginning of July. We haven't been able to hire a worker. I have supervision host agencies out there now wondering when they are going to be able to obtain these workers.

Mr. ALBOSTA. Duane Ermish, have you got something that you would like to put onto the record?

STATEMENT OF DUANE ERMISH

Mr. ERMISH. Congressman Albosta, what I want to tell you about is this—our own personal stuff here. I am a member here at Houghton Lake. And, of course, I have a lot of members behind me. And I am hoping they will back me up in speakers.

Now, on this here title III, IV, and V program through State funding, now, it has done wonders here. Now, for the senior citizens, the way I will give it to you, the way it helps my wife and me out.

It gets us out here. We get up in the morning, we take a bath or a shower, we get dressed and we come over here. Without this funding, we would be staying home. What would we be? Just stalemated. We would be climbing the walls.

And I think it is one of the world's wonderful fundings we ever had. And it has been a beautiful place we have here. And I just don't want to take too much of your time, because most everything's been covered.

But one thing I would like to bring up yet is the health department. Now, I haven't ever heard nothing mentioned in all the talks today about having a nurse. Got somebody who is confined at home and needs a nurse, that they can get this without going through anything.

They just call the department of health and have a service lady come out there and see what nurses they need to help them how many times a week. And that was never brought up here today. And that is one thing I say all elderly people should have when they are bedridden.

Mr. ALBOSTA. Absolutely. Who provides that, the county health department? Do you know?

Mr. ERMISH. See, that is what I couldn't find out.

But they should have one out here in Roscommon somewheres. There should be a health department.

Mr. ALBOSTA. Oh, there should be.

Mr. ERMISH. Yeah, that is right. There should be.

Well, I will say one thing more. We have the best cooks and management here that any people could have in any center.

Mr. ALBOSTA. Good.

Mr. ERMISH. Well, we do have. And I—really, I love them all.

Mr. ALBOSTA. I am sure you are correct. I appreciate your statement complimenting senior centers.

And there is no question that psychologically everybody benefits by being within a group such as this, being able to talk about the same kinds of things and sharing the same memories.

And I am sure that these shared interests initiate a common bond between people. And I know you look forward and appreciate the programs arranged by the coordinators of all these centers.

I know them to be very dedicated people. And they try very hard to bring you the kinds of programs that you can learn and enjoy. We on the Federal level want to make sure that these programs and centers remain open.

I see Wes Payne is here. Wes is one of our Michigan coordinators and does a real good job in the northern part of my district. All of the other coordinators and directors who took time to participate today, I want you to know that you have my deep appreciation.

The problems that Earl Morris mentioned in his remarks are ones I think can be resolved. I hope we can work together to concentrate our efforts on improving services for all older Americans.

So, with that, I don't have any further questions of the panel. I appreciate very much your being here. And I think your testimony was very helpful as was all the testimony. It will be my pleasure to present to the House Select Committee on Aging and, eventually, to the Members of the House of Representatives, your thoughts and suggestions for improvements in programs funded through the Older Americans Act.

And so I again, thank the panel.

We have two more people to testify: Ron Crummell, director of the agency on aging in Traverse City, and Larry Murray, director of the area agency on aging in Grand Rapids.

Gentlemen, if you will introduce yourselves for the record and who you represent?

STATEMENT OF RON CRUMMELL, DIRECTOR, AREA AGENCY ON AGING IN NORTHWEST MICHIGAN

Mr. CRUMMELL. My name is Ron Crummell. I am the director of the area agency on aging in northwest Michigan in Traverse City. And I am not going to take a lot of time here because I am——

Mr. ALBOSTA. Speak just a little louder, Ron.

Mr. CRUMMELL. My name is Ron Crummell. I am director of the area agency on aging in Traverse City. I am not going to take a lot of time, because I know many of the people have been here for some time.

But I did want to take this opportunity to express, on behalf of the 36,000 older Americans in our region, our appreciation for Congressman Don Albosta's work in the Select House Committee on Aging.

This is the first time in the act's 18-year history we have had a hearing specifically for its reauthorization. This is greatly appreciated.

Anyone familiar with the Older Americans Act [OAA] can recognize its contributions throughout its 18-year history. In the early years from 1965 to 1972, the act did not bring about the desired results at the national level.

There was no system at the local level to plan and coordinate and act as an advocate for the seniors. The 1973 reauthorizations created the area agencies on aging and together with its service providers, put that system in place at the local level.

Now facing Congress is one of its most important decisions regarding the OAA, that is the role of the aging network in long-term care. The area agencies and its service providers have established a respectable record of developing and providing services at the local level.

Most of these were directed toward seniors between the ages of 60 and 75. They are reasonably well coordinated, well planned, and well managed.

But recently, it has become clear that Older Americans Act services should be designed more and more for the elderly persons over age 75 or those at risk of being institutionalized or living in a standard of living which most of us would define as unacceptable in America today.

Without abandoning the services to the younger old, the aging network needs to move into a community-based, long-term care system that provides a range of preventive and supportive health and social services, including, as a central component, case management, for the most vulnerable elderly.

Services for the older old should be designed around a comprehensive professional assessment of that person's needs. Decisions should be made before someone is admitted to the nursing home so alternatives could be put in place, if possible.

The Older Americans Act services should meet the needs of the client, not the needs of provider agencies. During this assessment process, family participation should receive a high priority in the elderly person's care. Legislative changes should be coordinated so that results are achieved at the client level as well as the agency level.

The concerns of the 10th district's rural elderly are not that much different than rural elderly throughout America. But a question in the 10th district is what happens when an older person seeks the help that they need?

Many of them face a well-worn path that leads to an increased use of medical services and the ever-expanding complications and price tags that go along with it. Developing a community-based, long-term care system around the aging network provides a fork in that path.

The aging network has been characterized as being socially liberal and fiscally conservative. Its advocacy and systems development functions are complemented by a strong fiscal program accountability.

There are no other organizations better equipped to provide this critical function than the area agencies on aging and their service-provider networks.

As planners, coordinators, contractors, monitors of services, and as an advocate the area agencies can easily integrate these long-term care activities into their regular operations, and would foster the mutual enhancement of all of the functions of the Older Americans Act. Many of the services in place today were initiated and developed within the aging network.

Let's take what we have learned in the past 10 years and make it work better for us in the coming years. The vulnerable elderly have no other effective voice. They are the people we are speaking for here, today.

Congress has a responsibility to maintain the well-being and independence of these most at-risk constituents. And the aging network is the best tool Congress has to implement a cost-effective, community-based, long-term care system.

I have attached a copy of some recommended legislative changes which I will not read, but leave with you, with some assurance that they would be written into the record today.

Mr. ALBOSTA. Everything that you have that is written, we will enter into the record, Ron.

Mr. CRUMMELL. Thank you.

Mr. ALBOSTA. So you can summarize whatever you would like.

Mr. CRUMMELL. Thank you.

I want to remind you that there are 14 area agencies in the State of Michigan, and each of them operate somewhat different. Mostly as private, nonprofit organizations. While there are strengths and weaknesses in each agency, everyone is better off if working together we can foster and develop a more workable, comprehensive system in each area, looking at the end result of the people we are serving, and not serving the agencies in the end result.

I want to thank you for coming to northern Michigan. And I hope you feel, as we do, that your time here was well spent.

Mr. ALBOSTA. Thank you very much, Ron.

Ron pointed out something I think is very important and that is the fact that we are having an official public hearing in Houghton Lake that will go into the official record of the Select Committee on Aging.

I feel it is very important that congressional hearings are held in all areas of the country, including rural areas. Look at the interest by all of the people here. We could have had this hearing in Washington, but I am sure that very few, if any, of you could have attended it.

To get the input of those people that are the recipients of these programs you must bring the Congress and the hearings to their hometown.

Again, you are to be commended for being here today to have an interest in what is happening to the programs that affect you. And I am very appreciative of your attendance.

Larry, you may proceed.

STATEMENT OF LARRY MURRAY, DIRECTOR, AREA AGENCY ON AGING IN WESTERM MICHIGAN

Mr. MURRAY. Thank you, Congressman Albosta.

I, too, would like to congratulate you, because it is a unique experience to attend a congressional hearing in upstate rural Michigan.

I am the area agency director of the area agency of western Michigan. That is nine counties on the western side of the State, including the city of Grand Rapids.

I have a number of items, but I want to reiterate that we need to remind ourselves that the efforts to serve those in greatest need, the aging network has placed an increasing emphasis on the development of a true continuum of care with levels of care least restrictive yet appropriate for the individual.

Such a continuum spans both the health and social services systems and, in fact, draws upon the full service system as coordinated by AAA's.

Of particular concern are the frail and most vulnerable elderly. They are now called old old; physically or mentally impaired and most at risk of institutionalization.

Area agencies on aging are ideally suited for the comprehensive assessment of needs of this vulnerable group. And it is appropriate and timely that AAA's now assume the responsibility for the administration of comprehensive case-management services.

The concept of case management goes beyond the provision of supportive and nutrition services funded under title III of the Older Americans Act. It calls upon AAA's to exercise their various roles as planners, coordinators, monitors, contractors, and advocates for the aging.

Area agencies on aging, as client-centered advocates, may transcend the vested interests of service providers and a single-purpose service system.

In the interest of cost-effective and client-effective long-term care, it is now essential that AAA's include, as part of their coordinating functions, the responsibility for comprehensive case management.

And, finally, to facilitate the continued coordinated service development, we support the administration of all Older Americans Act programs through the existing aging network; that is, through States and area agencies on aging.

Accordingly, we would support the transfer of both the ACTION-funded Senior Volunteer Program and title V Senior Employment Program to the Administration on Aging through the State office of service to the aging and regionally administered by AAA's and the continuation of present client-centered programs.

The aging network has demonstrated, by the successful assumption of nutrition programs, that it is amply able to coordinate and administer additional Older Americans Act programs.

And I just want to respond to your inquiry, Congressman, and the observation of the gentleman that was on the panel just before us.

I heartily subscribe to his attitude about health treatment. And the two things that consistently come up one, two, in need surveys are a concern about income, the total spectrum of financial income. Then, number two, is health.

And there has been into place in Michigan a comprehensive in-home service health aides, home chore, personal service. And it varies with the various area agencies on aging the amount of the commitment.

But the principal places where the money comes from is title III(b), the supportive services of the Older Americans Act. And, then, the State of Michigan, the legislature, has provided what they call State alternative care.

Now, those two pots of money are, for the most part, providing the dollars that are needed for the in-home health care, in-home personal care and chore service; to a lesser degree, the employment program such as title V.

And, if that were totally administered by area agencies, I suspect that more of those persons that have employment under those programs would be assigned to in-home service contractors, rather than courthouses or perhaps some of the places that they are now.

Thank you.

Mr. ALBOSTA. Thank you.

I do want to take this opportunity to thank Tina Berry for the use of this building today.

Give her a big hand. Thanks, Tina.

I will take some questions for a few minutes from the audience. I imagine that many of you who are waiting will probably want to be able to express your own opinions.

The court reporter tells me that in order to record your remarks, you will have to spell your name so it is correct for the record when you testify.

STATEMENT OF JAMES PURVIS

Mr. ALBOSTA. Would you state your name and spell it for the record?

Mr. PURVIS. My name is James Purvis, P-u-r-v-i-s. I live in Houghton Lake.

Mr. ALBOSTA. You may continue.

Mr. PURVIS. OK. There is a lot of people concerned in this community about this dead years and Social Security. It was in the paper quite a long time ago. I think it is between—you were born in 1917, but 1917 to 1920, you don't get any more percentage raises in your Social Security, am I right?

Mr. ALBOSTA. You are a notch baby if you were born between 1917 and 1921. Now, all this started in 1972 when the Congress decided to give cost-of-living increases to recipients of Social Security. I realize that a lot of you are concerned, because I would imagine quite a few of you fall into that category.

The hope was that the Federal Government could build the cost of living adjustments into those benefits received by Social Security beneficiaries. However, the resulting legislation would bankrupt the system if corrective language was not passed. Therefore, the formula needed to be changed. The way it turned out, of course, was that those people who were born during the period from 1917 to 1921, termed the notch babies, receive about $100 a month less than recipients of Social Security retiring earlier. This not only affects those born between 1917 to 1921, but everyone retiring after that period.

This is about where we stand right now. Several pieces of legislation have been introduced to correct the notch situation. If you would like, I will be happy to keep you informed of any progress to these bills.

Clearly, we need to do something about this problem, and hopefully, we will see some action soon.

Again, I think that is a lot of the questions that you may have surrounding Social Security. And, if I can, I will just go on to just one more.

I think I have heard some people say, and I believe it is probably so, that we are entering into a period with medicare where we could run into some financial trouble.

I don't know how deep that trouble may be, but it looks like we are going to have some problems with it down the road, and that we are going to have to make some changes. The cost of medical care is escalating so fast that it is increasing faster than the normal rate of inflation in the country. We must control health care costs, not only for medicare but through the health care industry. This must be done in order to provide adequate, affordable health care to all our citizens.

And so, with that, I will go back to the witnesses. They may have some other questions that all of us would be interested in.

Mr. PURVIS. Now, does the law read that we do not get the percentage raise on our social security?

Mr. ALBOSTA. You mean the COLA's? The COLA increases?

Mr. PURVIS. Yes; cost of living.

Mr. ALBOSTA. The cost-of-living index?

Mr. PURVIS. Yeah.

Mr. ALBOSTA. You will get them but once a year.

Mr. PURVIS. Yeah.

Mr. ALBOSTA. Instead of twice.

Mr. PURVIS. This one that is supposed to be paid in January now, that eliminates 6 months of our raise in social security there, right?

Mr. ALBOSTA. It does. For those of you that didn't hear the question, the question was what change has occurred in COLA or the cost-of-living adjustment that normally was given twice a year?

What current law says is that the COLA is delayed from July to January.

Mr. PURVIS. Thank you.

Mr. ALBOSTA. Will you state your name and address for the record?

STATEMENT OF ANTHONY FERRARI

Mr. FERRARI. Anthony Ferrari from Evart, MI. This is a very short one about this typed deduction on pension, like, you worked the big three plants, like Chrysler, Ford. This is about the tax deduction and not income tax.

They deduct every quarter. They just started this year. How did this here come about? If you don't sign for it, you would be penalized. Now, this is what I would like to know. Am I right?

From the pension from—I work at Ford's. I get a pension. I have to report every four quarters or end of the year. They start a deduction on this year pension.

Mr. ALBOSTA. I am not sure. We would be glad to try to get you an answer on that if you will give your address to one of my staff.

Mr. FERRARI. Yes. OK.

STATEMENT OF LISA ANNETTE ALGER

Mr. ALBOSTA. Would you state your name for the record?

Mrs. ALGER. This is Mrs. Alger from Elbow Lake, 2126 Silver Creek Road.

I have an article in front of me where the Government spent $2.4 million of your tax dollars for nothing. Now, this is documented evidence. And you must have known something about this money being spent, because you had to vote on it.

Now, if you can vote for this kind of money to be spent for foolishness, I am sure that the money that these people have come up here and asked that you do something about it for the seniors, I am sure it could have been diverted to this particular program.

Mr. ALBOSTA. What is the program again?

Mrs. ALGER. You would actually have to read this article to know what it is about. But there is a man back here that brought in two of these particular papers. It is the National Enquirer. You bet.

Now, there are a lot of things that this paper does publicize where Congressmen and Senators have appropriated money for foolishness. Now, if you can appropriate money for foolishness, you can appropriate money for the seniors. And I am darned sure that every one of them deserve every bit of it.

Mr. ALBOSTA. I don't know what program the article refers to, but I will surely look into it.

Mrs. ALGER. There is another article in that man's paper that says that the Department of Agriculture spent something for foolishness; something like $20,000, a little over $20,000. And the man is sitting back at the table back here with the paper.

Mr. ALBOSTA. We do periodically have problems with Government agencies. I do the best that I can to try and to correct these things and make sure that the money is well spent. If there are any cases where Federal money is not spent properly, I want to know about it so those responsible can be questioned and held accountable.

And I appreciate your bringing these things to my attention and to this committee's attention. And we will try to do what we can.

STATEMENT OF JOYCE VERMILLION

Ms. VERMILLION. Congressman Albosta.

Mr. ALBOSTA. Yes, Joyce. Would you identify yourself for the record, please?

Ms. VERMILLION. Yes. I am Joyce Vermillion from Houghton Lake.

I have had quite a few phone calls from people, senior citizens, around the lake in regard to phone rates, your rising utility costs. I am being questioned on why. I am being questioned on why gas bills have tripled during the summer months from what they were 2 years ago.

And it has gotten to the point where you are a senior citizen, you get a set income, you don't get that high a cost-of-living raise. And yet, everything is going up, up, up. And it is a case of pay your utilities and not eat, buy medicine and not eat.

And this is what people are being subject to by these utility companies.

The way the telephone company—the telephone company is doing right now, people aren't going to be able to afford a telephone. What are they supposed to do?

Mr. ALBOSTA. I really don't know. The public service commission controls the cost of everything except the propane. They weigh all of the facts, I believe, that comes before them and try to make the adjustments based on whatever the facts may be at their disposal at that particular time.

My preference would be not to deregulate natural gas at this particular time. The gas companies and gas producers, in my opinion, are not losing income. Look at the records and this will be obvious.

And I don't see any reason, when they have a scarce commodity such as natural gas, that we would have total deregulation and let the supply dictate the price or the supplier dictate the price, because the price would go out of reach to many people.

And so you have a very logical question, Joyce. I would hope that the Congress will not move to deregulate.

By the way, I do not see the House of Representatives moving to deregulate natural gas during this session of Congress. I don't think it will happen.

Ms. VERMILLION. And the other questions I had is, I understand that medicare has cut what they will pay for in benefits.

Mr. ALBOSTA. Medicare?

Ms. VERMILLION. Medicare. That they are not going to pay, like, hospital and doctor—certain things like they used to, OK?

If a person has Blue Cross insurance, Blue Cross is also cutting what they pay for. Now, how do the people make up the difference?

Mr. ALBOSTA. Well, I think we need to encourage the hospitals and the doctors to accept whatever medicare pays instead of charging recipients to make up the difference. Currently, Congress is working on legislation to control hospital charges. I suspect that this will be brought to the Congress in the near future.

Ms. VERMILLION. Well, like I said, I am very concerned about this whole thing with the senior citizens up here. I haven't quite got there yet, but I am arriving. And I want to thank you, Don.

Mr. ALBOSTA. Thank you, Joyce. We only have time to take a couple of more witnesses.

STATEMENT OF ELSIE DeSANA, VICE CHAIRMAN, COMMISSION ON AGING, SECRETARY OF A.A.R.P. CHAPTER

Ms. DESANA. Can you hear?

I am Elsie DeSana from Kalkaska. I am vice chairman of the Commission on Aging, and I am also secretary of our AARP chapter in that location. So a lot of my input is from both organizations. Elsie DeSana, D-e-S-a-n-a.

And, first of all, we took a poll in our dining area at the center concerning the priorities with the seniors there. And they all raised their hand and voted so forth. And it ended up that, naturally, the health care cost was very, very important.

And, also, transportation in the rural areas was second. And the third was the site nutrition program plus a stable income, which was the priorities of that particular group. And, of course, some of them covered the areas that the AARP has gone into.

This AARP magazine indicates that the cost of the input from medicare would be up to $1,500 in lieu of $300. And there isn't any

one of us, even the retirees from industry, that can afford that sort of an input. But that is just in the AARP magazine, so I am not real sure.

And then one other, my age discrimination. The one thing we have all worked—and I feel this, where the Older Americans Act, where you can work forever, is kind of impossible. Because I feel that the Green Thumb Program is very, very important. And, in our locale, we have a lot of widows that need those jobs, from 55 on up.

And I feel in my heart—I retired when I was 62. I was lucky. But I do feel that, after 70, if you haven't accumulated enough to add to your social security, then evidently you weren't—well, whatever problems that could present. But I don't believe that you should be guaranteed an income at least the maximum at 75, instead of 70.

And I wondered if—because it is almost an act of Congress to get rid of someone if they want to work. And what is the proof to dispel with people that have reached the maximum? You don't want to hurt their feelings because they have put in so many years. But, on the other hand, there are a lot of people that need those jobs.

Mr. ALBOSTA. I agree with you.

Ms. DESANA. They say that there is an act, is there?

Mr. ALBOSTA. Pardon me?

Ms. DESANA. Is there an act, making—Age Discrimination Act? Do you know?

Mr. ALBOSTA. Well, I will have to check it out.

Ms. DESANA. That was my main question.

STATEMENT OF RUBY HUDDY

Ms. HUDDY. My name is Ruby Huddy, H-u-d-d-y, Houghton Lake, MI.

I have a statement here that I would like to read in regards to Mr. Albosta's comment in the paper:

"I believe it is time for us to meet in the same room and talk about the special needs of our older citizens." Mr. Albosta said, "What is needed is a clear understanding of where we are headed." I wholeheartedly agree.

And then one of his aides said, "We need to know if the law is helping. What are the overall problems of the elderly? What are the questions? What questions do they have?"

I have one——

Mr. ALBOSTA. OK.

Ms. HUDDY [continuing]. In regards to your article and in answer to it.

Mr. ALBOSTA. That is the purpose of the hearing.

Ms. HUDDY. Ladies and gentlemen, let me digress somewhat from the topic of meals and social activities for the active older American. Although these are important, I would like to share with you some of the problems we face and views I have concerning our area.

I would like to address the problem of no adequate emergency medical facilities here. Through an oversight or lack of funds by our local government officials and civic leaders, Roscommon

County is one of the very few counties in the State that does not have a hospital or a 24-hour medical emergency facility.

Twice in the last year, we have experienced first-hand the lack of these programs. One was life-threatening and one was not.

If you will bear with me for a while, let me tell you our experiences, a first-hand account of events. And I am sure many of you can tell of a similar incident.

Exactly 2 months ago today, my husband was unfortunate enough to have a severe heart attack. I took him to Grayling Mercy. He was not expected to live or pull through the attack. It is only through the grace of God that he lived.

There are no cardiologists there. They do not have the equipment of machinery available to a cardiologist to be on their staff. That seems to be an area that mostly all hospitals in northern Michigan have to deal with.

There is a big void between Saginaw and Petoskey of life-saving care that is not available to us. In talking to the doctors at Grayling Mercy Hospital, I asked them how other people do when coming to their hospitals as we did from Roscommon County. The answer was, and I quote: "Most of them do not make it. It is too far and time is a big factor against them."

As most of you realize, in a life-threatening situation, there is not time to get to Petoskey, especially on a two-lane highway. People, my heart truly bleeds for all of us regarding this topic. We pay our State equalized taxes, but life-saving medical facilities are beyond our reach when we need them.

We are relegated to second-class citizens in the health care field. Our lives are just as important to us as the people living downstate. I ask the Federal Government to step in with adequate funding, their knowhow and statistics to provide proper emergency care for the people of this area.

But it will be—why can't we have a trauma center to start with? Sure, it will cost big bucks. But it will be worth it and a step in the right direction.

Look at the lives that could be saved, the jobs it could create, the spinoff jobs and the services it requires.

We are located in the heart of Michigan. Why could we not be known as the heart of Michigan? I have a vision of Houghton Lake becoming another Cleveland Clinic, and why not?

Another topic I would like to address is therapy. Where do we go to be rehabilitated from an accident, a crippling disease, or heart attack? Do we walk the icy streets in the wintertime?

We happen to be going to Mt. Pleasant to cardiac care classes, driving 50 miles each way, to learn of exercise, diet, and how to keep a healthy heart. The program is sponsored by the hospital there, the American Heart Association, and the college.

But how many of you and others are there that cannot do that? Maybe you are not able to drive. Seems like colleges and schools always seem to get the money to do these things and research them through. But I don't know of any similar programs here, and we have Kirtland.

Just let me touch another subject briefly, our northern Michigan health service station. This past spring, I contracted a gout. Very painful, I would say. On a Sunday night, I began to feel the discom-

fort. Monday, my foot was no better, it was worse. I couldn't walk and I was on crutches. I lost my place. Oh.

Tuesday morning, I sought medical help. By now, my foot was the size of a football. I couldn't walk and I was on crutches. We went to northern Michigan health services to see if anybody could examine it. I was told that I could get an appointment with the doctor a week from Wednesday.

Also, if I had a real emergency, I could come in Wednesday evening between 8 and 11, and take my chances.

Needless to say, on that same day, we went to Grayling Emergency. For, although it was not a real emergency, it was, by then, urgent that someone look into it.

In talking with the director of that facility later, I find he has a great concern and is also well aware of the lack of emergency medical facilities here. They sponsored a 10-kilometer run or walk this past Saturday, which is good. But should we have to depend on that to support emergency medical care here? I think not.

People, we are worth more than that.

I think, due to our location, our economic situation, our structure of government, the cost of the program, et cetera, our State and Federal Government should see to it that we can have access to life-saving emergency facilities, too.

Thank you. And I have had——

Mr. ALBOSTA. Thank you, Ruby.

Ms. HUDDY. I have had this article on the ambulance run. And it says right here: "All proceeds to support emergency medical services in Roscommon County." Thank you.

Mr. ALBOSTA. Thank you.

Ms. HUDDY. I am a senior citizen, too.

Mr. ALBOSTA. We will take your suggestions under consideration, and they will become part of the record.

Ms. HUDDY. Thank you.

STATEMENT OF HARRY J. FREDA

Mr. FREDA. My name is Harry J. Freda, F-r-e-d-a. I just answered the question that the woman was asking about the high price on oil and gas.

Now, we are putting a lot of wells here in Michigan. They get the oil and they get the gas. And, after they get that, they tap it. And we know about it because, when you are burning off the gas, we can smell it.

Now, is our government doing anything about it, our government here in Michigan, trying to see if they can't get where we could tap into any of these lines up here, instead of them coming from Texas and tapping and then——

Mr. ALBOSTA. Well, I am not sure what Michigan laws were enacted since I am not in the Michigan Legislature.

All I can say is that Michigan law does require them to preserve that gas, that they cannot burn it off, although there is some waivers given in some cases.

But, generally, they do not allow it.

Mr. FREDA. They don't. Because they are doing a lot of drilling there. And then they cover it, see? And——

Mr. ALBOSTA. That is true. And there are wells right over here in Missaukee County that they have found that are big gas-producing wells that they have not put into service yet. They are sitting on them waiting, that deregulation will occur.

Mr. FREDA. Thank you.

Mr. ALBOSTA. Thank you all for your testimony. And the hearing is now adjourned.

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

APPENDIX

WEXFORD COUNTY COUNCIL ON AGING,
Cadillac, MI, October 10, 1983.

HOUSE SELECT COMMITTEE ON AGING,
SUBCOMMITTEE ON HUMAN SERVICES.

Congressman Albosta and Congressman Hertel, I wish to thank both of you gentlemen for the privilege and honor of appearing before this committee this afternoon.

In my opinion, the reauthorization of the Older Americans Act is needed and needed now. Not only in the Tenth Congressional District of Michigan, reauthorization is needed for all of Michigan and all States of our great Nation.

I do not pretend to be an expert. However, I do understand the meaning of the phrase, "have compassion for your fellow man". The present administration it would appear, according to the news media, has very little compassion for human beings.

United States Senator Donald Riegle, at a meeting I attended in Traverse City approximately two years ago, asked the question, "If we presently have enough missiles stockpiled to blow up the entire world several times over, why are we building more?"

I also cannot comprehend why we continue to spend billions on an armament program and continue to make cuts in programs established to help the elderly of this great Nation.

In my opinion, the time is now for many Members of Congress to reassess their priorities with the tax dollars you have to work with.

I have included an article which was published in Boston by United Press International which I wish to share with you gentlemen.

QUALITY OF OLD AGE UNIMPROVED

The average American is living longer than ever before but many are spending much of this extended old age in poor health, Government scientists warned Wednedsay.

If more effort is not made to battle the ills of the aged, the greater life span will mean people will "spend longer proportions of their lives afflicted by chronic diseases that can make life miserable," a report in the New England Journal of Medicine said.

"Our goal as scientists is not so much as increasing life span but increasing the quality of life," said Dr. Edward Schneider of the National Institutes of Health. "Nobody wants to live to 135 if the quality of life is horrible."

Schneider said life expectancy has grown over the years with better health care against acute diseases that can quickly kill.

But not as much progress has been made in the chronic diseases that afflict the elderly, including arthritis, heart problems and Alzheimer's disease which mentally incapacitates.

Schneider said studies show the elderly today "do not appear to have any substantial change in health than the elderly 20 years ago and that may very well continue if present trends persist.

"The medical community has been appropriately concerned with acute disease," he said. "But now we are burdened with chronic disease and we need to shift our emphasis to that."

Schneider, an official with the NIH's National Institute on Aging, said 11 percent of the American population is now age 65 and over and in 35 years that percentage will nearly double. Within the next 60 years, he said, the percentage of people 85 and over will triple.

Schneider said while the current life expectancy for Americans is 71 years for men and 78 for women, by the end of the 21st century it should be over 90.

"But if the health of the elderly in the future is not considerably different from the health of the present group, a high proportion of the population will suffer from chronic age diseases," he said.

"The only approach that can forestall this is for substantial inroads to be made in prevention, treatment and management of these diseases. Let's just not extend life span, but work so people can have good hearing and vision and travel and be able to enjoy life."

Thank you gentlemen for the time allotted me and success to both of you on your future endeavors.

Respectfully submitted,

GEORGE BERTRAND, *Director.*

MECOSTA COUNTY COMMISSION ON AGING,
Big Rapids, MI, October 6, 1983.

DON ALBOSTA,
U.S. Representative, Washington, DC.

DEAR DON: I am thankful for the opportunity to address the reauthorization of the Older Americans Act and am glad you have decided to hold a public hearing in Houghton Lake, allowing people of the 10th District to voice their opinions.

Unforunately, I can not attend the hearing, nor can the Senior Citizens who, I feel, need and are receiving the services which are available under the Older Americans Act, for they are the frail elderly and those who have no transportation.

We need, at the very least, a month's notice to arrange for transportation and to alert the citizens of our area of up coming events.

Being the Director of the Mecosta County Commission on Aging, I could recite numerous ways that the Older Americans Act's services help the people of Mecosta County. Due to the lack of space and time, I have enclosed, for your review, letters from just a few of the Older Americans that we serve. They say it a lot better than I ever could.

In closing, just let me state that it is a proven fact that the services provided under the Older Americans Act save taxpayers millions of dollar yearly. It also preserves dignity and self respect, helping to keep people in their own homes and independent.

Thank you for the opportunity to express our support for the reauthorization of the Older Americans Act, and we encourage that all our legislators do the same.

Sincerely yours,

BEANIE FRANKLIN, *Director.*

Enclosures: Nine (9) Letters from Senior Citizens of Mecosta County.

MAY 12, 1983.

To whom it may concern:

May I express my greatest gratitude to the Commission of Aging for their excellent work in assisting in working with us olsters.

I am one of these olsters of 82 years and living alone. They supply a caller everyday to brighten my day with a chat and check on my needs, as: a way to the Doctors, shopping, legal work, & cleaning etc.

All my needs are cared for so I can live at home, instead going to a nursing home.

We olsters surely will suffer greatly, if they take this need and help from us.

We have such wonderful caring people in this commission. May God Bless them for taking such interest in old people. I call, "them Angel of Mercy"

We hope and pray this gracious work will continue from this worth while Commission of Aging.

Most sincerely,

VERN T. LARSON.

PARIS, MI, *May 9, 1983.*

DEAR SHAWN: I want to express my graditute to the Commission on Aging for all the help they have given me.

My health is poor, and they have provided transportation to the Dr. for me many times.

I've also had a home-maker aid to help me with the work in my home.

I'm afraid that if I do not have this help in the future I may have to leave my home and enter a nursing home.

That would break my heart as I've lived in this old home for 51 years.

Thanks to all of you,

Sincerely,

EDNA GRABOSKEY.

BIG RAPIDS, MI, *May 10, 1983.*

To whom it may concern:

I am a shut in in Mecosta Co., and certainly appreciate the help council on aging has done for me. I have been very sick. I had a chore worker to come in each day to get my breakfast and lunch and in the evening council on aging would bring me a warm meal. I was too weak by the time I would fix myself the evening meal I was so exhausted I didn't eat it.

Council on aging shoveled my drive so an oxygen truck could get to my house. Council on aging has been bringing me community food I would have to do without if I had to get it myself. The council on aging is going to rake my lawn and build a step.

I wish to thank council on aging very much.

OPAL WIHLE.

MAY 16, 1983.

COUNCIL ON AGING,
Big Rapids, Mich.

This note is to inform you how very much I need your services.

I am on CAP Dialysis and cannot do what I used to to care for my apt. So appreciate your help there.

Also your drivers always take me in Cadillac to doctor.

My bill for medication in 1982 was 632.23 so I cannot pay for the services you give me. I am so grateful and surely do need Council on Aging.

FRANCES VASS,
Big Rapids, MI.

BIG RAPIDS, MI, *May 9, 1983.*

To the Mecosta County Commission on Aging:

I appreciate and am very grateful for the services the commission on aging has provided for me. I'm 79 yrs old, have arthritis of the spine and am not able to ride the bus to go to the Doctors for the different ailments I have. They have been very helpful in other ways too. Just recently I badly needed some one to change a cancer dressing on my back and they referred me to someone who I wouldn't of known otherwise.

MYRTLE MARLETTE,
Big Rapids, MI.

MAY 9, 1983.

To whom it may concern:

I am a senior citizen of Mecosta County and have been helped often by Commission on aging, because I have had a stroke and yet able to get around and be active enough to live by myself, they have helped me with transportation to get to therapy both in Big Rapids & Mary Free Bed in Grand Rapids, and at a time when I had to have a biopsy at hospital. I am able to ride public transportation they have furnish someone to get me home & in bed. I made sure I had the necessary things available that I could summons help if it became necessary to call. They have made it possible for me to get to hearing clinic for necessary tests and provided transportation and I know others have been helped as much as I and I feel they are very dedicated to help us senior citizens to be able to stay & do for ourselves & not have to go to

nursing homes if it's at all possible. I feel very grateful to be able to be independent with their help.

ROSE E. WILKIE,
Big Rapids, MI.

MORLEY, MI, *April 5, 1983.*

MECOSTA COUNTY COMMISSION ON AGING,
Big Rapids, MI.
Attention: Shawn Humphrey, secretary.

DEAR SHAWN: Thank you. Two little words, which cannot begin to express the way I feel in my heart for the help I recently received from your office.

Because of your R.S.V.P. Program, I was able to get to St. Mary's Hospital in Grand Rapids and receive twenty five (25) Radiation Therapy treatments.

The volunteer drivers were Eunice Irwin and Margaret Thornbury. Without the help of these ladies, I don't know what I would have done. They picked me up each day right on time. They were very courteous and helped me in every way they could.

I will never forget these two ladies, nor will I ever forget the Commission on Aging.

Sincerely,

MARGARET B. BUCKLEY (MRS. E.).

RENUS MI, *May 13, 1983.*

BIG RAPIDS COM ON AGING:

I am writing you all how much I appreciate the Com on Aging and R.S.V.P. don't know what I would do without you. As my children live so far away and it isn't easy to get some one to take you places to go when you have to. I have depended on you so many times. So from me and my children, we want to thank you again all of you that work for us are so kind and Pleasant to us Elderly People. I don't know if we are deserving of it. But for sure are a Godsend and Thank you so very very much.

MARGARET GRETZEN,
Renus MI.

BIG RAPIDS, MI, *March 8, 1982.*

MECOSTA COMMISSION ON AGING:

I've had several trips over to Mt. Pleasant to an eye doctor. I don't know how I would have made it if it hadn't been that a good driver took me and I am very thankful for this help. Thank you very much.

Sincerely

ROSE LOWE,
Big Rapids, MI.

STATEMENT OF BETTY C. SUTFIN, PROGRAM COORDINATOR, GRAND TRAVERSE COUNTY COMMISSION ON AGING

The Grand Traverse County Commission on Aging is strongly in favor of the reauthorization of the Older Americans Act. Without it we would have to close our doors to the hundreds of seniors that we help monthly. We have Home Chore and Homemaker Aide programs that we handle directly in the office, servicing approximately 250 seniors yearly. Even now we have trouble maintaining a consistent group of workers. Due to a lack of funds we depend upon General Assistance workers from the Department of Social Services and Senior Employment, a service made possible through the Older Americans Act. There programs are of utmost importance as they are instrumental in allowing seniors to maintain their own independent living in private homes. The minimal cost of these programs can save taxpayers thousands of dollars eliminating the high cost of nursing home care. More important, the ability to maintain independent living preserves their sense of pride, dignity, and self-worth.

Two other services handled in the office are the Senior Identification Card (SID) and Health Screening. We make photo identification cards for seniors. They use these cards, saving 10-20%, cutting costs at stores wherever they are accepted. We

arrange and schedule Health Screening for approximately 325 seniors. Currently we subcontract with Grand Traverse/Leelanau/Benzie District Health Department, and they provide yearly check ups for seniors to help detect health problems.

We feel that our Basic Home Health Aide Program is of utmost importance. It combats low morale by providing the opportunity for the elderly person to reside in his home and maintain independence. Of those clients affected with a chronic illness, 90% need help with their major daily activities. Low income seniors who do not qualify under a reimbursable program, yet find the cost of home health care prohibitive, are given top priority.

A large part of our daily activity is information and referral. We get numerous inquiries weekly about senior housing. We do what we can with the information we have but there is a shortage of senior housing available in the area. Legal questions we refer to Third Level Crisis Center. We get a number of requests for transportation services. We try to accommodate these with volunteers through the RSVP Program. While we do have Dial-a-Ride and Cross Town Transit some seniors just cannot use these. We do not have a county wide transportation system and this creates a problem.

RIO COUNCIL ON AGING, INC.,
West Branch, MI, January 19, 1984.

Hon. DONALD ALBOSTA,
U.S. Representative, Washington, DC.

DEAR CONGRESSMAN ALBOSTA: I am writing to you at this time to express my views on the 1984 Reauthorization of the Older Americans Act. As I understand the process, the reauthorization is presently being discussed in House and Senate subcommittee where several changes have been proposed for the nutrition programs.

There seems to be a greater push for targeting the most needy. This can be accomplished to a great extent through the location of meal sites/centers; income or means testing is not the answer. In fact, it has the potential of destroying the senior citizens centers as we know them. Older persons with middle and higher income levels would not feel welcome, even if they were allowed to pay the guest fee for meals, and the centers would lose most of their active volunteers and supporters. Raising the age of eligibility would have an equally detrimental effect. There are many people between the age of 60 and 65 who are in need of Older Americans Act services. In our area, the senior citizen centers provide an opportunity for newly retired couples to get acquainted with our services as well as make much needed new friends before they become isolated and incapacitated. The congregate nutrition services and related activities are very helpful in keeping these people active and vital, therefore delaying and possibly preventing the need for additional services.

The nutrition program is a focal point for all other services to older persons, whether they are provided by the Older Americans Act or local funds. Efforts to transfer funds away from the nutrition program could break down the continuity of services that now exist. The funding levels and identity of the nutrition program must be maintained.

I understand that there has been discussion on using nutrition project income for supportive services. I agree in many cases there is a need for more supportive services, but I am concerned about the effect this change would have on the participant's willingness to make a donation. Presently we have a sizable return in donations largely due to the participant's understanding that their donation goes right back to the nutrition program to help pay for food and supplies. I am concerned about the consequences when they learn that their donations are going to another agency to provide free transportation to a minority of people who need that supportive services. Supportive services such as transportation should be funded with local funds, targeting the local areas needing that service.

Lastly, I am in complete support of a five year extension of the Act, rather than the present three years. Many people and agencies are still struggling with changes that were made in the 1981 reauthorization.

It is my hope that these comments will be made known to the appropriate committee members and that they may be used when formulating the reauthorization of the Older Americans Act. Please feel free to contact me should you need any additional information on this matter.

Sincerely,

THERESA SMITH-TARKI,
Nutrition Director.

TESTIMONY OF MICHIGAN GREEN THUMB

Established under Title V (the Senior Community Service Employment Program) of the Older Americans Act, Green Thumb is a program designed to temporarily employ low income persons 55 or older and to provide essential community services in Rural America.

As such, Green Thumb must address itself to gaps in, or the non-existence of, services aimed at maintaining or enhancing the quality of rural life.

While Green Thumb attempts to provide general community services, those of benefit to all, regardless of age, this testimony will focus on the needs of rural Older Americans.

Employment is a major issue today regardless of age. Older workers, however, are particularly hard hit.

Market forces and employer bias result in older workers remaining unemployed approximately twice as long as their younger counter-parts. These same factors cause older workers to become discouraged and drop out of the job market at a significantly higher rate. Because of limited job resources in small towns, older workers, usually the last laid off because of seniority, find that other available employment has been filled by those laid off earlier.

Although Green Thumb inherently addresses this problem through its employment program, the total number of Title V postions in Michigan (1700) currently benefits less than one percent of the eligible population.

Another area of primary concern is that of adequate health care, particularly for the homebound. This is one of the most critical elements in outreach programs assigned to maintain the elderly in their own homes and avoid institutionalization.

The benefits are great but the approach, so far, has been inconsistent. While many Green Thumb workers are involved in home health care and other types of outreach. they do so in a variety of agencies whose programs differ greatly in scope and effort.

We believe it is important to identify what we do know and what information is not available about the condition of older people and the access to and delivery of services in rural communities.

The exodus of people from the farms to the cities has reversed, and latest census figures confirm that people are returning to rural communities to make their homes, both during their working years and during retirement. During the 1970's rural areas increased in population by 15.8% and in employment by 28.5%. Their relative income positions also improved, although rural incomes are still only 80% of metropolitan area incomes. Non-metro population in 1980 equalled 28% of the U.S. total population. From 1970 to 1980 non-metro areas increased by more than 8 million people, nearly ½ of whom migrated from metropolitan areas.

While these type of statistics are beginning to be studies more closely, there has been little or no statistical information gathered specifically about rural older people and the delivery of services to them.

In any discussion of the needs and concerns of rural communities for their older citizens, the importance of transportation in rural areas is a key component. Passenger train service in rural America is a thing of the past. The large bus companies operate only between towns and cities, and many small towns are simply isolated from all public transportation. Over 50% of older people living in rural areas do not own a car. Without transportation many older rural people who could and would like to work cannot simply because they have no way of getting to and from a job. It is important here to note that over ⅓ of our nation's elderly (60 years plus) live in rural America, and 19% of older rural citizens have income below the poverty level. Many older rural citizens who enjoy good health are confined to their home because they don't own a car, cannot afford to drive a car, or simply do not drive.

Employment is probably the second most important issue for rural older people. Green Thumb has demonstrated how anxious older people are to continue to work and contribute to the well-being of their communities.

Employment opportunities are often limited in small towns and rural communities and the job training, education and placement are often limited. In Michigan, the Job Service offices may be a considerable distance from the home of older citizens, making it costly to even travel and register for employment. Many older rural citizens who would like to work are simply not even counted as part of the work force; how many, we do not know. Green Thumb employs older workers throughout rural Michigan, and even though we are reasonably successful in finding unsubsidized employment for our workers, we know that a greater portion of the eligible people are not available to us to help, because of transportation problems, and a lack of communcations.

Housing problems among the rural elderly are acute and often tragic in human terms. Many elderly rural persons are living in sub-standard housing with inadequate plumbing or sewage facilities, or none at all, and many still have unsafe sources of drinking water. Sixty percent of all our nation's sub-standard housing is in rural America, and one of four such homes are occupied by an older person or family.

Comparatively, we believe more older rural citizens own their own home but many of them are over fifty years old and are not energy efficient so that they use a great deal of costly energy in providing heat. In Michigan, Green Thumb crews, in conjunction with local agencies, have been able to weatherize and repair homes of older citizens but much, much more needs to to be done.

The problem of sky rocketing energy costs strikes at those most vulnerable and least able to pay, the rural elderly. They depend on costly private transportation and as we have mentioned before, they are more likely to live in poorly insulated housing, with little or no economic resources for improving it. They find the personal freedom rewarding and being able to stay in their own homes, which may not have a great resale value, still is the best use of their limited income.

Retirement income and economic well-being are overriding concerns of rural older people. Farm income has fluctuated so that not since the early 1950's have farmers received a parity price for their products. In many years net farm income has been so low that farmers have been able to pay only the minimum social security tax, thus cutting their eventual retirement income. Farmers were not brought under the Social Security program until 1955 and so do not have a long history of contribution. Farm women are particularly disadvantaged because, although they constribute materially to the farm operation, they are not able to pay into social security in their own right without special incorporation of the family farm.

Wage levels in rural communities have also often been low so that many older rural residents were not able to earn maximum Social Security coverge and for many of them this is their only source of retirement income. Many small businesses have not been in a position to develop private pension programs. We need to know just what the statistics are in this area.

Health care delivery is a major challenge for all rural residents. Again, distance and transportation costs increase the difficulty and the affordability of health care. Many doctors have chosen to practice in more lucrative settings and we have been slow to develop the alternate health care delivery that might begin to meet some of the needs in rural communities. Such alternatives may include changing laws which prohibit nurse practitioners of physican assistants from practicing in free standing clinics not under physical supervision of a doctor.

It is particularly important for rural older people to have adequate health care as close to home and supporting community structures as possible. Yet often the only solution is to place an ill or disabled older person in a nursing home far from friends and family. Isolation in this case as in other cases is a major disabling situation.

Nothing is so fundamental or important to the quality of life to older rural Americans than having the opportunity to fully participate in the social and spiritual life of their community. Too often we tend to isolate people on the basis of age, asking they go "go sit in the rocking chair" outside the mainstream of community involvement. The network of social and emotional support required to make life meaningful is gained through the associations and fellowships of family, friends, neighbors, church and community social and economic affairs.

Michigan Green Thumb is primarily in the business of employing, training, and securing other employment for older workers. However, through these workers, and through the wide range of community service employment and jobs in which they function, we have quickly learned of the problems and difficulties encountered by the elderly in rural areas.

We are slowly developing a recognition of older Americans as a growing national resource. Regardless of where they live, they need to be able to participate in their communities and to rely on delivery of basic social services. The best of programs in design and purpose is of no value to those who need it but cannot participate. The extension of education and information and the direct delivery of in-home services are extremely important to older rural residents. No person or family should be denied assistance simply because of where they have to reside.

Yet in rural areas thousands are ignored daily because they live too far from agencies providing services to their not-so-rural cousins or because rural outreach and service is considered "not cost efficient."

Scattered populations are more expensive and more difficult to serve on a regular basis. But are those hidden thousands somehow less important or less needed, or somehow second class Americans because they are rural residents?

Much more needs to be done and we are anxious to work with you and the Committee in developing ways to more effectively and efficiently use the resources both federal, state, and local to meet the special needs and use the special skills of older rural citizens.

CITIZENS FOR BETTER CARE,
Big Rapids MI, October 6, 1983.

Representative DONALD ALBOSTA,
Houghton Lake, MI.

DEAR SIR: A great concern to the Big Rapids Chapter of CITIZENS FOR BETTER CARE is the fact that the Michigan Department of Public Health granted a Certificate of Need to Convalescent Management, Inc., of Columbus, Ohio, to construct a 110 bed facility (50 nursing home beds and 60 home for the aged beds) in Big Rapids. This was done about the same time that MDPH granted a Certificate of Need to Lake County Care Center, Inc., in Baldwin to change 45 home for the aged beds to nursing home beds. One of the reasons for the change was because there were three public housing projects (131 units)—all subsidized—and, since the Lake County home for the aged beds could not be subsidized (due to private ownership), the occupancy rate for these home for the aged beds was never more than 33% during the entire two years of existence.

Baldwin is twenty-five miles northwest of Big Rapids. In a survey this summer our Chapter learned that the Big Rapids area has over 200 apartments for senior citizens as well as 17 adult foster care homes with 101 beds, all of which are subsidized either by the State or the Federal governments. This new facility for home for the aged beds could not be subsidized (due to private ownership); they project daily fees of $22.00 in 1984; $24.00 in 1985, and $26.00 in 1986. We doubt that any senior citizens could afford those rates and, in our opinion, this Ohio organization would have a difficult time keeping those 60 beds filled.

West Michigan Health Systems Agency denied the proposal of Convalescent Management, Inc., but Michigan Department of Public Health over-rode WMHSA on July 6th of this year and granted Convalescent Management, Inc., a Certificate of Need.

It just does not make sense. It would be far more feasible and more economical to add 50 nursing home beds to already existing facilities either at Reed City or else in Big Rapids.

Very truly yours,

JANE C. BLOCK, *Secretary.*

REGION IV AREA AGENCY ON AGING, INC.,
St. Joseph, MI, October 25, 1983.

Congressman DONALD ALBOSTA,
Washington, DC.

DEAR CONGRESSMAN ALBOSTA: Recently, at the request of Senator Charles Grassley of Iowa, I represented the National Area Agencies on Aging at a hearing on the Older Americans Act, held by the Subcommittee on Aging of the U.S. Senate Committee on Labor and Human Resources. I served on the panel with the medical directors of the National Institute on Aging and the Veterans Administration, the U.S. Commissioner on Aging, the State Director on Aging from Maryland, and the legislative directors of the American Legion, the Veterans of Foreign Wars, the Disabled American Veterans, and the American Veterans of World War II, Korea, and Vietnam. It proved to be an enlightening and productive meeting for all the participants.

This was the third time I have testified before Congressional Committees. It has been a distinct honor to tell of the successes and the potential of the Older American Act Network. My experience shows that members of Congress are eager to hear of how the Older Americans Act can be amended to address even more effectively the pressing issues of Long Term Care.

I have enclosed for your information a copy of the testimony I wrote and presented. I hope you find it interesting.

If you have any questions regarding the testimony, please do not hesitate to call.
Sincerely,

ROBERT L. DOLSEN, *Executive Director.*

Enclosure.

STATEMENT PREPARED BY THE NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING (N4A)

I am Bob Dolsen, Director of the Region IV Area Agency on Aging in St. Joseph, Michigan. I am also First Vice-President of the National Association of Area Agencies on Aging (N4A), and Chairman of the N4A Legislative/Long Term Care Committee. I am speaking on behalf of N4A, which represents the 660 Area Agencies on Aging across the country.

The Older Americans Act neither mandates nor suggests a formal link between the Aging Services Network and the Veterans Services Network but the common interest of the two networks in older persons has brought them together in many diverse ways. The coordination efforts of the Area Agencies on Aging have led them to the resources of the local institutions of the Veterans Administration and of the public-spirited, local veterans membership groups. We have shared facilities and resources, we have shared information, we have shared one another's clients, we have learned from one another, we have advised one another.

In practically every state and in most local regions, one can find a Veteran of Foreign Wars or an American Legion Hall serving as an Older Americans Act nutrition site or senior center. In Mt. Ayr, Iowa, an American Legion Hall is used as a senior center and a nutrition site, with a central kitchen shared by senior center participants and American Legion members. In Murray, Iowa, a Veterans Administration Service Officer regularly assists VA applicants at a nutrition site. In Crossville, Tennessee, a joint initiative of the local Area Agency on Aging and the local chapter of the American Legion has resulted in a senior center which will also be used as an American Legion Hall.

Area Agencies on Aging, in turn, serve individual veterans through the resources of the Older Americans Act. Information and Referral centers routinely include in their inventories of resources information on current veterans' benefits, and they make frequent referrals to the broad spectrum of VA services. They also help older veterans gain access to the array of community services administered by Area Agencies on Aging, which can help them live independently.

Our Case Management project in St. Joseph, Michigan, with the able assistance of our local VA Service Representative, files for VA benefits on behalf of our clients; and we receive referrals for our case management services from that same concerned VA Representative. Sixteen percent of our Case Management clients are World War I veterans or wives of veterans.

In Des Moines, Iowa, a Social Services Officer from the VA Hospital works closely with the local Area Agency on Aging in planning for the orderly discharge of veterans returning to the community. Arrangements are made for appropriate Older Americans Act in-home services, including homemaker, home health aides, chore services, and home delivered meals.

In Denver, Colorado, similar coordination of discharge planning is established by informal agreements between the VA and the Area Agency on Aging. The VA contracts with the Older Americans Act program to provide transportation for veterans, and the Area Agency on Aging has coordinated housing options for VA hospital patients returning to the community. The Area Agency on Aging in Waterloo, Iowa arranges patient transportation to the VA hospital, and also arranges for family visits there.

The Area Agency on Aging in Columbia, South Carolina, has included the Veterans Administration in its Robert Wood Johnson Foundation grant program. Aimed at providing case management and service coordination for health-impaired elders, the project gives the VA direct access to the Area Agencies on Aging's computerized tracking system. Further, as is quite common in Area Agencies on Aging whose regions include a VA facility, a VA staff person sits on the Advisory Council for this special project initiative.

In addition to the veterans and their wives and widows served by Area Agency on Aging Community Services programs, veterans are also served extensively by the Older Americans Act Title V Employment Program. In the region served by our Area Agency on Aging in Southwestern Michigan, eleven of the current 77 Title V participants are veterans, and as many as seventeen have been enrolled at one time. Equally important, five women participants are wives of disabled veterans, working to supplement their husbands' VA pensions. And recently, the VFW in Niles, Michi-

gan placed on its permanent payroll a bookkeeper and a custodian who had worked in Title V slots.

The interest Area Agencies on Aging have shown locally in veterans concerns was reflected on a national level at the recent joint N4A/NASUA Training Conference titled "Building Long Term Care Systems: The Aging Network's Agenda." The Veterans of Foreign Wars made a presentation on special needs of veterans, including suggestions of ways the Veterans Administration and the Older Americans Act network could work more closely together to address the long term care needs of veterans.

It would be impossible to present a complete list of the ways the two networks work together, but these examples do provide some perspective on current cooperative efforts. These instances of friendly cooperation between the two networks have not grown from Federal mandate, but, rather, were born of necessity and the recognition of our common concerns and our common missions. We would, nonetheless, recommend establishing a formal relationship nationally by including in the reauthorization of the Older Americans Act the Veterans Administration in the list of systems toward which the Aging Network should direct coordination efforts.

We must also, however, look realistically at the problems these two networks face in the near future. While the Aging Network faces the widely publicized "Graying of America," and the attendant exponential growth of the frail elderly population, the Veterans Network more particularly is girding up to meet the World War II veterans bulge, which threatens to swamp the VA health care system. While the percentage of total population who are veterans is declining, the veteran population 65 years and over is expected to grow from four million to nine million by the later 1990's.

In a speech at the Second Annual Conference on Long Term Care in 1982, Dr. Paul Haber, Veterans Administration Assistant Chief Medical Director for Extended Care, said,

"The VA is faced with a rapidly expanding veterans population above the age of 60 which necessitates increased attention to developing alternatives to costly in-hospital programs for our beneficiaries requiring long term care. More effective utilization and integration of existing extended care programs is essential. There is a concomitant national awareness concerning the ability of Federal agencies to fully meet the long term care needs of veterans and other elderly patients."

This observation, extended to the aging population in general, has been echoed in Area Agencies on Aging across the country in the past few years.

And the situation shows signs of only growing worse. With VA hospital and nursing home beds filled, with VA home care at capacity, with nursing home beds in general filled, the flood of new clients can only be disastrous. The introduction of Diagnostic Related Groups, the new Medicare prospective reimbursement system, has already shown us that the burden of earlier discharges will fall primarily on non-Medicare-reimbursed service systems, such as the VA and the Older Americans Act Network.

Other benefit cuts may also heighten the difficulties we face. Political persuasions aside, the reviews of VA disability pension cases, expecially those in which health care eligibility was lost or in which client employability is low, may well result in increased client need for community-based services.

What causes us considerable consternation is that neither the VA system nor the Aging Network currently has the capacity to handle the surge. The cornerstone for developing and coordination of the community-based in-home care system is Title III-B, the most seriously neglected of all the Older Americans Act titles. The Area Agencies on Aging most effective in working with the Veterans Network in developing essential health and in-home services for frail elders, in establishing critical case management services, and in developing solid agreements with the VA system have generally been those with substantial non-Older Americans Act funds to supplement Title III-B monies. The Area Agencies on Aging with supplemental funding have shown unequivocally the profound possibilities of Area Agencies on Aging everywhere, but most Area Agencies on Aging do not have the resources to extend their community-based long term care systems further. In fact, many Area Agencies on Aging responding to the stagnant, inflation-eroded Title III-B funding, have retrenched. We urgently recommend that the next reauthorization of the Older Americans Act include substantial increases in funding of Title III-B, and the authority for Area Agencies on Aging to establish case management services, which will direct services to frail elders, including veterans, in the least restrictive settings.

We look also to the Veterans Administration to enhance our understanding of the frail elderly. The Geriatric Research, Education and Clinical Centers program (GRECCS), with access to the comprehensive VA health care system, is uniquely fit

to research the health problems of aging, especially those which precipitate higher levels of care, such as Alzheimer's Disease and incontinence. Effective measures to address these problems would have significant impact on the need for the institutionalization of frail elders.

At the Mini-Conference on Veterans of the 1981 White House Conference on Aging, delegates from national veterans groups passed a resolution recommending that the "Geriatric Research, Education and Clinical Centers of the Veterans Administration be enhanced and expanded, and provided with adequate funding to meet their responsibility." We would agree, and further recommend that the valuable research of these centers be shared with the Aging Network.

We are impressed too with the efforts of the Veterans Administration to establish in their institutional care system what Dr. Haber calls a "climate of expectancy." Designed to counteract the popular notion that people seldom leave nursing homes alive, this idea of a climate of expectancy incorporates conscious institutional efforts to insure a patient's physical privacy, to preserve the individual's identity and to preserve the individual's life-style. For those of us whose case management systems have made it possible for some nursing home patients to return to their own homes, the importance of maintaining the integrity of the individual's personality to make independent functioning possible is crucial. While this climate of expectancy is a primary principle of most case management services, the concept could also be an appropriate watchword for all care givers across the Long Term Care spectrum.

At the local level, relationships between Area Agencies on Aging and the Veterans Network have been, to the best of our knowledge, cordial and productive. Framed in an atmosphere of mutual appreciation, cooperative activities have been mostly pragmatic and task-oriented, rather than policy-oriented. And we are confident that the cordiality and the cooperation will continue.

We would like to underscore, however, that the resources of Area Agencies on Aging have been stretched exceedingly thin, and our capacity to meet the needs of the growing ranks of older veterans, as well as the nation's elders in general, is diminishing. In Title III–B of the Older Americans Act rests the potential for a client-oriented, community-based Long Term Care, and the Area Agencies on Aging are committed to bring it to fruition. We again urge you to strengthen the authority and role of the Area Agencies on Aging in Community-Based Long Term Care, and to increase the funding of Title III–B to make the fruition of our commitment possible.

RETIRED SENIOR VOLUNTEER PROGRAM,
Traverse City, MI, October 4, 1983.

Hon. DONALD ALBOSTA,
Subcommittee on Aging, Committee on Labor and Human Resources, U.S. Congress, Traverse City, MI.

DEAR CONGRESSMAN ALBOSTA: The Michigan Associations of RSVP Directors is pleased to have the opportunity to offer suggestions regarding the reauthorization of the Older Americans Act. The Michigan Association of RSVP Directors is strongly supportive of the goals and purposes of the Older Americans Act. Even more, RSVP staff and volunteers across the country work closely with and assist in many of the services provided through that legislation. Retired Senior Volunteers demonstrate the ability and deep interest older Americans have in assisting their peers who are in need of help.

The Michigan Association of RSVP Directors sees a growing need for an effectively coordinated long term care system serving the frail and vulnerable elderly. We urge that the reauthorization of the Older Americans Act support the efforts in states and local communities to develop and coordinate the services necessary to a long term care system. As already stated, RSVP projects today assist in the variety of services that make up such a system. The need for increasing cooperation with service coordinators and providers is recognized by the Michigan Association of RSVP Directors. Such cooperation is both welcome and encouraged by us.

The one area of concern we have is the often discussed and periodic movement toward shifting the administration of ACTION-OAVP, including RSVP, to the administration on Aging. The Michigan Association of RSVP Directors has consistently opposed such a change, and we strongly reaffirm that position in connection with the reauthorization of the Older Americans Act. We do so for the following reasons:

(1) The Michigan Association of RSVP Directors endorses the role of ACTION as the federal agency that provides a national focus on volunteerism. The need for this focus by the federal government is, in our opinion, greater today than ever before. Since OAVP has always been the largest program of ACTION in terms of numbers

of volunteers, if not budget, the shift away from ACTION would severely diminish the emphasis and visibility given to volunteerism by the Federal Government.

(2) While the older American Volunteer Programs benefit the senior volunteers as well as the many elderly persons they assist, the programs do immeasurably more. Older American Volunteers serve persons of all ages and work in a variety of services far beyond those funded through the Older Americans Act and even all other federal programs for the elderly.

(3) The Older Americans Act has as its focus, the services that are seen as necessary for older persons. This includes supportive, therapeutic and preventive services. The OAVPs, while being clearly preventive programs are also much more than that. They, or rather the Older American Volunteers themselves, send a resounding message that older and retired persons are not only consumers of services but are very much involved in the provision of service. With the often heard cry today of how much senior citizens cost our society, the Michigan Association of RSVP Directors believes that nothing should be done to diminish the view of what older persons give to our society. ACTION-OAVP provides a focus on invaluable contributions of Older Americans as volunteers.

(4) Cooperation and coordination of ACTION-OAVP and the AOA network at all levels need not be inhibited because AOA does not administer OAVP. This fact is already demonstrated in many communities. As stated before, the Michigan Association of RSVP Directors encourages such cooperation.

The National Association of RSVP Directors will be giving further consideration to these issues at its board meeting October 16-20 in Washington, D.C. We would be pleased to share our thoughts and ideas further with you. We also are willing to respond to any questions you might have.

Thank you for this opportunity to contribute our suggestions. We respectfully request that they be made a part of the official hearing record.

Sincerely,

ANN S. WHITE,
President, Michigan Association of RSVP Directors.

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