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Ed Gray -

This is a more complete
form of what I sent you
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resource document
for the staff.

AGING IN CALIFORNIA

See p 1.
& p 137

Spencer



AGING IN CALIFORNIA

A resource document prepared for use
at the White House Conference on Aging

Sacramento, California -- May 24, 1971

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INTRODUCTION

This document has been prepared for use at the California Statewide Conference on Aging to be held in Sacramento on May 24th, 1971.

It is made available to you for two purposes. First, we believe it will be a helpful resource document in your deliberations. Second, we want your comments and suggestions as to any changes that will correct or improve this material.

Please send your suggestions to:

Institute for Local Self Government
Claremont Hotel Building
Berkeley, California 94705

Attention: Mr. S. Williams

This material is the first compilation of its kind and will be used as part of a larger document that will constitute California's report to the White House Conference of 1971. It is intended that the findings and recommendations developed at the Statewide Conference will also be included in that report.

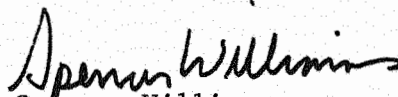
We realize the information on Federal Government activities omits some programs and is very brief on others. We believe, however, it amply demonstrates the scope and depth of Federal involvement. The treatment of programs by volunteer groups in California is not an attempt to describe all of the fine programs that are being carried out. They are too numerous for that. It is only an effort to describe some of the typical programs which are illustrative of many others, and which offer an insight into what any local group can do with proper organization and commitment. We invite descriptive information on any other volunteer programs that you believe warrant inclusion herein.

You who are attending this conference carry both a heavy responsibility and great opportunity. What you here accomplish may well set a pattern for the White House Conference, and in so doing, make a significant contribution towards meeting the needs of our nation's aging.

We wish you success in both.

Institute for Local Self Government

By:


Spencer Williams
Project Director

Preface

All who are today old were one day young. All who are today young will one day, with good health, and good luck, be old. All belong to the continuum of human existence which begins with birth and ends with death. As such, all share many common interests, fears, hopes and frustrations. Physical and psychological differences between young and old, on the other hand, tend to set them apart. It has always been thus. But with our penchant for classifying, categorizing and oversimplifying, for accentuating the negative, looking for areas of difference and disagreement rather than areas of commonality and agreement, American society seems to have opened an almost unbridgable chasm between young and old. To the knowledgable, this chasm is more apparent than real. The old have compassion, understanding, and love for the young, not only their own young, but for young people in general. And the young - - those at least who take time from their daily struggle for survival and achievement to contemplate the problems of the older citizens - - also possess a reciprocal well of compassion, understanding, and affection.

Whatever its dimensions, however, the chasm persists. While the reasons are many, the excuses are few. Some of us immaturely fear the implications of our own aging process and thus shun the elderly. Others are merely indifferent, so imbued with our own daily concerns. we cannot or will not take the time to be concerned with anyone else's problems, particularly those of the aging. To some a person reaching 65 becomes an indistinguishable member of a faceless horde, almost of another species, somehow no longer needing love or being capable of love, no longer desiring the usual amenities of life or being capable of enjoying them, no longer needing the challenge of life or experiencing the pleasures of achievement, no longer capable of concern about illness, poor housing, finances, national or world problems.

We have long been a youth-oriented society and properly so. As an emerging nation of the 19th and early 20th century, our great leap into world prominence was accomplished to a great extent by the courage, determination and imagination of our young people. Even today we recognize that the future of our nation rests on the ability and stability of the "now generation" and their performance in the years ahead. But too many of us, young and old alike, are in danger of becoming youth cultists, mistaking energy for ability, education for knowledge, innovatedness for judgment. We seem too ready to pawn the value of experience for the excitement and adventure of change.

For these and other reasons, our elderly population has become the single-most tragically alienated, disadvantaged, and disserved segment of American society. Thousands of vigorous, talented, experienced persons are forced into retirement at the peak of their productivity and at a time when the nation truly needs their services. The relative income of the over-65 population is but 50% of those under 65, and is dropping. While the percentages of all other age groups living below the poverty line is diminishing, the percentages of the aging who live in poverty is increasing. Inflation and sky-rocketing health costs hit hardest at our

aged population living on fixed incomes and afflicted by the growing disabilities of old age. The labor market is all but closed to the physically active and mentally sharp senior who seeks to supplement his income.

These are not new problems, but they affect ever-increasing numbers of persons as our aging population continues to grow rapidly. In 1900 there were 3 million Americans aged 65 and more, comprising 4% of our population. Today we have over 20 million Americans aged 65 and over constituting 10% of the total population. To put it in another perspective, since 1900 our total population has grown 300% and our over-65 population has grown almost 700%. This is an accelerating trend which will experience even more rapid growth when medical researchers solve the problems of heart disease, cancer and stroke.

While in the words of John B. Martin, U. S. Commissioner on Aging, it may not be easy to "sell" a comprehensive program for the aging - - to raise it high on the list of national priorities - - we should be fully aware of the consequences of our failure to do so. Today's crisis will become tomorrow's national calamity if we do not. The "sale" must be made to our entire population, particularly our security-assuming under-40 segment. The time for the sale is now. The forum for the sale is the President's White House Conference of 1971. The terms of the sale must be clear and unequivocal:

- 1) Develop a plan now that will adequately serve the needs of tomorrow's aging.
- 2) Fulfill a grateful nation's obligation to yesterday's youth whose vigor, courage and sacrifice made today - - and tomorrow - - possible.

It is hoped that this document will be of assistance to California's Commission on Aging in its efforts to stimulate a public awareness of the problems of our aging citizens and develop local programs for their solution. It is also hoped that this document may contribute to the success of the White House Conference on Aging, 1971.

Spencer Williams
Project Director

A. The Aging in California.

1. In general. Californians are proud of California. Perhaps it is because so many have come from so many other places that "pride of state" has developed as a simple and perhaps the only factor of commonality that binds them.

Perhaps it is because they have so much to be proud of. In addition to the variety and extent of its vast natural resources - beaches and mountains, lakes and streams, deserts and forests - California ranks first in more economic and social indicators than does any other state: Population, personal income, farm income, number of scientists, tax receipts and expenditures, housing construction, retail sales, motion picture theatres, births (second in deaths), marriages (and divorces), public schools.

California's over-65 population of 1.8 million - which is second only to New York with almost 2 million - benefits indirectly from some and directly from other such "firsts". In its various Welfare programs affecting aging recipients, California's payments to the blind (AB) ranks first, the totally disabled (ATD) second, and Old Age Security (OAS) third nationally. The California law currently provides for an automatic cost of living increase for old-age assistance recipients. In his Welfare Reform proposal, Governor Reagan is recommending a forward step long advocated by students of public assistance for truly needy adults no longer able to support themselves; take the aged, blind and totally disabled out of the "Welfare" category and allow them to live in dignity under an automated, "pension" type system. California now ranks second in the number of doctors and fourth in the number per 100,000 population; second in the number of dentists and eighth in the number per 100,000; second in the number of nurses, although 27th in the number per 100,000; first in the number of

hospitals and second in the number of hospital beds; first in the number of nursing homes and nursing home beds.

Despite these glowing statistics, California's aging suffer the same problems of alienation, reduced purchasing power, inadequate housing, immobility, and forced retirement that plague seniors in our other states.

The area of transportation is but one example of the plight of senior Californians. Californians' historical reliance on the automobile as the principal means of transportation has inhibited the growth and development of adequate public transportation systems in the state. Cars are expensive and California's crowded highways and freeways are hazards that most seniors avoid with a passion. What public transportation is available is scattered and is primarily oriented to and scheduled for the journey to work requirements of the low income workers living close to urban centers. For most senior Californians, if you don't have a car or someone to drive you, you just don't go. They, thus, suffer equally, if not more severely than most others from the shrinking capacity for self-maintenance and the reduced ability to maintain social contacts and social participation which forced immobility brings. The same is also true of many other of the problem areas singled out for special consideration by the White House Conference. Despite its liberal property tax exemptions for seniors, California's property taxes are among the highest in the nation and are forcing many of its aging citizens to seek different and frequently substandard living arrangements. Inflation and the high costs of living are also taking their toll. And high unemployment caused by slowdowns in California's space industry has generated fierce competition for the few job opportunities that were previously available to seniors.

In the sections that follow, we attempt to describe with more specificity the aging population of California. We also endeavor to describe what is being done and what can be done to improve the quality of their lives in the golden state.

2. Analysis of Census Data

The census of 1970 reveals that nationally older adults now constitute 9.9% of the population as compared to 9.2% in 1960. There are 20 million people 65 or over -- one in every 10 persons. The number is increasing at a rate of 900 per day, 330,000 a year. More than 70% of those over 65 have joined this age group since 1961. One fourth of the aged are poor, and nine out of every ten receive Social Security benefits-- an average of \$117 a month. About 2 million are on general assistance. Private pensions provide for only about five percent of older population.

In California, the total population has increased 27% from 15.7 million to 19.9 million and the 65 and over population has increased 32% from 1.37 million to 1.8 million. While in 1960 the 65 and over population constitutes 8.98% of the State's total, it is now 9.00%. In addition, while California has 10% of the nation's total population, it has 9.2% of its aging. Of every 100 Californians over 65, 59 are women and 41 are men. In the 65-74 group, however, 56 are women and 44 men, while in the 75 and over group, 62 are women and 38 men.

The California census also reveals that 587,000 seniors are heads of families, 343,000 are wives of heads of families and 198,197 are living with an under 65 family member who is the head. 198,000 men and 399,000 women over 65 are living alone, 35,000 are boarding with non-relatives and 94,000 reside in institutions.

A breakdown of the distribution of the 65 and over population by counties and cities in California may be found in Appendix I.

3. Evaluation of Questionnaire

For the purpose of finding out what older Americans believed to be their greatest needs, special assistance to the President for aging, John B. Martin, prepared a questionnaire to be distributed nationally. Over 5,000 were completed in California and returned to the Administration on Aging for tabulation. Additional copies were reproduced in California and 17,000 were distributed, filled out, collected and analyzed locally. The results are the subjectively expressed opinions of the elderly who attended the Community Forums which were held concerning their needs and problems. Since those attending are generally already 'involved' in senior programs and activities, they probably do not represent a true cross-section of all the elderly persons in California. For example, while the census reveals 59% of California's over 65 are women and 41% men, the distribution of those answering the questionnaire was 69% women and 31% men. Furthermore, since the questionnaires were not distributed in direct relationship to the distribution of the aging population throughout the state, there are additional reservations as to their validity to accurately represent

the thinking of our senior citizens. Despite the failure to qualify as a 'scientifically selected sample' the questionnaires have produced some interesting information. 23.9% of the sample were college graduates; 15.5% lived in a retirement or nursing home; 63% belonged to an active organization for retired persons. While 90.1% of those questioned were retired, only 39% of those not retired wished they were. 7.4% were working full time, and of the 92.6% not working full time, only 9.4% would like to. A somewhat higher percentage (10.4%) were working parttime, a much larger group (26.2%) would like to be.

A high percentage of seniors reported they could see a Doctor (87.7%) and a Dentist (84.6%) when they wanted to, and of those receiving such services in the preceding month 72.5% had enough to pay their doctor bills, and 62.5% had enough to pay the dentist. 91.6% were happy in the neighborhood where they lived.

A sample of the California-collected questionnaire was analyzed for the California Commission on Aging by George Jessup and Chris Johnson with particular reference to the variables of age, sex, income and levels of education. While a full reading of their report is recommended, the following are some of the observations drawn from their tabulation:

Age:

Q: Do you have a health problem you feel needs attention, but is not getting medical attention? A higher percentage of people in the age categories 55-65 years (27.5% to 28.3%) seems to answer affirmatively. It may be that retirement and/or welfare benefits are not yet available to individuals in these age categories, or that the younger people are having health problems associated with aging that they have not yet become adjusted to.

Q: Do you have trouble paying for your housing costs? There appears to be an age relationship in the ability to pay housing costs, the older the person, the less trouble he has.

Q: Do you have trouble getting from home to places such as shopping, church or visiting friends? The response indicates an age relationship with this question. It appears that the older a person gets, the more trouble he has in getting around. This, of course, is not too surprising in view of the aging processes going on.

Q: Do you have enough money to buy the food you like? The response indicates an age relationship to this question, the older the individual (93.9%), the more money he appears to have to buy the food he likes. In the age range 66-70 years, only 67.2 have enough money to buy the food they like.

Q: How far did you go in school? It appears that the older persons responded that they had higher educations than younger persons. 34.2% of those over 85 years responded that they were college graduates compared to only 17.5% of those persons under 55 years of age. It remains for the reader to speculate upon why the great difference exists.

Income:

Q: Do you have a health problem you feel needs attention, but is not getting medical attention? The response indicates an income relationship to this question. It appears that those in the lower income classifications have a greater problem getting medical attention.

Q: Do you have trouble paying for your housing costs? The response found here indicates that the more money one has, the less trouble he has in paying for housing costs.

Q: Do you have trouble getting from home to places such as shopping, church or visiting friends? Here again, like many of the "common sense questions", the less income a person has, the more difficult it is for him to get around.

Q: Do you have enough money to buy the food you like? The response is probably influenced by the high percentage of persons earning more than \$400 (95.6%) who have enough money to buy the food they like, compared to those who make under \$100 of whom only 45.6% have enough money to buy the food they like.

Q: How far did you go in school? As would, most likely, be expected, a significantly larger percentage of those in the lower income categories also were in the "no schooling" and "some grammar school" categories. Likewise, those persons in the higher income categories had completed more schooling, with 49.4% of those earning more than \$400 responding that they were college graduates.

Education:

Q: Do you have a health problem you feel needs attention, but is not getting medical attention? A high percentage of persons with little or no education (37% - none, 35.6% - some grammar school) have a health problem that is not getting medical attention, than those individuals with some college (14.4%) and college graduates (6.9%) with similar problems.

Q: Are you usually able to see a doctor when you need one? There appears to be a general relationship between level of education and ability to see a doctor when necessary. For example, 22% of those individuals with no education are unable to see a doctor when they need one, compared to 14.1% of those with some grammar school.

Q: Are you usually able to see a dentist when you need one? Here again, there seems to be a relationship between educational level and being able to see a dentist when necessary. Twenty-seven percent of those with no education were unable to see a dentist when necessary, compared to 15.6% of those who finished grammar school and 5% of those who were college graduates.

Q: Do you have trouble getting from home to places such as shopping, church or visiting friends? There appears to be a significantly greater percentage of persons in the higher educational categories who have little or no trouble getting around.

In concluding their report, the researchers stated that any interpretation or inference regarding the data should be made by the Commission. The report points out several significant associations between variables, and provides the Commission with a general picture of how the "population" answered each question. It is important that inferences be made only to the actual "population" of 16,517 questionnaires from which the sample was drawn and that attempt should be made to generalize beyond this particular isolated "population".

4. Profiles:

The 1970 census data has not yet been sufficiently refined to provide a profile of the composite over-65 Californian. The gross figures would indicate, however, that such person is a white 69 year old widow on Social Security who lives alone in the Los Angeles area and does not belong to any senior citizens organization.

The typical adult recipients of Social Welfare in California have been described by the State Department as follows:

TYPICAL ADULT RECIPIENTS

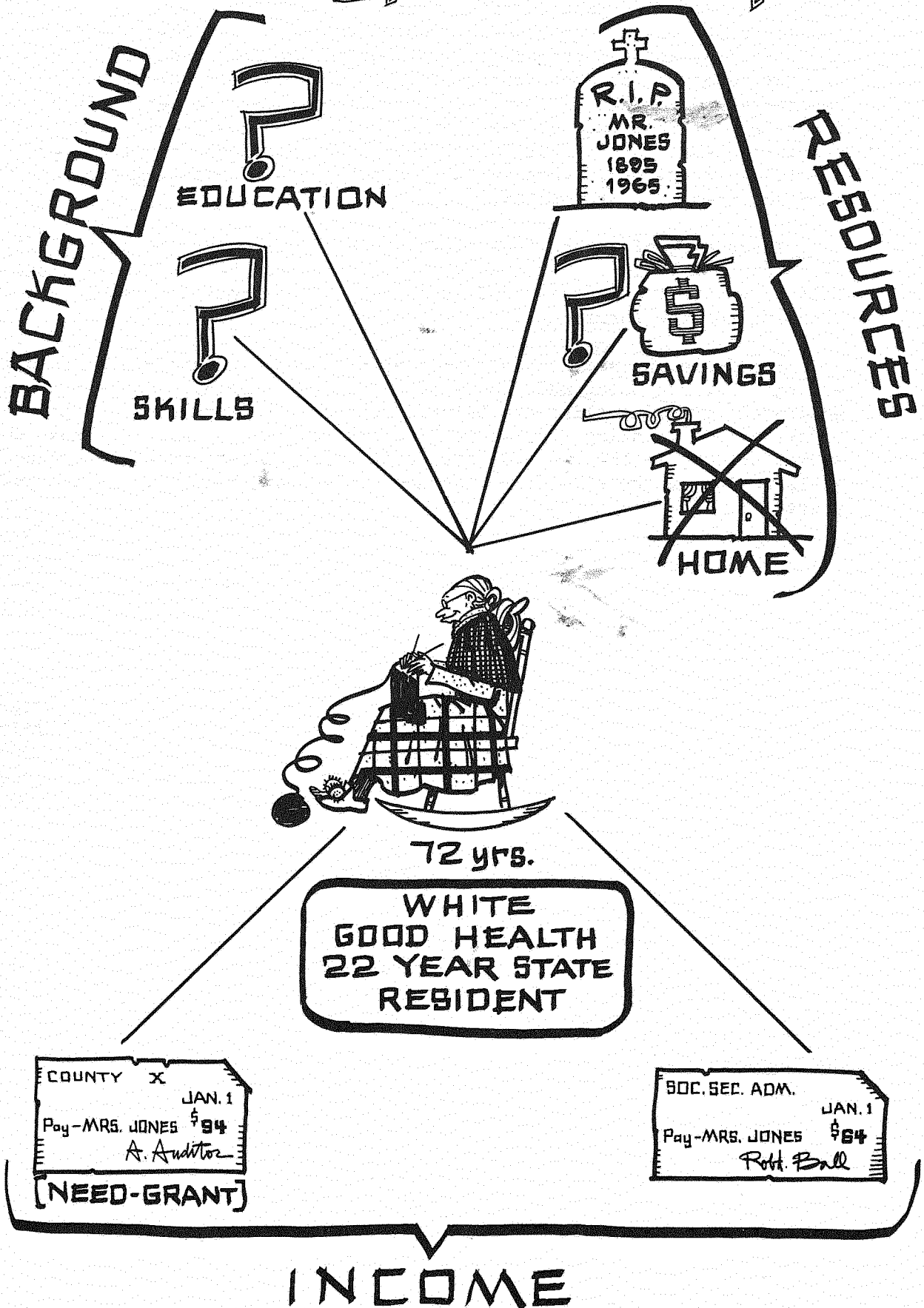
(Independent Living Arrangement)

Characteristics	OAS	AB	ATD
Social:			
1. Age	72	67	62
2. Sex	Female	Female	Female
3. Marital	Widowed	Married	Married
4. Live Alone	Yes	No	No
5. Ethnic	White	White	White
6. Years in State	22	22	20
7. Years in Program	5	2	2
8. Age at Entrance	67	65	60
9. Property - Liquid	Saving-amount unknown	Saving-amount unknown	-0-
Real	-0-	-0-	-0-
10. Health	Good	Good	Disabled
11. Education	?	?	?
Eligibility:			
1. Residence	In State	In State	In State
2. Age (Minimum)	65	16	18
3. Property Limits:			
Liquid	\$1,200	\$1,500*	\$1,200
Real (Home	None	None	None
(Income)	\$5,000	None	\$5,000
4. Other		Blind	Disabled
Needs Provided by:			
1. Basic Grant	Housing, food, clothing, household remedies and personal needs and needs related to age.	Housing, food, clothing, and personal needs and needs related to blindness.	Housing, food clothing and personal needs and needs related to disability.
2. Special Grant	Attendant Care**	Attendant Care**	Attendant Care, special diet and transportation
Income	OASDI - \$64	OASDI - \$35	-0-
Payment of Aid:			
1. Payee	Recipient	Recipient	Recipient
2. Payments per Month	One	One	One
3. Expenditure Control	None	None	None
4. Unmet Needs	None	None	None
5. Amount	\$95	\$135	\$125

* None if used in 36-months plan for self-support

** Plus large variety limited only by maximum grant ceiling

OAS Typical Recipient



B. What Is Being Done.

1. In General. The search for a solution to any problem should be preceded by an evaluation of past efforts directed toward the same goal. Too often we translate our new awareness of a problem into a belief that the problem is new. Ecology and the preservation of our environment had been of deep concern to many scholars for many years. This is not new, although the current public awareness and concern is new . . . and welcome. Novices will often translate their lack of knowledge of what has been done in a particular field into a conviction that nothing has been done. When this happens, plowed ground may be needlessly re-plowed. When we start a project by "inventing the wheel", both time and resources are wasted.

There are, of course, new ideas. Old concepts must be continually tested as to their validity. But a knowledge of what has been tried and failed, as well as what has been tried and succeeded, are essential to sound and effective planning for the future.

The following sections are presented to show in abbreviated form some of the efforts that are being made today in the field of aging. Government and non-government programs alike are being directed at the areas of greatest need. While today's crisis in aging affords no time for resting on laurels, those who have worked so long in the vineyards are entitled to reflect with understandable satisfaction on the significant advances that have been made in the past ten years.

2. Federal Programs for the Aging

(a) Administration on Aging.

The most significant development of 1969 was the enactment of the Older Americans Act Amendments (Public Law, 91-69). It extended the duration of the grant programs of the Older Americans Act of 1965, authorized a national old Americans voluntary program, provided assistance to strengthen the state agencies on aging as well as community projects. It authorized areawide model projects. Another significant development in 1969 was the appointment of Commissioner Martin to serve as the President's Special Assistant on Aging, giving AOA's Commissioner for the first time a voice in the highest council of government. 1970 saw much activity towards implementation of the 1969 amendments and the continuation and expansion of numerous programs.

In administering Title IV of the Older Americans Act, the AOA worked closely with state agencies on aging to stimulate their planning activities and to evaluate delivery of services to the aging at the community level. In 1970, two Federal matching grant programs were funded for state-wide planning efforts and for the planning, training and delivery of community services for the elderly.

In 1969, 816,000 older persons were served by 786 Title III projects; in 1970, 1,800,000 older persons were served by 1,000 Title III projects. For example, in 1969 and 1970 over 165,000 older persons were helped to maintain independent living arrangements through such items of assistance as homemaker and home health aid services, home delivered meals, home maintenance "chore" services, adult day-care services and the like.

Opportunities for participation in community life were enhanced in 1969 and 1970 through development and support of a number of programs serving the aging. These include job placements (15,400 in 1969), adult education activities (103,900 in 1969 and over 100,000 in 1970), transportation services (76,600 in 1969, 88,059 in 1970), recreation and leisure type services (505,000 in 1969, 528,713 in 1970), and through multipurpose senior center services (509,000 in 1969, 600,000 in 1970).

The stimulation of the aging to render volunteer services to persons in need in their own communities was also a major effort in 1969, with 40,700 seniors involved, and in 1970 when 50,000 persons participated. These services included directing leisure time activities, providing tutoring services for students, assisting in the operation of senior centers, providing transportation services to other seniors, making home visits and telephone contacts for shut-ins. In 1969 a total of 59 training projects provided short-term training for 10,690 persons to serve the elderly. In 1970 a total of 71 such training projects provided short-time training for over 15,000 persons. Many of the projects prepared specialized personnel, professional and nonprofessional, to better serve the elderly.

Research and demonstration grants under Title IV of the Older Americans Act, contributed significantly to knowledge and improved practices in aging. During 1969, 63 new and continuation projects were funded at a cost of approximately \$4,155,000. In 1970, 61 new and continuation projects

were funded at a cost of \$3,082,000. Projects in this area are directed at examining the major needs and problems of the nation's elderly population and to develop better ways of dealing with them. In 1969, for instance, data for differentiating the needs, interests, and abilities of low and middle income elderly, between the "younger" and the "older" senior citizen, and the aging in varying environmental settings, was accumulated. The conclusions drawn from an evaluation of these statistics will have far reaching significance for the design, thrust, and cost of efforts on behalf of older people in future years.

In 1968 Congress earmarked \$2,000,000 to initiate a special program to improve nutrition services for the elderly under Title IV. Under this program a number of grants were made in both 1969 and 1970, and a number have already been completed. The projects are basically designed to test techniques and delivery systems for improving the diets of the elderly and for combating social and psychological impediments through good dietary habits. Such programs involve both metropolitan and nonmetropolitan areas and are generally carried out in existing facilities in the communities, such as schools, recreation centers, community centers, homes for the aging, social halls, public housing, churches, and the like. While much data is still to be evaluated, it appears that two major causes of malnutrition and under-nutrition in American are lack of income and ignorance of what constitutes an adequate diet. In addition, other social and psychological factors associated with aging adversely effect the dietary habits of older people.

A number of other projects were funded by AOA in studying all aspects of retirement living, in analyzing the problem of mobility and transportation needs of the elderly, and in studying and developing a set of social indicators for the aging which will assist in the ongoing assessments of the status of older Americans.

Training programs were also conducted under Title V for the purpose of sending significant numbers of graduates into responsible positions serving the older population. By the end of 1970 eighteen universities were conducting such programs in career training. Programs were also designed and funded for short-term training of personnel to improve their skills in the field of aging. In these two years, a total of 3,334 students received either short or long-term training.

The foster grandparent program continues to be an extremely popular program for older persons.

Since the funding of the initial twenty-one projects, in 1965, the program has expanded to include sixty-eight projects in 40 states and Puerto Rico. No new programs were funded in 1970. There are 187 participating institutions in which 4,300 foster grandparents serve 8,600 children on any one day, and about 22,000 children a year. For the past two years, however, the number of projects and the number of older persons serving in the program has remained the same. The number of children served has also remained unchanged.

There are other areas, however, in which some changes have occurred. Ten million dollars was allocated for this program in Fiscal Year 1968, nine million was allocated in Fiscal Year 1969, and \$8.7 million in Fiscal Year 1970

Also, the profile of individuals serving as foster grandparents has changed. Initially, recruitment of males was difficult. Today, one foster grandparent in every five is a grandfather. Nonwhite participation has increased from 26 to 32 percent. Encouraging is the fact that the 70 and over age group has increased from 30 to 41 percent of the total participants during this period. The younger foster grandparents, the 60 to 63-year-olds, have decreased comparably. In addition, foster grandparents today are generally from lower income groups than when the program began. The average income is now \$1,052 for single grandparents and \$1,675 for two-member families, excluding the stipend they receive as foster grandparents of about \$1,700. In addition to the stipend, foster grandparents receive an allowance to help defray transportation costs, an annual physical examination, and, wherever possible, a nutritious meal each day.

The attitudes of institutions have changed also. When this program began, it was difficult to locate agencies and child-care institutions willing to participate. Now, literally hundreds of requests each year for Federal help to start new projects are turned away. The institutions also now show a greater acceptance of the older person, of the nonwhite and of the poor.

In both years, community planning efforts took high priority, with 130 planning projects in 1969, and 141 in 1970.

AOA has stepped up its cooperative efforts in HUD and its model cities activities.

Since 33 percent of all Americans aged 65 or over live in central cities and 27 percent of them are in the poverty status, the Administration on Aging has devoted an increasing amount of attention to the needs of the elderly in model cities areas. Since these elderly often have severe transportation and mobility problems, accessible services are essential to them. Increased health and welfare services are a critical need along with improved housing. Too, there is an important concern for the involvement of older persons themselves in the model cities planning process, plus the necessity of acquainting model cities personnel with the problems of the elderly and offering them technical assistance.

AOA activity in the model cities program has taken several directions. AOA has its own task force on model cities. Within AOA the Title III, IV and V programs have given high priority to model cities. The Administration on Aging has actively cooperated with other agencies within HEW on special model cities efforts as well as in the HEW coordinated model cities effort. The Administration on Aging, through an agreement between HEW and HUD, has moved ahead on programs for the elderly in direct concert with the model cities administration.

In addition to the foregoing, the AOA undertook implementation of the Retired Senior Volunteer Program (RSVP) authorized by the Amendments of 1969. \$500,000 was appropriated in early 1971 and senior volunteer programs are now being established in each of ten regions. An aggressive public information program is also being carried out. Major support was directed to Senior Citizens Month in May of 1970. A number of publications, films and other documents are produced for distribution with particular emphasis on the White House Conference on Aging.

Early in 1970, AOA began exploration with religious denominations nationally on possible involvement of churches in community services for older Americans, through technical assistance from AOA. The possibilities of a private project are currently under study.

(b) Atomic Energy Commission.

The AEC spent approximately \$5.7 million in 1969 and \$5.6 million in 1970 in research programs related to understanding of the problems of aging. The research was conducted in 11 AEC laboratories and 23 university hospital research projects. One important factor in aging being studied is senescence of immune system. Research with mice indicate the immune system capability declines with advancing age, increasing susceptibility to infectious agents. Ways to enhance immune competencies among the aging are being researched. Another continuing focus of the Atomic Energy Commission's research on aging is in determining the mechanism whereby radiation interacts at the molecular and cellular level to bring about loss of functional adaptation by the individual or species with passage of time. This includes studies that are directed to determining those parameters that are characteristics of the aging phenomenon and accelerated by irradiation; emphasis is also placed on identifying the physical and physiological phenomenon associated with the aging process and on studies on molecular and attendant cellular changes that can be used to predict the onset of an aging process.

(c) Post Office Department.

The Postal Inspection Service is responsible for the investigation enforcement of the mail fraud statute, Section 1341, Title 18, United States Code. It is the oldest "consumer protection law" ever enacted by Congress. It provides felony sanctions for any use of the mails in furtherance of a scheme to obtain money or property on the basis of fraudulent representations.

While not limited to protection of the aging, the aging are particularly susceptible to this type of fraud, and thus are important beneficiaries of this governmental activity.

The following are typical fraudulent practices that have been detected and successfully prosecuted:

Win a free vacation "contest" in which the purported winners make a modest \$25.00 "registration deposit" to assure their nonexistent winnings.

Medical frauds purporting to sell quack cures for arthritis, cancer, obesity, impotency, diabetes, etc.

Home improvements, debt consolidation and mortgage rackets.

Matrimonial schemes.

Stocks, bonds, oil and gas leases and other investment swindles.

Funds solicitation for nonexistent charities or for worthwhile announced purposes and thereafter being diverted to other uses.

In addition to enforcement, the Department is engaged in a vigorous prevention-through-public-information program, and in 1970 cooperated with the CTC in the field of consumer protection to establish in each metropolitan area of the Nation a system of channeling consumer complaints to the proper agency for prompt action.

(d) Department of Labor.

Of the programs administered by the Department of Labor, the most important to the aging are the Age Discrimination in Employment Act of 1967 and the various job development efforts of the Manpower Administration specifically directed at training older workers for employment in government and military.

The purpose of the Age Discrimination Act is to promote employment of older persons based on their ability. The administration and enforcement of the Age Discrimination in Employment Act of 1967 was redelegated to the Administration of the Wage and Hour and Public Contracts Division in the Department of Labor.

The Manpower Administration has continued in its efforts to train "older workers" for jobs in industry and government when those jobs are within reach of their attainment. What has been attempted more is the use of older trained, unemployed, or retired persons to fill the positions of supervisors, counselors, and administrators in the manpower programs. It is found that older workers, especially indigenous ones, establish a rapport with the enrollee many times better than younger workers. Older workers generally establish good relationships with older enrollees or older people in the community.

Operation Mainstream has been the program which provided the vehicle for older workers. Due to the fact that Mainstream was primarily relegated to rural and semirural areas, and that the exodus of younger people from those areas has been pronounced, we find that this program has provided a surer avenue to jobs for older persons.

In Fiscal Year 1969, the Department of Labor funded 207 Operation Mainstream programs at a cost of \$31 million, in 1970 its combined OEO-Labor funding exceeds \$40 million. In addition, there were five national contracts for older workers in 1969 and six in 1970, funded for approximately \$10 million and \$12 million, respectively. Operation Mainstream projects are administered by the Regional Manpower Administrators. The older worker programs, although funded with Mainstream funds, are administered by the national office staff.

The older worker projects follow the same poverty guidelines as other Mainstream programs do with one exception, the minimum age limit is 55 years. These projects are listed below:

1969:

<u>Sponsor</u>	<u>Authorized Funds</u>	<u>Slots</u>
Nat'l Council of Senior Citizens (NCSC)	\$3,200,000	1,132
Nat'l Council on the Aging (NCOA)	2,300,000	500
Nat'l Ret. Teachers Assoc. (NRTA)	738,000	313
Nat'l Farmers Union (Green Thumb)	5,200,000 (4,700,000)	2,314 (2,044)
(Green Light)	(500,000)	(270)
Virginia State College	320,000	115

1970:

<u>Sponsor</u>	<u>Authorized Funds</u>	<u>Slots</u>
Nat'l Council of Senior Citizens (NCSC)	\$3,446,912	1,148
Nat'l Council on the Aging (NCOA)	3,582,028	572
Nat'l Retired Teachers Assoc. (NRTA)	739,011	353
Nat'l Farmers Union Green Thumb/Green Light	6,700,160	2,680
Virginia State College	479,904	125
Total Action against Poverty, Roanoke Valley	300,000	70

The Mainstream program has the highest percentage of persons 55 years of age and over of any of the manpower programs. The programs include older workers from approximately 15 percent in the new careers program to an average of about 10 percent in other programs such as the Concentrated Employment Program (CEP), Work Incentive Program (WIN), Job Opportunities in the Business Sector (JOBS); and other training programs, including MDTA institutional and On-the-Job Training (OJT).

Older worker service units were established in 27 cities, for the purpose of providing specialized and intensified employment services to middle-aged and older persons who were having difficulty in obtaining employment because of their age, or factors associated with age. In addition to providing intensified services, the units were able to develop innovative service methods and techniques for improving services to older workers. The cities in which the units were located were Baltimore, Cleveland, New Orleans, Minneapolis-St. Paul, Washington, D.C., St. Louis, Boston, Dallas, New York City, San Antonio, Detroit, Rochester, N.Y., Buffalo, Long Beach, Oakland, San Diego, Houston, Chicago, Los Angeles, Pittsburgh, Van Nuys, Kansas City, Cincinnati, Milwaukee, Philadelphia, San Francisco, and Providence.

The NIIG is an applied research program focusing on the employment and retirement of middle-aged and older workers. It was established to help improve employment services by providing specialized training in industrial gerontology to placement and counseling officers; encouraging, coordinating and applying research on this subject; and developing and distributing written and audiovisual material in this field.

Industrial gerontology is the study of the employment and retirement problems of middle-aged and older workers. It begins where age "per se" becomes a handicap to employment. Industrial gerontology is concerned with aptitude testing and placement, job adjustment, retention, redesign, motivation, and mobility. It is concerned with the transition from employment to retirement and with retirement itself, and retirement income with public and private pension programs.

The experimental and demonstration projects carried on by the employment service have proved extremely beneficial in developing the senior community service program. The older worker service units have provided an older worker specialist who is fully cognizant of techniques for counseling, job development and placement of older workers.

The five prime sponsors for the senior program have had the services of the specialist and find that they have been invaluable in the recruitment, selection, continuing counseling, and job placement that is necessary in programs of this type.

(e) Federal Trade Commission.

The Federal Trade Commission enforces laws designed to protect against unfair methods of competition and to halt in interstate commerce unfair or deceptive acts or practices. In carrying out this charge it has become apparent to the Commission that elderly consumers are among those most likely to find it hard to obtain goods and services they need and want at costs they can afford -- cost in terms of money and in terms of health, safety, and convenience. The Commission is aware that the elderly make up a high proportion of the poor -- the group upon which noncompetitive practices and unfair and deceptive practices in the marketplace are likely to have greatest impact.

Properly informed, the elderly, as individuals, can maximize their satisfactions through their buying decisions.

Properly informed, elderly consumers, particularly in groups, can interfere directly with or at least blunt illegal conduct and persistent practices inimical to a sound market.

It is recognized that elderly consumers, particularly, need to understand their rights and responsibilities. They need this ammunition if they are to avoid the hazards of the marketplace -- and to avoid the buyer-seller transaction induced by unfair and deceptive practices.

A brief review of activities of the Commission of particular relevance to the elderly follows.

In recent years senior citizen groups and community organizations concerned with the elderly have been among the target groups for which both field and headquarters staff of the FTC have undertaken education/information efforts; talks and conference participation, printed consumer bulletins and press releases, for example.

Consumer Education/Information

Efforts at the local level are essential to deter unfair and deceptive market practices frequently confronting elderly consumers. From one FTC field office are these 1964 examples of current activities designed to meet needs of older consumers:

The attorney-in-charge chaired the Mayor's Consumer Protection Committee for Senior Citizens in Los Angeles. This committee tries to coordinate and make more effective the protection and education efforts of local organizations and agents. For example, arrangements have been made for personnel in the office of the mayor to receive and distribute complaints to the proper agencies for handling.

The California Attorney General's Office and the Los Angeles FTC Field Office have worked together for the past six years to create interest among the black and brown people in the poverty areas. They have published pamphlets, prepared comic strips, made radio and television appearances, and designed inservice training components for social workers.

Federal-State-Local Cooperation

In 1969-1970 the Commission pursued an aggressive program to spark State and local interest in halting deceptive and unfair competition. With limited success thus far, it has encouraged States to adopt the model "little FTC Act" which provides weapons by which State governments can put an end to unfair market practices which often plague the elderly.

The FTC tries to enlist aid of State and local officials in the enforcement of acts for which FTC is responsible, such as the Fair Packaging and Labeling Act and the Truth in Lending Act.

Action to Stop Unfair, Deceptive Practices

While not a blueprint of the agency's total program, the Commission emphasizes the halt of irregular marketplace practices with particular impact on the elderly and others unable to afford to be victimized. The case-by-case approach is used in ordering individual firms to stop deceptive and unfair practices. However, the Commission cannot rely exclusively or even primarily on this approach. Nor can it rely entirely upon guidance to the industry in the form of written guides, advisory opinions or trade regulations and rules. Guidance and force both are used. Complementary education efforts are proposed as described above.

The Commission is specifically assigned responsibility for enforcing the Wool, Fur, and Textile Acts.

Older shoppers who must guard their clothing dollars carefully should be pleased at the increased activity in the recent past in the FTC enforcement of laws that require truthful labeling and advertising of woolen and textile fiber products. Recently the FTC has proposed rules which would require manufacturers to put permanent labels in garments to show how to care for them.

The Commission has used its power to try to stop selling practices which misrepresent income producing business offers to the elderly. For example, sharp practices in the selling of franchises and other do-it-yourself business.

False and misleading advertising is continuing to receive special scrutiny, through the monitoring of printed and broadcast media.

Other questionable practices in which the Commission has taken action include automobile warranties, magazine sales practices, unsolicited credit cards, pricing of automobile tires, pricing practices of the automobile industry, appliance warranties, labeling and advertising of insecticides and pesticides, and retail food store advertising and marketing practices.

(f) Department of Health, Education and Welfare.

(1) Food and Drug Administration

Virtually all of the FDA's many programs to enforce the Federal Food, Drug, and Cosmetic Act and related laws benefit the elderly as much, or more, than any other age group. It is protecting the health and pocketbooks of all consumers to the extent of more than \$100 billion of the Nation's commerce in consumer products. Health protection naturally comes first, leaving a fraction of its resources for matters that involve only economics. But many health problems also have an economic aspect, so there is a substantial benefit to the consumer's pocketbook in that way.

The following are some of its more important programs:

(i) Corrective actions of special concern to the elderly consumer.

These include actions to insure potency, purity, safety, and effectiveness of drugs. The FDA's authority and resources to deal with defective drugs have been strengthened substantially. Manufacturers recalled defective drugs from the market over 700 times during 1969 alone.

In 1970 highest priority was given to the matter of drugs effectiveness and the removal of ineffectual drugs from the United States market.

A monumental study was conducted by the National Academy of Sciences - National Research Council, under contract with the FDA, in which 2,824 separate reports involving 10,000 therapeutic claims for more than 4,300 formulations manufactured by 335 companies were evaluated. Orders to make labeling changes or to halt marketing affected 7 percent.

An intensified drug inspection program is also under way in which FDA inspection teams remain in a plant until all questionable manufacturing practices have been corrected. Many elderly consumers, misled by lay press articles and mail order advertising about so-called "youth drug" from Europe, called KH-3, have been attempting to import it. Hundreds of shipments have been detained at ports of entry because neither safety nor effectiveness have been established as required by U.S. law. FDA has detailed its charges against the drug in a seizure case filed in the Federal District Court at Los Angeles.

False and misleading claims for vitamin and mineral food supplements continue to be aimed particularly at the elderly consumer. A court action now underway involves mail order promotion of "Golden 50" tablets for preventing tiredness, lack of pep, worry and weakness, and increasing sexual interest, potency and activity. Illustrations and sales copy claim nutritional value of one capsule equal to that of larger quantities of expensive foods. Ads in religious and other periodicals, and mailing lists of elderly people are used to sell the product. Regulation of therapeutic devices has been largely confined to court proceedings against defective or misbranded products.

(ii) Study of health practices and opinions

This project, suggested by the Committee on Aging, to study susceptibility of consumers to health fallacies and misrepresentations, involved the interview of more than 2,800 randomly selected consumers. Twenty-two and eight-tenths percent of the sample were over 65. The final report is due for early publication and is expected to shed new light on the health practices and opinions of the American public in general, and of the elderly consumers in particular.

(iii) Implementation of the Fair Packaging and Labeling Act

It is estimated that about 85 percent of the food packages on grocery shelves are now in compliance with this law.

Regulations spelling out new labeling requirements for non-prescription drugs, devices, and cosmetics became effective December 31, 1969. Labeling of prescription drugs is not involved under the Fair Packaging and Labeling Act, being covered in much greater detail by the Federal Food, Drug, and Cosmetic Act.

Plans are being drafted for a program to obtain State assistance in developing regulations against nonfunctional slack-filling of packages.

(iv) L-Dopa cleared for Parkinson's Disease

Probably the most important single FDA action affecting the elderly in 1970 was its approval of the new drug L-Dopa for the treatment of Parkinson's disease. There are about 1.5 million sufferers from

Parkinson's disease in the United States, most of them in the over-60 age group. In view of the known hazards in its use, which were deemed outweighed by the benefits, FDA issued a newsletter to all physicians explaining the precautions to be taken in its use, and also required the manufacturer to continue intensive research on long-term effects.

(2) National Institute of Child Health and Human Development
(NICHD)

Aging Program

Aging may represent many biological and psychological processes; it may stem from changes in individual cells or it may be a by-product or accompaniment of disease. So many possible causes must be investigated that progress in aging research is particularly vulnerable to manpower and fund shortages. Yet, everyone who lives to adulthood experiences some degree of aging. Research to unravel the complexities of the aging process and to attempt modification of aging's effects on the human mind and body is therefore of potential benefit to all people.

The NICHD is in the important business of providing support for research in the biological, medical, and behavioral aspects of aging, and for training scientists to carry forward this multifaceted and most imperative research.

The Adult Development and Aging Branch

This branch supports research at universities, medical schools, and laboratories throughout the United States in four general areas. They are aging and disease; cellular aging; intellectual changes with age; and life in the later years. It also supports training for research in aging.

Aging and Disease

Experiments in aging must distinguish between aging processes and disease processes, although the two are often interrelated. Many cell and body functions decline with age, contributing to the development of disease. It takes a long time to study progressive changes with age in humans and the effects of varying life style and environmental factors on those changes. In addition, certain procedures are not suitable for human experimentation because they may have harmful effects. For these reasons, experimental animals with short-life spans are used in many aging studies. As in human studies, the disease processes that affect the experimental animals must be taken into account in studying their aging processes. Long-term studies in humans also continue to receive NICHD support.

Cellular Aging

Diseases during one's lifetime eventually causes an accumulation of damage to the body which represents one aspect of the aging process. However, the unfortunate physical changes that occur with increasing age are not all due to disease. Apparently, certain changes occur because of the way the body is constructed, i.e., they are intrinsic aging processes. They occur in all persons and contribute to serious impairment in the functioning of the body with age.

Some of these changes are in molecular structure, some in the cells, and some in the organ systems. However, molecular and cellular changes are probably responsible for organ changes and are therefore the target of more research.

NICHD is building a program of research on aging of specific cell types that can be studied by transplantation and tissue culture.

Another area of NICHD supported research deals with the cells of the body that never divide. Most of their components are periodically destroyed and recreated, just as in a dividing cell. However, deoxyribonucleic acid (DNA) -- which is responsible for control of many cell activities -- is formed anew only during cell division. The DNA in nondividing cells, therefore -- such as in brain and muscle cells -- is 80 years old in an 80-year-old man. It would not be surprising if changes had occurred in this complex molecular structure exposed for decades to its microenvironment of thermal and chemical energy. Such changes might well have led to loss of cell efficiency.

Studies are also being conducted on an abnormal material that accumulates in aging cells, particularly those of the brain and heart. This brown material, often called age pigment, may occupy as much as 25 percent of a cell's volume. It seems likely that it may cause some of the loss of function that occurs with increasing age.

Intellectual Changes with Age

Modern man is at least as dependent on his mental processes as on his physical well-being, and he experiences profound changes in mental function with increasing age. Understanding and perhaps learning to modify these changes would be a significant contribution of research. Many investigators are examining the problems a person faces in performing complex tasks, many of them posed by technological advances requiring rapid detection, storage, retrieval, and processing of information by the brain. The modern air pilot faces this type of problem in the safe guidance of his aircraft from takeoff to landing. The age of the pilot is one of the factors that affects his performance, positively in some ways, negatively in others. This type of research needs to be expanded to cover a larger range of psychological functions. Research is needed on thinking, learning, remembering, and creativity, with regard to the processes themselves and to the effect of aging on each of them.

Extensive additional research is being supported in the biological and psychological aspects of aging.

Statistics on the NICHD Aging Program

The expenditures for research and training in aging by NICHD in Fiscal Years 1969 and 1970 were;

Adult Development and Aging Branch (ADAB)

	<u>1969</u>	<u>1970</u>
Research Grants	\$3,485,047	\$3,225,564
Training Grants	1,976,642	2,054,033
Fellowships	133,527	68,402
Research Career Dev. Awards	174,819	182,570
Contracts	<u>167,955</u>	<u>45,064</u>
 Subtotal ADAB	 \$5,937,990	 \$5,575,635
 Gerontology Research Center	 1,700,000	 2,132,000
Adult Development & Aging		
Info.	<u>86,000</u>	<u>92,000</u>
 Total	 \$7,723,990	 \$7,799,635

(3) Health Services and Mental Health Administration

The Health Services and Mental Health Administration under the direction of the administrator, is responsible for providing leadership and direction to programs and activities designed to improve general health services and mental health programs for the total population and for achieving the development of health care and maintenance systems that are adequately financed comprehensive interrelated and responsive to the needs of individuals and families in all socioeconomical and ethnic groups. The elderly, of course, along with all of the rest of the population benefit from such programs. However, special attention to the needs of the elderly is required for certain facets of physical and mental health services and programs. The multiplicity of illness which often occurs in the same individual making treatment more complex, the lack of mobility which serves as a barrier to obtaining available health services, and the onset of senility, are but a few problems which require special consideration in organizing health programs for delivering services to and preparing health personnel to deal with the aged.

To provide a focal point for the many diverse efforts in health services for the aged, the position of coordinator of health of the aging has been established within one of HSMHA major components, mainly the Community Health Service. This component is the organizational unit specifically involved in health aspects of Medicare and with particular concern with the delivery of health services to the aged.

The Community Health Service component of HSMHA has a number of other specific functions. It is responsible for the comprehensive health planning program enacted by Congress and carried out by the Federal Government in partnership with State and local governments and the private sector. It is also responsible for the establishment of National Standards for providers of services under the Medicare program. For the first time, this effort moves towards the establishment of a National Standard for the delivery of all types of health care services. The Health Standards Division has instituted several ongoing programs to promote and maintain the quality of care provided to elderly persons. Of particular significance is the effort of upgrading

State licensure and certification requirements, tightening national accreditation programs, and establishing both standards for and surveillance of the delivery of health care.

The Division of Health Care Services promotes the development and utilization of improved methods of health services organization delivery and financing at the community level. The Division of Health Resources encourages, assists and supports appropriate agencies and organizations in developing needed health care resources and increasing their capacity to provide for the delivery of quality effective services. A major effort of this division in 1970 was its concentration on the health facilities survey improvement program to improve and standardize the performance of State and Federal personnel engaged in surveying and certifying health facilities for licensure and participation in Medicare and Medicaid programs. The nursing home branch continued during 1970 to direct its efforts toward improvement of health and social services of long-term care patients in nursing homes.

The National Institute of Mental Health, assigned to HSMHA for administrative purposes, has a section on mental health of the aging in the Division of Special Mental Health Programs. This section is concerned with programs of applied research concerning the mental health of aging persons. The NIMH has found that while persons over age 65 are an exceedingly high risk group insofar as mental health problems are concerned, they are as a group the lowest in utilization of mental health services. Accordingly, programs and research projects are directed at improving this situation. For example, new applied research studies funded for the first time in 1970 include one which is assessing the effects of services and programs offered by an older adult program in a community center to aged individuals who have undergone various types and degrees of role changes. Another project provides an intensive case finding and service program which will yield information about the life style, attitudes, and social functioning of low income urban aged.

The hospital improvement program operated by NIMH since 1963 devoted 20 projects in 1970 to improvement of facilities concerned with aged persons. NIMH is also stimulating projects to train new types of professional workers to help care for those aged who are already mentally impaired or to prevent mental illness in arising. The major portion of NIMH funds concerned with aging is being used for teaching grants and trainee stipends at social work schools. In 1970, 17 universities had training grants in the field of aging. Training was also stimulated in psychiatric social work, psychiatry, psychiatric nursing, and in general, directed at upgrading the efficiency of mental health personnel.

HSHMA is also responsible for the regional medical programs services which are conducted through grants and contracts in an effort to assist the nation's health institutions and health professions to improve the organization of health resources and accessibility of care and to enhance man power capability at community levels within the framework of voluntary cooperative relationships. The purpose is to improve the quality of care to individuals, but especially those threatened by or suffering from heart disease, cancer, stroke, and kidney

disease. During fiscal 1970, funds were available to the 54 programs for support of about 600 components activities with a specific categorical disease. Two multi-phasic screening programs were funded in East Palo Alto and in the San Joaquin Valley. Rehabilitation activities associated with majority of stroke patients, was the subject of training and research. Home health aid projects were also stimulated and as of July 1st, the Hill-Burton program administered by the Health Facility Planning and Construction Service, had provided assistance for the construction of 93,749 longterm care beds in chronic disease hospitals, nursing homes, and units of general hospitals. Also in 1970, 63.6 million dollars was appropriated for the construction of long term care facilities which should stimulate the construction of approximately 8,900 longerm care beds.

(4) Social Security Administration

Social Security Administration

The Social Security Administration administers the Federal social security program, which is the Nation's basic method of assuring income to the worker and his family when he retires, becomes disabled, or dies, and of assuring hospital and medical benefits to persons 65 or over. When earnings stop or are reduced because the worker retires, dies or becomes disabled, monthly cash benefits are paid to replace part of the earnings the family has lost.

Developments in Social Security

About 92 million people contributed to social security in calendar year 1969, and 95 million in 1970. Today, 95 out of 100 mothers and children are protected against the risk of loss of income because of the death of the family breadwinner. The survivorship protection alone, as of January 1, 1969, had a face value of about \$960 billion, and as of January 1, 1970 \$1,130 billion.

About 24.9 million men, women, and children were receiving monthly social security benefits as fiscal year 1969 ended, and 25.8 million in 1970. The beneficiaries include about 16.8 million retired workers and dependents of retired workers, 2.6 million disabled workers and their dependents, and 6.3 million survivors of deceased workers. About 0.6 million noninsured persons 72 and over were receiving special payments that are provided to certain aged persons getting no public assistance payments and little or no other governmental pensions. Virtually the entire cost of these special payments is borne by general revenues of the U. S. Treasury.

Ninety percent of those who were 65 or over at the beginning of 1970 were receiving benefits or would be eligible to receive benefits when they or their spouses retire. Of those who reached 65 in 1970, 93 percent were eligible for social security cash benefits. Projections to the year 2000 indicate that 96 to 98 percent of all aged persons will then be eligible for cash benefits under the program.

Beneficiaries and Benefit Amounts

During the fiscal year ended June 30, 1970, benefits paid under the old age, survivors, and disability insurance program totaled \$29,045 million -- an increase of \$3,351 million over the amount paid in the preceding fiscal year, and \$6,220 million over 1968. Total benefit payments to disabled workers and their dependents in 1970 were \$2,778 million, 14 percent higher than in fiscal year 1969. Old-age and survivors insurance monthly benefits rose 11 percent to \$26,267 million. Lump-sum death payments amounted to \$288 million, about \$2 million higher than in the previous fiscal year.

The number of monthly benefits in current-payment status increased by 0.8 million to 25.8 million during the year, and the monthly rate rose \$453 million (21 percent) to 2.6 billion.

In December, 1969, the average old-age benefit being paid to a retired worker who had no dependents also receiving benefits was \$117 a month. When the worker and his wife were both receiving benefits, the average family benefit was \$169. For families composed of a disabled worker and a wife under 65 with one or more entitled children in her care, the average was \$238; and for families consisting of a widowed mother and two children; the average benefit was \$256. The average monthly benefit for an aged widow and widower was \$88. (amendments effective January, 1970, raised benefits 15 percent)

During the fiscal year 1969, a period of disability was established for about 347,000 workers, 35,000 more than the previous high set in fiscal year 1968. During 1970 the period of disability was established for 335,000, 12,000 less than 1969. The number of persons determined to have been disabled since childhood totaled 26,000 in 1969 and 25,000 in 1970.

The number of disabled workers receiving monthly benefits rose nine percent in fiscal year 1970 and totaled 1,435,900 at the end of June. Benefits were being paid to about 1,131,000 wives, husbands, and children of these beneficiaries. By the end of June, 1970, child's benefits were being paid at a monthly rate of \$19.2 million to 263,000 disabled persons 18 and over -- dependent sons or daughters of deceased, disabled, or retired insured workers -- whose disabilities began before they reached 18. About 29,000 women were receiving wife's or mother's benefits solely because they were the mothers of persons receiving childhood disability benefits. The number of disabled widows and widowers receiving monthly benefits was about 32,000 at the end of June 1969 and 45,000 at the end of June, 1970.

Medicare paid out \$6.3 billion in 1969 and \$6.8 billion in 1970 for the health-care expenses of men and women age 65 and over covered by the program. About \$4.7 billion was paid in 1969 and \$4.8 billion in 1970 for hospital care, extended care facility care, and other services covered by the hospital insurance program. In addition, \$1.6 billion was reimbursed for physicians services and various related health and medical items covered by the supplementary medical insurance program in 1969 and \$2 billion in 1970.

The medicare program depends for its success upon the understanding and cooperation of large numbers of people and a variety of institutions. Twenty million older people, just about all those over age 65, are covered automatically under the hospital care portion of the program. Of these people, 96 percent have also signed up for the voluntary part of medicare and pay a monthly premium to get additional coverage for physicians' bills. Over 17 million hospital stays have been paid for during the fiscal years 1968 - 1970. Over 76 million medical bills have been paid under the supplementary plan.

There are about 6,800 hospitals involved, 200,000 physicians and 4,650 extended care facilities in addition to 2,350 home health agencies, 2,680 private laboratories and many other health service providers. Some 130 Blue Cross and Blue Shield and private insurance contractors help in the administration of the program and 52 State agencies are involved in the certification of eligibility of providers in terms of quality standards.

(5) Social and Rehabilitation Service

Activities Affecting the Aging

The Social and Rehabilitation Service has responsibilities to the Nation's older population which extend far beyond its obvious responsibilities to them through the Administration on Aging. The Assistance Payments Administration administers the old age assistance program, to provide badly needed cash benefit supplementation for inadequate -- or nonexistent -- incomes in old age. The Medical Services Administration administers the medicaid program which meets medical needs of the older poor and near-poor beyond any protection they may have through medicare and other programs. The Office of Research, Demonstrations, and Training conducts research and demonstration projects which extend the frontiers of knowledge concerning welfare and rehabilitation for the aged and others. The Rehabilitation Services Administration provides rehabilitation services for the aged who are handicapped, including those whose handicaps are due solely to advanced age. The newly created Community Services Administration brings together under unified direction the provision of social services to individuals and families, including the aged, who are or who may become clients served by public assistance.

Old Age Assistance

In June 1970 SRS's Assistance Payment Administration served 2,052,000 persons aged 65 or over through the old age assistance program. While this is a slight increase in number from the preceding year it represents a marked decrease from the all-time high of 2,810,000 aged persons in September 1950. This overall decline has come about despite a steady increase in the number of aged people in our population. The decline is due primarily to the rapid increase in the number of persons receiving old age survivors disability insurance and the increase of these insurance benefits.

All 50 States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands have old age assistance programs. The national average assistance grant in June 1969 was \$74.75. This represents an increase of approximately \$2.50 over the preceding year.

As a means of encouraging dependent elderly people to attain either partial or full self-support 35 States now provide for a disregard of some portion of earned income in determining the amount of assistance payments. Additionally, 23 States allow for some disregard of income which is incurred from sources other than earnings.

According to the latest study available the median age of old age assistance recipients is approximately 77 years and trends indicate that this median age will increase in the future. The proportion of assistance recipients living alone in their own homes is approximately 35 percent.

Medical Assistance

All states except Arizona and Alaska had Medicaid (Medi-Cal in California) programs operational as of January 1, 1970. In fiscal year 1970, total expenditures for medical assistance under all federally aided public assistance programs were \$5.1 billion, of which \$2.6 billion came from the Federal Government.

Medicaid permits the Federal Government to contribute to the cost of the care of aged individuals in institutions for mental diseases when the State included this service, and 34 States did so in fiscal year 1969. Over 69,000 mental patients were enrolled in the program. The States involved received about \$150 million of Federal funds to help them improve the care of the patients and to develop comprehensive mental health programs.

Research and Demonstrations

The demonstration projects program in public assistance under section 1115 of the Social Security Act provided grants for at least 21 different projects during the calendar year 1969 and 24 in 1970, all of which were totally or partially concerned with providing a variety of services to elderly recipients in public welfare. These projects were carried out under the auspices of State public welfare agencies.

Rehabilitation Services

The major goal of the Rehabilitation Services Administration's program for the aging is to rehabilitate as many older handicapped individuals as possible into gainful employment through activities of the State-Federal rehabilitation program administered by the agency.

Today, large numbers of older people are "existing" at the poverty level, or below, and when such a predicament is compounded by a disability it is indeed tragic as it is more difficult for the older handicapped person to obtain employment.

It is estimated that there are over four million disabled people 40 years of age and older eligible for, and in need of, rehabilitation services.

In an effort to alleviate this situation, State rehabilitation agencies have been intensifying their efforts to serve the aged handicapped and a steady increase in the number of these individuals rehabilitated has resulted. For example, in fiscal year 1959, a total of 80,739 disabled persons were rehabilitated into employment, 24,275 of whom were aged 45 and beyond, while in fiscal year 1970 a total of 266,970 handicapped persons were rehabilitated of which an estimated 71,200 -- almost three times the 1959 figure -- were 45 years of age and over.

Community Services

The Community Services Administration, established in November 1969, is the newest component of the Social and Rehabilitation Service. The new Administration has as one of its responsibilities providing social services to aged and handicapped individuals in the public assistance program. A principal objective of the Community Services Administration is to strengthen and extend social services to the aged in States and to help them toward an increased participation in family and community life. At the same time, Regional Community Services Administration counterpart staff have been appointed so that a unified and comprehensive approach, at the Federal level, to work with States administering the service programs for aged and handicapped individuals is underway.

Through its Division of Services to the Aged and Handicapped, the Community Services Administration is responsible for policy and program development for services to the aged in the public assistance program and will maintain liaison and joint planning on the operating levels with those Federal and national agencies and organizations active in the field of aging.

As of the quarter ending March 31, 1969, 223,000 aged individuals, approximately 17 percent of the total aged in the program, received a variety of services which helped them with such problems as meeting health needs, home maintenance, finding employment, securing adequate housing and community participation in the form of adult education and recreation activities. Of this number, 80,000 needing protection were helped to find a protective institutional placement, or were helped with problems of money management or daily living.

The Federal expenditures for the provision of social services to the aged for fiscal year 1969 was \$39.3 million, and in fiscal year 1970 \$70,422,000.

Adult Basic Education

The adult basic education program authorized under the Adult Education Act of 1966, as amended, provides instruction in basic skills -- reading, writing, speech, comprehension, computation -- up to and including the twelfth grade level for persons 16 years of age and older who need and desire such skills. Adults enroll because they want to prepare for a job or job promotion, they want to be able to follow their children's progress in school, or they want to be more functioning citizens. The program is administered by State education agencies according to State plans submitted to the U. S. Office of Education and approved by the U. S. Commissioner of Education. Facilities and resources of local public school systems are utilized where available.

During fiscal year 1969 and 1970, the reports of age distribution in appropriate adult basic education activities indicated the approximate extent to which persons over 45 years of age participated in the program:

State grant program ¹		<u>Number of enrollees</u>	
		1969	1970
45 to 54	83,700		77,148
55 to 64	41,850		39,448
65 and over	20,925		15,100
		1	
Teacher training program		<u>Number of participants</u>	
Age:			
40 to 49	1,119		1,239
50 to 59	589		649
60 and over 1	241		261

Public Library Services

The Division of Library Programs during the past year has maintained liaison with the Administration on Aging. Staff have been particularly concerned with the public library's role as part of the total community effort in the field of aging. With increased free time, older adults are now making greater use of their public libraries -- for information, inspiration, and leisure-time reading. Many kinds of library-sponsored adult education programs are in evidence. These include film series, lectures, forums, television programs, and discussion groups.

Service Developments

The possibility of some Federal assistance for institutional services and general services for handicapped people through public (and other) libraries supported by titles IV-A and IV-B has strengthened existent programs and permitted long-needed innovations in this area.

For example, one State agency, the Washington State Library whose institutional services are directed to 12,000 institutionalized residents, is now participating in the State's plan to move from solely institutional residential sites to halfway houses and local residential sites whose objective is to place these State dependents closer to a community setting. The Washington State Library is, with assisting Federal funds, responding to this shift in custodial and care philosophy by establishing nearby library services and by encouraging and promoting public library services to sustain the homebound and handicapped. In this shift, library services are becoming more available and more specifically aimed at the aged both through the program activities of the State government and through the leadership offered to public libraries striving to strengthen their services for senior citizens.

Community Services and Continuing Education

Community service and continuing education programs, authorized by Title I of the Higher Education Act of 1965, have established a number of programs designed to assist the older American. In 1970, a total of 7,360 persons participated in 20 programs developed for the older American in 12 States.

Recognizing that early retirement and advances in medical science have afforded the senior citizen many years for useful activities, the Title I program is attempting to find solutions to the problems which confront the older adult and to increase the possibilities for effective utilization of this potential reservoir of knowledge, manpower, and experience.

Manpower Development and Training Program

(Public Law 87-415, as amended)

Although the Manpower Development and Training Act (MDTA) since its inception has afforded opportunities for training to persons 45 years of age and older, the 1966 amendments recognized the special training and employment needs of this age group and gave impetus to programs meeting these special needs.

In fiscal year 1970, the participation of older workers in the program continued at about the same level as the previous year, with persons 45 years of age and older representing about 10 percent of the enrollments both in institutional and on-the-job training. Cumulatively (fiscal years 1963-1970), however, the participation is slightly higher, at 11 percent of the total enrollment. Following is the participation for both institutional training and on-the-job training for fiscal years 1969 and 1970.

	<u>Total MDTA</u>	<u>Institutional</u>	<u>OJT</u>
1969			
Total enrolled	220,000	135,000	85,000
45 and older	22,000	13,500 (10%)	8,500 (10%)
1970			
Total enrolled	226,000	135,000	91,000
45 years or older	22,000	13,100 (9%)	9,100 (10%)

A number of training programs have been developed which meet the special training needs of the older group.

MDTA has also provided training in new and emerging occupations particularly suited to the older worker.

The AMIDS (Area Manpower Institutes for the Development of Staff) are providing training, staff development and technical assistance to all manpower personnel working with the disadvantaged (and by definition, this includes persons 45 years of age and older). AMIDS were developed by the Office of Education in response to the need for counselors and instructional personnel in MDTA programs who possessed a unique understanding of the special learning and human needs of persons enrolled in MDTA programs. The AMIDS programs have been extended to all manpower personnel working with the disadvantaged whether in the MDTA program, State agencies such as the employment service and private industry.

(g) Department of Housing and Urban Development

The Department of Housing and Urban Development now administers 21 different programs which provide some form of assistance (directly or indirectly) to our elderly population. Housing programs directed specifically and exclusively to the elderly population (such as low-rent public housing projects designed for the elderly and nonprofit and limited-profit sponsored housing under section 202) have been in operation for more than a decade. These latter programs account for the sharp rise in federally subsidized independent living accommodations designed for the elderly, from 1,100 units in 1960 to 180,000 in 1970.

"Designed for the elderly" tells only part of the story, for the elderly have occupied low-rent public housing from its inception, and their participation in the program, before the provision of housing specifically designed for the elderly, had reached 77,000 general purpose units in 1960, and 156,000 by 1970. Thus, by mid-1970, federally assisted programs have produced over 336,000 subsidized independent living accommodations occupied by the elderly.

The steady rise observed in the number of general purpose low-rent public housing units occupied by elderly households probably will continue as a result of normal operations in both tenant intake and the aging process. At the same time, the present pipeline of units under construction, awaiting construction, and in applications awaiting approval indicate a continued high rate of participation by the elderly, in spite of the phasing out of the section 202 program, which is a direct loan program being converted to an interest subsidy program under section 236.

The older population also benefited from significant progress in 1970 in HUD programs not specifically identified as for the elderly. Recognition of their particular needs due to static and limited incomes was most starkly revealed in the model cities program. The aged population in these depressed neighborhoods ranged from 10 percent of the areas' population to 50 percent in some cities. Special programs for the senior citizens clearly were indicated and HUD instituted a series of actions to meet these needs.

HUD small town, new communities, and breakthrough also focused attention on the particular requirements of the elderly as a normal part of the general population in these emerging programs. About 60 percent of home rehabilitation grants in urban renewal and code enforcement areas continued in 1970 to be made to couples or individual homeowners aged 62 and over.

Interagency and cross-disciplinary teams have worked together in 1970 to assure services that would result not only in improved shelter but, so far as possible, a total living environment and the services needed by the elderly to sustain their independence and freedom from institutionalization. Programs on nutrition, education, health maintenance, transportation, and home aids have marked the year's effort to bring services within housing complexes or within easy access of the residents. Services emanating from housing centers have stressed the need for a neighborhood approach rather than community space and services restricted to the fortunate few in housing developments - thus housing becomes a community resource for the older population.

HUD health-related programs also increased in number in the past year. The FHA section 232 nursing home beds under insurance increased from 52,439 at December 31, 1968, to 70,739 at August 31, 1970, with another 12,738 beds committed but not yet insured. A large percentage of the occupants were elderly.

The first year of the intermediate care facilities program saw the completion of HUD-HEW criteria for construction and operation.

HUD participated in an increasing number of conferences, seminars, and university gerontological center activities.

Research and Technology and the Elderly

Research on the transportation needs of the elderly population was included in studies undertaken in 1970. These studies were jointly funded in cooperation with the Department of Health, Education, and Welfare and with the Department of Transportation and focused on the mobility patterns of the older population. A two-day workshop on early findings was held in May 1970. Another study, funded by HEW and HUD, covered the selection of tenants for housing for the elderly and handicapped and the services required to permit this group to live independently. In addition, formulation of a study on the effectiveness of current housing programs for the elderly should be ready for activation early in 1971.

Operation Breakthrough

The special needs of the aging are also served in HUD's breakthrough program. In 1970 all nine of the breakthrough sites broke ground. Housing units specifically designed for the elderly will be available on the sites. Of the approximate total of 2800 housing units, about 1700 are assisted, about 200 are public housing for the elderly, and about 1500 are supported by the 236 and 235 FHA programs, a limited number of which will be available to the elderly.

Metropolitan Planning and Development -- Resources for the Elderly

The Office of Metropolitan planning and Development, HUD, embraces a series of programs designed to improve the quality of life for persons of all ages. Several of these programs have particular significance for the older population, the majority of whom reside in metropolitan areas or small towns. Thus, programs for neighborhood facilities, open space land (including small city parks), small town assistance, and new community assistance reflect concern for the elderly population and their special need for environmental improvements. The following are highlights of some of these programs:

Neighborhood facilities program

The neighborhood facilities program provides two-thirds grants (three quarters in Economic Development Administration (EDA)-designated redevelopment areas) to local public bodies to assist in the construction of multiservice neighborhood centers for low-income neighborhoods. Funds cover the acquisition of land, demolition, new construction, rehabilitation of existing structures, landscaping, architectural/engineering fees, parking lots and other minor outdoor development. Funds for the operation of services and activities that will take place in the facility must be obtained from sources other than HUD. Grants are made only to public bodies; however, nonprofit organizations having the legal, financial and technical capacity may subcontract with the public body to own and/or operate the facility.

As of June 30, 1970, 440 neighborhood facilities projects had been approved by HUD. Of these, 49 percent offer some type of service or activity designed specifically for senior citizens. (In projects approved during the first half of fiscal year 1971, 54 percent included senior citizens activities.)

Open space and small city parks

The open space program encourages local communities to be aware of the undeveloped needs of any park service area. With grants from this program, various communities have developed specialized parks, for example, tot lots, active recreation areas, and parks for older citizens. Parks developed in areas where senior citizens reside should be developed to meet their needs.

Small towns

The department recognizes the advantages of the "small town way of life" and is continually seeking to improve its services and programs to smaller communities. A basic objective is to preserve and improve both the small and large community--- so that citizens will have meaningful opportunities to choose either option. The potential of the small town and new community development is an alternative to metropolitan congestion and suburban sprawl, and the problem of accommodating a population which will double in the next 50 years is receiving new emphasis and attention.

This effort has significant impact on the population over age 65 since two-thirds of them live in nonmetropolitan areas or small communities outside central cities.

Health programs serving the elderly

A number of HUD administered programs have a direct bearing on serving the health needs of the elderly.

Section 232 of the National Housing Act authorizes FHA to provide mortgage insurance for proprietary and private non-profit nursing homes. Joint financing with Federal Hill-Burton grants is permissible. As of December 1970, there were 11 FHA-insured nursing home projects which had received Hill-Burton grants. These represent 1,287 beds and \$11,612,500 in mortgage amounts. In addition, there are another 14 FHA insured homes without Hill-Burton monies representing 1625 beds and \$14,864,800 in mortgage amounts. As of August 1970, FHA has insured 716 nursing home projects which contain 70,739 beds and \$529,089,609 in mortgage amounts.

Intermediate care facilities

Of direct importance to the elderly was the expansion in 1969 of the FHA section 232 nursing home program to include funding for intermediate care facilities. Before this, the major resources of the Department in behalf of the elderly had been for dwellings for the well elderly who are capable of independent living and self-management, and at the other extreme, for nursing homes. A number of older people fall between these poles who cannot live independently and yet do not need skilled nursing home care. Vendor payments under the 1967 Social Security Amendment will make intermediate care facilities usable by recipients of old-age assistance, aid to the blind, and aid to the disabled.

To help finance facilities for this in-between group, section 111 of the 1969 Housing Act authorizes FHA insurance to finance new or rehabilitated intermediate care facilities, or combined nursing homes and intermediate care facilities. These can be financed under the same terms and conditions as provided for a nursing home, and the program is administered by the nursing home branch.

The mortgage is limited to a principal obligation not exceeding \$12,500,000 or 90 percent of the estimated value of the property or project including major movable equipment. The Secretary must require certification by the State agency designated by the Public Health Service Act as to the need of such facilities and that there are appropriate standards for their operations.

During 1970, HUD in consultation with the Department of Health, Education, and Welfare completed joint directives relating to the health and medical aspects of intermediate care facilities. Some 24 projects now are in process with seven completed and in operation and six under construction.

Nonprofit hospitals

The 1968 Housing Act authorized FHA to insure mortgage loans on nonprofit hospitals for construction or rehabilitation, including equipment to be used in the operation, under section 242.

The maximum interest rate on these loans is 8 percent, plus one-half of 1 percent mortgage insurance premium and the maximum term is 25 years. The maximum insurable loan is 90 percent of the estimated replacement cost of the building and major equipment, with the limit of \$25 million for any one loan. Before insuring any mortgage under section 242, a certification of need must be obtained from the appropriate State agency certifying that there is a need for the hospital.

A memorandum of agreement has been signed between HEW and HUD under which HEW processes hospital facility proposals under the mortgage insurance program, through its regional office, using Hill-Burton procedures and construction and design standards. A Hill-Burton grant may be combined with an FHA-insured loan.

This program became operational in May 1969. As of November 1970, 11 hospital loans had been insured, and firm commitments have been given on 13 additional proposals. A number of additional hospital proposals are being processed by HEW and FHA.

Group practice facilities program

The Demonstration Cities and Metropolitan Development Act of 1966 authorizes HUD, under title XI of the National Housing Act, to insure mortgage loans financing the construction or rehabilitation of, and the purchase of equipment or facilities for the group practice of medicine, dentistry, or optometry. The program is administered by the FHA which receives technical guidance and assistance covering medical and health aspects of the program from the Public Health Service of the Department of Health, Education, and Welfare.

Group practice makes possible more efficient use of scarce manpower and costly health care facilities and equipment. It can be particularly beneficial to small communities and low-income urban areas where adequate health facilities of a comprehensive nature may not otherwise be conveniently available, particularly to the elderly.

HUD Housing for the Elderly

Demand for housing for the elderly remained high in 1970. The Department of Housing and Urban Development continued to give housing for the elderly close attention through a variety of financial tools using both public and private sponsors.

Housing units specifically designed for the elderly approved or committed for mortgage insurance or annual contributions in public housing during the first 8 months of calendar year 1970 showed an increase in excess of 15,000 units over the same months of 1969. The comparison by major programs for this period follows:

PROGRAMS APPROVED OR COMMITTED (First 8 months both calendar years)	1970	1969
Low-rent public housing	33,481	23,666
202 direct loan program	398	3,032
FHA 236 insurance program (interest subsidy).....	7,739	0
FHA 231 program.....	88	0

The cumulative number of approved units from program inception through August 31, 1970 is:

Low rent public housing	282,757
202 direct loan program	45,106
FHA 236 program	9,883
FHA 231 and 207 programs	43,657

The department also administers a housing subsidy program under private auspices (sec 202(d)(3) "Below market interest rate," a rent supplement program for low income families (sec 202 and 231 affecting 4200 elderly persons in 1970 and \$3.7 million), urban renewal home rehabilitation loans and grants (Sec 312 of the Housing Act of 1949 and affecting loans for 25,700 dwelling units amounting to \$100 million, and direct grants for 25,300 cases in the amount of \$53 million), and others.

Several items of legislation in 1970 were also of special significance to the elderly:

1970 Uniform Relocation Act

With the vast increase in public programs in densely populated urban areas, the dislocation from homes and businesses has caused the affected citizens, including the elderly, to bear the burden of meeting these public needs. To alleviate this situation, the Uniform Relocation Assistance and Real Property Acquisition Act of 1970 was signed by the President on January 2, 1971. This act responds to the fact that relocation is a serious and growing problem in the United States and that the pace of displacement will accelerate in the years immediately ahead. The committee report states that it "recognizes that advisory assistance is of special importance in the relocation process especially for the poor, nonwhite, the elderly, and people engaged in small business."

Several features of this act may well benefit the older population who must leave their homes and seek new housing arrangements. Fixed payment limitations for moving expenses have been increased for individuals and families from \$200 to \$500. Additional relocation payments to rent housing or make a down payment have been increased from \$1,000 to a maximum of \$4,000 based on an assistance period extended from 2 to 4 years; replacement housing payments and the amount is increased from \$5,000 up to a maximum of \$15,000. This may include giving up owner-occupied housing, financial assistance will be available to cover the differential in the aggregate interest and other debt service.

Since many elderly owner occupants find difficulty in finding replacement housing they can afford, this liberalization of funds for defraying at least the financial difficulty is significant. In addition, a relocation advisory service is established to minimize hardships in adjusting to relocation. This service can be valuable to the elderly, particularly to the lone woman not experienced in real estate transactions or in finding housing resources.

1970 Housing Act

The Housing Act of 1970, signed by the President on December 31, 1970, fills the gap in housing programs for the elderly by recognizing the needs of the frail but not ill older persons. Rental congregate housing with both public and private sponsors is expressly endorsed. Such housing should alleviate the necessity for premature residence in medically oriented institutions.

The Secretary is authorized to insure mortgages covering rent supplements and section 236 rental assistance projects designed to be occupied by displaced, elderly or handicapped persons. Those projects may contain community kitchens, common dining areas, and other shared facilities. Up to 10 percent of section 236 interest reduction payments and 10 percent of the contracts to make rent supplement payments may be made with respect to such congregate facilities.

Congregate public housing also is included. In the provision of housing predominantly for displaced, elderly, or handicapped families, the Secretary of HUD is directed to encourage public housing agencies to develop such housing wherever practicable, for use in whole or in part as congregate housing. Congregate housing is defined to mean projects with central dining facilities where some or all of the units do not have kitchen facilities. Up to 10 percent of the newly authorized annual contribution contract authority can be set aside for this congregate program for the low-income elderly, displaced, or handicapped persons.

Through these enactments HUD will be in a better position in the years ahead to provide residential facilities and services needed by millions of older people caught between inability to live independently but not needing the costly and socially less desirable medical facility. It is foreseen that residents of such congregate facilities will be as self-sustaining as their capacity will permit, will have "their own front door key" and services, such as nutrition programs, will be developed to sustain an independent environment as long as health permits. It also may mean, as the program is developed, that many older people in nursing homes may now be accommodated in congregate housing projects.

The act also makes clear that tenants may serve on boards of local housing authorities. This reinforces the President's expressed desire to involve older people in the planning and operation of programs established in their behalf.

(h) Internal Revenue Service

The Internal Revenue Service reports that it has prepared and distributed two publications for elderly taxpayers to assist them in preparing their tax returns. They also report that there are two areas in which the revenue service has attempted to improve its service to elderly taxpayers during 1970. They are (1) improvements in the form 1040; and (2) increases in the amounts and types of taxpayer assistance training provided.

The consolidated form 1040 introduced in 1969 extends the level of income from \$5,000.00 to \$20,000.00 of those persons who can have their income computed by the Internal Revenue Service by taking the short form. The new rules included pension and annuity income for the first time so that the elderly can take advantage of the short form. In computation of the tax, IRS will take into consideration the annuity and retirement income aspects of the taxpayers income as well as the retirement income credit to which the taxpayer is entitled. The procedure for those who prefer to compute their own tax has also been simplified.

The IRS has also begun and expanded a nationwide program to provide taxpayer assistance training for the elderly. Through this program representatives of the various retirement and elderly organizations receive specialized training from the IRS in completing tax forms. These trainees can then go back to their organizations and assist in the preparation of tax forms.

The Veterans Administration reports there are 1.96 million veterans over 65 today, and that this will increase to 5.10 million by 1985. They further report by 1985 almost one-half (49%) of the total male population will be veterans. Accordingly, the VA programs are concerned not only with caring for the current needs of veterans of all ages, but in anticipating future needs and improved ways of dealing with and preventing such problems, particularly among the aging. The VA has reported the following programs:

(1) VA hospitalization

As of November 26, 1968, there were 23,940 patients 65 years and older remaining in VA hospitals. They represented 26.3 percent of all patients in VA hospitals on that date. Within that group, 9,655 were 75 or older. During calendar year 1968, 23.8 percent of all discharges from VA hospitals were represented by the 65-and-older group.

Since many of the conditions affecting older individuals tend to be chronic, the older veterans represent a high percentage of the population in long-term facilities, and special programs to meet their needs have been developed.

(2) Extended care service

- (a) Inpatients. -- Within the VA Department of Medicine and Surgery, the Extended Care Service operates a system of facilities for long-term care. These serve not only the aging veteran, but all those requiring such long-term care. However, well over one-half of all patients cared for in these facilities are aged 65 and over.

Specifically, the Extended Care Service consists of intermediate care for patients who are chronically ill but still require more or less daily medical services in a ward, nursing home care for those who require continued or protracted nursing care but do not require daily medical supervision; domiciliary care for veterans who are ambulatory and able to perform activities of daily living despite chronic medical or psychiatric disabilities; restoration programs for those who may be expected to be able to return to community living after a period of rehabilitation; and hospital-based home care for those who are bedridden, but can be cared for at home with professional support by the hospital staff. Some of these programs are paralleled by similar facilities operated by the several States and by individual community enterprises.

Throughout the Extended Care Service, emphasis is placed on encouraging the patient to make maximum use of his remaining facilities and on preventing further deterioration. The goal is always to reduce institutionalization to a minimum, and to treat the individual patient at the lowest level of institutional care consistent with his well-being.

- (b) Outpatients. -- In the outpatient treatment program as well, the older age group -- 65 and over -- continued to represent a sizable percentage of the total load. In fiscal year 1969, patients in this age group made over 908,000 visits to staff and fee basis physicians for outpatient treatment, representing about 14 percent of the total outpatient treatment load.

(3) Social work service

Social workers do assist each older person in the VA Health Care System to utilize his remaining abilities to the fullest extent possible. Every effort is made to encourage movement from a sick dependent role which implies prolonged institutionalization to a more healthy independent role in a private family setting located in the mainstream of community life. For some, continued care in an institution of some type is necessary and the VA offers long-term nursing care in VA hospitals and in private nursing homes in the community. Some ambulatory self-care patients are transferred to VA domiciliaries where many rehabilitation services are available to assist in the restoration process. Others, without families, who are able to live more independently are assisted in moving into a well-developed foster home program where they can enjoy the full benefits of private family life. Social workers offer necessary supporting services to ensure continuous successful living in the community. Most older patients prefer to return to their own families and special attention is given to providing services to reestablish and maintain the integrity of these family groups.

In addition to offering direct services to patients and their families, VA social workers organize and direct the activities of volunteers who are interested in helping patients in readjusting to all facets of community life. Social workers also participate with other public and private health and welfare organizations on both a local and national level in identifying needs of the older person and developing programs to meet these needs.

(4) Voluntary service

Retired and elderly citizens serving as volunteers have become the backbone of the VA voluntary service program and their services are considered indispensable in the care and treatment of patients in the hospital and those patients returning to their homes and communities.

The older volunteers have demonstrated they have the time, patience, and the capacity to win the confidence of patients through the development of personal relationships. This so-called friendship or companionship therapy is getting marvelous results in motivating and stimulating patients, many of whom are elderly, to regain the limits of their potential for restoration and return to community living.

The elderly volunteers in supplementing the efforts of hospital staff have made it possible to expand and extend many services

and programs for patients and to improve the quality of the care and treatment activities.

Through voluntary service retired and elderly volunteers have found and made new lives of their own. They are the pride and joy of their families because they have discovered that they can be just as essential to society in their later years as in the earlier years of their lives.

(5) Psychology service

The psychological facets of the elderly have assumed increasing importance. The appropriate care, treatment, and rehabilitation of the aging veterans is in a large part determined by their mental outlook and their mental status. To meet the problems presented by these patients, psychologists in the Veterans' Administration now work in the nursing home units, intermediate care services and domiciliaries as well as in the psychiatric hospitals where there are large numbers of aged veteran beneficiaries. These veterans post the broadest diversity of psychological problems. For instance, efforts have been ongoing to assist nursing home supervisors in establishment of psychologically harmonious environments in the VA nursing home units. This has included both the mental and physical aspects. The aim is to assist the elderly patients to maintain their spatial and temporal orientations, thus keeping confusion, memory loss and anxiety at minimal levels. Psychology trainees are encouraged to work in these areas with preference for appointment being given to psychology students who have major interests in the problems of the aged and to universities which are engaged in psychology programs in gerontology.

Special programs based upon principles developed from learning theory are currently being utilized to assist the aged veteran patient. Classlike sessions are held to teach and to help retain such things as the date, where they are (hospital location), the names of people who care for them, etc. These orientation classes have significantly reduced the development of confusion and regression in many elderly patients, as well as helping aged veterans to regain lost faculties. On an individual patient basis "reinforcement therapy" techniques, instituted by psychology, are being used to assist in the development of appropriate behaviors which are needed in order to allow the psychiatrically aged patients to maintain themselves in noninstitutional settings. Such things as neatness, eating habits, and control of bodily functions are especially helped by these psychological treatment techniques. This particular therapeutic approach is readily adapted to the types of problems encountered with the elderly psychiatric patients.

New automated equipment for the measurement of psychological deficits in the aged has been developed by VA psychology. Studies using this equipment will become one of the main components of a Psychological Aging Study Center being developed by the VA in conjunction with a major university in Florida.

(6) The research program on aging

To meet its responsibilities to our increasing number of aging citizens and older patients, the Veterans' Administration sponsors basic and clinical research programs on a broad front. Aging studies include investigations in the mechanisms of aging from the standpoint of current concepts in biology, heredity, biochemistry, disease processes, and the environment with emphasis on the changes that occur with age. Thus, just as fundamental research was important to broadening and strengthening our knowledge of disease processes, fundamental research is of vital importance for advancing our understanding of aging or of mechanisms bearing on the aging process.

Department of Veterans Benefits

(1) Guardianship program

There have been three areas of development in the guardianship program which affect aging incompetent VA beneficiaries. There has been a policy change, concerning the type of court-appointed fiduciary preferred. Previously, corporate guardians were preferred over individual guardians. This policy has been reversed. The cases in which it is necessary, in the best interests of the beneficiary, to obtain a court-appointed fiduciary have increasingly involved veterans and other adults who live alone in rooming or boarding homes without relatives to look after them. In such cases, an individual guardian is usually in a better position to give more personal attention to the beneficiary and to take more immediate action in emergency situations than a corporate guardian would be able to do.

The Federal fiduciary concept has been expanded in an effort to provide more alternatives to a court-appointed fiduciary. The appointment of a State court fiduciary, with the attendant costs, fees, and commissions, decreases the amount of money available for the care of the beneficiary. Also, the stigma of incompetency still exists when an individual has a court-appointed fiduciary. These factors can be avoided if a suitable fiduciary relationship can be established with a Federal fiduciary.

The timing and frequency of personal contacts with beneficiaries has been tailored to each individual case in order to give necessary service within available resources. Experience has shown that where an incompetent beneficiary is living with relatives, friends, or in other types of sheltered environment, personal contacts by our field personnel need not be as frequent as in situations where the beneficiary is living alone without anyone to look after him. Scheduling contacts in accordance with each situation assures that our attention is focused where the need is the greatest.

(2) Compensation and pension programs

The Veterans' Administration, through the various programs administered by the Department of Veterans Benefits (compensation, pension, and dependency and indemnity compensation), provides all or part of the income for over 1,700,000 persons age 65, or older. This total is broken down to: 986,972 veterans, 607,402 widows, 148,296 mothers and 56,393 fathers of veterans.

(3) Educational assistance

Public Law 90-631, enacted October 23, 1968, and effective December 1, 1968, extends eligibility for a maximum of 36 months entitlement to educational benefits under the provisions and at the rates of chapter 35 of title 38, United States Code, to widows of veterans who died of service-connected causes or wives of veterans who are permanently and totally disabled from service-connected disabilities. Counseling under this law is optional but not mandatory. This portion of the law is primarily intended to assist the wives and widows of the younger veterans of the Vietnam era. However, the law contains no age limit so that the benefit would be equally available to wives and widows over age 65 who are otherwise qualified. It is not presently possible to determine whether many in this older category will choose to take advantage of the benefit.

(j) The Office of Economic Opportunity

The efforts of the Office of Economic Opportunity are increasingly concerned with the elderly because their numbers are increasing, and their poverty status is also on the rise. The 65 and over population accounted for 15% of the poor people in 1959, 18% in 1968 and 20% in 1970. One of the reasons for this phenomenon is the increasing average life span of persons who reach 65. While once people were expected to live but a few years past retirement, today a man reaching 65 can expect to live an additional 14 years, and a woman, an additional 16 years past 65.

The aged poor have all the problems of other poor, plus the multiple handicaps of age itself. Furthermore, many of the aged poor lived comfortable middle class lives only to find that their carefully saved retirement funds are inadequate to sustain themselves. Thus the OEO is concerned with both the elderly who have been poor all their lives, and the new poor, who only achieved that status upon reaching old age.

Adequate income is the first line against poverty and OEO is concerned with new and innovative programs which will provide employment income for the elderly poor. These include services as foster grandparents, senior aids of Mainstream, green thumbs, green lighters, child day care centers aides, and a host of others. Increased income is not the only benefit of such programs, however, and the increased sense of worth that derives from it appears to have a direct link to better health, and in many cases, a lessening of the use of such tax-supported facilities as nursing homes.

Income is not the only need of the elderly, and thus the OEO is concerned with programs concerned with housing for the elderly, health, transportation, nutrition and socialization. Also underway are pilot OEO funded programs such as SOS (Senior Opportunities for Service) and FIND, an outreach and referral program that has proven of significant value informing seniors of the benefits to which they are entitled.

OEO estimates that it presently serves 1,500,000 to 1,750,000 of the elderly poor including the 700,000 reached by the SOS programs, and that \$69.7 million is the approximate cost of serving this group of the poverty population.

OEO is represented on all cabinet and sub-cabinet interdepartmental committees of the Federal Government concerned with the elderly. It has also been involved in the preliminary activities of the White House Conference on Aging and is represented on several of the 14 task force secretariats which are treating such topics as income, health, housing, nutrition, employment-retirement, and transportation.

There is a continuing exchange between OEO, AOA, HEW, Labor and other agencies on both the policy planning and program operating levels. It has worked very closely with HUD in the model cities programs and has entered into mutual funding arrangements with HUD and a number of other agencies carrying out programs of benefit to the aging.

Older Persons Advisory Committee

The Office of Economic Opportunity in 1970 reestablished an Older Persons Advisory Committee to help assure that all OEO programs, whenever feasible, addressed themselves to the needs of the elderly poor. The committee was appointed to advise the agency director of the nature and extent of specific problems faced by the elderly poor, the impact of OEO and other antipoverty efforts on the plight of older persons at the local level, and the consolidation, simplification, and the strengthening of local, State and national programs affecting the elderly. In addition, it is intended that the committee will encourage the establishment of local programs involving private groups and State and local governments to assist the older poor.

Regional Aging Coordinators

During 1970, a coordinator on aging was appointed in each of the 10 OEO regional offices to provide assistance to the regional directors, the State economic opportunity offices, and the community action agencies in insuring more involvement of the elderly poor in all programs of OEO, and the better use of services provided by State and other community agencies.

Manpower Programs (EOA - Title I)

OEO funds three manpower programs that serve the elderly---the concentrated employment program (CEP), new careers, and Operation Mainstream. The administration and operation of all three have been delegated to the Department of Labor, Operation Mainstream has by far the most significant impact on the elderly of any of OEO's manpower programs for that age group.

The most recent guidelines published by the Department of Labor state Operation Mainstream's purpose to be the provision of work-training and employment projects, augmented by necessary supportive services designed to provide permanent jobs at decent wages for adults with a history of chronic unemployment. Designed for rural areas and towns, projects concentrate on work experience and training activities that will improve communities and those low-income areas where the projects may take place. Such projects may seek to decrease air and water pollution, improve parks, protect wildlife, rehabilitate slum housing, or extend education, health, and social services.

Priority enrollment is given to those who have been chronically unemployed (defined as unemployed for more than 15 consecutive weeks, repeatedly unemployed during the past 2 years, or employed less than 20 hours a week for more than 26 consecutive weeks); have completed some training but remain unemployed; lack current prospects for training or employment because of age or some other factor. In fiscal 1970, the obligation for Mainstream was \$51 million, compared with \$41 million in fiscal 1969, and enrollment as of June 1970 totalled 12,687 compared with 10,261 in June 1969.

Operation Mainstream includes several projects that concentrate exclusively on people over 55 who meet the previously stated qualifications. In June 1970, enrollment opportunities in these older worker projects totaled 4,628 compared with 4,373 slots in June 1969. Actual enrollment in these older worker projects totaled 4,315 in June 1970. Outside of the older persons project, an additional 900 enrollment slots were provided for workers 45 and over in the regular Mainstream program.

The largest of the older worker programs is the Green Thumb program, sponsored by the National Farmers Union (under national contract) and now operating in 15 States. Subsidiary to the Green Thumb is the Green Light program, directed at serving unemployed older women and operating in 10 States. These two programs were funded at \$5.4 million in fiscal year 1970 compared with \$5.2 million in fiscal year 1969, with enrollment opportunities of 2,435 in fiscal year 1970, and 2,313 in fiscal year 1969. At the end of June 1970, there were 2046 enrollees in the Green Light program.

There were for other older persons programs funded during 1970. A contract with the National Council of Senior Citizens was expanded from 1,132 authorized slots in 1969, to 1,148 slots in 1970. Similarly, a contract with the National Retired Teachers' Association was expanded from 313 slots to 433 slots. Contracts with Virginia State College, 115 slots, and the National Council on Aging, 500 slots, were renewed at the same level. These programs involve enrollees in a variety of social, health, and educational services to their communities.

Senior Opportunities and Services (EOA - Title II, Section 222(a)7)

The Senior Opportunities and Services program authorized by the 1967 amendments to the Economic Opportunity Act, is designed to identify and meet the special economic, health, employment, welfare, and other needs of persons above the age of 60 in projects which serve and/or employ older persons as the exclusive or predominant participant or employee group. The projects deal with specific problems of the older poor that cannot practically be met by more general programs designed to serve all or younger age groups.

These projects provide maximum opportunity for older poor persons to develop, direct, and/or administer such programs while utilizing existing services and other programs to the maximum extent feasible.

In fiscal year 1970, a total of \$6.8 million was allocated from senior opportunities and services funds, of which \$400,000 was used for migrant and Indian projects and a special project conducted by VISTA. The total of SOS programs increased from 194 to 208 and served more than 700,000 elderly poor.

Employment

A major and lasting benefit of many SOS programs is their extensive training and use of elderly poor persons to assist others and the extent to which other local, State, and Federal as well as private agencies are recognizing the usefulness of this service and adding elderly poor nonprofessional and paraprofessional aides to their own staffs. The institutional change already effected in health, educational, and welfare institutions is significant. Many SOS programs start with a commitment from other public agencies to give full- or part-time employment to seniors once they have received training.

Other SOS programs are attacking difficult transportation problems of the aged poor, providing consumer education (training the elderly poor in areas of food buying, budgeting, home management), helping form discount clubs and co-ops to enhance purchasing power; training older persons to recognize fraudulent insurance and other confidence schemes.

Outreach and referral services

An almost universal service of OEO's aging programs is the use of trained low-income aides to inform and assist the elderly poor to better utilize the other programs and services for which they are eligible. An early nationwide OEO program---medicare alert--and subsequently project FIND, disclosed that large numbers of the elderly poor because of ignorance, language barriers, shyness, or other reasons were failing to register for medicare, food programs, and other services for which they are eligible. A major service to this poorest and most helpless segment of the older poor is that of finding and connecting them with existing services.

It is well established that older poor persons, trained as aides and possessing language qualifications, are able to reach this group more effectively than anyone else, including professional social workers.

Fiscal year 1971 findings and plans

In fiscal year 1971, a minimum \$7.8 million will be used to continue the funding of local senior opportunities and services projects and, for the first time, assume the costs of training and technical assistance services in the older persons program area.

A continued strong training and technical assistance effort, conducted by the National Council on the Aging, is considered essential to focus local projects on their prime goals of resource mobilization and institutional change. With the assumption of the cost of this contract, the fiscal year 1971 budget will provide for a small increase in funds for operating field programs.

Serving the Older Poor Through All-Age Programs

The newly created Office of Special Programs coordinating function has increased the agency's emphasis on meeting the needs of the elderly in and through such all-age programs as neighborhood health centers, legal services, community action agencies, programs for Indians and migrants, and VISTA. Special programs maintains liaison with all operational segments of the agency, serving within OEO as an advocate for the elderly poor.

Health affairs programs

The Office of Health Affairs makes funds available, especially through the comprehensive health services program and emergency food and medical services program, to provide assistance to the elderly poor. About \$7.4 million is spent to serve the elderly in 50 comprehensive health services demonstration projects being developed across the country. Approximately \$16.2 million is channeled through the emergency food and medical services programs to meet the nutrition needs of the elderly poor in projects aimed specifically at the aged and those designed for all age groups including the elderly. Special pilot projects have included meals-on-wheels and hot lunch programs. The Office of Special Programs is pulling together the experience of EFM, as well as SOS programs to develop improved and better coordinated programming in the area of nutrition for the elderly. The problem here is not just to provide nutritious meals for the older poor, but to build that feature into a comprehensive service and income program accompanied with adequate research and evaluation to assure effectiveness and replicability.

Legal services programs

The 265 neighborhood legal services projects handle the legal problems of all who are within the OEO poverty guidelines. No breakdown by age groups is available, but clearly a number of the elderly are being served by the local projects at present and more will be in the future as their needs and problems are focused upon.

VISTA

Volunteers in Service to America (VISTA) has always sought older persons as volunteers and the percentage serving at a given time has fluctuated between 6 per cent and 16 percent. A total of 2,700 older persons, or 12 percent of the overall VISTA enrollment since the program's inception, are or have been in the age 50 group.

Research and Demonstration Projects

OEO has planned its research and demonstration projects so that the knowledge and experience gained from them could be channeled not only to local community action agencies, but to many other public, private, and volunteer agencies which increasingly are concerning themselves with the problems of the older poor. Among such projects specifically designed to aid the aged poor are:

Project Late Start

The National Retired Teachers Association and the American Association of Retired Persons received in 1970 a second-year grant of \$252,000 to continue a research project to test, in four diverse geographic and ethnic locations, the thesis that low-income elderly people can have their life pattern altered and their problems ameliorated by a concentrated group experience which seeks to be educational and informative.

Rural housing repair

A pilot program to repair the substandard homes of elderly poor persons. The program trains older poor persons as construction workers to repair homes owned by elderly, blind, or disabled recipients of public assistance.

The project has a double focus: To solve substandard housing problems and to reduce unemployment, especially among the elderly poor.

Housing assistance and social service project

A research and demonstration project conducted by the Cambridge (Mass) Economic Opportunity Committee has mobilized the elderly poor into an effective action group around a common issue affecting their lives: Critical housing problems and solutions to their need for related social services required for their well-being. The project was refunded in 1970 for a second year for \$229,651.

Community development rural programs

Nine OEO rural projects seek to overcome the complex problems of bringing services to and economically developing sparsely populated areas. The programs are experimenting with self-supporting transportation systems, leadership training, saturation use of outreach centers, development of small business enterprises, and a communications system to increase awareness of opportunities and services available to the rural poor. Although these projects are not aimed exclusively at the older poor, they reach substantial numbers of such people.

Consumer programs

OEO's consumer research and demonstration programs reach the elderly poor, although this is not the only target group. An estimated \$0.1 million was aimed at older poor citizens in fiscal year 1970.

Legal research and services for the elderly

Legal Research and Services for the Elderly (LRSE), a national demonstration project, was initiated in fiscal year 1968. Its latest funding, in the amount of \$414,735, was announced in December 1970. The grantee is the Washington-based National Council of Senior Citizens

LRSE was funded to research and identify the particular problems facing the elderly poor; to examine the law and the major legally sanctioned institutions that affect the elderly; to devise models and methodologies to meet their needs; to provide new systems for eliminating the negative impact to our social, economic, and administrative institutions on their lives; and to devise methods for educating the elderly poor community as to their rights.

A study of the use of older persons in child care

Urban Systems Research and Engineering, Inc., of Cambridge, Mass, recently completed a study for OEO on "Meeting the Needs of the Elderly Poor: A Study of the Use of Older Persons in Child Care." Excerpts from their report conclude:

"We have conducted an in-depth study of the ways in which the Government can assist the elderly by intervening in a particular market---the market for child-care workers. This market appears for several reasons to be on the verge of a substantial expansion, and the area of child care is one for which older persons are in many ways, well suited. In carrying out this analysis, we emphasize that the objective of the effort is not to use funds intended for the elderly as a method of subsidizing child-care services, but rather to achieve a mutual compatibility of interest in which the quality of child care available for a given cost is increased by drawing on the resources which older persons can provide and in which the welfare of older persons is increased through greater involvement in paid employment of a rewarding nature."

3. STATE OF CALIFORNIA SERVICES TO THE AGING

The following questionnaire was mailed to 42 Departments and Agencies of the State:

QUESTIONNAIRE

To: Mr. Spencer Williams
455 Capitol Mall, Suite 700
Sacramento, California 95814

1. We are participating in programs for the aging affecting the following areas of need:

- | | |
|--|--|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Job opportunities | <input type="checkbox"/> Education |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Other (please attach description) |
| <input type="checkbox"/> None | |

2. Attached is descriptive material concerning the above program(s).

3. Attached are copies of laws and/or regulations by which such programs are being implemented.

- 4a. Our annual financial participation equals:

\$ Federal _____ State _____
Local _____

- b. The number of persons affected totals _____.

5. (Optional) The following are our comments as to the effectiveness of these efforts and our recommendations as to the future directions that should be taken in programs designed for the aging (please attach).

Very truly yours,

(Name)

(Office/Department/Board)

Responses were received from 42 of the 42. Of these, 25¹ indicated they have no programs directly relating to the aging. The Department of Public Works, however, pointed out that its program of relocating persons whose homes are acquired for highways or other public purposes benefited a number of persons in the over-65 category. The Department of Parks and Recreation stated

that several of their desert parks were particularly attractive to persons over 65, and that a current survey underway on the use of trailers and campers indicated a high incidence of use by older Californians. In addition, its current program of adding ramps to park entrances and making doorways wider for wheelchairs has proven of particular convenience to senior Californians.

Seventeen departments² reported direct services to the aging. These included 21 separate programs affecting from 14 aged persons in the smallest program, to over 1,951,180 aged persons in the largest. Total identifiable expenditures reported are \$722,719,000 federal, \$743,814,000 state, and \$313,206,000 local. These programs are summarized below.

1. Department of Education

The Education Code of the State of California (Sections 5553 and 5701) specifically authorize the establishment of adult education programs in high schools and community colleges. During the 1969-1970 school year, there were approximately 1,000,000 adults enrolled in the high school and unified school districts of California. Approximately 100,000 of these adults were 50 years of age or over. Discretion to establish such classes is vested in the Governing Board of the School District (5702) although, if established, classes must conform to normal study and graduation requirements (5705) and standards prescribed by the State Board of Education (5708).

Public School Adult Education in California (including the adult education offered in the community colleges) is financed partly by State apportionment (2 percent of the State educational dollar which equaled \$28.9 million in the 1969-70 Fiscal Year) and local district tax funds. Limited financial reimbursement is available for certain vocational classes.

A 1967 Review of Educational Opportunities Available to Older Adults (over 50 years of age) in California's Public Adult Education Programs reported as follows:³

For the purpose of obtaining current information on the educational opportunities available to our older adults through California's public school adult education program, the Bureau of Adult Education in May, 1967, mailed a questionnaire on the education of the aging to administrators of adult education programs in adult schools and junior colleges. Specifically the questionnaire sought information as to the ways the adult education program is serving the educational needs of older adults. Ages 50 years and over were chosen as falling within the area of "aging". Information was sought on the nature of the organization and the responsibilities of local committees working with the problems of the aging. Administrators were asked to state the major problems involved in planning and organizing educational programs for older adults and to indicate any plans for the future. Approximately 50 percent (156) of the administrators responded to the questionnaire. A summary of the information gathered from the questionnaire is presented in the following paragraphs.

The administrators were asked to check on a form provided the areas of study in the regular program in which there was a fair concentration of older adults. The following areas and the frequency of their listings are indicated below:

1. Fine Arts - 74
2. Crafts - 69
3. Homemaking - 68

4. Business Education - 57
5. Americanization - 47
6. Civic Education and Special Fields - 43
7. Industrial Education - Vocational and Industrial Arts - 40
8. English, Foreign Languages, and Speech Arts - 36

Approximately one-half of the schools reporting indicated that specific classes were organized for older adults. The titles of some of the classes primarily organized for older adults are as follows:

1. Arts and Crafts
2. Retirement Planning
3. Leadership Training for Mature Adults
4. Lip Reading
5. Dactylology
6. Gerontology
7. Choral Instruction (Senior Citizens' Chorus)
8. Spanish for Older Adults
9. Driver Improvement for Senior Citizens
10. Clothing Construction
11. Citizenship and Elementary English
12. Physical Exercises for Older People
13. Public Affairs and World Affairs (Current Events)
14. Music Appreciation
15. Practical Gardening
16. Understanding the Older Adult
17. Painting
18. Investment and Securities
19. Consumer Education for Homemakers
20. Applied Psychology
21. New Horizons for Mature Workers
22. Home Health Aides

Information was also sought as to lecture series that were specifically concerned with the problems of aging. Quite a number of our adult educators reported lecture series specifically planned for the older adult. Examples of titles of lecture series reported are as follows:

1. Retirement Planning
2. Psychological Aspects of Aging
3. Health for Senior Citizens
4. World Religions
5. Personal Improvement
6. Health Education for Diabetics
7. Financial Planning and Tax Benefits
8. Estate Planning
9. Medicare and What It Means To You
10. Services to Older Adults
11. Nutrition and Food Preparation
12. Fraud and Medical Quackery
13. California's Diminishing Resources
14. Social Security Benefits
15. Consumer Education for Limited Budgets
16. Preparing a Will

17. Give Your Heart a Fighting Chance
18. Trends in Modern Literature
19. Living in Later Life
20. Role of the Aged from Primitive Society to Modern Times

Most of the adult educators reported that the older adults are served through the school's regular counseling program. The adults over fifty who are interested in elementary certificates and high school diplomas are given special encouragement and counseling time. Older adults avail themselves of the testing services and individual counseling. The nature of the counseling includes the encouragement of adults to develop interests and skills in new fields through a planned educational program. Group guidance opportunities are provided through gerontology and psychology classes. Gathering information on job opportunities in the community for older adults was listed as guidance activity. One school reported a full-time state employment representative on campus to provide current employment information. The guidance staff in a number of instances work closely with senior citizen groups, the older age specialist in the Department of Employment, the Social Security offices, social welfare agencies, and boarding and convalescent home operators. The Los Angeles City Schools report a gerontology specialist for their adult education program.

In rating the tasks of major concern to adult schools and junior colleges in the field of aging, the administrators listed the following in the order of their importance:

1. Developing skills and interests appropriate to advancing years
2. Planning for retirement
3. Developing a better understanding of the physiological and psychological changes incident to aging
4. Developing the attitudes and outlooks appropriate to a changing family life
5. Developing mental hygiene practices and increased mental health and emotional security
6. Planning through consumer education for a more economical way of living
7. Training to overcome physical handicaps such as hard of hearing, heart disease, and so forth
8. Training of older citizens for more active participation in public affairs
9. Training people to work with older adults
10. Improving the level of community understanding about the aging process
11. Vocational and educational guidance for older adults
12. Retraining for full-time or part-time jobs

Approximately 50 percent of the adult educators reporting indicated that there is a local committee working with the problems of the aging. Numerous agencies are represented on the local committee. The ones most frequently mentioned are the Community Welfare Council, social welfare, recreation department, senior citizen groups, church groups, public library, Red Cross, Chamber of Commerce, mental health associations, Salvation Army, service clubs, social security, employment, and city and county health departments. In most every instance the local adult administrator is either a member or serves as a consultant or advisor to the group. The administrator works cooperatively with the groups and leaders of the community in determining the educational needs of adults.

There are some excellent examples of the cooperative efforts of several agencies in organizing the educational programs for older adults. A course in "Understanding the Older Adults" for use in adult education classes was prepared under the auspices of the Office of the Los Angeles County Superintendent of Schools and the California State Department of Social Welfare. The impetus for this course of study came through requests from the nonprofit and proprietary homes for the aged in Southern California, licensed by the California State Department of Social Welfare. The course is intended to assist operators, administrators, and staff of homes for the aged in a better understanding of the older adult through an increased awareness of his psychological and physical needs and the ways of meeting these needs. The course was formulated in a trial draft in 1963 and tested in three different teaching situations in the adult education programs of Long Beach and Los Angeles City and revised in 1966 in accordance with the outcome of these pilot projects.

Another example of the cooperative efforts of several agencies in the community is the pre-retirement program offered by the Los Rios Junior College District and the adult education division of the Sacramento Unified School District. The Community Welfare Council was responsible for organizing an adult education committee within the committee on aging, which included representation from the adult education divisions of the schools in Sacramento County. This committee was responsible for organizing a pre-retirement lecture series, which has been presented twice a year for the last several years. The topics included in the lecture series are as follows: viewing retirement, nature of work and leisure, insurance planning, wills and property management, investments, government retirement plans, social security and medicare, budgeting, employment, frauds, physical health and nutrition, mental health, philosophy of life, and living arrangements. The schools offering these series have reported excellent attendance. The significant part of this effort is the fact that the schools are continuously evaluating and improving their programs in close cooperation with other agencies represented on the committee.

In the field of driver education for older adults, meetings have been held in Long Beach, Menlo Park, Santa Cruz, and Paradise to consider the problems of the older driver. These meetings were held in senior citizen centers. Representatives of the State Department of Motor Vehicles, California Commission on Aging, State Department of Education, as well as local adult school people participated in the deliberations. One of the specific outcomes of these meetings was the organization of a driver improvement class (behind the wheel and classroom instruction) at Paradise High School. Among the other outcomes from these meetings was the realization that such a program to be successful must avail itself of all possible communication media, including television, as well as the preparation of written materials for distribution. It was suggested that classes in driver improvement could be conducted informally in senior centers under the leadership of older adults and as preparation for this role, an adult education class in training volunteer leaders could be offered.

A review of the questionnaire indicated that the following problems are of major concern to adult educators in the planning and organizing of educational programs for older adults:

1. Transportation to and from school
2. Finding suitable meeting places for classes
3. The need for more day classes and with it the problem of finding adequate facilities and teachers

4. Budget limitations of the school district to provide educational programs for older adults
5. Lack of motivation and interest on the part of older adults for planned types of educational experiences
6. Identifying the real educational needs of older adults
7. Finding well-qualified teachers with specific training and appreciation of the problems on aging
8. Securing community cooperation and support for educational programs.
9. Maintaining satisfactory and consistent attendance
10. Lack of good lay leaders

2. Department of Social Welfare

The State Department of Social Welfare reports that in addition to social casework services, they are involved in a number of programs affecting the over-65 population in areas of housing, nutrition, transportation, income maintenance, payments for public and private institutional care and licensing of facilities for the aging.

Fiscal participation (for the 1969-70 fiscal year) is as follows:

Federal \$207,807,200, State \$178,939,900, Local \$29,960,500. 313,734 aged persons are involved in these programs.

Details of these programs are set forth below:

Old Age Security (OAS)

This is a public assistance program for needy persons 65 years of age or older who reside in California. Money payments including other income may not be less than the statutory minimum standard of \$129 (effective December 1, 1969). Payments to aged persons including other income may not exceed \$194 (effective December 1, 1969) unless he has a special need for attendant care services to enable him to remain in his own home.

As of July 1970, there were about 313,700 aged persons receiving money payments through this program, with the average statewide payment being \$105.63. This group represents about 17 percent of the people 65 or over in California. Recipients had an average monthly income from all sources of approximately \$54 with over 72 percent of them receiving federal social security benefits. About 30 percent of the recipients own their own home; 5 percent own income-producing property; and about 73 percent have property reserves, mostly in savings, cash, interment plots, or life insurance. The typical recipient of Old Age Security in California is 76 years old, widowed, has resided in the state about 30 years and has received OAS for six years. Seventy percent of the recipients are women. Eighty-four percent of the aged recipients live in a house or apartment, with almost one-half of these living alone. About 10 percent have other independent living arrangements, with the balance in some type of out-of-home care situation.

There is no limitation on the value of any property which is being used by the recipient as a home. Real property, other than the home, may be retained as long as the county assessed value does not exceed \$5,000.00 and the property is producing a reasonable income to help meet the person's needs.

An individual may have personal property such as savings, bank accounts, deeds of trust, cash value of life insurance, and stocks and bonds. The total value of such property may not be more than \$1,200.00 or \$2,000.00 if both husband and wife are receiving public assistance.

There are no property limitations on such items as personal effects, clothing, personal jewelry, household furniture and equipment, foodstuffs, fuel, musical instruments, items used for recreation, an automobile needed for transportation, and certain burial reserves.

In some instances, money or other proceeds such as deeds of trust received from the sale of real property are not considered when such money and other proceeds are to be used to purchase a home.

Food Stamp Program

The Food Stamp Program is a voluntary program for all OAS recipients and for certain nonrecipients over 65 who meet the eligibility requirements. Those determined to be eligible by the County Welfare Department are permitted to purchase food stamps from a stamp issuing office (a bank or other) at a substantial discount, thus increasing their monthly food purchasing power. For example, a family of one can pay \$18.00 and obtain \$28.00 worth of food stamps. A family of two can pay \$36.00 and acquire \$56.00 worth of food stamps.

Food stamps may be used at local approved markets, and may be used to purchase most foods except imported foods, liquor, tobacco and such nonfood items as soap, dog food, or vitamins. They cannot be exchanged for cash.

Licensing

The Department of Social Welfare is concerned with the licensing of residential care and extended care facilities, as distinguished from hospitals and nursing or convalescent homes, licensed by the Department of Public Health, and psychiatric care facilities, licensed by the Department of Mental Hygiene.

A "residential care home" is one designed to care for the aged who do not wish or are unable to live alone but who do not need hospital or nursing home care. It is a substitute for living in their own home.

There are more than 3,700 residential care homes in California, serving about 45,000 aged persons. They include about 378 larger homes accommodating some 26,000 persons, operated under auspices of both proprietary and nonprofit organizations. About 3,500 smaller group care and family homes operated by individual and corporated owners serve about 19,000 persons.

Licenses for homes offering residential care to less than 16 persons are issued by county welfare departments under the delegated authority of the State Department of Social Welfare.

The Department also has jurisdiction in the licensing of the newly established classification of Extended Care Facilities. These are designed for those who require more individual care than is available in a residential care home but who do not require the professional medical and nursing services provided in nursing homes. As of December 1970 no facilities have been licensed under this new classification.

Legal Services

The Federal Government has authorized the establishment of Statewide legal services for the poor (including OAS recipients) to be administered by the Department of Social Welfare. California has not elected to institute this program. Limited legal services are available under various OEO programs discussed elsewhere in this appendix.

3. Department of Health Care Services

The California Medical Assistance Program, known as Medi-Cal, is California's implementation of Title XIX of the Social Security Act. One of the first state plans approved by the U.S. Department of Health, Education, and Welfare, it has been in operation since March 1, 1966. It offers a broad program of comprehensive health care for over 1,951,000 public assistance recipients of whom 313,700 were over 65 and under the OAS program, and about 200,000 medically indigent individuals of whom 32,000 are aged. Some aged persons are also included in the Aid to the Blind and Aid to the Totally Disabled programs.

Medi-Cal services⁴ are available on a free choice, fee-for-service basis. Claims for payment are processed by three fiscal intermediaries responsible for determining their validity and correctness, and for making payments. Overall administration is provided by the Health and Welfare Agency, Office of Health Care Services.

The Department reports that financial participation for Fiscal Year 1969-70 equals Federal \$509,826,000, State \$392,917,016, Local \$216,260,843. Figures are not available for costs of services to only those over 65.

Under the Medi-Cal program there are two groups of beneficiaries designated as Group I and Group II. Group I beneficiaries are persons who are eligible for a public assistance grant. (AFDC, AB, AID, OAS). This includes persons who are actually receiving the grant and also persons who would be eligible to receive the grant on the basis of resources and needs but preferred not to take the cash grant. The individual who is a Group I beneficiary has no responsibility for paying any part of the cost of his medical care.

Group II beneficiaries are persons who are like public assistance recipients in every respect except that their income and resources are more than will enable them to receive a cash grant under one of the categorical aid programs. In other words, the individual to be covered under Medi-Cal Group II or "Medically needy" has to be blind, permanently and totally disabled, sixty-five years of age or older, or be in a family with dependent children. Group II beneficiaries have recently been granted the same scope of medical services available to Group I.

The individual who is covered under Group II may have to share the cost to the extent that his income in excess of the amount that is allowed for his maintenance and the amount of resources is in excess of the amount allowed by law. Under the present circumstances, a single individual is allowed \$162 a month for his maintenance. A single person is also entitled to a reserve amount in cash or other assets of up to \$1,200 plus \$100 for each additional person to a maximum of \$2,000.

4. Department of Public Health

Dr. Louis Taylor, Director of the State Department of Public Health reports as follows:

The Department of Public Health is currently participating in programs for the aging affecting the following areas of need: health, nutrition, and education.

The Department participates in the Medicare and Medi-Cal programs, both of which are concerned with the delivery of health care services to elderly patients. Responsibility for licensing and certifying providers of the care rests with the Department under the provisions of the California Hospital Act. The Department is also concerned with the quality of care and the development of adequate home care and certain other facilities.

Departmental staff organize and foster development of short-term training programs designed to provide staff operating in new areas of health care with the requisite knowledge to furnish satisfactory care (e.g., renal dialysis and emphysema). Staff are also engaged in assisting in the development of local programs of a very diverse nature, such as:

- Day care centers for the elderly
- Protective services
- Homemaker services
- Nutritional counseling services
- Meals-on-wheels programs
- Health education for senior citizens

All of California's approximate 1,900,000 citizens 65 of age and over are affected in one way or another by the various departmental programs. Thus we do not have presently available the total cost of the Department's activities in support of the aged. We do have, however, cost data on a program which has a major impact on this segment of the population. I am referring to expenditures for local health services for the chronically ill and aged. For Fiscal Year 1970-71, such expenditures were estimated as follows: Federal \$392,000, State \$575,000; Local \$6,379,000.

The Department Program Budget for Fiscal Year July 1, 1970 to June 30, 1971 contains more detailed descriptive material in regard to these activities. Your attention is invited to the descriptions of the Preventive Medical Program and the Community Health Services and Resources Program found in Pages 627-657 of the budget.

There are two major problems affecting the health and well-being of the elderly today.

The first problem area is concerned with the need of obtaining -- outside of an institution -- the help, largely supplied by nonprofessionals, in personal care and housekeeping. This need is brought on by the infirmities and chronic diseases which so frequently accompany advancing age. Homes could be preserved and life made far more tolerable for many of the elderly, if such service were available.

The other problem is that of obtaining the preventive and the simple rehabilitative or restorative care which is so vital to those in the latter years of life if one is to avoid the deterioration that leads to a bedfast and totally dependent state. Much of the misery of old age, both to the person and to his family, could be avoided if such care were generally received.

Studies to evaluate the actual needs of the elderly poor, the resources now being expended to satisfy those needs, and what it would take to meet the needs if they were handled on an organized basis, are presently underway in the Department.

5. Department of Mental Hygiene

The Department of Mental Hygiene reports on four separate programs directly affecting the over-65 population. The first, the Community Geriatric Screening Project, described below has full Federal Financing (\$38,758.00) and affects 15,000 persons. The other three, also described below, are in-hospital programs for which direct costs cannot be ascertained.

The Community Geriatric Screening Project is a statewide program to encourage counties to develop more appropriate screening methods for the elderly mentally disturbed. This project is the outgrowth of the Department of Mental Hygiene Geriatric Screening Program carried on in San Francisco from 1964 to 1968 and which is described in the following material.

In 1966 the Geriatric Screening Project received an award for outstanding achievement from the American Psychiatric Association.

In 1969 the Geriatric Screening Project was selected by the U.S. Senate Special Committee on Aging as a model for screening and treatment of the elderly mentally disturbed. A report on the program, "Complexities and Rewards of Prevention", appears in "Mental Health and the Elderly: Action Programs to Prevent, Reduce or Improve Institutionalization", published in December 1970 by the U.S. Senate Special Committee on Aging.

The program is more specifically described as follows:

Community Geriatric Screening Project

In 1964 the Department of Mental Hygiene established a Geriatric Screening Project in San Francisco with its primary objectives to reduce inappropriate admissions of the elderly to state hospitals and to provide alternate plans by developing a utilizing community resources and services that would more appropriately meet the needs of this group. San Francisco was selected for the demonstration project because of its high rate of admissions of the aged to state hospitals. Approximately some 500 persons were committed from that county each year. Many had medical illnesses that produced temporary mental disturbances. A significant number were in need of care and supervision only and did not require skilled psychiatric treatment in a hospital.

The staff, all employees of the California Department of Mental Hygiene, was composed of an internist, psychiatrist, a psychiatric social worker, a supervising psychiatric social worker who functioned as coordinator and a senior stenographer.

The project staff evaluated all persons over 65 in San Francisco for whom a petition of mental illness had been requested. In addition, requests for evaluations and recommendations were accepted from the local County Welfare Department, private physicians, community social agencies, landlords and friends. A high percentage of the persons screened by the project staff were considered crisis situations and therefore decisions had to be made and recommendations implemented with little delay.

In providing direct services the emphasis was on screening persons in their own home setting and thus prior to hospital admission. Examination in the home provided for a more complete assessment and evaluation. A psychiatric social worker and physician made the home visit together which afforded a coordinated clinical and social approach to the patient. The function of the staff was to diagnose, to evaluate, to make recommendations, and to offer consultation; staff members were not involved in any continuing, active treatment program.

Alternatives to state hospitalization included maintaining the person in his own home with community supportive services, such as, Homemaker's Service, home health aids, attendant care, Meals-on-Wheels and Friendly Visitors. For those requiring care and supervision not possible to be received in his own home, boarding home, residential hotel and nursing home placements were utilized. Some persons whose needs related primarily to counseling or social recreation were referred to Senior Citizens Centers, social casework agencies and church groups.

In the first three calendar years of the project, 1,290 persons were directly served by the Geriatric Screening Project and commitments of the elderly from San Francisco County to the state hospitals dropped from approximately 500 a year to 40 the first year; 12 the second year and 3 the third year. Concurrently, there was a marked reduction in the number of total yearly admissions of this elderly group to the San Francisco County Hospital psychiatric ward. Prior to the screening program, admissions averaged approximately 750 a year. In 1967, the third calendar year of the project, that figure had dropped to 262 admissions.

Of those 1,290 persons screened; 45% remained in their own homes with supportive services; 10% were admitted to both county and private medical hospitals; 33% were placed in nursing homes; 8% went to boarding homes or residential hotels and 4% were committed to state mental hospitals. The number of persons screened did not reflect the several hundred requests from physicians, social workers and others for assistance in recommending suitable plans for an elderly person.

In 1968 the operation of the project was terminated by the Department of Mental Hygiene and transferred to San Francisco County as a unit of the Community Mental Health Services.

In 1968 the Department of Mental Hygiene utilized Federal grant-in-aid funds to support a statewide project to encourage counties to develop programs similar to the Geriatric Screening Project. The objectives of the Community Geriatric Screening Project are to assist counties in developing geriatric screening units for the purpose of utilizing full community resources for the care and treatment of the mentally disturbed aged person. Although methods and procedures vary with each county, the general approach has been for the project

director to; (a) meet with appropriate persons in the Division of Local Programs of the county for information and briefing, (b) meet with the County Local Program Chief to describe how a geriatric screening unit might operate and to assess his interest, (c) review clinical files of patients admitted to the state hospitals over a two- or three-month period to determine the appropriateness of the admission, (e) meet with those community agencies involved in providing services to the aged mentally disturbed, and, (f) assist in the development of an ongoing local program.

Comments

The effectiveness of the method of screening developed by the Geriatric Screening Project was clearly demonstrated by its accomplishments. Not only was unnecessary and costly hospitalization prevented but patients received care appropriate to their individual needs. In urging local counties to develop similar programs, one of the major problems encountered has been uninterest by professional staffs in working with the aged. With this in mind, future programs concerned with the aging should emphasize education in the field of aging at all levels of professional care, as well as training ancillary personnel.

As states continue to move from the placement of the elderly in state hospitals to community placement, screening will become increasingly more important. Regardless of where the screening takes place, at the state hospital or in the community, both levels of screening must require emphasis on a thorough and careful evaluation of each patient's needs and both must include a knowledge of the suitability and appropriateness of the various resources to which patients may be referred.

The Department points out that while the population of California has continued to expand during the last decade, and the general population in the State Hospitals has shown marked decline, the number of aged persons has decreased by a dramatic 84%. A large share of the credit for this accomplishment goes to the Geriatric Screening Program, described above, and by the in-hospital program described as follows:

State Hospital Geriatric Programs

The following are examples of the geriatric programs in the state hospitals. There are some "typical" features among all of the programs, but each of them is individualistic, reflecting that particular creative atmosphere which has been established by the particular hospital staff.

Napa State Hospital Geriatric Resocialization Program

The program is designed to improve social skills, motivate the patient to leave the hospital, and remove feelings of fearfulness, loneliness, depression, and feelings of isolation. This therapeutic program is divided into four steps.

1. The first is to get the patient to develop a relationship with one other person, a technician or other staff member.

2. When he is capable of being a "buddy" he is ready to join a small discussion group.

3. When he is able to hold his own in group discussions, he is ready for the last step.

4. Becoming acquainted with community life.

The whole process usually takes from six to eight months. Since the inception of the program in 1963, 800 patients have been in the program. Five hundred of these have been able to leave the hospital and almost all of them have remained out of the hospital. The return rate is between eight and nine percent as compared with the entire hospital return rate of 33 percent.

Patton State Hospital Geriatric Program

Over 1,500 patients have been returned to live in the community from the program since its inception in 1964. Less than five percent of these have required rehospitalization at Patton. The goals of this program are through medical and psychiatric care to ameliorate the patient's illness so that (1) those who can be returned to community living can be placed at the earliest date possible and (2) to provide an optimum sheltered hospital living situation for those persons too debilitated to leave the hospital.

The present program located in six units has facilities for 225 patients. It is the intent of the staff to expedite program so that patients are returned to the community from 60 to 90 days after admission. In many instances placement is accomplished even faster. The program consists of three phases: I Diagnostic Phase; II Intensive Treatment; and III Leave Planning. Throughout this continuum the full resources of the treatment team are utilized in order to maximize the treatment impact and expedite the program.

Stockton State Hospital Geriatric Program

The Stockton program is an intensive treatment program which focuses on specific treatment goals for each patient. The goal is rapid emotional and physical healing and shorter term hospitalization.

On the basis of information provided by the Stockton Geriatric Rating Scale, a program is designed that incorporates seven special treatment subprograms. This diminishes the fragmentation of staff attention between the largely physical care problem and pronounced psychiatric disability. The factors are deemed adequate for both research and clinical uses and are valid in predicting outcome and in being sensitive to changes in patients' level of impairment.

6. Human Resources Development

The Department of Human Resources Development reports a number of areas in which it is directly involved with senior Californians.

It is charged with implementing the State law known as the "California Law on Age Discrimination in Employment" (California Unemployment Insurance Code Sections 2070-2078).

It has responsibility in carrying out Public Law 90-202 of the 90th Congress, known as the Age Discrimination Act of 1967.

It administers the Older Worker Program in California, and is the administrative agency for the California Commission on Aging. These two programs are discussed in detail below:

(1) Commission on Aging Program

Over 1,800,000 people over the age of 65 now live in California. Although different levels of income, education, health and background are represented, the same physiological and social processes of growing old are shared by all. The social process, rather than the physiological process, is the primary concern of the California Commission on Aging.

As the average age of our population decreases (52 percent is estimated to be under the age 25), the pressure mounts to force the older members of society to withdraw and thus create vacancies for younger individuals. At the same time that the younger population is increasing, however, the population of those who have reached an arbitrary retirement age but are still capable of working and contributing to society is also increasing. As younger people enter adult society in larger numbers, there is a greater need for the trained, mature, experienced leadership which can be provided only by the senior members of society.

Each community should utilize the full range of experience and knowledge possessed by its senior citizens, and meaningful activity must be available for the mental and physical health of those same senior citizens. By matching their knowledge and skills to the needs of the community, the community gains in terms of an experienced work force, use of knowledge and skill acquired during years of activity, increased income from taxes, decreased reliance of senior citizens on public assistance and vigor and energy of those who have something to give. By continuing to serve their community, the individual gains by having meaningful activity, being able to retain control of his income, savings and property, and the dignity of determining his own scope of life, plus knowing that he is still useful.

Welfare and Institutions Code Sections 18300 through 18356 authorizes the establishment and formation of the Commission on Aging.

The California Commission on Aging has many responsibilities but, if any one goal of the Commission encompasses both its philosophy and its functions, it is this: to work with other public and private organizations and with the individual to provide the maximum opportunity for self-fulfillment during the mature years.

In order to most effectively meet the total needs of California's older residents, the Commission has assumed specific functions and objectives. These include:

- To review, evaluate, approve and supervise projects under Title III of the Older Americans Act of 1965.
- To assist and guide the communities of the State, through consultation, in developing programs to meet the needs of their senior residents.
- To work closely with pertinent departments and agencies of the state government in order that state resources shall be used as effectively and efficiently as possible in behalf of Senior Californians.

- To act as a clearinghouse and information center on all aspects of aging.
- To hold hearings on, and in other ways to study, all aspects of the problems of aging and to advise the Governor of action needed to solve these problems.
- To provide ready access to health education, preventive health services, prompt medical treatment and restorative resources based on the most advanced knowledge and techniques available, for all older people.
- To assist in providing a wide range of housing and living arrangements located, designed and priced in keeping with the changing health and social characteristics, needs and interests of the aging.
- To encourage services to protect all older people from exploitation through false claims, frauds, quackeries, unnecessary services and unreasonable charges, and to provide special assistance to those unable to manage their own affairs.
- To promote educational opportunities for older persons and those who work with them.
- To encourage full cooperation on the part of the family, community and society in helping older people fulfill significant roles in the post-parental and retirement years.
- To create opportunities for paid and voluntary services in community agencies and to people of any or all age groups.
- To assure provision of institutional and medical care, community and protective services and care and attention for the home-bound by people sympathetic to the aged and trained to work with them.
- To involve older adults in planning and conducting programs and services for seniors and for others in their communities.

Added Responsibilities of the Commission Under the 1969
Amendments of the Older Americans Act

In addition to administration, responsibilities now include planning evaluation, and coordination. The State plan shall provide that effective statewide planning will be carried out on an ongoing basis on behalf of all older persons in the State, with emphasis being placed on assuring the conduct of: (1) Special studies, including issue analyses and data gathering; (2) review and evaluation of all major programs and services for the elderly in the State; and (3) establishment of linkages with all other State planning efforts and service programs that affect the elderly of the State.

Primarily responsible for studying the needs, problems and opportunities of the Senior Californian are the twelve members of the Commission -- eight private citizens appointed by the Governor; and four legislative members, two appointed by the Speaker of the Assembly and two by the President Pro Tem of the Senate. Heading the Commission are the Chairman, appointed by the

Governor for an indefinite term, and the Executive Director, appointed by the members of the Commission. Completing the Commission staff are some seven special consultants and clerks.

Financing the Commission's wide variety of service programs in aging is primarily through Title III funds made available through the Older Americans Act of 1965. Under the provisions of this act, maximum federal funds for the first year of a project may constitute 75% of the cost, 60% of the cost in the second and 50% of the cost in the third year. Nonfederal funds complete the financing of the Commission projects. These funds may come in part or whole from the following sources:

- State appropriation to the California Commission on Aging
- County, municipal and local public governmental agencies
- Nonprofit private agencies and organizations

The matching share on the part of the state, communities or other nonfederal sources may be in the form of monies, facilities or services for carrying out the activity or project approved by the Commission.

Since 1955, when it was established by statute, the Commission on Aging has been sole coordinator for all state departments having programs for the aging. Cooperative working arrangements between departments provides specialized professional support as the need arises.

The Senior Californian newsletter is the official publication of the California Commission on Aging. Published quarterly and distributed to all interested individuals, groups and organizations throughout the state and nation, the Senior Californian features news of Commission projects and their activities; spotlights outstanding programs and the work being done in them by Senior Californians; reports on opportunities for senior volunteers, and carries articles of general interest to persons concerned with the older Californian.

In addition, the Commission periodically publishes brochures and pamphlets featuring individual projects and the important work being done by them.

Among its countless activities, the California Commission on Aging can claim several "firsts". Two of these "firsts" include the establishment of the Training Institutes for California's senior leaders. These institutes were sponsored by the University of Southern California Gerontology Center in 1968-69 and by San Jose State College in 1969-70.

Presently, there are two such Centers in operation: in San Jose, through the Recreation Department of the City of San Jose in cooperation with the Department of Recreation and Leisure Studies at San Jose State College; and in Los Angeles, through the Recreation Department of the City of Los Angeles and the University of Southern California. Each center serves the region in which it is located. Training programs can be offered in any part of the region to meet the convenience of the workshop participants.

Gerontology Training Institutes: Three-day meetings held three times a year to provide basic knowledge in gerontology as well as supplementary information and skills for Title III project staffs, OEO staff personnel working in programs for the elderly and interested community members.

Although each institute includes some time for sharing specific program ideas, the primary focus of these sessions is on the presentation and

discussion of general material which might apply to all who work with older people regardless of specific job or geographical location. This background information can then be discussed and applied on a more specialized basis at the regional workshops. These programs offer to Californians in the field of aging curriculum, material similar to that presented to students in gerontology courses. Participation in the institutes is by invitation.

As the response to each of the component parts of this education network increased, it became evident that a statewide focus could serve to minimize piecemeal or duplicated efforts by providing a coordinated approach. A statewide education and training program was initiated to integrate these various levels of programs which were already in existence; to foster innovative educational concepts in the field of aging; and to stimulate the development of services based on broader perceptions of basic problems and approaches.

The Commission has also established the first State civil service classification in the United States designed for part-time employment of seniors.

In California, as demonstrated in these examples, older people are assuming new roles -- those of volunteers, of helpers whose expenses are paid, and of aides who receive some remuneration for their work. They are providing leadership that has a great deal of meaning to their group, and is helping it to become an important part of the community.

These programs are only a few examples of our total California program. They are the ones which are indicating methods that are proving effective in a variety of local areas. We are hopeful that they may be used by our large state agencies as part of a continuing program after they have been tested through the three-year period of the Older Americans Act, or that other communities may set up similar programs as they become ready to do so.

Since the enactment of the Older Americans Act of 1965, there has been a growing concern about the problems confronting the elderly. An educated community and trained personnel are paramount in formulating and implementing social policies to insure the well-being of older persons. A community needs information on which to base thoughtful approaches; professional personnel need continuous access to current data to provide effective leadership and older persons need information and ongoing training for self-help, for self-development, for service to others and for communication with the total community.

Beginning in 1967 the California Commission on Aging, through its staff consultants and through its allocation of Older Americans Act Title III funds, introduced a network of informational and educational programs throughout California in order that all communities might be made aware of the needs of their senior citizens and of ways in which resources can be mobilized for improved services to meet these needs. Four different types of programs were developed to provide education and training at the local, regional and statewide levels: Information Days, Regional Workshops, Senior Education Centers, and Gerontology Training Institutes. Each has a specific purpose. Each provides basic information needed to further programs of service.

Information Days: One-day sessions focusing on programs and services for the aging at the county level, sponsored cooperatively with local organizations and agencies.

A broad spectrum of services for the elderly, or one particular topic in-depth may be explored through speakers and group discussions. Booths

or tables offering informational material are made available by local agencies to service the older person. These meetings are widely publicized to attract as many senior Californians as possible and are attended by 200-500 persons, depending on the locale. The primary purpose is to inform seniors about what services are available in their local communities.

Regional Workshops: One-day symposia for those who work with older persons either as professionals or volunteer leaders. The attendance of civic leaders, educators, the ministry, public agency personnel and representatives of the private sector is encouraged to broaden the total community's awareness of everyone's need to identify with the aging process.

These meetings are designed to involve the participants in discussions of specific issues of concern which could then lead to community action. There were three such workshops held during this past year in each of the five California Commission on Aging Regions which are multi-county in scope.

Senior Education Centers: A comprehensive program of ongoing year-round educational programs for professionals, community groups, volunteers, students and senior Californians.

Through the cooperative efforts of a local government and a neighboring college or university, a training program in the field of aging is offered to foster more creative and more comprehensive involvement in the community for and by seniors.

Content depends on the needs of the specific group and the programs vary from one-day workshops, panel discussion meetings, series of workshop sessions and lecture presentations to practical demonstrations. Subjects include psychological, sociological and biological aspects of aging, nutrition, health, recreation for nursing and residential care homes, volunteer orientation, and other similar topics.

(2) Older Worker Program

The Department's 7th Report to the Governor on the Older Worker Program, Dated May 22, 1970, discusses the problem facing the older worker in California: the growing numbers in this group, the serious economic plight of an increasing percent of older citizens, the growing dependency ratio caused by long-term inflation, early retirements, automation and lack of adequate dissemination of job information.

The report discusses the significance of its two-year "Project 60", developed in 1964 with the San Francisco Program for Aging as the local sponsor. The purpose was to find the reason for the large scale demand for employment by persons over 60, and to develop a community profile of persons over 60, analyzing their need for employment and other services as well. It concluded:

"...the serious problem of income maintenance in retirement was clearly defined to us in the "Project 60" experience. In addition, we found that in this group, 87 percent had no chronic health conditions or impairment which limited employment; they are very reluctant to ask for assistance, either social services or employment; they come to an employment office when the need is for other kinds of help; the helping persons are perceived as real people rather than the impersonal, anonymous professional worker; a job which is meaningful produces a rapid and positive change for the better in

health; retirement is a tremendously stressful crisis and preparation is essential to minimize the blow and help the individual to adjust; loss of mastery over one's own situation through dwindling financial resources is their principal psychological problem; and the most effective way to help them is to deal with their current situation, rather than past events."

The report also describes the development of the Senior Aide Concept. The following are excerpts from this description:

(3) Development of the Senior Aide Concept

During the years 1965-1969, the discoveries in the field of aging brought California (and the United States) from a state of unawareness of the condition of a majority of our elderly citizens to a dawning realization that their plight in this period of greatest affluence is a national disgrace.

The programs and projects which developed this information are all very recent, some ongoing into 1970, and were financed by the U.S. Office of Economic Opportunity. In California, the Older Worker Program of the California State Employment Service has played a participatory role in their development, supporting and strengthening them when possible.

First came the Foster Grandparent Program, recruiting, training and employing persons over age 60 with low incomes to serve neglected and deprived children who lack close personal relationships with adults. This is an Older Worker Program within the Community Action Program of OEO. The goal of this program was to show how to raise the economic level of older people with low incomes, and provide new roles and functions for older people including new employment roles. They were employed 20 hours a week at \$1.60 per hour. The first project under this program in California and one of the first in the nation was the San Francisco project beginning in 1966.

One of the most successful Foster Grandparent programs in California in 1969 was in Pacific State Hospital. Our Pomona office screens all candidates for these positions and Manager B. E. Sweeney has this to say:

"As we view the program, this appears to be one of the most successful of the anti-poverty programs in this area. It has been a 'two-way street'. The grandparents found that they are needed and wanted and equally important is the supplementary income which they would have found difficulty in obtaining otherwise. The hospital staff has been equally enthusiastic and have many success stories of patient progress as a result of individual attention. The average age is 67, ten are 70 and over. OEO funded the program at 48 positions. Interestingly, this year, the California Legislature added 12 more positions to be paid wholly by state funds....."

Second was Operation Medicare Alert whose primary purpose was to carry the message of Medicare to older individuals who might not otherwise know of it, and assist them in taking the necessary steps to avail themselves of its benefits. A secondary purpose was to ascertain the needs of the elderly population.

3,841,027 older persons were contacted nationally, and it was from this experience that California and the nation learned of the unexpected magnitude of the poverty of our older population.

On a statewide basis, we assisted the Social Security Administration in recruiting, screening and referring applicants for Operation Medicare Alert in California. Here again, elderly at or below the established poverty income levels were hired to work in the project.

Project FIND, the third program, was developed from the reports on Operation Medicare Alert, as an aggressive outreach program to search out seniors, isolated and hidden from public view, and assist such individuals by channeling help to them from available community resources which they do not know how to obtain. The National Council on the Aging conducts this project for OEO.

The original Project FIND location in California was in the Santa Cruz-Watsonville area where 20 percent of the population is over 65 years of age. The project was extended in 1969 to include San Diego, Hayward, Shasta County, Vallejo, Long Beach, Modesto and San Bernardino. Again, older people in poverty circumstances were hired to do the job, the oldest in California being 85 years old.

Project FIND is the most extensive study yet made of the elderly. The National Council on the Aging preliminary report found that 15 percent of the elderly poor couples 65 years of age or older are living on an annual income under \$1,000 and 46 percent have incomes below \$1,500. Project FIND shows that the greatest number of California's elderly poor live in Los Angeles, Long Beach and San Diego.

In the reports from Project FIND locations in California, the need for employment for the senior poor is proposed as the primary solution to their desperate economic plight. The Department of Human Resources Development has worked very closely with these projects in the communities named above, both in recruiting and screening the elderly applicants for employment with the project, and accepting referrals for employment from the projects. In most instances, staff from the field offices of the Department of Human Resources Development are on the project board of directors or serve in an advisory capacity to the board. The projects are continuing into 1970 and when completed, the results will be announced by the President.

The genesis of the Senior Community Service Project was the national interest, as expressed in a number of congressional hearings, plus the obvious need to stimulate employment opportunities for seniors which was demonstrated by the three programs just described.

The rationale for the Senior Community Service Project was that it satisfy the income-producing need for part-time work and at the same time provide manpower to meet the great need for additional social and health services which exists in each community; thus combining the need of the community with the need of the older poor.

This project represented a more sophisticated approach to a senior manpower problem by developing the job of Aide, complete with job descriptions, specialized training, and background requisites.

Although the age criteria for this project was a minimum of 55 years, most Aides were in the sixties and seventies. They met poverty income criteria and were either retired or chronically unemployed. Working on a 20-hour-a-week basis, enrollees were assigned to public or nonprofit private agencies. Their gross annual income from the project could not exceed \$1,976.00. The funds for the project were provided by the U.S. Department of Labor. All administrative and training costs were absorbed by the local sponsors.

The California State Employment Service offices served as the employment component of these projects in 1969 in California in recruiting, screening, testing, and in some cases employing these Senior Aides. Although the sponsoring agencies used the skills of our offices in varying degree, we were able to assist in promoting public understanding of the projects, provide information to project staff about applicant needs and characteristics; make available prevailing wage information and extend various industrial services pertinent to establishment of new jobs. The projects which were most successful were the ones which fully used our services in this way.

Each project in California had a local sponsoring agency in addition to the prime contractor, a national organization active in the field of aging. These projects were as follows:

National Council on the Aging, Washington, D.C., prime contractor for projects in San Francisco sponsored by the Economic Opportunity Council; and in Los Angeles, sponsored by the Economic and Youth Opportunities Agency.

National Council of Senior Citizens, Washington, D.C. prime contractor for projects in Oakland, sponsored by the Social Service Bureau of the Council of Churches; and in San Diego, sponsored by the Community Welfare Council.

American Association of Retired Persons and the National Retired Teachers Association, Washington, D.C., prime contractor for a project in Long Beach, sponsored by the Long Beach Commission on Economic Opportunities.

These projects are funded into 1970.

The report to the Governor also described projects conducted in California by the National Council on Aging, the National Council of Senior Citizens, and the American Association of Retired Persons with the National Retired Teachers Association.

The report ends with the following conclusion and projection:

The elderly are no longer a passive group and the aged population is growing very rapidly, in fact, at such a rate that many leading social scientists view it as the making of a national crisis.

Workers who reach old age in the future will undoubtedly have higher educational achievements and can be expected to have better health; a higher proportion will be skilled workers. We question whether there is grounds for

belief that they will accept patterns of early retirement or even retirement at all. In other words, work and retirement patterns that have characterized the past few decades will not automatically be extended into the future.

There has to be a better role for these people. To make the Seventies worth living will take the talent, brains and experience of all the people living in California.

7. State Teachers' Retirement System

Michael N. Thome, Chief Executive Officer of the State Teachers' Retirement System reports that 312,563 active and 40,159 retired (and beneficiaries of retired) persons are covered by the program. Essentially, the program provides retirement, disability and survivor's death benefits for teachers in public supported schools in California. In Fiscal Year 1970-71 state participation equaled \$83,450,884 and local (school districts) equaled \$58,136,840.

The provisions of state law establishing the system and setting forth such matters as eligibility, benefits, contribution scales and retirement formulas are formed in California Education Code Sections 13801 et. seq.

Normal retirement eligibility requires 60 years of age and at least five years of service. Early retirement at 55 and later retirement are permissible (with at least five years of service) with corresponding actuarial reductions or improvement in the retirement allowances. Disability retirement eligibility also requires at least five years of service. The standard benefit formula is $1\frac{2}{3}\%$ of the final compensation for each year of service credit. Final compensation is the average earnable salary for the highest three consecutive years of California service. The law also sets forth the death benefits both before and after retirement.

Full details of this program may be obtained by writing the State Teachers' Retirement System, Sacramento, California.

8. Department of Rehabilitation

The State Department of Rehabilitation reports as follows:

Since our work is almost entirely related to providing vocational rehabilitation services to enable physically and mentally handicapped people to enter employment, we do not have much contact with people over 65. During the Fiscal Year 1969-70, out of the 14,358 clients rehabilitated, 77 were over 65; 42 of the 77 were alcoholics and 35 had other physical or mental disabilities.

Although we do not consider them "aged", as far as the labor market is concerned anyone over 45 tends to have difficulty in obtaining employment due to age. Our records indicate that during 1969-70, 3,592 or 25% of the persons rehabilitated were between 45 and 65 years of age. While overall this group comprises 25% of the rehabilitations, if the group is separated between the individuals handicapped by alcoholics' problems and all others, we find that 1,105 or 49% of the alcoholics rehabilitated were over 45, while 2,487 or 20% of persons with other types of handicapping conditions were in this age group.

One small program operated by this Department involves people over 65 to a substantial degree. This is our Teacher-Counselor Program for the Blind.

Since blindness is largely a disability of old age, there are many newly blinded people over 65 who need the kind of service we offer. The service provides counselor-teachers who go into the homes of older blind people and assist them in any way possible to learn how to live in spite of their blindness. This can involve all types of training which may assist them to get around without assistance, keep house, read Braille, type or almost any other thing which will make them more comfortable and independent. On September 30, 1970 approximately 300 blind people over 65 were being served in this program. This is 34% of the total. It is estimated that \$132,000 were devoted to this particular effort in regard to the aged.

9. Franchise Tax Board

The Franchise Tax Board reports as follows:

The State of California has developed a program whereby eligible individuals are relieved of a portion of the property tax burden. The Senior Citizens Property Tax Law, (Sections 19501 et. seq., of the California Revenue and Taxation Code), administered by the Franchise Tax Board, is designed to offer financial assistance to individuals who own their homes, have low income, and are 65 years of age or older. The law requires that the individual pay the current year's property taxes and then file a claim for refund. The individual reports the amount of money received during the year and furnishes a copy of the current year's tax bill with proof of payment of the taxes. The first claim filed by the individual must be accompanied by a document which proves that he or she is over 65 years of age.

During 1969 we refunded approximately \$8,000,000 to approximately 60,000 individuals. The average refund was \$133. The 1970 program year has not yet been completed, but the number of claimants being paid and the total of the payments will be slightly higher this year. We believe the number of claimants could be increased if we were able to contact all of the eligible individuals or receive the information from them after contact has been made. Our program, is relatively new so it is not as well known as, for example, the Social Security program and the individuals will not furnish the necessary information as readily as they do to the Social Security representative.

10. Public Employees' Retirement System

Mr. William E. Payne, Executive Officer of the Public Employees' Retirement System reports as follows:

The California Public Employees' Retirement System administers two programs of direct interest to the aging. One is through the State Employees' Medical and Hospital Care Act which, from its very beginning, provided for health insurance for retired State employees with benefits and premiums equated to active employees even though the utilization of the retired was substantially greater than that of the active. We anticipated the advent of Medicare by obtaining legislation which permitted us to develop supplemental plans to Medicare for those over age 65, so that concurrent with the initiation of the Medicare program we had provided our retired group, who qualified, with a benefit which supplemented and generally filled in the gaps of Medicare.

Currently, we have 17,107 retired persons enrolled under our several health insurance programs at a cost to the State of \$1,689,052 for the preceding fiscal year. At the end of the past fiscal year we had 57,086 retired members

and beneficiaries of retired members on our retirement rolls and through the year some \$115 million paid to these retired persons through monthly benefit payments. A somewhat equal amount of State and local government employees were contained in this retired group with the local government employees exceeding the retired State employees by some five and six thousand. In general terms, the benefit costs result in the employer paying in the area of 70% of the total cost, with the employee's contribution in the area of some 30%.

The health insurance programs have been highly effective for the aged group. The retirement program is effective only in terms of the years of service which the individuals have accumulated as credited years under the Retirement System, since with a guaranteed formula, retirement allowances are in terms of years of service as well as final salary. Through the efforts of the Governor and the State Legislature, we have been able to install a 2% annual compounding cost of living program in order to offset some of the ravages created by inflation affecting fixed incomes.

11. Department of Veterans Affairs

The Department of Veterans Affairs reports two distinct programs affecting 221,320 veterans: Veterans Home - 1320; Veterans Claims - 220,000.

Fiscal involvement is as follows:

Federal \$4,000,000; State \$5,000,000; Local (54 counties); \$2,450,000. The Department describes the two programs in the following manner:

The Veterans Service Division administers the Claims and Rights Program for the Department of Veterans Affairs. Veteran representatives of the Department assist veterans in presenting and pursuing claims against the United States Veterans Administration. They also assist veterans in obtaining hospital care in Veterans Administration Hospitals.

The Veterans Home at Yountville, California, accepts as members any honorably discharged veteran who has been a resident of California for at least five years, and is unable to support himself in a competitive environment. Three levels of membership exist: domiciliary care - when a member can ambulate freely and does not need extensive medical treatment; nursing care - when the member's ambulation is limited or if he requires a special medical regimen; hospital care - when conditions so warrant. Member's average age is over 70 years. Charges of \$60, \$90 and \$120 per month are made, depending on the level of care required. If a member is indigent, no charge is made. Charges are not invoked that will reduce a member's income below \$50 per month.

The Department's role in providing care to the aged is relatively insignificant. Changing socio-economic conditions appear to be a limiting factor as respects the number of those seeking membership at the Veterans Home. The hospital and nursing care areas operate at maximum capacity; the domiciliary units are approximately 35 percent filled. One basic assumption has been drawn: Institutional living loses its appeal when sufficient care and assistance can be obtained at the community level.

12. Department of Consumer Affairs

Mr. Leighton Hatch, Director of the State Department of Consumer Affairs, formerly the Department of Professional and Vocational Standards reports programs in two important fields concerning health, nutrition and education.

Michael R. Buzzy, R.N., Executive Secretary for the Board of Nursing Education and Nurse Registration states that 10,000 nursing students receive varying degrees of education concerning the elderly.

Miss Beverly C. Andre', R.N., the Board Nursing Education Consultant in Nursing Practice, states:

"The Board of Nursing Education and Nurse Registration does require recognition of the Older American in the prescribed curriculum for accredited schools of nursing. The content area includes nutrition, physiology-anatomy, major physical and mental health problems. A survey of curricula submitted by 48 associate degree, 12 diploma, and 16 baccalaureate degree accredited schools of nursing shows that only 10% of the presently accredited programs do not use convalescent or extended care facilities as clinical experience areas. However, these programs do have clinical experience in the care of the older adult in graduated services of a general hospital.

"The Board's Profile of Registered Nurses identifies that of the 68,438 full-time employed R.N.s in California, approximately 10% are geriatric nurses.

"In its adoption of a more structured program of licentiates on probation to the Board, considerable information concerning nursing practices in the extended care facility has been gained. Approximately 50% of the 68 nurses on probation are employed in extended care facilities. The new probation program includes reports that emphasize upgrading nursing practice through continuing education. The major area of lack of knowledge among this latter group was in psychiatric and geriatric nursing. Since the Nursing Education Consultant responsible for the probation program is a nurse gerontologist, the input has been one of directing these nurses to courses, conferences, workshops and reading material in professional magazines that would improve their practice of nursing.

"In Section 2725 of the Nurse Practice Act, the scope of the regulation says 'to safeguard life and health of a patient and others'. Since July 1970, the BNENR has assigned a Nursing Education Consultant to develop a program of services in nursing practice.

"A recent license and licentiate violation survey of hospitals and extended care facilities shows a need for working with these agencies in the use of criteria and guidelines for safe and effective nursing practice. Over 50% of the agencies responding were extended care facilities where at least 60% of the population are Older Americans."

Maryellen Wood, R.N., Executive Secretary of the Board of Vocational Nurse and Psychiatric Technician Examiners reports that the state's 82 accredited schools use extended care facilities and nursing and rest homes for clinical experience for a high percentage of their 4,500 students.

13. State Personnel Board

Mr. John F. Fisher, Executive Officer of the State Personnel Board reports as follows:

The only program activities of the State Personnel Board that directly relate to the aging are those related to job opportunities. In the recruitment of personnel for the State Civil Service, we have sought to comply fully with the provisions of Government Code Sections 18932 and 19700 prohibiting discrimination based upon age. However, this activity has been pursued within a general policy framework and does not involve any identifiable direct cost.

With regard to maximum age limitations on employment in the State Civil Service, we are concerned about the fact that in 1970 the California State Legislature imposed two age limitations that, in our opinion, are unduly restrictive. A maximum age of 31 years was established for fire fighting positions which normally afford entry into the Department of Forestry service (AB 305, Chapter 138, Statutes of 1970).

Under the provisions of AB 245 (Chapter 1600, Statutes of 1970) effective July 1, 1971, an age limit of 35 was established for employment as a Correctional Officer, Womens Correctional Supervisor I, Parole Agent I, Group Supervisor, Youth Counselor, and other custodial and parole positions which normally afford entry into the Department of Corrections or the Department of the Youth Authority. In the legislative consideration of these bills in 1970, the representatives of the State Personnel Board were the only persons who presented testimony recommending against the establishment of these age limits.

In a report of November 10, 1970, to the Senate Committee on Finance we made the following statement: "We note that maximum age limits for entry into State service have been included as a feature of the retirement programs that encourage or require retirement at age 60 or 55 for some occupations. We do not believe assurance of an optimum retirement allowance is in itself an adequate justification for the establishment of maximum age for entry into State employment. We urge that entry age maximum not be set unless there is clear and unequivocal justification based on unusual physical demand of the occupation."

14. Department of Housing and Community Development

This Department reports a modest program in the area of Housing for the Elderly which involves a State Fund Expenditure in the amount of \$4,500.

The continuous rise in housing and related costs severely affect the elderly who live on fixed incomes. The objective of this program is to provide advice and aid on availability of federally financed programs as well as privately developed programs and to serve as a catalyst for seeking solutions to this special group of senior citizens.

Upon request, the Department will assist in the application process, determine the availability of federal aid and recommend possible solutions where such aids are not fully available for all senior citizens.

The Department's legal authority is found in Health and Safety Code Section 37104 through 37113; Labor Code Sections 1460 through 1468. At the request of a government agency or private quasi-public or private, nonprofit group, the Department will stimulate action in providing the quantity of varied types of housing and related services required to meet the needs of the elderly.

15. Department of Fish and Game

The State Department of Fish and Game reports a unique program which involves \$150,000 in state funds, and benefits 35,000 senior Californians: free fishing licenses.

Under recently adopted state laws, women over 62 and men over 65 may obtain free sport fishing licenses for ocean fishing and frogging if they have been residents of California at least five years and their income does not exceed \$140 per month for single persons and \$280 for married persons.

By purchasing one current license stamp, the license is extended to include all species of fish other than trout, (but including steel head trout). The license is further extended to trout if a second current license stamp is purchased.

Licenses may be obtained by filing of a simple application form with the State Department in Sacramento.

16. Department of Youth Authority

The Department of Youth Authority reports its participation in the Federal-Local sponsored foster grandparents program.

Forty-one senior Californians are involved in this program which involves the expenditure of \$135,940 in Federal Funds and \$19,351 in local funds. Sixteen of the 41 grandparents were on Public Assistance before becoming involved in the program. Due to this added income and other benefits derived from the program, 11 have discontinued Public Assistance and five are receiving decreased payments.

Material submitted by the Department contains the following description of the program:

Benefits to Foster Grandparents

The Foster Grandparent Program serves an extremely important purpose for the retired senior citizen living on an inadequate income, that allows few opportunities for meaningful social experiences.

The most obvious benefit is the additional income earned by working as a Foster Grandparent. The \$1.60 per hour for 20 hours' work a week (\$32.00) supplements their meager incomes and allows them to live a life of greater dignity.

Of equal importance is the sense of purpose -- the increase in self-esteem they derive from again feeling useful and needed by someone. Many of our senior citizens have known only loneliness and rejection since their own children moved away from home. In time, they acquire the feeling that no one cares for them or needs them, and that they are of little value to anyone.

Working as Foster Grandparents with boys that desperately need their help changes their self concept from useless and unwanted, to being a person who is making a valuable contribution to the lives of others. For many, it is like a miracle drug that rejuvenates them both physically and emotionally.

Our senior citizens are uniquely qualified to provide the constructive adult relationships needed for the emotional development of their grandsons. They have the experience, understanding and compassion acquired through years of living. They are motivated by the need to again feel useful and wanted. Working with boys whose home life lacked positive adult relationships needed to provide a feeling of security, of being loved, being wanted, being worthwhile, is a perfect match. The grandparents have so much they want to give and the boys have many emotional needs to be filled. Each complements and reinforces the other, resulting in benefits for both grandparents and their grandsons. The physical and emotional benefits resulting from again having a purpose in life, or performing a task that is important to the future of others, would be hard to measure. The beneficial results of their work with the boys is well documented.

Our particular program has been operating at the Northern California Youth Center since July 1967. It is unique in that it is the only program of this type that is presently operating within an all correctional institution.

Senior citizens of low income groups, from various community environments and ethnic origins, were interviewed resulting in 38 taking two weeks' basic training to orient them to an institutional setting involving boys, aged 13 to 16 years, in confinement for various infractions of the law.

The performance of this group since July 1967 has proved that the low income senior citizen can provide a major new resource of responsible workers for community and social agencies. The Foster Grandparents have not only been helped financially (many have been released from Welfare rolls) but have demonstrated an ability to meet the emotional challenge of the job by giving boys the social and psychological support so necessary for their development.

The Orientation and Indoctrination of Foster Grandparents consists of:

- (1) Orientation to the Foster Grandparents Program.
- (2) Role of Foster Grandparents in Youth Authority Program.
- (3) Youth Authority philosophy and organization.
- (4) Referral process and background of Youth Authority wards.
- (5) The Therapeutic Community concept in use in Youth Authority institutions.
- (6) Causation factors of delinquency.
- (7) Techniques of treatment.
- (8) Minority group problems.
- (9) Working with Youth Authority staff.
- (10) Observation of our institutional programs.

Upon completion of orientation and indoctrination the Foster Grandparents are assigned to work with an experienced grandparent on a living unit.

Through in-service training, the program staff expose the Foster Grandparents to subjects relating to the needs of the institutions and the

children they serve. In addition, outside resource people give instruction on nutrition, arts and crafts, Social Security, medical coverages, recreation, and opportunities available for social involvement.

In-Service Education Meetings:

The California Youth Authority allocates several hours a week to meetings that are designed to increase the proficiency of staff involved in the treatment process. The sophisticated treatment concept in use in both institutions make ongoing in-service education a necessity if staff are to remain knowledgeable on new developments in treatment.

Working in this type of a setting is a new role for the Grandparents. In order to be effective in their role, it is essential that they have a basic understanding of the treatment strategy being used by their treatment teams. Members of the Treatment Teams and other treatment specialists will help Grandparents acquire the "new skills" and knowledge by means of monthly scheduled in-service education meetings. The scheduled in-service education meetings will be supplemented by daily private orientation and education meetings with Treatment Team members in order to coordinate the efforts of all staff working directly with the children. Further in-service education will be provided for Grandparents in meetings which specifically spell out the treatment strategy and goals for their grandsons.

The Foster Grandparent Program recruits, trains, and employs persons over age 60, with low incomes, to serve neglected and deprived children who lack close personal relationships with adults.

Foster Grandparents May Serve:

Neglected infants and very young children living in institutions.
Normal older children, 6-16, in institutions.
Mentally retarded or emotionally disturbed children in institutions.
Children not in institutions, but in clinics, special classes, sheltered workshops, or other settings.

This is an Older Worker program, which was transferred from the Office of Economic Opportunity to the Department of Health, Education and Welfare on September 17, 1969. It is now funded by the Department of Health, Education and Welfare. Administration on Aging, Foster Grandparent Program, Washington, D.C.

The Goals

The Foster Grandparent Program provides new roles and functions for Older Americans, creates new employment opportunities, stimulates innovations in the field of child care and institutional administration demonstrates a major new resource of responsible workers for communities and social agencies, leads to new patterns of cooperation among agencies and professions, and gives children meaningful lives with tender love and care.

The Older People

Several million men and women, aged 60 and over, need additional income from employment to maintain a minimum standard of living. Some of them have always known financial deprivation, others have greatly reduced incomes

because of retirement. A large number of these persons make good grandparents. They have a generous supply of love and understanding which grows from their years of experience. They love children. These men and women can contribute significantly to children who are starved for emotional warmth. As such they represent a largely untapped resource in their communities.

Employment as Foster Grandparents provides needed income and gives new meaning to older persons who frequently welcome the opportunity to demonstrate that they are still useful by fulfilling a need that may otherwise go unmet.

Of the 29.7 million impoverished Americans, seven million are aged 65 and over. An additional 2.7 million are 55 to 64 years of age and also living on incomes under the poverty level. About half of them live alone.

For youth, the major goal is to break the cycle of poverty from generation to generation. For youth, measures sought may be long range, starting in infancy. For the old, however, efforts must be directed toward results in the immediate or near future. Many will have to continue to live on very limited incomes, but they should be able to live out their lives in greater decency and dignity than most of them do at present.

17. Department of Corrections

The State Department of Corrections reports that one of its 13 correctional institutions, California Mens Colony West in San Luis Obispo County, is designed and operated primarily for older inmates and persons with physical disabilities.

Two percent of the state's 25,000 male prisoners are 60 years and over. Such men pose special problems, particularly at the time of release. The parole division attempts to make use of various public and private service agencies in meeting the needs of older individuals who are being returned to the community.

The Department points out that this effort involves all the problems faced by any other aging persons, and urges that any future programs for the aging should not exclude ex-convicts from eligibility. In some cases in the past, federal programs to help disadvantaged people have not included parolees.

Material submitted by the Department describes Mens Colony West in some detail.

The West Facility, a minimum security institution, was established in 1954 and now houses 1,400 older offenders. It employs various rehabilitative programs in an effort to retrain them for their safe return to society. Planned as a specialized institution for the older offender, the West Facility has established the rehabilitative process in a physical and custodial setting apart from the more secure and expensive restraint necessary for younger, more aggressive offenders.

The facility probably houses the largest group of elderly and handicapped offenders in any one penal institution. The median age of West Facility inmates is approximately 54 years, and this factor proves in some ways to be an asset. Competing within their peer group, many of these men are able to produce as effectively as many younger men. Older inmates know what is expected of them

in product and conduct, and normally they proceed in a deliberate manner to meet the expectancy.

The educational program at the Mens Colony, both East and West Facilities, operates with the guiding philosophy that education is a function most effectively accomplished by professionally trained and accredited educators. All our academic instructors are fully credentialed by the State Department of Education. We contract, utilizing funds appropriated in our state budget for this purpose, with the San Luis Coastal Unified School District to furnish us our teachers. The teachers are a part of the staff of the local school district and are paid prevailing district salaries. Our academic program is subject to all the state laws and district requirements, and diplomas earned by students are awarded by the district and are not identified as being received at a prison.

Academic programs are designed to provide upgrading for the inmates to the fullest extent possible, commensurate with their interest. Training is available for all men from illiteracy level up to the completion of high school, with some correspondence work at the university level. Approximately 120 elementary diplomas are earned each year along with 100 high school diplomas. Graduation Day at the Mens Colony is conducted in the same manner as in the local high schools, with outside speakers, utilization of caps and gowns, and attendance by the inmates' families. In addition to the regular day school program, over 100 inmates are enrolled in night classes. During the 1969-70 school year, we expect to use 25 academic teachers, with five of these to be assigned to the West Facility.

Vocational training is available in 12 major trades. An annual Art Show is held at the Institution each year during the first week of August. During this display, inmates of both the East and West Facilities enter their work for review and judging. These items of art and handicraft work are then sold, with many inmates reaping a substantial monetary return as well as prizes and awards for their efforts. In addition to the Art Show, hundreds of inmates, through Arts and Crafts training, have become involved in painting, leather work, ceramics, lapidary and other skills. This training enables men to make good and healthy use of otherwise wasted time.

The West Facility hospital is geared primarily to geriatrics and physical rehabilitation. The hospital has 231 beds for acutely and chronically ill patients. There are six wards and an outpatient clinic staffed by four full-time physicians including a psychiatrist. Two full-time dentists, a supervising nurse, an X-ray technician, a laboratory technician, a registered pharmacist, ten medical technical assistants and two medical secretaries complete the medical staff. The adaptive physical education program provides motivation and treatment so that residents may learn to live within the limits of their handicaps and capabilities, and directs them toward suitable occupations and social reintegration.

Utilization of board certified consultants is a daily practice at the Mens Colony. These carefully chosen contract consultants are specialists in their fields which include among them that ophthalmology, otolaryngology, urology, radiology, dermatology and orthopedic surgery. Periodic clinics are conducted by these specialists who give treatment as needed to the problem cases referred to them.

The California Mens Colony also offers a religious program to the residents that is varied and diversified. An ecumenical setting is the basic design in which the program functions. A more broad scope of religious experiences is thus available to each individual according to his needs and beliefs. Four full-time chaplains are on the institution staff, with both a Protestant and Catholic chaplain assigned at each of the two facilities. Also, a part of the staff, a Jewish Rabbi serves each facility one day each week.

Regularly scheduled Protestant Chapel Worship Services are held each Sunday morning and a Vesper Service is conducted in the evening. The residents participating are given ample opportunity to gain insights into the emotional and psychological drama contained within the actual service of worship. With such an experience, it is possible for individual concepts to be broadened and expanded in a positive way.

A Music Staff is maintained, which makes it possible for appropriate music to be available for all the worship services. This staff includes pianists, organists, choir leaders, quartet and vocal soloists as well as choirs. The deacons and musicians select the music for each worship service, thereby maintaining a consistent theme.

Protestant libraries are maintained which offer to the resident a wide selection of study, research and reading materials. Pamphlets, tracts, magazines and newspapers are supplied from various sources and are distributed through the Chaplain's offices.

The Protestant chaplains maintain contact with many religious groups in the larger community. From these sources, our program is continuously updated in theological, philosophical and psychological areas, thereby sustaining a "feel" for current trends and change. With a program of this diversity and magnitude, it is believed that each man who so desires, has an opportunity for involvement in spiritual experiences, study and growth.

The Catholic Chapel program offers weekly religious instruction classes. Religious correspondence courses are available from five different sources and are augmented by individual instruction where necessary. In addition to the regular Sunday services, the Catholic Chaplain conducts a daily Mass on each day that he is in the institution.

A Catholic library is available at each of the facilities having in excess of 1,000 books covering the entire spectrum of religion: philosophy, theology and ascetics. These books are available for check-out to all residents of the institution. There are also large supplies of pamphlets and magazines on hand for use of men seeking religious information.

Acolyte and choir rehearsals are held twice weekly, and are open to those who wish to participate more fully in the religious services. Chapters of two international Catholic organizations, the Apostles of Prayer and the Cordeliers, are open to those men at the East Facility who wish to, and are capable of benefiting from closer contact with the Chaplain and with other Catholics in interpersonal group relationships. At the West Facility, similar benefits are available for the men by joining the Holy Name Society.

A priest is available on twenty-four hour call in case of emergency.

Correctional Industries at C.M.C. had a total revenue of \$1 $\frac{1}{2}$ million for the 1968-69 Fiscal Year. Consisting of a shoe factory, knitting mill, clothing factory, a specialty printing plant and laundry at the East Facility, and a tobacco processing plant at the West Facility, plus warehousing operations, the Mens Colony Industries operation employs over 600 inmates. The program is administered by a staff of 30 industrial specialists.

The first factory activated at this institution was the tobacco factory which was transferred from San Quentin State Prison. Last year's tobacco sales were \$135,400. This represents 1 $\frac{1}{4}$ million pouches of cigarette, pipe and chewing tobacco.

Last year's sales of shoes were a little under one-half million dollars and we sold over 60,000 pairs.

The Knitting mill sales last year were one-half million dollars as over one million items were produced. Over one-half million pairs of hosiery, almost one-half million tee shirts and 77,000 pairs of gloves were manufactured.

The laundry processed over 6,000,000 pounds of laundry, one third of which was our East Facility laundry and the remaining two thirds, Camarillo State Hospital laundry.

Small amounts of laundry were processed for California Polytechnic State College and the San Luis Obispo County Sheriff's Department.

The specialty printing plant, when completely activated, should produce revenue in the vicinity of \$500,000. This factory will print and process license plate validation stickers for autos, trucks, trailers and motorcycles in addition to Highway Patrol inspection stickers, Fire Marshal cargo tank stickers and D.M.V. parking stickers.

The California Mens Colony strives continually to cultivate good community relations by being a part of local activities. For some time, West Facility residents have contributed financial support to the Chris Jespersen School, which is conducted for retarded and handicapped children in San Luis Obispo. Residents have prepared slow-learner textbooks for the children and have constructed a walker-trainer and other items for the disabled pupils.

In cooperation with the San Luis Obispo Fire Department, West Facility residents have repaired approximately 550 large toys which were distributed to underprivileged children during the past two years. Bicycles, tricycles, wagons, scooters, tables, chairs and small toys have been renovated to a like-new condition by the patient hands of these men.

Residents of both the East and West Facilities have conducted drives for the Salvation Army and make periodic donations to the Tri-County Blood Bank. This blood is not only available for our local facility hospitals, but is also utilized for the relatives of inmates and for other carefully selected cases.

West Facility residents have a full-time "Books for the Blind" project under way. Inmates record special textbooks and other teaching materials to be utilized in the instruction of blind students under the direction of the State Department of Rehabilitation. Between 25 and 30 texts are completed each month by the inmate readers who have prepared 16,229,400 feet of tape, representing 750 texts since this worthwhile program began at the West Facility in 1965.

4. SERVICES TO THE AGING - - INCORPORATED CITIES OF CALIFORNIA

A. In General:

The League of California Cities is working in close harmony with the California Commission on Aging and the Institute for Local Self Government in the stimulation and development of locally based programs for the aging. Implementation of this policy was delegated to the League's Human Resources Committee, whose first assignment was to inventory existing programs and recommend methods of direct city involvement. The Committee held two meetings with representatives of the Commission and the Institute conducted extensive studies of its own. It presented the following recommendation to the Board of Directors of the League:

"By cooperating with the Commission on Aging and with the assistance of the Institute, we will be able to combine all of the efforts, and out of it develop a basic direction for the Committee on Human Resources and the League in the field of the aged."

The Committee further recommended that the League encourage a survey to be conducted by the aging themselves to identify their own problems, and recommend that cities throughout California convene community meetings of the aged with public officials to survey problems of the aging. The results of these two surveys are to be analyzed and will serve as the basis of the sub-committee's recommendations as to the role of cities and the League in dealing with these problems. As further impetus the following resolution was presented to and adopted by the general assembly of the League of Cities at its annual conference in San Diego:

"WHEREAS, the problems of older Americans are of basic concern to all cities in California; and

WHEREAS, the President's White House Conference on the Aging will develop major national, state and local recommendations affecting programs for the aging; and

WHEREAS, cities in California will be asked by the State Commission on the Aging to participate in the White House program by sponsoring local community forums to discuss the problems of the aging in our cities; now, therefore, be it

RESOLVED, by the General Assembly of the League of California Cities, assembled in the Annual Conference in San Diego, October 28, 1970, that the League declares its support of the Mayor's Forums scheduled for January through March, 1971, as part of the State and National White House Conferences on the Aging, to assist in identifying the problems of our senior citizens and programs to meet their needs."

B. Results of City Questionnaire:

405 California cities received questionnaires, 191 responded and 35 indicated they spent some funds on aging programs. The amount of money spent by cities for recreation and/or facilities for senior citizens ranged from \$300.00 (Arcata) to \$54,500.00 (Chula Vista). In general, the cities reporting tend to give more emphasis to the recreational side of service delivery, than to the physical, e.g., health care, transportation, second careers, or income development. Following is a breakdown of Aging Program cost estimates for the Fiscal Year 1969-70:

<u>CITY</u>	<u>ESTIMATE</u>	<u>ACTUAL</u>
Arcadia	1,500	1,500
Arcata	300	300
Antioch	6,000	6,000
Belmont	7,000	6,875
Chula Vista	53,000	54,000
Coalinga	5,500	5,500
Crescent City	15,000	15,000
Davis	1,500	1,500
Dinuba	2,128	2,150 (2,909 Fed. Grant)
El Segundo	5,940	5,940
Escondido	25,000	25,000
Fairfield	6,865	11,177 (1970-71)
Glendora	1,000	1,000
Garden Grove	10,000	3,000
Lomita	500	500
Los Angeles	Large expenditure, but details not available	
Modesto	10,965	10,911
Montebello	6,466	6,466
Novato	4,000	4,000
Palo Alto	6,258	2,438

<u>CITY</u>	<u>ESTIMATE</u>	<u>ACTUAL</u>
Pasadena		36,600
Palm Springs	14,500	14,783
Pleasanton	3,000	2,600
Red Bluff	600	600
San Diego	15,000	15,000
San Carlos	2,500	2,500
San Jose	1,200	1,200
Santa Barbara		41,500
South San Francisco	7,500	7,500
San Bernardino	20,000	20,000
Sebastopol		1,500
Santa Clara		1,500
Santa Maria	6,500	6,500
Tracy	5,000	5,000
Visalia	23,000	22,750

NOTE: Expenditure figures cannot be considered accurate as most cities do not maintain exact cost accounting of program expenditures and have no records of costs of many services provided the aging.

C. Synopsis of Individual Programs Reported:

In addition to the questionnaire, the Institute for Local Self Government staff visited 16 cities, interviewing public officials and senior citizen participants. A summary of program highlights from both the visits and questionnaires follows:

ANAHEIM: No special programs for the aging are identified as such. Activities and services for this group are integrated with recreation program and staff provided by department.

BURBANK: Recreation and park department staff provide facilities and services in its regular program and works with organized senior citizens clubs.

EL SEGUNDO: Developed Senior Citizens Center with established Senior Citizens Club that is administered through an executive board of senior citizens. This executive board determines the programs and coordinates the scheduling of their facility.

FAIRFIELD: Senior citizens program includes element for elderly housing. The city contributes \$7,000 for the Reach Out Programs for Model Cities.

FRESNO: No special facilities provided for senior citizens. Aging groups are encouraged to participate in regular recreation programs with certain periods reserved for their use. One recreation staff person acts as coordinator and works with a private organization named Older Americans.

GLENDALE: In 1950, the city constructed a complete recreation center with both indoor and outdoor recreation facilities, designed specifically for senior citizens. Present membership 400.

LOS ANGELES: The city conducts an extensive program which is discussed in "E" below.

LA MESA: Senior citizens center constructed specifically for aged with program conducted by seniors with consultation from staff of recreation department.

MENLO PARK: The city participates in a unique arrangement with a private group, discussed in "E" below.

MONTEBELLO: The city has established senior citizens center with primary use to preserve and promote the health and general well-being of the older persons of the city. This is a public facility dedicated to the primary use of senior citizens and is operated by the Department of Parks and Recreation. This department cooperates with the Montebello Citizens Affairs Committee in the development of a total program at the facility while in keeping with the established policies of the Montebello City Council.

OXNARD: The city has helped organize the "50 Plus" Club with crafts, luncheons, trips and a variety of activities conducted by Recreation Department. The senior social center with the same program supervised by the department. Liaison with Community Action Commission on Aging Program.

PALO ALTO: This city's program is described in "E" below.

PORTERVILLE: A special telephone contact program for aged is conducted by the fire department.

PASADENA: Several years ago the city constructed a building to house special activities for senior citizens. The building and grounds are maintained by the city for senior citizens. The salary of the director is paid by a local women's service group and an annual contribution of \$2,100 from the Recreation Department. The department sponsors scheduled activities of

interest to senior citizens. Similarly, city facilities are made available to them for meetings and other activities at no charge. Approximately \$25,000 was spent by the city's welfare bureau in providing direct protective services and assistance to elderly persons.

PALM SPRINGS: The City supports a paid senior citizens coordinator 36 hours a week, 9 months a year. He assists in the planning and conduct of such activities as excursion trips, talent shows, pot luck dinners, craft instruction and chess.

RIVERSIDE: Complete schedule of activities provided with recreation and park department staff working with organized senior citizen clubs. Complete protective service consultation provided by this staff as well as leisure time program.

SACRAMENTO: This program is described in "E" below.

SANTA BARBARA: Three senior centers are provided for various independent groups with staff assigned, working with senior citizens councils.

SAN JOSE: This program is described in "E" below.

SALINAS: This city has no special program. Aging groups are given access to general recreation facilities.

SAN DIEGO: This program is described in "E" below.

SANTA FE SPRINGS: This program is described in "E" below.

SUTTER CREEK: City benches for aged who use lines through town. In process of providing public restrooms for charter busses and visiting older people on their travels through the area.

SEBASTOPOL: City provides city-owned house and pays all utility and repair costs for Senior Activity Center operated by non-profit corporation. Initially sponsored by city and local ministers.

SOUTH SAN FRANCISCO: Senior Citizens Club and drop-in center operated two days per week from 10 AM to 4 PM and two nights per month. Employed recreation leadership is provided to coordinate with groups on all activities. Office in cooperation with the State Commission on Aging is provided for five days per week from 9 AM to 1 PM to provide counseling, referrals, etc. to all seniors in area.

D. Summary of Additional Services:

<u>Number</u>	<u>Activities</u>
49	Had special staffing for senior citizens/aging activities.
5	Education program for city employees to be aware of the problems of aging.

<u>Number</u>	<u>Activities</u>
38	Adapted public facilities to the needs of the aged.
16	Provide transportation services especially for aging.
8	Developed special employment programs.
10	Sponsored special health services.
5	Developed programs to assist in income maintenance.
10	Sponsored or developed nutrition education or programs.
21	Assisted in providing special housing for the aging.
8	Provided programs for assistance in their spiritual well-being.
8	Developed programs of "second careers" to utilize the aging in the public service or to assist in city programs.
16	Gathered census data or other demographic information specifically concerning the aging in your city to provide "profile information" (number of OASI and other recipients, financial status, income sources, health care expenditures, etc.)
8	Developed statistical material on aging including such things as sex, marital status, living arrangements, educational attainment, labor force participation, life expectancy, percentage of senior citizens in total population, etc.

E. Details of Selected City Programs:

1. LOS ANGELES: Under the direction of a Senior Citizens section of the Special Services Division in the Recreation and Park Department, a most extensive program is provided for the aged. A professional recreation supervisor directs the activities assisted by full-time assistants from the department.

With a population estimated at 365,000 over age 65, 18 senior centers are in operation, each under the direction of a full-time professional director. Both city facilities and rental units are in use as centers with plans under way for erection of a number of pre-fabricated buildings to add to these facilities.

Each center has its established Senior Citizens Club with elections of their own officers annually, all combined in a Federation of Senior Citizens Clubs with a total membership of 60,000. Each district schedules regular monthly meetings and a general meeting of the Federation is scheduled every four months.

Through experience the department has found that the recreational programs and facilities in addition to providing desired social and leisure-time activities, also provide the means of getting the senior citizens together for discussion of their many other problems in the health and welfare fields. With the cooperation and assistance

of the professionals in the health, safety and government programs, regularly scheduled seminars are presented in each district by doctors, dentists, police, housing authorities, etc.; each directed to specific programs or interest and need to the age population.

Working with the University of Southern California, an educational program is provided for professionals in the field of aging as well as for volunteer workers. Under the direction of a Recreation Senior Citizens Association, courses are available to everyone with recognition given by the awarding of "diplomas" at the completion of each course.

Through the Federation, special group insurance programs are offered all members in the accident and injury occurring during traveling to and from events and while participating in activities. Also reduced rates for seniors have been secured from food establishments, theaters, various amusement attractions and transit systems. Some of the local theaters have found this program so successful they have established special showings of feature events during off day times, specifically for the senior groups.

Local newspapers have provided space for a weekly "What's Doing" column prepared by department staff and publish a full schedule of activities and program each week. Staff consults regularly with church and fraternal organizations to encourage participation in the program and have developed extensive use of the facilities of churches and lodges for activities.

While emphasis is placed in recruiting membership for the organized clubs, no restriction is placed on activities or services offered and non-club members are not only welcome, but are invited to take part in any part of all of the program. This has provided a needed service to the many who hesitate to formally join in a club.

In addition to the extensive program of the department, the Mayor's office has established a staff position, a Coordinator of Senior Citizen Affairs. The activity report for 1970-71 presented to the Mayor by this Coordinator indicates that 13 committees, comprised of approximately 450 members, are meeting monthly with their efforts directed to problems of consumer protection, education, health, education, employment, housing, legislation, music and arts, recreation and transportation. The advisory and executive committees are made up mainly of representatives of the Senior Citizens Clubs with commissioners and city officials participating on the Inter-Department Committee.

Some of the activities and program of the committees include: Pre-retirement planning, working with representatives of

business and industry; Model Cities Program; developing programs for Senior Citizens, such as The Friendly Visitors, Foster Grandparents, and Hot Meals for the Elderly; Nutritional lectures regarding healthful and economical food planning, housing and referral service; etc.

The Master Calendar Committee meets monthly with city and county departments, County Affairs on Aging, Senior Citizens Association and Allied Senior Citizen Clubs, Inc., to coordinate and avoid any overlapping of dates and activities throughout the county. A monthly newspaper "The Senior Citizens News" written in both English and Spanish is distributed widely.

2. MENLO PARK: Probably one of the most successful and unique senior citizens facilities, "Little House," celebrated its 20th anniversary last year. Established by the Peninsula Volunteers, a women's service organization, in cooperation with the city of Menlo Park, the facility and program have grown from a very modest beginning to its present position of outstanding service to senior citizens.

When the Peninsula Volunteers determined to enter the field of service to the aged 20 years ago, they prevailed upon the city of Menlo Park to make available a small building and recreation playground area for their use. Through the years the facilities have been expanded to its modest but complete size, including meeting rooms, library, gift shop, game rooms, craft rooms, offices for staff, a modern equipped kitchen with dining room, all enclosing a patio area with shuffleboard games and garden.

Grassed play area surround the outside, providing space for various outdoor recreation activities with ample parking area provided. The city provides maintenance of the grounds with the building maintenance taken care of by the Little House organization.

The grounds and facilities are used by Little House on a \$1.00 a year lease with the city, providing for tax exemption. Operation costs are met through an annual benefit conducted by the Peninsula Volunteers along with minor funds developed through memberships and activities in the facility. The planning and operation works under the direction of Peninsula Volunteers, Little House members and staff working together. A yearly change occurs on the Little House Board of Directors composed of members of Peninsula Volunteers and each six months they elect the Little House Council from the membership.

Near the end of 1969 the membership totaled 1,787 with an interesting breakdown of 449 male and 1,338 female, about 1/3 to 2/3 ratio. While located in the city of Menlo Park,

the acquisition of a small bus last year, appropriately named "Minnie the Bus", enabled them to establish a regular transportation route through neighboring Palo Alto and Atherton, thus making possible the participation of those, and from them other areas.

Little House provides an almost bewildering array of activities for its membership. Some of these are ceramics, weaving, sewing, tin-craft, wood-work, and knitting. Most of the activities fall into three categories, but a fourth is emerging. Classes in a variety of subjects are both educational and recreational. Most of the classes are in cooperation with the Menlo-Atherton Adult School.

The second category is the workshops which are taught and run by Little House members. These tend to produce interest-oriented groups and these members often have parties, birthday celebrations, field trips and other social benefits. These workshops provide most of the handcrafted articles for an annual Bazaar and help keep the shelves of Little House Shop filled.

The third category involves the member-directed events such as rummage sales, dances, tournaments, special programs and dinners, pancake breakfasts and holiday celebrations. One newsletter listed such variety of programs as Interior Decorating, Spanish Conversation, History of Western Europe, Nature Study, Driver Improvement, Lipreading and Related Areas, Retirement Planning, Learn to Sing, Band, Braille, Place and World Affairs, Clothing Alteration, Ceramics for Blind, games, and numerous other special activities.

The fourth developing unit involves the Little House membership in community volunteer work. The present Friendly Visiting Committee has been most active and successful and has added the Little House Singsters who entertain once or twice monthly at nearby convalescent homes, as does the Kitchen Band and T.N.T. Orchestra. It has made a special effort to seek out older persons in the community who are isolated and members assist with bringing groceries and prescriptions to the ailing.

The Little House Braille Duplication group, working in twosomes, has turned out hundreds of books for the blind. Community Service projects not only fulfill an important need to many, but give the members the opportunity to take part in worthy projects, thus giving them the satisfaction of making a contribution to others.

Planned for 1970 is a corps of five Little House members to serve one afternoon a week each as problem solvers, complaint takers, interpreters, "friends" and referral experts. With a direct link to the Council and reporting to them they are to be called "Councils Counselors". This operation seems only to prove that much talent exists among our aging population and is eager to contribute as they are doing here with the proper leadership.

3. PALO ALTO: A Senior Coordinating Council, comprised of organized club representatives, prominent citizens and city officials, coordinates the activities of the various senior clubs in the city. The Recreation Department provides a professional recreation supervisor to supervise and direct a variety of activities and program now being conducted in city recreation and library buildings. A senior Adult Library and Recreation Center, now under construction, will provide special conference rooms for counseling and in conjunction with various city departments, counseling and referral services will be initiated in the fields of health, welfare, housing, employment, etc.

4. SACRAMENTO: When the city determined in 1950 to establish a facility for Senior Citizens a very sound approach was made to the planning. A committee composed of city councilmen, recreation and park staff, representatives of senior citizens groups and an architect, visited several California cities having established facilities and noted their advantages and deficiencies. Full consideration was given to construction to meet the needs of the elderly, location to meet the problems of transportation and design to meet the needs of the desired programs. The result was a most practical facility that has proven worth the effort by the use it has developed.

Approximately 4,000 members of various clubs are now enrolled in the many activities conducted every day and evening throughout the year. The Recreation and Park Department have two full-time supervisors directing and coordinating the activities in cooperation with the Senior Citizens Council elected by the membership. In addition to this central facility, two satellite operations are provided, one in a recreation building that was remodeled to provide for special areas and the other in a housing project where the Housing Authority provides space and contributes toward the costs of operation.

5. SAN JOSE: The constant changes in our complex society demand that we do more thorough job of helping citizens prepare for their retirement years and this city entered a new concept in achieving this objective through State, City, and College cooperation in the Senior Californian Education Center Project which is co-sponsored by the City of San Jose Recreation and Parks Department and the Department of Recreation of San Jose State College with support of the California Commission on Aging.

It is imperative that we continue to develop leaders with knowledge and understanding of the physiological, psychological, sociological and economic needs of the elderly. Through formal education, practical training and the provision of opportunities to acquire experience in working with older adults, greater understanding can be disseminated throughout the community.

Some examples of new, unique and different programs for the greater San Jose area are: Gold Card for seniors offered by San Jose State College that provides free admission to all athletic, dramatic and cultural events; free registration for seniors for Adult Education classes which are held in Senior housing projects and senior centers; a directory of services and activities for the aged available in three geographical areas, printed in English and Spanish; a Senior Adult Newsletter distributed to Seniors and Professionals; Senior Adult Information mailed with monthly utility bills.

Aging as a subject for high school students and an opportunity for students to visit with seniors in the centers as well as interact with them; planning, researching and coordinating the efforts of Aging through a county-wide committee established by the Social Planning Agency; utilizing the Chamber of Commerce as a major referral service to the senior program; utilizing Senior Aides trained to seek out elderly in their homes, apartments, etc.

Self-help work projects for seniors in the center: They are reimbursed for work accomplished through a contract with a toy manufacturer for assembling plastic toys; establishment of evening senior activity program for those living in downtown hotels in cooperation with City Library. Activities and services are important and continually need to be upgraded, but one service that cannot be emphasized enough is the coordination on an area-wide basis.

6. SAN DIEGO: The Recreation Department sponsors 47 clubs that meet at least once each week. These Senior Citizens Clubs conduct all types of activities from socials, dances, dinners, trips, etc.; to protective service programs that involve the combined efforts of various agencies of the city.

Public Health educators offer programs in health and safety, seminars for senior citizens are conducted on Social Security, education, volunteerism, legal problems, health and welfare and even the generation gap.

Four Senior Citizens Centers are operated and facilitated by the seniors themselves. Available are cards, roque, shuffleboard, lawn bowling, table games and meeting rooms for social activities. The Recreation Department conducts city-wide programs such as talent shows, hobby and craft shows, self-improvement courses, fashion shows, day camps, weekend mountain retreat, picnics and rally days.

Sponsored by the Recreation Department, the Gadabout Club conducts trips from one day sightseeing to extensive out-of-country travel. This club has a present membership of 3,000 and last year took groups to Alaska, Mexico, Hawaii, New England and Europe.

Also established by Recreation Department is an Information and Referral Center with three more being planned for this year. In addition, the senior citizens under the direction of the department, staff and maintain a downtown information booth, providing general community information.

5. PROGRAMS FOR THE AGING - COUNTIES of CALIFORNIA

Through the cooperation of the County Supervisors Association of California, questionnaires prepared by the Institute Project staff were mailed to Welfare Department administrators in each county.

These questionnaires requested indication on a checklist the services participated in by the County in the areas of need in housing, health, job opportunities, nutrition, recreation, transportation, education and any other services.

Also requested was descriptive material on the programs, copies of ordinances and/or regulations by which such programs had been implemented, annual financial participation and such comments as could be provided as to effectiveness and recommendations for future directions that should be taken in programs designed to assist the aging.

Returns were received from 53 of the 58 counties and of these returns, 35 indicated programs in their area.

While the annual expenditures reported are shown on the chart it is very difficult to relate these figures as no consistent method is used for keeping charges for staff specifically assigned to special programs for the aging. In a few instances it appears the total welfare budget was reported.

Following is a summary of the comments provided followed by a chart indicating the participation in each county in programs for the aging in each area of need designated.

ALAMEDA: There are three organized Committees on Aging in the County. Also, OEO is sponsoring a program for aging by serving low-income Seniors in the South and Eastern portion of the county. Adult Education is providing instructors for classes in various parts of the county. Senior housing is being developed through non-profit agencies and the Housing Authority. Jobs for Seniors are being provided, on a limited basis, by Department of Labor grants to Service Agencies.

CONTRA COSTA: Contra Costa is convinced that the most effective way to implement a more adequate program for its older residents is through a county-wide Citizens Committee on Aging which expedites and coordinates efforts of voluntary and public agencies and groups concerned with the needs and problems of the aging. Estimated expenditures include costs of a Staff Coordinator for Committee

on Aging and loan of a social worker who directs a Meals on Wheels service in a voluntary agency.

CALAVERAS: Normal social services are available to older persons within the county. There is some leisure time activity and educational opportunities available on a limited basis.

DEL NORTE: Outside of the social services to the aged provided by Welfare Department staff, the only formal programs for this group are those sponsored by local churches and the Senior Citizens Center.

EL DORADO: Through OEO and Title III OAA there is a multi-phase Senior program that is reaching out to the isolated Seniors in the smaller communities. Adult Education is providing teachers for classes and interest to Seniors. A Council on Aging formed with the assistance and support of various County departments is researching the needs of older people. The Health Department is providing nutrition instruction and ways to attain better health to Senior groups. Housing and transportation are major problem areas.

FRESNO: The Fresno Area Commission on Aging has been dormant. A sub-committee has been active in developing some Senior housing. Adult Education provides instructors for classes in the various school districts. The Council of Older Americans organization has been active in developing leisure-time activities. The Health Department has provided assistance in educating for improved health standards for Seniors. The Model Cities Program is serving Seniors within the area with nutrition, education, leisure time activities, health services, and transportation. Other communities are providing Information & Referral services, education, health programs, leisure time activities, and various other supportive services for the well-being of Senior residents.

GLENN: Very little service is needed in small county.

INYO: We had very good results in bettering housing for recipients as long as we had Shelter Funds to use. We furnish transportation for medical care and other special needs. Our Homemaker Service has been instrumental in keeping many aged and ill persons in their homes who would have otherwise had to be in institutions. Supportive of community programs to provide leisure time activities for Senior residents.

KERN: There are a number of leisure-time activities available to older persons within the county. Many of these are based in the local communities. Educational opportunities are available to older residents. Categorical aid programs are available with Social Services having a strong volunteer corps that is providing outreach and visitation to older persons. There is no coordinated effort in behalf of Seniors from any level of local government.

KINGS: There is a non-profit County Commission on Aging that is coordinating Senior activities in the County. There is limited

housing available for Seniors. In education, there are programs under development to provide classes through Adult Education. The Department of Social Welfare has provided staff to assist in the involvement of individuals and groups to provide resources to solve problems as they have been developed. After meeting the need, the Department serves in the capacity of a consultant.

LAKE: The county is predominantly a retirement area of mobile homes with heavy concentration of Seniors in the Lucerne-Nice area. Senior Centers are in Middletown, Lucerne, Lakeport, and South Shore. North Coast Opportunities, an OEO project, is stimulating the planning of a community center grant in Clearlake Highlands through the U. S. Housing and Urban Development.

LOS ANGELES: The entire expenditure indicated is for the Los Angeles Department of Senior Citizens Affairs which is involved in all areas of service. Promoted for "the well-being and dignity of older persons", this department primarily provides consultation, advisory, information and promotion services to all agencies in county involved in program for the aged. In addition, the county participates in special programs through the Department of Public Social Service which, in addition to administering the Categorical Aid Programs, operates a Central Registry of Adult Care Facilities, giving counseling, information and referral service relative to out-of-home care facilities for adults and maintains a current and accurate file on board and care homes, sanitariums and convalescent homes for the aged. The Department of Parks and Recreation sponsors a wide variety of programs as well as assisting other agencies involved in senior citizens work. County Health Department operates a health education project for seniors.

MADERA: An incorporated Committee on Aging has been formed with the cooperation of the Department of Social Welfare and the Recreation Department. They have begun to evaluate the needs of the Seniors in the area other than those on the categorical aid programs. Leisure-time activities have been developed in several communities and classes are provided through Adult Education.

MARIN: Through a Citizens Advisory Committee, a master plan for older adults in the county was developed. At the present time this program is being implemented through the Marin Senior Coordinating Council, Inc. There has been a concentrated effort to develop housing for Seniors that has provided adequate and safe housing for many. Educational classes have been provided through the college and the various Adult Education divisions. Leisure-time activities are provided by cities and assisted by many from the County. Most of the county departments cooperate in better serving Seniors as there is an awareness of the talents and needs of this segment. Transportation needs are being met with a cooperative plan in conjunction with an OEO grant. A strong attitude of self-help and how we can assist our County to be a better place to live exists throughout the county.

MARIPOSA: There are some leisure-time activities for older adults which include educational and social opportunities. Other social services are available through various county agencies.

MENDOCINO: Our welfare department works very closely with the local OEO organization to further improve the areas noted. This approach has been rather effective.

MERCED: An Advisory Committee exists on the County level. Staff is provided to develop various services needed by Seniors. Leisure-time activities are being offered in most areas of the County. Educational needs are being met through Adult Education and the Community College. The various county departments are assisting in meeting specific needs of the older population. There is developing a strong awareness of the Senior population and groups are being involved to reach practical solutions.

MODOC: Only OEO films present in Welfare office for aged. Distances are too great for most programs.

MONO: Categorical Aid program services are available to older persons. Very limited social, educational, and leisure-time activities are available.

NAPA: The Napa County Council on Aging established a Council on Aging to plan and coordinate a county-wide program for Seniors. Goals of the project include provision of direct services such as health education, housing guidance, 50-plus employment service, identification of existing resources for assisting Seniors; stimulation of volunteer aid and new forms of community support and development of community interest and involvement. The Council develops leadership and encourages self-help approaches to the problems that face them. The Council also sponsors weekly meetings for Seniors in Napa, St. Helena, and Calistoga to discuss such topics as housing, nutrition, employment, income maintenance, and education. A Senior center is located at 1606 Second Street in Napa, a gift of the Napa City council. In St. Helena a one-day a week program is held in a local church.

NEVADA: Social Service workers help in areas checked, however, no other formal program sponsored by agency.

ORANGE: Although no special item is in county budget for services to the aging, Department of Social Welfare provides a wide range of services to meet the needs of older citizens, both for those who receive aid as well as for those who have sufficient income to meet their needs, but who need protective services. (STATEMENT) "We are of the opinion that services to the aging cannot be provided by regulations and county ordinances. The community at large must be, first of all, interested in such programs, see the need for them, and

participate in them. It should be left to the individual communities and community organizations to come up with suggestions to meet community needs in this respect. The county government and its branches cannot impose on the community, programs that are supported by the community. At the same time the county government will support by all means any program that the community needs and asks for."

PLACER: A Committee on Aging is coordinating programs and resources for older people. Various educational needs are being met through Adult Education. Leisure-time activities are being developed through various agencies and private groups. An awareness of needs of Seniors is being generated throughout the county by cooperative efforts of groups, county departments, and State agencies.

PLUMAS: We have no specific programs exclusive to the aged, however, they are covered in other programs including nutrition, housing, health, and transportation.

RIVERSIDE: Our County participates in only two specialized programs for the aged, although we act as a liaison agency in referring senior citizens to other agencies. These are recruitment and utilization of volunteers to assist aged and medi-bus program used for transportation of aged to General Hospital. County works in conjunction with Public Health, Parks and Recreation, Rapid Transit, UCR Agricultural Extension Division, and Housing Authority. There is a subsidized housing project for elderly persons over 65 with a limited income. We believe that efforts should be made in the area of additional subsidized housing for the elderly. We are looking forward to the possibility of a foster grandparent program which would enable the elderly to become "foster grandparents" to less fortunate youngsters.

SACRAMENTO: The County Departments of Welfare, Health and Recreation provide regular program services to the aging. The County contributes funds to the Family Services Agency and the Community Services Planning Council which has an "Aging Project" committee that studies resources, collects data and makes recommendations on needed programs.

SAN BENITO: Services to the aging are provided by the County as set forth in the Public Social Service Manual. There are no special programs with special funds allocated to the aging in this county.

SAN BERNARDINO: The Senior Citizens Club of San Bernardino County is an association of 90 clubs, representing 35,000 Seniors, as the official body to provide coordination and umbrella services to the county's Senior citizens; to further the general well-being of the aging and aged; inform and educate Seniors and public; develop self-help, resourcefulness, and initiative so that Seniors may remain a purposeful and respected part of the general citizenry; engage in such

civic and charitable work as may be practicable, and encourage Seniors to make this an important part of their lives; exchange information and ideas among agencies and organizations serving the Senior citizens.

SAN DIEGO: Present Committee with the widest county coverage is C.O.M.P.S. which is chaired by Evelyn S. Herrmann, Senior Citizens Coordinator, San Diego Parks and Recreation. Hon. James Bear, a county supervisor, and former member of the State Commission on Aging, is a member of the San Diego County Commission on Aging Community Welfare Council. To serve the heavy concentration of Seniors in San Diego's central section, an Inter-Faith Community Center for Older Persons has been opened under direction of a Board of Directors whose members represent seven churches as well as Senior resident homes, the San Diego State College Center on Aging, the National Council of Senior Citizens, the Community Welfare Council, and one member of the Board of Supervisors.

SAN FRANCISCO: Through the Office of Aging, coordination of services to the aged population is provided. The various departments of the county are being involved in meeting special needs of older persons. Priorities are being set for needs-meeting programs to provide better standards of living, better housing, more leisure-time activities, better health, income supplementation, and transportation.

SAN JOAQUIN: No county-wide Commission on Aging exists. Various county agencies provide services on an as-needed basis but they are not coordinated. The Department of Social Services has provided staff time to assist new programs get organized. The Housing Authority has a real interest in providing housing for the elderly. The Health Department provides educational opportunities and makes the services available. Educational opportunities are provided through Adult Education in classes located in areas of convenience to Seniors. Leisure-time activities are provided by City agencies and private organizations. One program is assisting in the development of jobs (full and part-time) to supplement income.

SAN LUIS OBISPO: Nothing specific administered by County, but staff work with other public and private agencies in program.

SAN MATEO: There is a Commission on Aging for the county that is identifying needs and coordinating solutions. The Forum of Senior Groups has organized programs for leisure and community betterment projects. Housing needs are being met through several non-profit corporations. The various County agencies are aware of and meet the needs of Seniors as they develop. Several employment projects exist to supplement income through jobs. Transportation needs are met on a limited basis in some areas (Little House). Health and nutrition programs are provided throughout the County.

SANTA BARBARA: The greatest need in our community right now is for a "Meals on Wheels" program and we cannot implement this program unless we have Federal funding. The Community Action Commission of Santa Barbara County is in overall charge of the county program. There is a county policy advisory committee working for senior citizens and a council of social services serving as a professional agency for Seniors. There is a North Santa Barbara County Senior Citizens Program office at Lompoc. To reach special minority groups, bulletins and certain news articles are written in Spanish.

SANTA CRUZ: There is a Commission on Aging that is set up to identify the needs of the older population and develop resources to meet these needs. Various County departments assist in meeting needs as they develop. Leisure-time activities are provided by various groups throughout the County. Adult Education is providing educational opportunities to Seniors. OEO has provided some programs to assist the elderly - - Project Find and Project Scout. They also provide some Friendly Visiting for homebound and institutionalized persons. A food program is being developed and nutritional classes are being held. There is an employment program in existence.

SHASTA: The Shasta County Council on Aging was established through the efforts of Seniors in the county, assisted by the staff of the California Commission on Aging. The council was instrumental in developing the Golden Umbrella Senior Center in downtown Redding. The activities have increased as a result of excellent leadership and the dedication of untold volunteers in the community. The Council is composed of seniors, businessmen, and other interested persons. The group comprising the Council consists of broad citizen representation. An active senior organization in Redding is the Senior Citizens of Shasta County, Inc., with a membership of close to 2,000.

SONOMA: The Sonoma County Council on Aging has developed Senior programs in Sebastopol where the city has donated a Senior Center, also a senior center is operated in Monte Rio and Guerneville. The Council operates a Senior Center in downtown Santa Rosa and has developed friendly visiting, information and referral services, senior programs, as well as various educational and training programs. The Council works closely with the 30 Senior clubs in Santa Rosa and other communities in Sonoma county, the County Department of Social Welfare, Social Security office, City-County Library, Catholic Social Service and Santa Rosa Junior College in the development of pre-retirement programs.

STANISLAUS: In orienting its service programs around the needs of clients, the County has identified a number of problem areas to which it has assigned a cluster of social workers who specialize in providing services to clients. Service units are: Housing Service, In-home Care, Out-of-Home Care, and Adult General Services. They also have a Volunteer Services coordinator who works with community groups. Several Housing

programs are under way. Institutional care is also provided by non-profit corporation. There is a NESE grant for a Project Find that is providing referral services to Seniors and reaching out to those isolated individuals. Educational opportunities are provided by Adult Education in leisure-time activity center along with other informational programs, such as health, nutrition, employment, and volunteer opportunities.

TULARE: Social Services are provided through the various agencies serving the older residents. There is a large variety of leisure-time activities, educational opportunities, and service-to-others opportunities. The local communities are developing programs and services for their older residents. Categorical Aid programs are available to the older residents of the county.

TUOLUMNE: Social services are provided by the various agencies of the County. There are limited social, recreational and educational opportunities available.

VENTURA: Ventura County Community Council's Committee on Aging was recently organized. Coordination of activities in the City of Ventura is at the Senior Services Center for Senior Citizens. Oxnard organized a Senior Citizen Council and set up 13 working committees.

Counties -- Services provided in fields, indicated by X
(Housing, Health, Job Opportunity, Nutrition, Recreation, Transportation, Education)

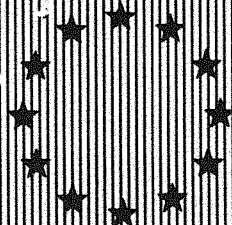
	Hsng	Hlth	Jobs	Nutr	Recr	Tran	Educ	Othr	Annual Expenditures
Alameda	x	x		x	x	x			20,603,667
Amador									
Alpine									
Butte									
Calaveras									
Colusa									
Contra Costa	x	x		x	x	x	x	x	25,000
Del Norte								x	
El Dorado		x		x					2,000
Fresno	x	x		x		x			
Glenn		x				x		x	
Humboldt									
Imperial	x								9,905
Inyo	x			x		x		x	22,056
Kern									
Kings	x	x	x	x	x	x	x		
Lake	x	x		x		x			
Lassen									
Los Angeles	x	x	x	x	x	x	x	x	289,649
Madera					x	x			
Marin	x	x	x	x	x	x	x	x	128,000
Mariposa									
Mendocino	x		x	x		x			1,000
Merced	x		x		x	x	x	x	18,484
Modoc								x	
Mono									
Monterey	x	x		x					
Napa	x	x	x	x	x	x	x	x	22,061
Nevada	x	x		x	x	x			
Orange	x	x	x	x	x	x	x		
Placer									
Plumas									
Riverside								x	
Sacramento		x			x			x	
San Benito									
San Bernardino	x	x	x	x	x	x	x	x	
San Diego		x				x		x	18,480
San Francisco	x	x	x	x	x	x	x	x	45,406
San Joaquin		x	x	x	x				
San Luis Obispo	x	x		x	x	x			16,807
San Mateo	x	x	x	x	x	x	x	x	3,308
Santa Barbara	x	x	x	x		x		x	
Santa Clara									
Santa Cruz	x	x	x			x	x		21,750
Shasta	x	x	x	x	x	x			
Sierra									
Siskiyou									
Solano									
Sonoma									
Stanislaus	x	x		x	x				
Sutter									
Tehama									
Trinity									
Tulare									
Tuolumne									
Ventura	x	x		x	x	x	x		
Yolo									
Yuba									

6. For Perspective - A European Master Plan for Old Age

As in the United States, the problem of the aging population in Europe is becoming more serious, receiving more public attention, and is no longer capable of being brushed aside as in the past.

Medical advancement, avoidance of war, and general prosperity in some countries have resulted in populations retiring earlier and living longer. The European countries, with varying degrees of energy -- and success -- are tackling the problems with a plethora of social programs pension programs and housing plans to rival the scope and diversity of those found in the United States. To combat loneliness, boredom, and economic deprivation -- key problems of the aged -- programs of home helpers, senior centers, recreational activities, hot meals served at home, transportation and the like are being tested and implemented throughout Europe. European officials, however, admit they are just beginning to grapple with the problem and make progress towards a workable and realistic solution.

Despite the lack of the unifying force supplied by a central government such as that enjoyed in the United States, a resolution on the social and medico-social policy for old age has been adopted by the Council of Europe for its seventeen member states. It is a unique, comprehensive approach to solving the problems of the aging. In view of its close parallel to the objectives of the White House Conference on Aging 1971 to establish a national policy on aging, the Public Information release on the Council's policy is reprinted herein in its entirety.



COUNCIL OF EUROPE

INFORMATION

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A EUROPEAN SOCIAL AND MEDICO-SOCIAL POLICY FOR OLD AGE

A European social and medico-social policy for old age has been drawn up by the Council of Europe. The full text, adopted by representatives of the 17-member States on the Council's Committee of Ministers, is attached.

The aim of the policy is to permit old people to occupy a suitable place in the society of today and tomorrow, and to avoid their segregation. It covers chapter by chapter, resources and income, employment, housing, medical and social services, and scientific research into ageing. There is also a special chapter on the protection of old people against road accidents. Governments are urged to apply the outlined policy not only to their nationals but also to aged foreigners residing on their territory.

* * *

The principles embodied in this text take into account the provisions of the Council of Europe's Social Charter and Social Security Code, and the work of two of the Council's groups of government experts: the Social Committee and the Public Health Committee. They also draw on the work of other international organizations like ILO and OECD.

RESOLUTION

on social and medico-social policy for old age

Considering that the aim of the Council of Europe is to achieve greater unity between its members for the purpose of safeguarding and realising the ideals and principles which are their common heritage and facilitating their economic and social progress.

Having regard to the principles governing social progress embodied in the European Social Charter and the European Code of Social Security and protocol.

Pursuant to the provisions of the Programme of Work of the Council of Europe relating to the drawing up of a social and medico-social policy for old age.

Having regard to the conclusions of the report submitted by the experts appointed to prepare this study on the proposal of the Social Committee and the European Public Health Committee.

Considering that it is desirable to define the principles of a social and medico-social policy for old age

THE COMMITTEE OF MINISTERS

- (i) Considering that owing to the two-fold effect of the fall in the birth rate and greater longevity during the last generations, the proportion of old people among the populations of the various European countries has risen considerably and continues to rise.
- (ii) Considering that technical progress and changing working conditions make it often more difficult to keep older people employed or provide them with work suited to their abilities.
- (iii) Considering that as a result of economic and social progress and particularly the development of an industrial civilisation, the changes in family life and housing conditions in urban areas, old people may tend to become isolated and to count less and less on the practical and moral support formerly provided by their next-of-kin under traditional civilisations.
- (iv) Considering that the combined effect of these many developments lead too often to a more or less deliberate rejection of the aged by present-day society.
- (v) Considering that the attitude of old people has changed and that they now tend to seek greater autonomy and independence.
- (vi) Considering that it is therefore imperative to define and apply an overall old age policy aimed at permitting old people to occupy a suitable place in the society of today and tomorrow, that such a policy must provide for the co-ordination of measures taken in many closely interdependent fields.

RECOMMENDS

the governments of member states to take into account in formulating their policy for old age, the following principles which should also be applied to the aged foreigners residing on their territory, subject to a residence qualification where applicable.

INTRODUCTION

1. The aim of an old age policy should be to ensure a better distribution of the burden of inactive old people among the active population and lead to the achievement of a healthy society based on an economic, psychological and social coexistence of members of different age groups.
2. In the distribution of the national income, an adequate share should be allocated to old people corresponding to their particular needs. Appropriate machinery should be devised to ensure that this share is allocated according to simple and sound criteria.

3. Apart from the question of material support, the definition of old people's place in society calls for the continuous education and information of the active population, the aged themselves and public opinion as a whole on problems connected with old age and their solutions. This is a prerequisite for a better mutual understanding between the different generations.

4. Segregation of the elderly is generally to be deplored, and their integration within the wider community promotes a more balanced society.

5. The various measures called for by a rational old age policy are closely interdependent and cannot be fully effective unless applied jointly.

6. The social action for old people should be harmonised so as to preclude disparities in situations leading to economic and social imbalance which may become greater in the future owing to growing migration facilities.

RESOURCES AND INCOME

7. Old age protection should be extended to the whole population as far as necessary.

8. The age of entitlement to the old age pension should be determined, inter alia, in the light of the population situation and the financial implications.

9. The old age pension rates should be as high as possible, bearing in mind the standards laid down in international social security instruments, notably the European Code of Social Security and protocol, the ILO Social Security Convention (minimum standards) of 1952 and the ILO Convention of 1967 on invalidity, old age and survivors' benefits.

10. The minimum old age pension rate secured to persons who have completed, prior to the contingency, the qualifying period required for the entitlement to a full pension (in the sense of paragraph 1 of Article 29 of the European Code of Social Security) should be adequate to guarantee the beneficiary a decent standard of living.

11. In the absence of an old age pension, as referred to in paragraph 10 above, needy old people should receive sufficient means to maintain a decent standard of living.

12. Both pensions and subsistence allowances should be adjusted at appropriate intervals to any variations in the cost of living or the general income trend arising from the increase in productivity.

13. There should be adequate co-ordination between statutory pension schemes so as to prevent changes in occupation from entailing loss of pension rights and to eliminate impediments to occupational mobility.

14. Similarly with a view to avoiding all discrimination between old people living in the same community it would be desirable to maintain and apply the principle of equality of treatment of nationals of other member states with the nationals of the state in question and to ensure the maintenance of acquired rights or rights in course of acquisition so far as old age pensions are concerned, by the ratification of international instruments concerning the social

security of migrant workers; it being understood that the grant of non-contributory benefits could be made subject to certain conditions.

15. Measures should also be taken to harmonise the methods of protecting old people; both by the ratification of international instruments and by joint steps taken within the Council of Europe framework.

EMPLOYMENT

16. In general, any policy governing the employment of the aged should be based on the principles established by the Manpower and Social Affairs Committee of OECD (Conclusions of 5 January 1967).

17. Measures to provide suitable employment opportunities for older people should be considered within the framework of an overall employment policy.

18. Measures should be taken to encourage and facilitate retention by the aged of an occupation suited to their capabilities so as to minimise the consequences and also one cause of individual aging and to prevent the economic difficulties due to the presence of too large a group of inactive persons.

19. To enable the fullest possible adjustment of man to his work and vice versa, more particularly in the case of old people, measures should be taken to encourage and support adaptation of jobs to enable older people to continue working.

Where this adaptation is not desirable or possible it will be advisable to encourage the transfer of older workers.

In order to ensure that such a transfer is not too radical for workers approaching old age, the work they do during their whole working life should be continually adjusted to physiological and psychological changes all through life.

20. Measures should be taken to offer facilities for both education and training:

- (a) educational steps should be taken in time to enable old people to maintain their powers of adjustment and to keep abreast of technical developments.
- (b) training should be provided so as to facilitate a change of occupation to one more suited to the workers' preference and changing ability.

21. In order to provide quantitatively and qualitatively suitable jobs for older workers, efforts should be made to create jobs adapted to their needs and to encourage the flexible distribution of the various kinds of jobs among age groups by all appropriate means according to the circumstances of the country concerned.

22. Retirement schemes should be so adjusted as to promote both prolongation of active life and occupational mobility by making appropriate provisions where-by pensions may be combined with paid employment.

23. Steps should be taken to adapt the employment exchange services and the methods used by them so as to facilitate the transfer and employment of old people.

24. Measures, such as adaptation allowances and training grants, should be taken to prevent unemployment of old people.

HOUSING

25. Steps should be taken to enable old people to remain in their own homes as long as possible.

26. A special effort should be made to adapt accommodation occupied by old people to meet their changing needs as well as their wishes.

27. Where it has not been proved possible for old people to remain in their homes, if need be after adapting them, and where they are consequently obliged to leave their homes (tied houses, ill-adapted or unadaptable accommodation, remoteness), public authorities should endeavour to provide new accommodation sufficiently large and especially designed for them in order to avoid their transfer to collective establishments.

28. The new accommodation should be situated either in population centers, or in their immediate vicinity, provided there are easy means of communication, and where the occupants can receive appropriate social and medical services.

In addition, account should be taken of old people's desire to live near their family.

29. Old persons should be able to select accommodation either interspersed with ordinary family dwellings or in special blocks of flats, with the availability of communal services in either case, a high density of the elderly population should, however, be avoided.

30. When new dwellings are built, account should be taken of the need to prevent those accidents to which old people are prone.

31. Resource should be had to collective accommodation only when all the aforementioned measures are insufficient to enable old people to remain in their own homes.

32. Old people whose state of health is such that they require care which cannot be given at home should be able to receive it in establishments catering for their needs, namely:

- residential homes for those who are no longer able to care for themselves in their own homes even with the help which the social services can give them, but who do not need continuous nursing care
- nursing homes for old people suffering from serious infirmities or chronic illnesses who need constant medical and nursing care.

33. It would be advisable to have available in each country the number of beds corresponding to the need, bearing in mind the steps taken to enable old people to remain at home.

34. The number of beds in an old people's home should ideally be small enough for the establishment to keep a homelike atmosphere⁽¹⁾.

35. In an old people's home, each resident or couple should have a separate bedroom with its own washbasin and, if possible, its own toilet. It is desirable that the couples should have two beds and one extra room.

36. Installations and fitments in all old people's homes should be designed for easy use. Establishments with several floors should have lifts.

37. Where applicable, a doctor should be attached to each old people's home with responsibility for the general health requirements of the establishment, for giving residents the opportunity of regular medical examinations, and for treating those who do not have their own doctor. The presence of this doctor should never prevent residents from calling their own doctor if they wish.

The services of a social worker should also be available to each home.

38. To reduce difficulties encountered in the recruitment of staff for old people's homes, establishments should also be fitted with labour-saving devices, and the employment of part-time staff should be considered.

39. It would be desirable to organise special training for all staff for old people's homes and organisations and to supply all categories of staff specialising in the care of the elderly with appropriate information.

40. Obsolete old people's homes should be progressively abandoned in favour of modern homes suitable to the needs of elderly people and the premises of adaptable existing old institutions should, where possible, be converted into nursing homes for old people suffering from serious infirmities or chronic illnesses, if new nursing homes cannot be provided.

41. Establishments for the aged, whether medical or not, should be supervised by the public authorities to ensure that they comply with specified standards and are properly run administratively and technically.

PROTECTION AGAINST ROAD ACCIDENTS

42. Special measures should be taken to protect old people in the streets. To this end:

(1) Drivers of motor vehicles should be made aware of the special risks to which old people are exposed in the streets and should realise the following points:

- old people often step off the pavement without looking

(1) While 80 to 100 beds is considered the best number by some, others consider that the number may be higher, provided that architectural and functional provisions are adequate.

- they can often only manage to get across a road at all by walking slowly and watching every step
- they sometimes lose their nerve in the middle of the road and turn back without warning
- many old people have poor eyesight and are hard of hearing
- they often have a preference for dark clothes and so are difficult to see at night

(2) Local authorities should provide special facilities for old people crossing the road.

MEDICAL PROBLEMS

43. It would be desirable, on the one hand, for all future doctors to undergo appropriate training in geriatrics and gerontology and on the other hand, for postgraduate courses to be provided to enable doctors to supplement their knowledge and bring it up to date.

44. Medical schools should have a Chair of Geriatrics which would make it possible to co-ordinate the various geriatric activities within a school and to promote research.

45. Adequate theoretical information and practical experience should be included in the training courses for nurses, physiotherapists, occupational therapists and social workers as well as in postgraduate geriatric training courses.

46. Preventive care and treatment should aim at helping old people to preserve their physical and mental powers in the greatest measure possible.

47. Industrial medicine should provide advice on regular medical examinations, on prevention of accidents in work places, on planning employment adapted to elderly workers, as well as on preparation for retirement. It should pay special attention to the problems of workers over the age of 40.

48. The public should be informed regarding the advantages for elderly people of regular medical examinations, which might be organised on a voluntary basis, by the public authorities.

49. The public authorities and voluntary organisations concerned with the care of the aged should give special thought to health education.

50. Priority should be given to the care of old people who continue to live at home: such care should be given through normal home care services or specialised schemes such as mobile services.

51. Establishments for chronic patients and special functional rehabilitation centers should be provided for old people where possible in addition to the geriatric departments of teaching hospitals. Services provided in other hospitals should be co-ordinated with those provided in the teaching hospitals.

52. Hospitals for old people in need of continuous nursing and medical care may have more beds than residential homes; they should not however have more than 250 beds, divided into wards of 25 to 30 beds, where the construction of larger establishments is not required for medical reasons.

53. Such establishments must have a homely atmosphere and appropriate facilities not only for treating the sick but also for rehabilitation. These latter facilities must be available to out-patients.

54. These establishments, which are real nursing establishments must have:

- (a) an adequate number of specialised medical staff
- (b) an adequate number of specialised nursing staff
- (c) a social service.

55. Old people suffering from minor mental disturbances need not normally be treated in specialised establishments. Those with more serious mental disorders should be admitted to smaller special establishments rather than be placed in psychiatric hospitals.

56. The medical care facilities for the aged at local level should be co-ordinated, as appropriate, without prejudice, to liaison with social services.

57. All necessary measures should be taken to provide for the care of the aged to be financed either out of public funds or under the social security scheme.

SOCIAL SERVICES

58. Social service arrangements should, as a general rule, correspond with the wishes of the elderly.

59. Special measures should be taken to provide the common social services designed for the population as a whole with facilities enabling them to avoid segregating the aged from the young generation.

60. When dealing with the elderly, the social services should collaborate with as large a section of the local population as possible, in particular close relations and neighbours.

Those services should aim at attenuating, and, if possible, eliminating, the feeling of isolation, uselessness or dependence due to advancing age and at creating, on the contrary, such conditions as will enable the various generations to live together in an atmosphere of friendliness and mutual assistance.

61. The social services should pursue, inter alia, the following objectives:

- (a) old people should play an active part in the community
- (b) basic services designed for the aged should be maintained at the same level as those for other age groups

- (c) services should be available free for every elderly person apart from a contribution from those concerned according to their means
- (d) the best possible use should be made of the capabilities of the elderly, taking into account individual circumstances
- (e) close association between generations in cultural, occupational and recreational matters.

62. In view of the need to secure for all old persons, whatever their physical or mental condition, maximum care, as appropriate and the best conditions for a decent way of life, the principle of nonsegregation should be applied as far as possible, even in the case of persons unable to adapt themselves to social conditions.

63. Special steps should be taken to see that social service staff are capable of understanding the old persons concerned and of handling their problems and treating their needs without any distinction necessarily being made between different generations.

64. Social services, which vary according to whether they are applied to able-bodied people living alone or able-bodied people living with their families, should be classified in accordance with priorities which should take into account the traditions, the political and social systems and the economic situation of each country. The general aim should be to reconcile, on the one hand, the wishes of the elderly to retain their independence and the opportunity to lead a purposeful life and, on the other hand, measures which make the best use of the national resources.

Once basic individual needs in the matter of income, general health, treatment, and care in case of illness or declining capacity have been met, the following social services should be provided, according to the economic, social and demographic situation of each country concerned:

- (a) housing services
- (b) service for the partially or totally incapacitated living alone or with their families, supervised accommodation, meals on wheels, transport arrangements
- (c) services for the able-bodied living alone or with their families
- (d) services for the able-bodied living in communal establishments
- (e) comprehensive service centers for the elderly providing facilities in the social, medical and cultural fields

Special attention should be paid to the creation of leisure-time facilities (study groups, clubs, meeting rooms, social centers, etc.), the organisation of holidays and the provision of libraries.

65. Aid, including possibly financial aid, should be given if need be, to the family which continues to look after an old person.

66. In order to preserve the self-respect of elderly persons, social services should be presented in a form acceptable to them.

67. Old persons should be informed as fully and as precisely as possible of the services to which they are entitled or of which they may avail themselves. Proper planning should enable mass communication media to be used for that purpose.

68. Through the establishment of local advisory centers and the training of qualified personnel, old persons should be encouraged to seek for themselves information which is relevant to their circumstances and to make full use of the available advice and help which should be given to them free and in an impartial and tactful manner.

69. The information campaign designed to reach old persons, and indeed public opinion as a whole, should draw particular attention to the need to prepare them properly for their approaching retirement without overlooking the possibility of training them to practice a hobby.

70. In countries where private relief activities play a significant part in assistance for old people, special encouragement might be given to private organisations which should, in a spirit of good co-operation with the public services, be assisted financially and otherwise by the authorities who, naturally, should continue to assume full responsibility for social assistance.

Regular two-way consultation between private and public services is essential to ensure efficient aid to old persons, and this requires, moreover, the support of all sectors of the population.

71. Besides the steps recommended for local co-ordination of the various medical and social services, social policy for the elderly and, in particular, the social services made available to them in both the public and private sectors, should be co-ordinated nationally.

SCIENTIFIC RESEARCH

72. Research work, whose findings would throw light on the phenomenon of premature ageing and subsequently enable it to be prevented or halted should be undertaken in the social, medical biological, psychological, demographic and economic fields.

Emphasis should be laid specifically:

- (a) on a study of the physiological and psychophysiological mechanisms of senescence with special reference to problems of nutrition and mental health
- (b) on a critical evaluation of routine medical examinations
- (c) on fundamental research into molecular biology
- (d) on ecological factors of all kinds which may affect the processes of senescence
- (e) on sociological and psychological research in connections with ageing and old people, their interaction with younger groups, public opinion and the attitude of society towards ageing and towards old people

(f) on all the economic and technical problems raised by the employment of the elderly.

73. Research work already being undertaken in a number of different countries must be pursued and intensified with a view to securing improvement in the organisation of social and medical services for old persons.

74. An effort should be made to co-ordinate research work at European level by effecting liaison between existing organisations.

C. What can be done - Community Models

(1) In General

The White House Conference of 1971 will point the way for whatever national action is required to solve the escalating problems of our aging population, both present and future. State and local governments are expected to follow this leadership, hopefully with programs and funding, but assuredly with a new awareness of the problems of the aging, and an increasing willingness to cooperate. Accordingly, every community should establish the type of organizational structure that can best operate the programs, deliver the services and meet the needs of our aging. The organization that can best perform these functions is one created at the local level, committed to its local purposes, aware of local problems, responsive in local needs, and aware of local resources. Such an organization is best equipped to inspire the necessary community conviction that the cause is right and that need exists that must be served. It is also generally the most effective in securing local government participation and local financial support.

The purpose of this section is to discuss the forms that such local organizations might take and to supply suggested models which may serve as guidelines to those individuals and organizations who are willing to commit themselves to the solution of the problem of the aging citizens of their communities.

Many communities already have voluntary organizations committed to serving particular geographical areas or particular items of need. Few communities exist that do not require an expansion of the services of existing organizations or establishment of new organization. Also needed in most communities is an organization to coordinate the activities of the

various programs devoted to the aging and serve as a bridge between the private groups and local government. Such a coordinating organization can not only keep the elected officials aware of the interests and needs of their constituents over 65, but can also keep the service organizations informed as to the programs and activities of government which are of special interest to them.

The two types of organizations are discussed separately.

(2) The local coordinating organization.

Experience has shown that the most effective Community Coordinating organization is one established by the local governing body. Such an organization can be created by ordinance or by resolution.

(a) Model Ordinance

The following is a model ordinance by which a City and/or County can create a Commission on Aging.

ORDINANCE NO.

ESTABLISHING A COMMISSION ON AGING, PROVIDING FOR THE APPOINTMENT OF MEMBERS THEREOF, AND DEFINING THE DUTIES OF SAID COMMISSION.

BE IT ORDAINED by the Council of the City as follows:

(THE BOARD OF SUPERVISORS OF THE COUNTY OF _____ DO ORDAIN AS FOLLOWS:)

Section 1. CREATION OF A COMMISSION ON AGING.

A Commission on Aging of the City (County) of _____ is hereby established. Said Commission shall consist of twenty (20) members. All members shall be residents of the City (County) of _____ and shall serve without compensation.

Section 2. MEMBERSHIP OF COMMISSION.

The members of said Commission shall be appointed by a majority vote of the City Council (Board of Supervisors) and shall be representative of the economic, cultural, ethnic and racial groups which comprise the population of the City (County).

Section 3. TERMS OF OFFICE OF MEMBERS.

The term of office of each member shall be four (4) years; provided, however, that the terms of office of members first appointed shall commence upon the date this Ordinance becomes effective, and the members so appointed shall so classify themselves by lot that five (5) shall go out of office on the first Monday of July, ____, five (5) on the first Monday of July, ____, five (5) on the first Monday of July, ____, and five (5) on the first Monday of July, ____.

Section 4. VACANCIES AND REMOVALS.

Vacancies on said Commission, from whatever cause, except temporary vacancies as hereinafter provided, shall be filled by the Council (Board) for the unexpired term. Any member of the Commission may be removed from said Commission prior to the expiration of his term by a six-ninths (6/9) vote of the Council (3/5 vote of the Board).

Section 5. TEMPORARY VACANCIES.

A member of the Commission may be granted a leave of absence by the Council (Board), and a temporary vacancy shall thereupon exist for the period of such leave of absence.

During the period of such temporary vacancy, the Council, (Board) may fill such vacancy by a temporary appointment to said Commission; provided, however, that the period of such temporary appointment shall not exceed the period of his appointed term.

Section 6. AUTOMATIC TERMINATION OF APPOINTMENT.

The appointment of any member of the Commission who has been absent from three (3) consecutive regular or special meetings without the approval of said Commission shall automatically terminate as hereinafter set forth.

The Secretary of the Commission shall report the attendance record of each member of said Commission to the City Clerk (Clerk of the Board) at the end of each six (6) month's period, the first report to be made on the first day of the month that follows the effective date of this Ordinance by six (6) months. The appointment of any member who was absent from three (3) consecutive regular or special meetings without the approval of said Commission, as shown on said report, shall be terminated on the date said report is filed with the City Clerk (Clerk of the Board).

The City Clerk (Clerk of the Board) shall notify any member whose appointment has automatically terminated and report to the Council (Board) that a vacancy exists on said Commission and that an appointment should be made for the unexpired term.

Section 7. COUNCIL (BOARD) LIAISON REPRESENTATIVE.

The Council (Board) shall appoint one (1) of its members to act as a liaison representative to the Commission. The functions of

such liaison representative are: to attend the meetings of said Commission; to advise the Council (Board) of the background, attitudes and reasons behind decisions and recommendations of said Commission; and on request of any member of said Commission to advise the Commission of policies, procedures and decisions of the Council (Board) that may bear on matters under discussion by the Commission. The liaison representative shall have no power to vote and shall receive no additional compensation.

Section 8. BOARD, COMMISSION AND COMMITTEE LIAISON REPRESENTATIVES.

Subject to the approval of the Council (Board) in each case, the Commission may designate one (1) of its members to act as a liaison representative to any other board, commission or committee of the City (County). The function of such liaison representatives are to attend meetings of such other board, commission or committee; advise this Commission of the background; attitudes and reasons behind the actions of such other board, commission or committee; and on request of any member of such other board, commission or committee of policy, procedures and decisions of this commission that may bear upon matters under discussion by such other board, commission or committee. Such liaison representatives shall have no power to vote.

Section 9. OFFICERS, MEETINGS AND PROCEDURES.

The Commission shall elect one (1) of its members President and one (1) of its members Vice-President, who shall hold office for one (1) year and until their successors are elected unless their terms as a member of the Commission expire sooner. The President and Vice-President shall be elected at the first meeting of the Commission after July 1 of each year.

An officer or employee of the City (County) designated by the City Manager (County Administrative Officer) shall serve as Secretary of the Commission.

The Commission shall establish a regular time and place of meeting and shall hold at least one (1) regular meeting each month. Special meetings may be called by the President, or by any eleven (11) members of the Commission, upon written notice, being delivered personally or by mail to each member at least twenty-four (24) hours prior to such meeting.

The Commission may make and alter rules governing its organization and procedures which are not inconsistent with this or any other applicable ordinance of the City.

Eleven (11) of the twenty (20) members shall constitute a quorum and the affirmative vote of eleven (11) members is required to take any action. The Commission shall keep an accurate record of its proceedings and transactions and shall submit an annual report to the Council (Board) with a copy to the City Manager. (County Administrative Officer)

Section 10. FUNCTIONS OF COMMISSION.

The functions of the Commission shall be to:

- a. Identify the needs of the aging of the community and create a citizen awareness of these needs.
- b. Encourage improved standards of services to the aging and encourage establishment of needed new services for the aging, both public and private, and in so doing, encourage coordination among organizations providing services to the aging in the community and provide advice and assistance thereto; in cooperation with other agencies collect, maintain and interpret information and statistics on the aging for the use of citizens and organizations in the City (County); encourage preparation of publication and results of study and research pertaining to the aging.
- c. Advise the Council (Board) on all matters affecting the aging in the community.
- d. Render advice and assistance to other City (County) boards and commissions, to City (County) departments and to private agencies on matters affecting the aging.
- e. Perform such other functions and duties as may be directed by the Council (Board).

In prescribing the above duties and functions of the Commission it is not the intent of this Council (Board) to duplicate or overlap the functions, duties, or responsibilities heretofore or hereafter assigned to any other City (County) board or commission or to a City (County) department. As to such functions or responsibilities above set forth which are partially or wholly the responsibilities of another board or commission or of a department of the City, (County), the Commission will render assistance and advice to such board, commission or department as may be requested.

Section 11. (Recitation of appropriate posting and/or publishing requirements).

Recordation of Vote

Date: _____

Attestation

(b) Such an organization may also be created by resolution of the governing board. The following is a model resolution by which this may be done.

Resolution

Before the City Council (Board of Supervisors) of the City
of _____ (County of _____), State of California.

Resolution Establishing a
Commission on Aging as Advisory to
this Council (Board).

WHEREAS, the Congress of the United States is enacting the Older Americans Act of 1965 found and declared that, in keeping with the traditional American concept of the inherent dignity of the individual in a democratic society, the older people of our nation are entitled to the full and free enjoyment of the opportunity to achieve an adequate income in retirement, the best possible physical and mental health, suitable housing, full rest or active services for those requiring institutional care, opportunity for employment, pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities, freedom, independence and the free exercise of individual initiative in planning and managing their own lives and, efficient community services which provide assistance in achieving these goals in a coordinated manner, and

WHEREAS, the Congress of the United States further found that it is the joint and several duty of the governments of the United States and of the several states and their political subdivisions to assist our older citizens to achieve these goals, and

WHEREAS, this Council (Board) is aware of the multiplicity of pressing problems facing many of the older citizens in this City (County) and believes that it would be to the best interests of both the City (County) and its older citizens to establish an Advisory Commission to keep this Council (Board) apprised of these problems and to also serve as a direct communication line with both its older citizens and with the local organizations formed to render services thereto,

NOW, THEREFORE, BE IT RESOLVED as follows:

1. Creation. A "Senior Citizens Commission", hereinafter referred to as the "Commission" is hereby created.
2. Number of Members. The Commission shall consist of eleven (11) members.
3. Eligibility of Members. All of the members of the Commission shall be residents of the City (County).
4. Terms of Office. Four of the first eleven members shall be appointed for terms expiring at the end of June 19__, four for terms expiring at the end of June 19__, and three for terms expiring at the end of June 19__.

Each person thereafter appointed to a seat on the Commission shall be appointed for a term expiring three (3) years from and after the

date of expiration of the term of the former incumbent of the seat to which he is appointed.

5. Powers, Functions, and Duties. The Commission shall have the following powers, functions and duties:

(a) Study, review, evaluate and make recommendations to this Council (Board) relative to any and all matters affecting elderly people in the City of _____ (County of _____), including without being limited thereto, health, education, employment, housing, transportation and recreation.

(b) Inventory the nature and extent of the unmet needs of the elderly people in this City (County).

(c) Identify the various services made available to elderly people in this City (County) by both governmental and nongovernmental agencies, and, to the extent feasible, act as a voluntary coordinating body for such agencies.

(d) Make such studies and submit to this Council (Board) such reports or recommendations respecting matters affecting elderly people, including without limitation those hereinabove provided, as the Council (Board) may from time to time request.

PASSED AND ADOPTED this _____ day of _____, 1970, by the following vote:

AYES:

NOES:

ABSENT:

Chairman

(c) Technical Advisory Committee

The city or county that establishes a commission on aging may also wish to consider the establishment of a technical advisory committee on aging. Such a committee could be comprised of representatives from the various governmental agencies and departments that conduct programs or offer services to the aging. This membership need not be limited to members of the departments in the governmental agency forming the commission on aging, although participation from other agencies would, of course, be voluntary. Representatives from recreation and parks departments, public health departments, welfare departments, department of social security, planning departments and others, including representatives from private agencies would offer broad expertise for the commission. The commission should be provided with a full-time salaried executive to work with both the commission and the technical advisory committee. The salary of such executive and the costs of any staff work provided to the commission or the committee, would generally be the obligation of the city or county which establishes the commission on aging. Form job specifications for such executive are set forth in footnote _____.

3. The Voluntary Service Organization.

(a) Preliminary Considerations

Any group desiring to organize itself for the purpose of rendering services to senior citizens may form either a voluntary organization or a nonprofit corporation. In either event, if it is to function effectively its purposes, functions, and procedures should be clearly spelled out in a document that will enable the members to avoid misunderstandings, fully comprehend the scope of their efforts, and become aware of the limitations on such efforts. Accordingly, a constitution and

by-laws or articles of incorporation and by-laws should be prepared. Forms for each may be found later in this section. Prior to the determination, however, of the form the organization should take, certain preliminary steps should be taken to determine the functions it plans to fulfill, consider what sponsorship it should seek, staff it will require, financial assistance it can anticipate and the like. The following are suggested as preliminary procedures that might be carried out in advance of the organization effort itself.

(1) Pre-First Meeting

Prior to the first meeting, persons interested in forming a committee should meet to discuss the problems of the community with respect to the aged and the procedures which could be used to form the community agency. An open meeting to discuss the formation of a committee could then be planned. Invitations should be sent to appropriate representatives of local groups and agencies and notice of the meeting should be given to the public.

(2) First Meeting

In addition to having representatives from local groups and agencies at this meeting, a representative from an existing local committee on aging or a member of the State Commission on Aging would be valuable to insure the success of the meeting. At that meeting the following subjects could be discussed:

- a. The purpose of the meeting.
- b. How a committee on aging will benefit the community.
- c. The duties and functions of such a committee.
- d. Whether the committee should seek sponsorship from a local agency or proceed to incorporate.
- e. The names of other persons who would be helpful as committee members.
- f. The appointment of a constitution and bylaws committee.
(A date should be set for the committee to report).
- g. The number of members.
- h. The appointment of temporary officers.

(3) Second Meeting

The following could take place at a second meeting:

- a. A discussion of existing local programs designed to meet the needs of the aging.
- b. A discussion of specific projects that could be taken under consideration.
- c. The appointment of a nomination committee to select officers.
- d. A review of qualifications of committee members.

(4) Third Meeting

The following could be on the agenda for the third meeting:

- a. The nomination and election of officers.
- b. The selection of committee members.
- c. The formation of subcommittees.

(5) Fourth Meeting

Once the committee has established some degree of organization, it should proceed to discuss the needs of the senior citizens of the community and the action that can be taken to meet those needs. Reports should also be received at this or later meetings from any committees previously formed.

The above outline is only an example of a possible procedure. In the final analysis, the individual community must determine the specific form and content of the meetings as well as the procedures for overall committee formation and functioning.

The following are additional matters of importance for consideration by a group contemplating the formation of a local service organization:

(1) Financing

While financing can be a problem for any committee, funds may be raised in a number of ways: dues from members, contributions from agencies, contributions from service clubs, united campaigns, local subscriptions, and grants from a variety of sources (private and public, such as the State Commission on Aging). Fund raising events and programs sponsored by the

committee can also be sources of funds. While it is possible that some programs can be implemented with little or no funds, financial support is a basic ingredient to allow the committee to expand and meet the needs of the community.

(2) Sponsorship

Wherever possible, it is recommended that the committee attempt to gain sponsorship from an agency or organization which has strong community relations. That agency or organization should represent the total community and be able to effect overall community planning. In some communities the community welfare council, the city council, the recreation department, the county board of supervisors, the social agency, or some other branch of government could become the sponsoring organization which backs the committee. The importance of such sponsorship is that the committee automatically benefits from the legal influence and status of the sponsoring agency.

If there is no governmental agency to sponsor the committee, sponsorship should be sought from private organizations or foundations within the community which are legally constituted and have public support.

But in either case the agency from which the committee seeks support should be strong and influential and one which can provide the committee the legal base and authority it will need to carry out its plans.

(3) Staff

A professional staff can do much to provide the committee with continuing effectiveness, coordination with other agencies and valuable access to government. Financial limitations frequently make it difficult to secure a staff on a full-time basis. On occasion, however, staff members can be borrowed, can be hired part time, or can be made up of a volunteer "consulting staff". The sponsoring organization may also be persuaded to provide staff.

(4) Leadership

Persons chosen for leadership positions must be dedicated to the program and possess proven ability and knowledge in the area of community organization. In addition, it is helpful if such persons are well-known and have already earned the respect and confidence of the community.

(5) Membership

Since the committee is designed to plan for a total community program, the committee must be truly representative of the community. It should represent citizen groups, lay and professional leaders, both public and private agencies, and, older residents. There also should be members who are representative of business and industry, veterans groups, labor unions, churches, and schools. Individuals from all groups and agencies in the community which have programs or responsibility for the aging should also be represented.

(b) Constitution and Bylaws - The Unincorporated Association

The constitution and bylaws should be drafted to perform the following functions: (1) establish the name of the organization; (2) state its purposes; (3) regulate the internal practices and procedures of the organization; (4) specify the relations, the rights and duties of members not only with respect to themselves but also with respect to the organization; (5) define the powers, duties and limitations of the officers and other agents of the organization.

In general, they should be as flexible as possible to allow the organization to carry out its public purposes, but sufficiently specific as to its internal functions to avoid any misunderstanding among the members.

The following constitution and bylaws are offered as guidelines with the suggestion that any organization seeking to form itself into an

unincorporated association employ the services of an attorney to draw the final documents on its behalf:

CONSTITUTION AND BYLAWS

ARTICLE I - NAME AND MEETINGS

Section 1. The name of this organization shall be _____ Club. The club membership will meet in regular session at _____ p.m. on (day) of each week.

ARTICLE II - PURPOSES

Section 1. The purposes of this organization shall be to: (Here insert appropriate purposes. See note, p. ____ for suggestions.)

Section 2. The purposes of this organization will be carried out through its officers under policy guidelines established by the Board of Directors.

ARTICLE III - BOARD OF DIRECTORS

Section 1. Composition: The _____ Board of Directors shall be composed of nine persons, representative members of the community who have demonstrated interest in the elderly people and qualities of leadership in the community.

Section 2. Term of Office: The Board shall be elected for terms of three (3) years each, EXCEPT THAT the initial Board shall be divided into three (3) classes by lot:

Three for one year terms ending (date)
Three for two year terms ending (date)
Three for three year terms ending (date)

Thereafter three vacancies shall occur annually on the Board.

- a. Members may be reelected at the end of their service on the Board.

Section 3. In June of each year the Board shall appoint a nominating committee to consist of three members of the _____ Club who are not members of the Board. At least six weeks before the annual meeting in September, such committee shall advise the secretary of its nominations of candidates for the vacancies in the Board to be filled at the next annual meeting, and those nominations shall likewise be distributed by the secretary to the full membership of the organization. Elections to the Board shall be by ballot of the membership of the organization. A plurality of votes cast at the annual meeting shall be required to elect. Vacancies occurring in the Board shall be filled, until the next annual election, by vote of the remaining members of the Board.

Section 4. The Board shall hold at least one regular meeting each month. Special meetings may be called by the President or upon written petition of any two members of the Board. Five members of the Board shall constitute a quorum for the transaction of business.

Section 5. Any member of the Board who shall absent himself from three consecutive meetings, thereof, unless he shall present satisfactory excuse, shall be deemed to have resigned as a member of the Board and shall cease to be a member thereof. He may, however, be reinstated by a majority of the Board. Vacancies shall be filled by a majority vote of the Board members.

ARTICLE IV - OFFICERS AND DUTIES

Section 1. The officers of the _____ Club shall be a President, a Vice-President and a Secretary-Treasurer with duties that usually pertain to their respective offices. The President and Vice-President shall be elected annually by the Board from among its elected members and shall hold office until their successors shall have been elected as specified in Article IX. The Secretary-Treasurer shall be appointed by, hold office during the tenure of, and subject to, the Board.

Section 2. The President, or in his absence the Vice-President, shall preside over all meetings of the organization and the Board. In case of the absence of both, a temporary presiding officer shall be elected from among the members present. The President shall appoint all committee members and committee chairmen. He shall exercise a general supervision over all affairs of the organization.

Section 3. The President shall be a member, ex officio, of all committees, but he shall not be counted in determining a quorum.

- a. In the absence of the President, the Vice-President shall serve in his stead.

Section 4. The secretary shall keep a complete record of all proceedings and correspondence of the organization and Board; shall notify members of the organization or Board of meetings; shall keep a complete and up-to-date roll of the members, and shall perform other duties appertaining to the office of secretary.

Section 5. The treasurer shall have responsibilities for the finances of the _____ Club, will perform the duties usually assigned to this office, and shall give bond, in an amount required by the Board; shall make payments only for bills properly approved by the Board. All checks shall bear the signature of the President or Vice-President and Treasurer. In the absence or incapacity of the treasurer, his power to sign checks may be delegated by the Board to one of its members. No debt or liability shall be incurred in excess of the net assets of the organization. There shall be an audit by a qualified accountant at the end of August each year.

Section 6. Contracts and formal documents shall be approved by the Board and signed by two officers thereof, or by two of its members designated by it.

ARTICLE V - EXECUTIVE COMMITTEE

Section 1. There shall be an executive committee composed of the officers of the Board. The members of the Executive Committee shall serve for the duration of their terms as officers and shall meet as called by the President. The President shall be chairman of the Executive Committee.

ARTICLE VI - OTHER COMMITTEES

Section 1. These shall be:

Nominating Committee: See Article III, Section 3, Paragraph 1.

Section 2. The Board may create other committees as are required for the adequate functioning of the organization. Such committees shall function during the term of office of the officer who appoints them, but may be re-appointed upon review by the newly elected officers following the annual meeting.

Section 3. All appointments of committees and committee chairmen by the President (as specified in Article IV, Sec. 2) shall be confirmed and approved by the majority of the Board.

ARTICLE VII - MEMBERSHIP

Section 1. A candidate for membership in the _____ Club must be (60) sixty years of age or older.

ARTICLE VIII - ANNUAL MEMBERSHIP FEE

Section 1. The annual membership fee shall be \$1.00 payable on a fiscal year basis, the fiscal year of the _____ Club being September 1 to August 31.

Section 2. A member joining the organization after the first day of March in any fiscal year shall pay one-half of the membership fee for that fiscal year.

Section 3. Fees may be reduced in part or totally, by the Board if, in its judgment, such would create a financial hardship.

ARTICLE IX - ANNUAL MEETING

Section 1. There shall be an annual meeting of the members of the organization held on the first Wednesday of September at which time the preceding year's activities shall be reviewed. Election of new Board members by vote will take place at the annual meeting. Election of Board officers shall take place the first monthly meeting of the Board following the annual meeting.

Section 2. Twenty-five members shall constitute a quorum for the transaction of business at the annual meeting.

ARTICLE X - ORDER OF BUSINESS

Section 1. At the annual meetings of the _____ Club the following shall be the Order of Business:

1. Report of the nominating committee
2. Report of the President
3. Report of the Treasurer
4. Voting for new Board Members

Section 2. At the meetings of the Board and the meetings of the _____ Club, the following shall be the Order of Business:

1. Roll Call
2. Introduction of visitors
3. Minutes of preceding meeting and action thereon
4. Report of officers and committees
5. Unfinished business
6. New business

ARTICLE XI - AMENDMENTS

Section 1. These bylaws may be amended by the affirmative vote of a majority of members voting at the regular annual meeting of the organization, provided notice of such amendment or amendments, and the nature thereof, shall have been given to all members of the organization at least one month prior to the date of the meeting at which said amendment or amendments are to be considered.

Section 2. Members not present at such meetings may vote by letter addressed to the secretary.

NOTE: Suggestions as to language describing purposes of an unincorporated association organized to serve the aging (more than one can be used):

1. Promote the general well-being of senior citizens in (name of community).
2. Cooperate with communities and organizations, both public and private, to promote the general well-being of senior citizens in (name of community).
3. Disseminate information pointing to the social and economic advantages accruing to a community from a program of interest and activities for and in behalf of senior citizens.
4. Provide consultant services, resource material and library facilities to communities and organizations desiring to initiate or develop services for senior citizens.
5. Study, analyze and evaluate the adequacy and/or effectiveness of existing or proposed services for senior citizens.

6. Suggest, initiate and develop specific demonstration projects in the field of Gerontology and Geriatrics.
7. Assist communities and groups with the organization of clubs, centers and other activities for senior citizens.
8. Cooperate with educational institutions in the field of Gerontology and Geriatrics in such activities as student training, institutes, conferences, etc.
9. Develop job opportunities and increased placement of senior citizens in full and part-time employment.
10. Encourage senior citizens to embrace an avocational interest and activity.
11. Recruit and train volunteers to work in the field of Gerontology and Geriatrics.
12. Provide individual counseling and group discussion to senior citizens.

(c) Nonprofit Corporations

(1) In General

Any group desiring to organize to render aid and assistance to the aging, or any existing unincorporated association, can form itself into a nonprofit corporation.

A nonprofit corporation is in many ways similar to a business corporation, except for the fact that it is formed for purposes other than the realization of profit and issues no stock. More specifically, such corporations can be formed by three or more persons for any lawful purpose which does not contemplate the distribution of gains, profits, or dividends to the members of the corporation and for which individuals lawfully may associate themselves. An organization formed to meet the needs of the aged falls within the above classification.

(2) Formation

The following are suggested steps that should be followed in the formation of a nonprofit corporation:

1. Employ an attorney.

2. Select a suitable corporate name, acceptable to the Secretary of State. For the name to be acceptable, it must not be misleading or deceptive nor must it conflict with several other less important requirements.

3. Choose the incorporators. This step is necessary because the articles of incorporation must not only include the names and addresses of three or more persons who are to act in the capacity of first directors but also must be signed by those persons. The above requirement does not limit the number of persons who may be named in the articles, but since each signature must be acknowledged, having a large number of persons sign the document only serves to make the execution of the articles a time consuming procedure. A slightly different procedure with respect to the execution of the articles is authorized when an unincorporated association is incorporated. (See California Corporations Code Section 9304(b)).

4. Prepare the articles of incorporation. If the corporation is seeking exemption from state or federal taxes, this step would be accompanied by appropriate procedures designed to gain those tax exemptions.

The articles of incorporation are required by law to include the following matters: (a) name of the corporation, (b) the specific and primary purposes for which the corporation is to be formed, (c) the authority for organization, (d) the county wherein the principal office for the transaction of the business of the corporation is located, (e) the names and addresses of three or more persons who are to act as directors. If an existing unincorporated association is being incorporated, then the name of that association must also be included.

Other matters which are not required may also be included. For example, if the corporation is seeking exemption from state and federal

income and/or property taxes, the articles of incorporation may include a clause dedicating the property of the corporation to tax exempt purposes. Such a clause would include statements to the effect that the property of the corporation is irrevocably dedicated to tax exempt purposes, that upon dissolution of the corporation, such property will continue to be dedicated to such purposes, and that none of the income or assets of the corporation would ever inure to the benefit of any of the directors, officers, or members of the corporation.

Matters dealing with corporate memberships, directors, and officers might also be included in the articles, although such subjects are covered in the bylaws.

5. Have the articles of incorporation signed, acknowledged before a notary, and submitted to the Secretary of State for filing. If the articles conform to law, the Secretary of State will file them in his office. At that point the existence of the corporation begins. A copy of the articles certified by the Secretary of State and bearing the endorsement of his office must also be filed in the office of the county clerk in the county in which the corporation is to have its principal office and in the county clerk's office in each county where the corporation acquires ownership of any real property.

(3) Management

Except as otherwise provided by the articles of incorporation or the bylaws, the powers of a nonprofit corporation are to be exercised, its property controlled, and its affairs conducted by a board of not less than three directors. The directors are not personally liable for the debts, liabilities, or obligations of the corporation, and unless otherwise specified in the articles or bylaws, any vacancy in the board caused by death, resignation,

or any disability is to filled by a majority of the remaining members thereof, though less than a quorum. Unless otherwise provided in the articles or by-laws, meetings of directors are to be called and held as may be ordered by the directors.

The number, qualifications, terms of office, powers, duties and compensation of and methods of selection for directors are generally provided for in the bylaws.

(4) Powers

The powers of the corporation are to be exercised by the board. The law provides a nonprofit corporation with a wide range of powers, including the powers to: (1) sue and be sued; (2) make contracts; (3) receive property by devise or bequest, and otherwise acquire and hold all property, real or personal, including shares of stock bonds, and securities of other corporations; (4) act as a trustee under any trust incidental to the principal objects of the corporation, and receive, hold, administer and expend funds and property subject to such trust; (5) convey, exchange, lease, mortgage, encumber, transfer upon trust, or otherwise dispose of all property, real or personal; (6) borrow money, contract debts, and issue bonds, notes and debentures, and secure the payment or performance of its obligations; and (7) do all other acts necessary or expedient for the administration of the affairs and attainment of the purposes of the corporation.

(5) Membership

The powers, rights and duties of the members of a nonprofit corporation are usually specified in the bylaws, although the law prohibits any member from holding more than one membership. Furthermore, unless the articles or bylaws set forth rules for fixing the respective voting, property and other rights and interests of each member or class of members, the rights

and interests of the members are to be considered equal. Memberships or any right arising therefrom are generally not transferable unless the articles or bylaws provide otherwise.

(6) Sample Articles of Incorporation for a Nonprofit Corporation

ARTICLES OF INCORPORATION

OF

I

The name of this corporation is _____.

II

The purposes for which this corporation is formed are: (a) The specific and primary purposes are (see note on p. _____ for possible choices); (b) The general purposes and powers are to have and exercise all rights and powers conferred on nonprofit corporations under the laws of California, including the power to contract, rent, buy or sell personal or real property; provided, however, that this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the primary purposes of this corporation.

III

This corporation is organized pursuant to the General Nonprofit Corporation Law of the State of California.

IV

The county in this state where the principal office for the transaction of the business of this corporation is _____ County.

V

a) The number of Directors of this corporation shall be . . . (not less than 3).

b) The names and addresses of the persons who are to act in the capacity of directors until the selection of their successors are:

<u>Name</u>	<u>Address</u>
John Doe	(Street, City and State)
Richard Roe	(Street, City and State)
Sarah Moe	(Street, City and State)

VI

a) The authorized number and qualifications of members of the corporation, the different classes of membership, if any, the property, voting and other rights and privileges of members, and their liability to dues and assessments and the method of collection thereof, shall be as set forth in the bylaws.

b) Members of this corporation are not personally liable for the debts, liabilities, or obligations of this corporation.

VII

a) The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this organization shall ever inure to the benefit of any director, officer, or member thereof or to the benefit of any private persons.

b) Upon the dissolution or winding up of the corporation its assets, remaining after payment, or provision for payment, of all debts and liabilities of this corporation, shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for charitable purposes and which has established its tax exempt status under Section 501 (c) (3) of the Internal Revenue Code.

c) If this corporation holds any assets in trust, or the corporation is formed for charitable purposes, such assets shall be disposed of in such manner as may be directed by decree of the superior court of the county in which the corporation has its principal office, upon petition therefor by the Attorney General or by any persons concerned in the liquidation, in a proceeding to which the Attorney General is a party.

VIII

These articles may, except as hereinafter provided and except as otherwise provided by law imposing more stringent requirements, be amended as follows:

a) Before any members, other than the incorporators, have been admitted to the corporation, by a writing signed by two-thirds of the incorporators.

b) After members, other than the incorporators, have been admitted to the corporation, by resolution of the Board of Directors and two-thirds or more of a quorum of the members given either before or after the adoption of the resolution by the Board, provided, however, that if the voting power shall be unequal, any amendment shall be approved by the vote or written consent of members holding not less than a majority of the voting power.

IN WITNESS WHEREOF, the undersigned, being the persons hereinabove named as the first directors, have executed these Articles of Incorporation, this ____ day of _____, 19__.

John Doe, Incorporator

Richard Roe, Incorporator

Sarah Moe, Incorporator

STATE OF CALIFORNIA

COUNTY OF _____

On this day ____ day of _____, 19__, before me, _____, a Notary Public for the State of California, personally appeared JOHN DOE, RICHARD ROE AND SARAH MOE, known to me to be the persons whose names are subscribed to the within Articles of Incorporation, and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal on the day and year first above written.

Notary Public

(Notarial Seal)

(Note: This form is presented as an illustration of the type of form which may be used in this state. However, for a particular organization, not only should the articles be drafted by the attorney for the incorporators but they should also be prepared so as to fit the specific purposes and needs of the organization.)

(7) Bylaws

As in the case of the unincorporated association, the bylaws for a nonprofit corporation perform the functions of regulating the internal affairs of the corporation; of defining the relations, rights and duties of the members; and of specifying the powers, duties and limitations of the directors,

officers, or other agents of the corporation. Among others, the bylaws may be concerned with the following matters:

- (1) The authorized number and qualifications of members.
- (2) The different classes of membership, if any.
- (3) The property, voting and other rights and privileges of members.
- (4) The liability of the membership to dues or assessments and the method of collection thereof.
- (5) Procedure for the adoption, amendment, or repeal of the bylaws.
- (6) The time, place, and manner of calling, giving notice of, and conducting regular and special meetings of members or directors. (Note: the bylaws may dispense with notice of all regular members' and directors' meetings.)
- (7) The requirement of a quorum of directors or members. (Note: this may be greater or less than a majority.)
- (8) The number, time and manner of choosing or removing, qualifications, terms of office, official designations, powers, duties, and compensation of the directors and other officers.
- (9) The appointment and authority of executive or other committees of the board.
- (10) The admission, election, appointment, withdrawal, suspension, and expulsion of members.
- (11) The transfer, forfeiture, and termination of memberships.
- (12) The manner of voting by members and whether cumulative voting and proxy voting will be allowed.
- (13) The making of annual reports and financial statements to the members.
- (14) The filling of vacancies in the membership and on the board of directors.
- (15) The principal business office of the corporation and the right of the directors to change the location of the office.
- (16) The exemption of the membership from liability for corporation debts, liabilities and obligations.
- (17) The approval of board action taken without a meeting. (Note: all members of the board must consent in writing to such action.)

(Note: Since some of the above items are pursuant to specific statutory requirements the advice of an attorney is essential to insure that the bylaws comply with all legal requirements.)

(8) Other Applicable Laws

a) Federal income tax exemption provisions are contained in the Internal Revenue Code Sections 501 (c) (3) and (4).

b) California Government Code Sections 12580-12596 relating to the supervision of trustees for charitable purposes provides that the state Attorney General be supplied annually with certain information to enable him to determine whether an organization subject to the law is being properly administered. This applies to nonprofit corporations organized for charitable purposes and has been interpreted to include non-charitable nonprofit corporations whose articles provide that their assets upon dissolution will continue to be devoted to charitable purposes.

c) County and Municipal ordinances frequently regulate charitable solicitations and should be checked before any fund-raising efforts are undertaken.

D. Working for a Prosthetic Environment

(1) Definition

By technical definition "prosthetic" means "of prothesis" - in medicine - the replacement of a missing part of a body, such as a limb, a tooth, or an eye. In other words, prosthetic is a substitute. When one thinks of prosthetic devices one normally contemplates the artificial arm, leg or hand, although they do include crutches, wheelchairs and strollers.

The current mounting concern over establishing a "prosthetic environment" has concentrated primarily on the design and construction of public and private facilities to take into consideration the physical handicaps of persons equipped with or compelled to rely upon prosthetic devices.

While this concern for a prosthetic environment relates to all persons so afflicted or physically burdened, it is deemed appropriately included in this report since so many of such persons are in our over-65 category.

(2) The problem

To the 90% of our citizens who are non-handicapped, such matters as a flight of stairs, a curb, the use of a public restroom, public telephone, a revolving door, drinking fountain, or even getting on or off a bus or airplane are so routine as to go almost unnoticed in one's daily activities. To the active person who seeks to enjoy his life to the fullest extent - from a wheelchair, for example - such items form insurmountable barriers. Not only are they physical barriers, but they also constitute barriers to his enjoyment of the many economic and social opportunities of his community. While it has been estimated that 10% of today's population is handicapped, projections indicate that this percentage will increase in future years. Every year 100,000 babies are born with the kind of defects that will force them to use crutches, braces, or wheelchairs most of their lives. In

addition, hundreds of thousands are crippled in traffic accidents, by combat injuries and by the normal disabilities of advancing age. Accordingly, a program established now to create a barrier-free environment for the handicapped will benefit not only today's handicapped but will make life more meaningful and more normal for many future generations of handicapped.

(3) Progress

Although much must be done, progress has been made in the last dozen years. In 1958 the President's Committee on Employment of the Handicapped and the National Easter Seal Society for Crippled Children and Adults co-sponsored a project to eliminate barriers to the handicapped in public buildings and facilities. Early in his administration, Governor Ronald Reagan of California propelled the nation's largest state into the forefront of states who were doing something constructive about the problem. On June 6, 1968 he signed legislation adding Sections 4450, 4451, 4452 and 4453 to the Government Code of the State of California. This legislation required that buildings and facilities constructed in the state by the use of state, county or municipal funds or the funds of any political subdivision of the state comply with the provisions of the American Standards Association specifications to make buildings accessible to and useable by the physically handicapped. By its language the standards were made applicable to all facilities under construction and those thereafter constructed. In 1969 Governor Reagan signed legislation extending similar requirements to all structures built for "public accommodation purposes" with private funds. (Health and Safety Code Section 19955 et seq.) In August of 1970, the Governor signed legislation to enhance the enforcement of these prior provisions, and in September of 1970 signed further legislation broadening the applicability of such regulations through amendments to the Uniform Housing Code, Building Code, Plumbing Code, and Electrical Codes to additional facilities.

In August of 1968, President Johnson signed the Public Law 90-480 which required that all federal structures, as well as those financially assisted with federal funds, be made accessible to the handicapped. The law also stipulated that when public structures undergo extensive alterations, elimination of barriers to the handicapped shall be included as part of the contract. Since that time over 44 states have followed the California and national pattern by establishing similar legal requirements on state-owned buildings.

In 1967, the National League of Cities made a study of comparative costs of public buildings with and without design factors necessary to eliminate structural barriers to the handicapped. The study revealed that the cost of constructing a barrier free city hall, civic center or hotel would only be 1/10th of one (1) per cent more than conventionally designed structures. Cost studies of seven additional building types indicated that costs for these would be increased by less than one-half (1/2) of one (1%) per cent to accomplish barrier-free design.

At the request of the National Commission on Architectural Barriers to Rehabilitation of the Handicapped, the League also surveyed counties and cities as to the activities in this field. It found (in 1967) that:

(a) The elderly and handicapped people have found very little improvement in most cities and metropolitan counties where the problem of accessibility is most acute.

(b) Of the 95 cities with population of 50,000 or more that reported some type of program, 39 had failed to take any official action. In 284 cities of this size, there was no program at all. Similarly, while 42 metropolitan counties reported a program, 230 of the nation's most populous counties indicated that they had no program.

(c) Only nine (9) cities and five (5) counties had adopted or amended Building Codes or Ordinances to take account of the standard specifications for eliminating architectural barriers. A study of state activity by the League showed similar lack of action by the states.

The situation, however, is improving rapidly. While detailed statistics as to the number of cities and counties and states which have moved aggressively forward, it is known that much activity has been taken in this area. The Federal Government also has done much.

Under mandate from Congress, the National Commission on Architectural Barriers completed and published in 1968, a report on barrier-free public buildings. The United States Department of Housing and Urban Development and the United States Department of Transportation have developed comprehensive information and recommendations on the housing and transportation aspects of the problem. The United States Department of the Interior has issued a report on "Outdoor Recreation Planning for the Handicapped". The United States Department of Health, Education and Welfare and the President's Committee on Employment of the Handicapped have financed studies of specific barriers and have widely disseminated key information on developments.

(4) New Directions.

Californians aware of the problem and interested in the progress that is being made, can see many tangible results of these efforts. Throughout our state, we have new ramps constructed to parallel staircases, asphalt ramped curves in most cities, special parking stalls wide enough to accommodate the wheelchair-bound driver, special stalls in public telephone booths and public restrooms.

Much of this is a voluntary response to a recognized need. Much of this is prompted by aggressive public information programs sponsored by the State Department of Rehabilitation. Much more, however, can be attributed to the impetus of State legislation.

The real success that is and may be accomplished in this field, however, rests on the shoulders of local government. Local government constructs, operates, controls and maintains a majority of public streets, thoroughfares and public buildings. Local government adopts and enforces the various Building Codes, issues building permits and inspects for compliance. Local government approves subdivision design, special housing projects, community planning and development. It is in these areas where the greatest progress is needed and can be accomplished. Are the limitations of the physically handicapped and particularly the handicapped aged taken into consideration when these functions are performed? For example: is public transportation adequate? Are there adequate provisions for personal security of the aging in the areas of the local community most frequently utilized by them? Are the physical distances between the places of residence and places of work and recreation reasonable or unduly extended? Are parks and subdivisions designed to facilitate social interaction and minimize walking distances between the areas? Are directional signs adequate and easily readable? These are but some of the added factors that should be considered by those currently employed in designing and supervising community development.

(5) Conclusion and Recommendations.

Much progress has been made in the last decade, but much more needs to be done. The Federal, State and local governments each have opportunities and obligations to adopt and enforce building standards on public buildings that eliminate physical barriers for the handicapped. Such requirements may also be imposed upon existing public buildings undergoing substantial remodeling. Similar regulations can also be logically imposed upon some privately constructed facilities. The real enforcement arm, however, is with local government. Not only does local government approve building

plans, issue building permits and inspect building construction for conformity, it also has effective means to control the design of subdivisions parks and recreational areas, streets, highways, and to some extent, public transportation facilities. And local governments' role in establishing a prosthetic environment can be greatly enhanced if it but takes the following modest steps:

(a) Assign to its Commission on Aging the responsibility of evaluating the need and recommending a course of action. Its technical advisory committee discussed in Section C.2.(c) could be extremely helpful in this area.

(b) Adopt the recommended amendments to the Uniform Buildings Codes to require barrier-free design in private construction.

(c) Establish and conduct special orientation programs for members of the local planning staff and building inspection staff to create an awareness of the problems and the avenues of solution.

E. SECOND CAREERS

1. In General

Whatever the reasons--and there are many--more persons over 65 are today seeking employment than at any previous time in our history.

Inflation, of course, is the prime cause. The purchasing power of retirement income has so seriously dwindled that many older workers must either seek employment to supplement their income or face drastically altered life patterns. The California results of the community forum questionnaire (discussed in A. above) provides convincing evidence of this situation. While approximately 1.7 percent of the persons over 65 (and 7.4 percent of those over 55) are working full time, over 3 percent (9.4 percent over 55) would like to be; while approximately 8 percent of those over 65 (10.4 percent over 55) are working part time, a substantially larger number (26.2 percent over 55 and 12 percent over 65), would like to work part time. An answer to another question gives further verification of these conclusions. In response to the question "do you always have enough to make ends meet", over 30 percent responded "no"!

Another reason for this increasing desire for employment is the changing characteristics of the "new" over-65 class. Generally, they are healthier, better educated, and have a greater life expectancy than their counterparts of only a dozen years ago. Many still want, and need, the challenge of work, the satisfaction of accomplishment, a reason for being.

Desiring employment, however, and getting it, are two different matters for the over-65 citizen. Steadily mounting unemployment across the nation increases the intensity of competition for all jobs. Thousands of returning veterans are entering the job market for the first time. While the Federal Government is currently investing about two billion dollars a year in various types of training and retraining programs, the older workers are receiving a disproportionately small amount of these benefits. Furthermore, industry and government alike have pension programs that discourage the employment of those over 65 and in many cases, prohibit the employment of those over 70.

In the paragraphs that follow are selected illustrations of what has been done, and what might be done, to provide job opportunities to the over-65 senior who wants to, or must, continue to work and earn.

2. The Senior Service Corporation

Seniors with marketable talents are forming themselves into profit or nonprofit corporations and associations to facilitate their employment. This is done by drawing upon a combination of volunteer, part-time, and full-time workers over 65. Such organizations can obtain optimum competitive advantage in the fees they charge for their services. In Marin County, California, for example, the Senior Coordinating Council, a tax exempt nonprofit self-help charitable corporation, has taken over the operation of the Greyhound Bus Depot in San Anselmo. When the Council learned that Greyhound intended to close the depot due to high overhead and salary costs, it offered to take over the entire operation through the use of "senior power". Greyhound agreed and the entire operation is now continuing at less cost, with all services being provided by over-65 workers.

Another outstanding example of this approach is the work of Experience Incorporated in Riverside County, California. Experience Incorporated is a nonprofit corporation formed to provide research, consulting and advisory services to the Hemet-San Jacinto Valley-Sun City communities of California through the use of senior citizens, experienced and talented in various specialized fields of work. The corporation was organized in 1968 through the efforts of business leaders, city and county officials and industrialists, who were determined to do something about the great reservoir of retired talent that was going to waste in Riverside County. This waste was represented by the many retired persons of the area who possessed high professional levels of industrial and commercial skills, but who were then idle insofar as employing these skills was concerned.

The plan was to match the skills of the seniors interested in working with the needs of businesses, industries, and all of the government entities in the county. It was to be a two-way approach to assist those seniors who wished to remain active, as well as those businesses and government organization that too often had searched far afield for talent that was available among retired seniors in the community.

At the present time, Experience Incorporated has a contract with the County of Riverside to develop a master plan for airports. It has recently completed phase one of a large real estate development in which its services included the preparation of preliminary engineering data and the obtaining of necessary zoning changes. Public relations and advertising material is being prepared for the local Chamber of Commerce. Contracts have been negotiated for a complete study of the County and State fire services. Some of the ladies are employed to participate in the contract by which Experience Incorporated provides bulk mailing services for the county. An economic survey of the Hemet-San Jacinto Valley has been completed and several other sizable ventures are in the making.

The initial success of Experience Incorporated has led to an expansion of its objectives into other related fields. In addition to consulting and research services, it is now involved in the placement of seniors in part-time or occasional jobs on a referral basis in which no fee is accepted from either the employer or the employee. As a result of this expanded activity, seniors have been placed in such varied assignments as purchasing agent, bookkeeper, chemical engineer, athletic commissioner, sales representative, transportation supervisor, travel agent, machinist and mill operator, typist, automobile service instructor, teacher, draftsman, script reader and many others.

Experience Incorporated also found that many retirees had rendered impressive services in the field of civic and cultural activities. As a result, the corporation takes an interest in community affairs and encourages its membership to participate, although on a strictly voluntary basis. Thus, Experience Incorporated is involved in three separate phases of senior citizen activities. First, contracting with business and government to render services in the area of research and consultation; secondly, acting as a clearinghouse for the placement of individual seniors in part-time or occasional jobs, and thirdly, adding its support and the support of its members to voluntary civic or cultural projects.

Experience Incorporated offers positive proof that senior citizens can, with proper organization, get back into the "mainstream". Following a one-day seminar recently sponsored by Experience Incorporated with the theme "Adding More Life to Years", John B. Martin, U.S. Commissioner on Aging, sent a telegram to the organization which read in part "I should like to see seminars

like yours and organizations like yours repeated in communities throughout the nation. America is wasting its finest resources by denying to so many older Americans the opportunity to serve. It may be that this wastage will not end until senior citizens everywhere organize as you have done to make your skills and your experience available to your community".

3. Government Service

(a) Full time. The senior seeking placement in a "new hire" full-time civil service job in government faces the same barriers found in private corporate employment. Generally, the over-70 worker is barred by the terms of the applicable pension plan that requires retirement at 70, if not earlier. The under compulsory retirement age applicant faces the bias--and the now proven unfounded bias--of the selecting authority that the younger applicant offers the employer more years of service and is thus preferred. Recent studies indicate that the potential longevity of the younger employee is seldom realized and that the older worker actually works more years for the employing agency than does the younger applicant.

There are, of course, in every governmental agency a select few "exempt" positions that are subject to no age or talent requirements and which are filled by appointment of the reigning political authority. These positions, however, are so limited in number as to have no measurable effect on employment of the aging even though seniors are by no means barred from such appointments.

(b) Part time. The public employees retirement system in California which covers 441,116 employees of the State of California and 2,610 other employing public agencies that contract with the system, currently provides for a mandatory retirement at the age of 70. However, it offers the applicant for part-time work an intriguing exception to the grim situation applicable of seekers of full-time employment. Excluded from the mandatory participation in the retirement system--and thus from the mandatory retirement provisions--are part-time employees who either work less than half-time, or work part time but more than half-time for less than one year. This exclusion opens a tremendous field for qualified seniors who wish to work. It also opens to government the available resources of senior talent in many fields. Government, like industry, experiences seasonal work loads which can and in some cases are, handled by qualified seniors. Examples of seasonal work loads include, at the State level, the Department of Motor Vehicles, Department of Agriculture, Franchise Tax Board, and at the local level the County Tax Collector and City and County Recreation Departments. Furthermore, a potential area of part-time employment by seniors may develop as the government becomes more heavily involved in the sponsoring of day care centers for children. The success of the use of mature experienced part-time help in the care of children is demonstrated in the "latch key program" discussed in Section 4. below.

The extent to which seniors will be provided part-time job opportunities in government is limited only by the commitment of the governing bodies of the various public agencies to this concept. Accordingly, it becomes incumbent upon the local commissions on aging in each community to conceive a realistic program in which seniors can be employed part time and "sell" such program to their governing body.

(c) Government Services by Contract

The success of Experience Incorporated discussed above also opens many potentials for incorporated groups of seniors to contract with local and

state government for the purpose of providing limited governmental services outside of normal Civil Service requirement. Until recently Article XXIV of the California Constitution strictly limited the authority of State and local governments to contract governmental or quasi governmental services out to private agencies. A recent decision, however, in the case of California State Employees Association vs. Spencer Williams, (7 CA 3rd, 390), has somewhat relaxed the former rule, the Court holding that "a new state function not previously conducted by any state agency and performed by contract under legislative direction and authority" may be contracted out without violating the Constitutional provision. Accordingly, if in the future the state or any local governmental agency embarks upon some new function, the governing body could authorize its performance by contract with private or public individuals or corporations. Here again, it would be incumbent upon the Commission on Aging at either the state or local level to be alert to any proposed new governmental functions and be prepared, where appropriate, to encourage the governing body to provide for the performance of such function by contract with an organization composed of seniors.

(d) Special Government Projects

A number of special research and development projects in programs for the aging have been sponsored by the Federal Government, by state government, and by local governments. As the success of these programs become established, consideration may be given to their adoption as a permanent program of governmental service. The following are several examples of experimental programs which may have sufficient merit to warrant their continuation on a permanent basis.

(1) The "Adult Aid" program of Orange County.

Orange County has established a procedure to facilitate the rendering of in-home services to the aging. A Welfare supervisor is assigned the duty on a weekly basis to match-up needs for services with persons able to serve. The County reports "we actually help hundreds of elderly persons in Orange County each month from being institutionalized by finding someone to provide the services they need to enable them to stay in their own homes such as help with meal preparation, heavy house cleaning, yard work and even personal care such as help with baths, taking medicine, etc.". The County indicated two examples of how the program worked. In one example, a social worker reported to the supervisor the need of an elderly man for some household help so that he could stay in his home rather than be institutionalized. At the same time, an intake worker in the Welfare Department reported to the supervisor that an older able-bodied widow, skilled as a housewife, had applied for Welfare assistance because she could not obtain employment due to lack of marketable skills. The supervisor arranged the assignment of the widow to a job as housekeeper for the elderly man. In this way, his institutionalization was avoided and her employment avoided the necessity of her receiving Welfare aid. The second example also concerned the referral of an applicant for Welfare aid to serve as attendant to an older man not receiving aid. The woman was hired as an attendant and later married the man. In the optimistic words of Orange County "there will be no need for her to ever apply for public assistance".

(2) Love to Share.

A federally sponsored program in the State of Arkansas called "Love to Share" has great potential as a continuing government project. The program

matches older people who need part-time employment with youngsters who need love and supervision. It is specifically directed at "latch key children": those youngsters whose parents are not at home during after school afternoon hours due to employment. The seniors, most of whom are between 63 and 65, staff the centers where the children are supervised. The centers are equipped with study rooms and kitchen facilities and offer games, music and other activities for the children. The seniors are first required to complete a three-week orientation program. Thereafter, they are employed at the rate of \$1.60 per hour, partly contributed by the Federal Government and partly by the United Fund of the community. A survey of the community in question showed that there were 70,000 persons over the age of 55 living on incomes of less than \$1,500.00 a year. It also indicated that there were 1,500 children in the community who did not have a parent at home after they were let out of school, and that many of these children were developing severe disciplinary problems. The project thus serves two worthwhile ends. It provides love and attention for these children during the afternoon hours and it provides part-time employment opportunity for the older citizens of the community.

(3) Green Thumb and Green Light

Green Thumb is a work program for older men sponsored by the National Farmers Union. It operates under a grant from the Department of Labor as a part of its "Mainstream" program.

To be eligible for participation in the program, a person must:

- (1) be at least 55 years old, (2) have a farming or rural background, and
- (3) be below the poverty income level. The average annual income for participants is \$900 but the program permits them to earn up to \$1,500 per year. Workers under this program have improved or built more than 350 roadside parks in rural America; planted more than one million trees, flowers and shrubbery; and helped to restore and develop many historic sites.

Now operating in 17 states, the most obvious fact about Green Thumb is the quality and quantity of work that is performed. Green Thumbers put something special into their work and the cooperating agencies notice it immediately. That "something special" is pride. Workers who had come to believe that life was over for them join a Green Thumb crew and discover long-forgotten or new talents in themselves. One of the most heartening results of the project is that doctors report that the health of the workers usually improves after working for Green Thumb.

Local communities appreciate their work because they see the results as parks are improved, trails constructed for the benefit of visitors and vacationers and roadsides cleared for beauty and safety. The total jobs they accomplish are too numerous to mention.

The Green Light program was established to provide employment opportunities primarily for low income women 55 or older, operated as a component of the Green Thumb program. Workers can earn up to \$1,500 annually by working three days a week like the Green Thumb participants at a salary scale of \$1.60 per hour. Workers provide community services as aides for teachers, nurses, librarians, senior citizens, school lunch programs and food stamp programs.

These programs provide employment opportunities for more than 3,000 low-income people in rural America and have helped to remove more than 10,000

people from the poverty category as well as giving the older, seemingly forgotten aged person a sense of accomplishment and the feeling of again being a part of, and contributor to community life.

(4) Community Representatives

At the request of the California Commission on Aging, the State Personnel Board established a special job classification of "community representative". This is a part-time job with the maximum monthly salary at \$140.00. Experience indicated, however, that many persons working in this classification worked on a voluntary basis far in excess of the maximum 50 hours allowed for compensation. The \$140.00 per month maximum was set so as not to conflict with Social Security regulations which would require a reduction in the employee's Social Security allowance for earnings in excess of \$140.00. The typical task of such an employee is to work with trained individuals in their assigned community to assist in identifying community needs and resources related to aging persons and to assist in stimulating the interest of influential members of the community and community organizations in programs for the aging. Minimum qualifications were set forth in the job specification (See footnote _____) and although no age "exclusion" was established, the requirement of one year of experience with senior citizen groups in a leadership capacity tended to limit those employed to the over 65 classification.

The above are only a few examples of many government oriented programs that lend themselves to continuation under government sponsorship. Persons interested in stimulating job opportunities for senior citizens will find many other similar programs described in reports issued by the Special Committee on Aging of the United States Senate.

4. Part-Time Employment Opportunities Through Special Referral Services Established for This Purpose.

In recognition of the special need for seniors to secure part-time employment, a number of special employment referral services have been developed in many communities in California. Some of these operate on a volunteer basis, others are funded by public and private contributions. The following is a compilation of such services in California that have come to the attention of the California Commission on Aging.

- (1) Job Mart
3101 Cottage Way
Sacramento, California 95825
Mrs. Frances Austin

To secure full- or part-time jobs for seniors.

* * *

- (2) SCORE
Small Business Administration
450 Golden Gate Avenue
San Francisco, California 94102

To assist small business by referring retired executives to serve in an advisory capacity. Fees are arranged between the company and the referred person.

* * *

- (3) Marin Senior Coordinating Council, Inc.
914 - 5th Avenue
San Rafael, California 94901
Mr. Ed Ryken

To assist seniors to supplement their incomes by part-time work.

* * *

- (4) Senior Employment Service
2466 - 8th Street
Livermore, California 94550
Mrs. Lillian Snorf

To provide part-time jobs for older people and serve the needs of the community, this is in the same facility as a teen employment program.

* * *

- (5) Service Center for Senior Citizens
1435 Grove Way
Hayward, California
Mrs. Emma Vargas

To provide part-time jobs for seniors in the community.

* * *

- (6) Project Hire
106 West Sixth Street
San Bernardino, California 92401
Mr. Verne Pomeroy

To find gainful employment for poverty stricken seniors and lift the morale and give them an understanding of their importance as individuals. They are informing business and industry that older citizens can be productive.

* * *

- (7) Jobs for Seniors
1539 Euclid
Santa Monica, California 90404
Mr. Earl Brainard

To obtain jobs for seniors in full- or part-time situations. They utilize volunteers to conduct their program.

* * *

- (8) Careers for Retired Military, Inc.
P. O. Box 9068
Presidio of San Francisco, California 94129
Mr. William F. Train

To assist retired and retiring military find new careers in the civilian community. They provide counseling and referral services.

* * *

- (9) Careers for Women, Inc
Fairmont Hotel
San Francisco, California 94109
Mrs. Mildred Stern

To provide assistance, counseling and referral to older women.
They utilize volunteers to operate the program.

* * *

- (10) Project Work
215 Long Beach Boulevard
Long Beach, California 90802
Mr. Samuel K. Bell

Provides information and referral services to older people looking
for jobs. Does job development and placement in conjunction with HRD Center.

* * *

- (11) Experience, Incorporated
26951 Cawston Avenue
Hemet, California 92343
Mr. C. Harold Holmes

Solving problems of industrial corporations, small businesses,
government agencies and municipalities on a contract basis, utilizing the
various skills possessed by the retired segment of our community.

* * *

- (12) Leisure World STARS
23561 Paseo de Valencia
Laguna Hills, California 92653
Mr. Alfred H. Foxcroft

To assist Leisure World residents to find gainful employment. They
use Volunteers to conduct the program.

* * *

- (13) Mature Temps
215 Long Beach Boulevard
Long Beach, California 90802
Mr. S. J. Porter

To secure placement of older persons in temporary jobs. Persons are
paid by Mature Temps rather than the employer. The employer pays only on an
hourly basis.

* * *

- (14) Mature Temps
3636 West 6th Street
Los Angeles, California 90005

To secure placement of older persons in temporary jobs. Persons are
paid by Mature Temps rather than the employer. The employer pays only on an
hourly basis.

* * *

- (15) Mature Temps
11 - 3rd Street
Hearst Building
San Francisco, California 94103

To secure placement of older persons in temporary jobs. Persons are paid by Mature Temps rather than the employer. The employer pays only on an hourly basis.

* * *

- (16) Retirement Jobs, Inc.
161 No. First Street
San Jose, California 95112
Mr. Jules Eshner

To assist retired persons to keep active and supplement their incomes through full- or part-time employment and serve the community needs.

They have five branch offices serving three counties. Offices are in San Jose, Los Gatos, Palo Alto, San Mateo, and San Francisco.

* * *

- (17) Careers for Fifty Plus, Inc.
114 So. Sutter Street
Stockton, California 95202
Mrs. Kathryn Higgins

To provide counseling and job placement for persons over 50. To illustrate to employers that older people can be valuable in their business operation.

* * *

- (18) Continued Employment & Activity for the Retired
610 So. Kingsley Drive
Los Angeles, California 90005
Mr. Arthur Daneman, Project Director

To assist retirees' search for full- or part-time employment and to encourage employers to utilize senior talent.

C E A R offices are as follows: Main office 601 South Kingsley Drive; Branches, 2512 South Central Avenue, Los Angeles; 5301 Tujunga, North Hollywood; 11308 Weddington, North Hollywood; 119 North Fairfax, Los Angeles; 828 Mesa, San Pedro; and 11338 Santa Monica, West Los Angeles.

* * *

- (19) Experience Unlimited
235 - 12th Street
Oakland, California 94607
Mr. Paul E. Herman

A cooperative group of executives, administrators, scientists, engineers and experts in various fields, who contribute to and benefit from weekly group discussions concerning how to seek work and current labor market information. Primarily all are from middle management and above.

* * *
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- (20) Parttime
1044 No. Waterman Avenue
San Bernardino, California 92410
Mr. R. S. Parker, Director

To secure gainful part-time employment for retirees by utilizing counseling and testing for new careers.

* * *

- (21) Senior Activities & Employment
210 Park Avenue
Escondido, California 92025
Mrs. Dee Furnal

To secure part-time employment for older persons. Counseling provided to utilize all skills and abilities.

* * *

- (22) Senior Placement Services
1685 Commercial Way
Santa Cruz, California 95060
Mr. Marshall Cheney

To obtain part-time work for older people and to serve older people when they need jobs done.

* * *

5. Other Programs

(a) In General

In addition to the programs discussed above, a number of other programs for the aging are currently under way in California. Some are sponsored and funded by private agencies, others are funded by a combination of private and public funds, and still others are fully funded by the Federal Government. While it would be difficult to identify all of the many worthwhile activities in this field, the material in (b) and (c) below is indicative of the total scope of these efforts.

(b) OEO Founded Projects

- (1) Greater East Los Angeles Senior Citizens Foundation
3864 Whittier Boulevard, Los Angeles 90023

In one component Los Angeles has developed an employment and training program. Over the course of a year, the project trains 120 older poor persons, mostly Mexican-American and Negro. The trainees are counseled, given 200 hours of instruction as nursing aides, and placed in jobs at hospitals, nursing homes, and community agencies. The project works through target areas in East Los Angeles. South Central Los Angeles also assists older poor persons to become involved in their communities.

Another component gives staff to EYOA to monitor aging programs in Los Angeles, including an NCOA, Senior Service Corps program, an East Los Angeles multi-lingual vocational training center, and a Foster Grand-parents program funded by HEW.

* * *

- (2) Community Planning Council
939 North Fair Oaks, Pasadena 91103

Pasadena operates a FIND-type outreach program. The staff of eight, which includes a social worker and four community aides, locates, counsels and identifies the unmet needs of elderly people in the Altadena-Pasadena area. The staff uses existing community agencies to assist in resolving special problems of the elderly. Ongoing program planning includes involvement in special housing needs for the elderly, food stamps, "getting the most" for the shopping dollar, demonstration of low cost preparation and serving of meals, and block social activities.

* * *

- (3) NRTA and AARP
215 Long Beach Boulevard, Andrus Building, Long Beach 90802

This is a project of the National Retired Teachers Association and the American Association of Retired Persons. Project W.O.R.K. has a diversified program using 23 personnel in agencies and 16 as community aides. It has four specialist component areas: (1) job referral, counseling, and placement in cooperation with the local Human Resources Development Center; (2) information and referral services; (3) friendly visiting outreach program; (4) consumer education and protection services.

* * *

- (4) Sonoma County People for Economic Opportunity
1617 Terrace Way, Santa Rosa

This program will be co-sponsored by four agencies: OEO, HEW, United Crusade and the Council on Aging. The funds from OEO will be used for outreach, health, and unemployment. Proposed funds from HEW will be used for transportation services of the elderly poor to wherever the aged must be transported. Council on Aging will provide for recreational activities and United Crusade will pay the salary for the overall coordinator and for recreational activities. The program will deal with: (1) loneliness, social and economic isolation; (2) untreated health problems or failing health; (3) unemployment, decreasing or inadequate income; and (4) immobility/lack of transportation.

Objectives: To raise the level of concern for the elderly poor by both the social and the legislative community; to link older people with various services available through existing service agencies; to enhance the community's utilization of untapped human resources and design and develop a five-year master plan for the continuing benefit of the older poor.

* * *

- (5) North Coast Opportunities, Inc.
P. O. Box 488, Ukiah

North Coast originally developed this program as a training project for nonprofessional welfare workers. Four aides were trained and have been working in relation to the Lake County Welfare Department. The staff helps locate aging poor persons, assess their needs and identify resources to meet those needs. They have helped organize several senior groups. They have arranged for limited bus services and for a nutritional program. They are working to have the surplus food program extended to Mendocino County, and a housing authority established for both counties.

* * *

- (6) Senior Opportunity Development Outreach
476 Park Avenue, San Jose 95110

Outreach program based on FIND concept. Information and referral through seven established neighborhood service centers. Program is very much oriented to minority groups.

* * *

- (7) Solano County Economic Opportunity Council
1027 Alabama Street, Vallejo 94590

The Senior Opportunity Service project in Solano County is a follow-up of a project FIND that interviewed 12,000 older adults, identified major areas of need, and made referrals to existing agencies. This Solano project developed a discount card program, which enables impoverished old adults to buy from some 200 Vallejo merchants at about a 20% discount. The project continues its outreach activities, utilizing a number of volunteers; has initiated classes in diet and pre-retirement planning; and is developing repair co-op clubs. The project has helped to create a county-wide senior citizens council.

* * *

- (8) EOC of Berkeley Area
2054 San Pablo Avenue, Berkeley

During the past year, the Berkeley project organized the Senior Association Group and Enterprises (SAGE), which operates through centers at recreation grounds in West and South Berkeley. The Center program is educational and also serves to concern itself with community problems like housing.

* * *

- (9) Economic Opportunity Commission of Imperial County
795 Main Street, El Centro 92243

The staff of the Senior opportunities project in Imperial County help to operate 11 senior clubs, three Spanish-speaking and eight English-speaking. These clubs, operated primarily by volunteers, make articles to give to shut-ins; have knitting classes; arrange for visits to sick older persons; and provide fellowship for isolated older persons. The clubs have become involved in local community issues, such as lobbying for sewage systems or for more parks.

* * *

- (10) Economic Opportunity Commission of San Diego County
861 Sixth Avenue, San Diego 92101

San Diego's Senior Citizens in Action project operates a varied educational and informational program from a multi-purposed senior citizens center. They have adult education classes in sewing, financial management, consumer education and diet. They also provide information and referral services to help older poor persons gain help in leading fuller, healthier lives. The project hopes to develop a health education program as well as a pre-retirement program. They are helping to merchandise articles made by the senior citizen sewing class.

* * *

- (11) Marin Senior Coordinating Council
914 - 5th Avenue, San Rafael

The agency has focused its efforts on community organization of senior groups throughout the community. They have divided their program into seven areas: Counseling, employment, housing, transportation, recreation-education, community service, and health. A staff member and an advisory committee are working in each area. They have sponsored two ballots for housing referendum within the community to provide additional units of low-income housing; they have an ongoing scheduled bus service throughout the community; and they are retraining senior citizens for paid jobs in convalescent hospitals as recreation staff. Between 1968 and 1970 they helped expand the number of senior organizations from six to 52.

* * *

- (12) South Alameda County Economic Opportunity Agency
1435 Grove Way, Hayward 94541

The agency serves seniors through: Meals-on-Wheels; general services; recreation; and food stamp distribution.

* * *

- (13) Monterey County Anti-Poverty Coordinating Council
6 West Gabilan Street, Monterey

Project New Horizons is a FIND-type outreach program designed to discover and to help organize the elderly poor, the largest portion of whom are Mexican-American and Filipino agricultural workers. From an initial emphasis on identification and counseling of the needy older poor persons, Project New Horizons has shifted towards development of senior centers, the establishment of adult educational classes, and the starting of Foster Grandparents and other community action programs.

* * *

- (14) Stanislaus County Community Action Commission
920 - 10th Street, Modesto

Information-referral program; counseling; recreational and social activities. Nine senior aides, all over 55, call on the elderly poor throughout the county to ascertain their health needs, living conditions, and what

interests they have. The project makes contacts and referrals to social service agencies, Social Security, and legal offices in their behalf; and informs those who are sick of visiting nurses' services.

* * *

- (15) Project SCOUT of Community Action Agency
128 Van Ness Avenue, Watsonville 95076

Project SCOUT is a follow-up of Project FIND. Elderly, outreach aides seek out elderly poor persons in Watsonville and Santa Cruz areas, inform them of services for which they are eligible, refer them to existing agencies, and offer friendly assistance. The staff is equipped to interpret Spanish and Filipino. In addition to their outreach work, SCOUT has developed educational programs on consumer problems, job opportunities, and language skills. The staff has helped to initiate a Foster Grandparent program and a Senior Crafts Cooperative. They have developed and funded a county-wide Commission on Aging which will provide staff for four senior activity centers, as well as doing community organization on a county-wide level.

* * *

- (16) Self-Help for the Aging
55 Fifth Street, San Francisco 94102

This program operates in all the target areas of the poverty program in San Francisco. The elderly community organizer aides distribute information and help to organize senior clubs and new services catering to the elderly poor.

* * *

- (17) Dependency Prevention Commission
County of San Bernardino
106 West Sixth Street, San Bernardino 92401

The goal of this project "HIRE" is to place the older persons in new career positions. Over the past year, this project has hired several dozen senior aides, secured training for them, and by a process of job-upgrading has also placed them as aides in the welfare and probation departments, in the school systems, and in senior centers. In addition, project HIRE encourages private employers to hire older persons, works to create new job opportunities in government and nonprofit agencies and provides an introductory training session for persons about to re-enter the labor market.

* * *

- (18) Shasta County Community Action Project
1134 Pine Street, Redding 96001

Shasta has developed an outreach program to identify and serve the needs of the elderly poor in this rural area. In addition to this basic outreach program, this project is moving in three directions. One, they are augmenting and training a volunteer corps to aid with nutritional and consumer education program; two, they are establishing an umbrella center as

focal point for activities; and three, they are establishing a gift shop where older persons can merchandise articles.

* * *

(19) Council of Older American Organization
1259 Broadway, Fresno 93721

Fresno has developed a learning and cultural center where older persons develop skills in various visual arts through a series of classes staffed by older persons skilled in these arts. In addition to the learning center and another center recently established at a Congregational Church, the project hopes to set up several other neighborhood centers to expand their services to more persons in minority groups. The school department has agreed to help fund some of the staff work.

* * *

(c) Special Research and Training Projects Funded by
Administration on Aging or other Agencies

(1)

NAME: Los Angeles Labor Retiree Research Report
ADDRESS: 2130 West Ninth Street, Los Angeles 90006

SPONSOR: Los Angeles County Federation of Labor, AFL-CIO

PURPOSE: To secure information that will produce a profile of the retired union members, determining their economic and social status, their educational and recreational opportunities, and their needs and desires in respect to programming for the present and the future; to determine the use that retirees make of existing services, the need for informational centers on services, and the desirability of establishing counseling service centers.

PROGRESS: Every 10th member on union member retirement lists was invited to come to the Machinists Building for an interview of approximately one-half hour. A total of 1,268 interviews were conducted.

With regard to retirement problems, 392 seniors cited Health, 385-Finances, 67-Having nothing to do, 33-Loneliness, 13-Other, and 377 seniors commented that they had no major problems at all.

Reasons for retirement included: By Choice - 420, Mandatory Age 404, Health - 389, Job Abolished - 34, Illness of Spouse - 12, and Other - 8.

After retirement, time devoted to the following activities increased: Hobbies, television, lodge or club activity, reading, adult education, visiting friends and civic participation.

Interest in future union sponsored activities included: Travel Tours 48%, Retirement Club 46.7%, Retirement Meetings or Dinners 42.6%, Social or Recreational Activities 30.1%, Educational or Cultural Activities or Events 13.3%, and No Interest in Any Such Activities or Events 20.3%.

Evaluation of their health: Good 48.8%, Average 33.7%, and Poor 17.5%.

Health comparison before/after retirement: Better than it was 23.6%, About the Same 57.1%, and Poorer 19.3%.

Housing: Own home 62.1%, Pay Rent 36.8%; Other 1.1%.

Main source of transportation: Own car 71.2%; Bus 23.7%; Dependent on others 4.5%; and Other .6%.

(2)

NAME: Techniques for Improving Nutrition in the Aged
ADDRESS: 9015 Fullbright, Chatsworth 91311
SPONSOR: ENKI Research Institute
PURPOSE: To assess relative costs and benefits of the different approaches being demonstrated (in some 25 projects) to improve nutrition among the aging; and to be supported under the Administration on Aging's Title IV grants.
PROGRESS: The project is management of all AOA nutrition programs, with research on the impact of nutritional effects on older people. Diet survey of older Americans also researched. Does not serve senior citizens directly.

Data collected and to be analyzed concerns participants, program techniques and procedures, and costs.

(3)

NAME: Department of Labor and National Council of Senior Citizens Grant
ADDRESS: 534 - 22nd Street, Oakland 94612
SPONSOR: Social Service Bureau of Oakland, Inc.
PURPOSE: To create socially useful part-time jobs in the community to be filled by low-income elderly (over 55) and to demonstrate what can be accomplished by retirees and the older worker and to project a positive image of the older adult. This project is funded by the local United Bay Area Crusade to the Social Service Bureau of Oakland and the Department of Labor through the National Council of Senior Citizens to the Social Service Bureau of Oakland. This is a pilot program, one of 19 projects across the country. Oakland is funded for 60 job positions to be utilized by nine different agencies extended services to the older adult.

Characteristics and number of people served: 60 senior aides are working in nine different agencies in Oakland. Approximately 1,500 to 2,000 older adults are served in this program. The senior aides are working in such agencies as Convalescent Hospitals. The Oakland Recreation Department Senior Citizens Program, the Social Service Bureau's Senior Action Project, and Residential Care Homes. Services vary from helping the people with their transportation, housing, employment, etc.

PROGRESS: The senior aides are able to bring a more accurate accounting of the needs of the older adults in the community back to the various agencies. The senior aides have become independent because of: The income from the job; and increases in their personal worth; a sense of belonging; an increased productivity in their retired years; and from their contributions to the community.

Topics considered: The problems of individual care for the elderly in the community. Finding the needs of elderly and helping to secure the services for them. The needs may be companionship, recreation, housing, employment, financial assistance, etc.

(4)

NAME: Hot Meals for the Elderly
ADDRESS: 427 West Fifth Street, Los Angeles 90013
SPONSOR: Senior Citizens Association of Los Angeles County

PURPOSE: To locate and involve seniors in a program directed toward providing "specific feedings of suitable foods". To provide, at the same time, nutrition education aimed at improving the dietary habits of the seniors. To find and isolate factors which most influence the eating pattern of the seniors. To test the use of the public schools to provide nutrition education for the older adult. To dispense information about Food Stamps and surplus foods. To act as an information and referral center for those seniors needing additional health and welfare services. To provide direct service and counseling. To provide the means by which the seniors affiliating with existing senior activities could provide a "self help" service to other seniors.

PROGRESS: An average of 75 seniors are served a day, one meal, four days a week.

These people are all "fringe" people, that is, they operate on a low fixed income. Some are now operating on \$500 a month, but some during their working years earned as much as three times (or more) per month and they are only getting by. In short, their standard of living is much lower now than during their years of employment. None are wealthy.

When they were funded for a three-year project, they received \$198,000. As of October 1, 1970, \$136,000 had been spent.

Ethnic characteristics: They are serving in four sites. In total, the breakdown would be: 50% Caucasian, 26% Mexican-American, and 24% Black.

(5)

NAME: Operation Reach-Out
ADDRESS: 427 West 5th Street, Los Angeles 90013
SPONSOR: Allied Senior Citizens' Clubs, Inc.
PURPOSE: To find older persons who have become inactive and socially isolated, and in the course of this effort test methods of improving their situation through cooperative efforts of private and government agencies, community and religious groups; to make a special effort to reach older persons whose normal stresses of aging are aggravated by poverty and increased social isolation.
PROGRESS: Goal for recruitment: To start clubs for older people and to help recruit club members. Achievement: Total of 25 clubs and 752 members, recruited mostly in 1968 in South Central and East Los Angeles areas of the county.
Goal for types of persons reached: To recruit club members who were aged, socially isolated, and poor residents of a poverty area. Achievement: All of those reached were residents of three major poverty areas; the majority were 65 years or older and received less than \$2,000 per year.
Goal for satisfaction of member needs: To bring club members a variety of interesting programs, and to acquaint them with community services and facilities. Achievement: Members feel that their clubs are an important social outlet, but the majority desire some new club activities. Member knowledge of how to find community services is low.

(6)

NAME: Social Work Teaching Grant in Services For the Aging
ADDRESS: 349 Cedar Street, San Diego 92101
SPONSOR: Field Center on Aging (San Diego State College)
PURPOSE: To give graduate students a broad range of experiences in dealing with older individuals.
PROGRESS: The project is unusual in that it utilizes a team approach of all field instructors working as a collaborative unit. It provides practical experience which will contribute to (1) a mastery of professional social work practice; (2) self-discipline in the administration of professional services; (3) the integrated use of knowledge, attitudes, and techniques in achieving social work goals; (4) a broad knowledge and appreciation of the functions of social work and through the use of this knowledge the center seeks to involve the students in providing an opportunity to achieve their goals. Thus, individual, group, and community organizations experiences are individually tailored to suit individual needs, characteristics and number of people served.

Students are initially assigned Old Age Security Cases with the San Diego Department of Public Welfare, and are also delegated to convalescent hospitals, Commission on Aging projects, Community Welfare Councils, the OEO funded Program, Project 45 HRD, Senior Adult Services, Ecumenical Council on Aging, Cedar Community Center, Central Christian Church, Senior Advisory Council, San Diego City Department of Recreation, Comprehensive Health Planning Association, Allied Home Health Services, Jewish Community Center, and the Social Security Office. The students attend workshops, such as Disabled Older Workers meetings, Volunteer Workshops, and Gerontological Society meetings. The entire senior population of San Diego is helped directly or indirectly by the services of these students. The project presently has 32 students enrolled at the three levels of education, 18 graduates are employed in senior citizen projects.

(7)

NAME: Commission on Aging of Community Welfare Council
ADDRESS: 520 E Street, San Diego 92101
SPONSOR: Community Welfare Council
PURPOSE: To improve conditions for San Diego senior citizens, based upon their needs, by liaison, implementation and research in response to a request from the Senior Citizens Advisory Committee.
PROGRESS: Professionals and community leaders are serving on the Commission. At their monthly meetings they:

1. Discuss and support pending bills concerning the welfare of senior citizens.
2. Become informed on existing services such as the Department of Public Welfare, etc.
3. Coordinate efforts of groups working for senior citizens.
4. Support and strengthen existing programs.
5. Cooperate with
 - a. The Mayor's Committee
 - b. The County Administrative Officer in establishing the County Department of Senior Citizen Affairs.
 - c. Project 45 (Employment Lab) of the California Department of Human Resources Development.
 - d. California Commission on Aging on local programs.
6. Disseminate information such as the State Senior Citizens' Property Tax Assistance Law to senior citizens by soliciting the help of local agencies both governmental and private.
7. Develop additional services such as
 - a. A Consumer Fair, "A Senior Citizen Happening".
 - b. Preliminary planning for the White House Conference on Aging.

The San Diego Commission on Aging is the advisory committee for Senior Aides Project, which is financed by the U.S. Department of Labor to assist 60 seniors of low income by placing them in part-time work with local nonprofit agencies. An important emphasis is on the permanent placement of senior aides.

(8)

NAME: Adult Development Research and Training Program
ADDRESS: U of C Medical Center, 401 Parnassus, San Francisco

SPONSOR: Langley-Porter Institute

PURPOSE: This is a research program with several research projects within. Some of the projects are pre- and post-doctoral training and the training of social science students in the adult development and aging processes.

Characteristics and number of people served: As a research project, they have contacted several hundred individuals.

Areas or topics considered: They are mainly concerned in processes involved in development of the adult and in transitional stages in life cycles. Such areas are "generation-gap" relationships, cross-cultural differences, and socio-economic differences.

PROGRESS: Several areas have effected policy changes; some of the notable changes are:

1. Development of the Geriatric Screening Project at the San Francisco General Hospital.
2. Helping to find funds to establish the Geriatric Psychiatric Outpatient Program Development (no longer funded) but fragments of it are available through Dr. Elliot Feigenbaum, University of California Hospital Out-Patient-Adult-Clinic.

(9)

NAME: Summer Institute for Advanced Study in Gerontology
ADDRESS: USC, University Park, Los Angeles 90007

SPONSOR: Ross-Moor-Cortese Institute for Study of Retirement and Aging

PURPOSE: To make it possible for professionals now engaged in a variety of fields serving older people to increase their knowledge and skills in behavioral, social, biological and administrative areas of aging. The institute will enlist outstanding faculty, drawing upon authorities from many other colleges and universities during their free summer time.

PROGRESS: The participants answered detailed questionnaires at the conclusion of the session, and gave it a vote of excellence.

The first two weeks covered the Introductory material, "Concepts and Issues in Gerontology"; the second two-week cycle ran five concurrent courses in the fields of biology, sociology, psychology, economics and scientific computing; and the third two-week cycle ran four concurrent courses in the fields of physiology, urban ecology, psychology and social policy and administration.

(10)

NAME: Educating Social Workers in Community Work With Aging
ADDRESS: 120 Haviland Hall, University of California, Berkeley
SPONSOR: Regents of the University
PURPOSE: To prepare professional Social workers to work in the field of aging with special expertise in community organization and administration. This is a two-year program which includes academic class as well as internships specifically geared with concern for the aging population.
PROGRESS: The Faculty assumes their own role of being active in the communities. Two and a half ($2\frac{1}{2}$) faculty members are regularly participating in community organizations and groups concerned with the aging. Their primary activity is restricted to the Bay Area.
The aging population and the aging process are separate from the problems of the aging and appropriate Social Work methodology in problem solving is the area the project considered.
Accomplishments due to the project: (1) Initiation of curriculum concerned with aging has developed into a full two-year program. (2) At the present time, seven students have been awarded their MSW in Aging. Some employment has been found in aging.
Interns: A total of 20 students are in the program. They work in agencies concerned with initiating and developing programs of direct service to the aged.

(11)

NAME: Regional Training of Leaders To Work With The Aged
ADDRESS: U of Calif Extension, 106 South Hall, Davis
SPONSOR: Regents, University of California
PURPOSE: 1. To extend knowledge of the aging processes and the biological, psychological, personality, health, and social changes that occur in aging.
2. To provide trainees with information about federal and state programs and resources, with local community programs and services for the retired and the aged in housing, recreation, health, welfare, financial management, employment, and transportation.
3. To inform persons designated as leaders as to their opportunities and to give guidelines for planning, using state and community resources; to furnish basic tools for preparing "community resource inventories" and "client summaries".
4. To begin the planning and inauguration of the University Extension Curriculum which would prepare educational specialists in aging.

PROGRESS: The first year of the program was devoted to information-gathering of resources and facilities in the region (by sub-region) and to training individuals as counselors in community organization and development in problems of the aging. Training was accomplished through an intensive short course and through use of a traveling faculty and holding follow-up conferences in sub-regions.

All services to Senior Californians were discussed by all invited participants.

The sub-regions where training seminars were held are as follows: Redding; Stockton; Oroville-Orland-Chico; Yuba City-Marysville; Modesto-Turlock; Mt. Shasta-Dunsmuir-Weed; Auburn-Nevada City-Grass Valley; Sacramento-North Sacramento-South; and Tahoe City.

Approximately 1,068 participated in these 10 regional training seminars.

The end result was an educated and trained group of community leaders who took back to their respective communities an awareness of the needs of older adults and the know-how to start and expand programs to benefit Senior Californians.

F. Training

The critical shortage of persons trained in the field of aging continue to limit the progress that could be made today and to inhibit the potential for future program expansion. It is estimated that less than 20% of all individuals employed in programs serving the aging have had any formal training for their work. The problem will become more acute as future program expansions double and triple the demand for qualified help.

The Federal Government, working through the Administration on Aging has sponsored a limited number of both long-term and short-term training programs on aging. A total of 71 Title III training projects during fiscal 1970 provided short-term training for over 15,000 persons. Title V supported training programs were carried on in 18 universities across the country in 1970. These latter programs, concerned primarily with career preparation, reached 370 graduate students and 850 short-term trainees. Information concerning details of these programs can be obtained by writing the Administration on Aging.

An analysis of these training programs indicates that they are basically designed for those working in the field of aging, about to enter employment in the field, or otherwise already committed to a career therein. Still critically needed are general courses at all levels of the educational process for students who are not committed nor in fact may ever be committed to a career in the field of aging.

Such courses would serve two beneficial purposes. The first would be to introduce more students to aging in general and thereby stimulate more career entries into that field. The second beneficial purpose would be to stimulate more general awareness of the problems and needs of the aging among our student population.

If but one generation of Americans grew up with an appreciation of the reality of aging, long sought reforms and needed financial assistance would be more readily obtainable.

Sensitivity to the needs of the aging can only be acquired through an awareness of the problems that confront them, and such awareness can be greatly enhanced through formal education. All too often our youth oriented society's negative attitude toward the aged, and aging, are passed from one generation to the next without thought or evaluation. Here again, the intervention of the formal educational process could reverse this senseless and self derogating phenomenon.

Every segment of society should be sensitized and educated to the facts of the full-life cycle, to the physical and psychological processes of growing up, of the middle years, of aging, and of the fact that every stage of life offers equal but different challenges and rewards. It is submitted that courses in gerontology at all levels of the educational process would make a significant contribution to reshaping current national attitudes toward the aging. The following suggested core curriculum, prepared with great aid and assistance from Miss Carol Pogash of the Institute for Local Self Government and Mrs. Bea Shiffman of the National Council on the Aging is offered as a starting point for the development of such courses of study.

A CORE CURRICULUM IN GERONTOLOGY

HUMAN GROWTH:

A philosophical and technical course that focuses on a study of the life cycle with emphasis on the aging process. Coverage of the physiological and biological evolution both of the body and the mind. Special attention given to the transitional period from middle age to old age: changes in learning and motor skills, and intelligence. Discussions of diseases that afflict the elderly, including that of senility and the factors which cause it.

PSYCHOLOGY OF AGING:

A study of the attitude and behavior changes that accompany the aging process: the critical transition from an active to a more passive existence; the pursuing problems of one's lessened importance in society and deflated self perception; role ambiguity and one's diminished sense of personal worth. Use of Eric Erickson's theory on the chain of needs to mental health as applied to the aging individual. Analysis of the emotional fury and rage of the elderly that causes such a high proportion of mental illness; loneliness and other withdrawal symptom which afflict the elderly; the problems of maintaining maximum security, dignity and independence, and coping with their absence; the importance of allowing the individual a wide choice in determining his own fate.

SOCIOLOGY OF AGING:

Analysis of the aging and their place in society as it now is and as it ought to be. Focus on the factors that determine societal attitudes toward the aging: national wealth, tradition, family patterns, etc. Attention given to the aging individual in his environment as he relates to his peers and to the

younger community: his integration in and isolation from society; the gradual withdrawal and inwardness that characterizes his existence; the limited choice offered; the independence of the dependent individual vis a vis society; the use of groups as political and social communicators; the use of organizations, counseling services, etc. Study various life styles for the aging including retirement practices (employment and housing), family patterns and group relationships. Survey of demographic aspects: population changes; and rural and urban density.

POLITICIZATION OF THE AGING:

A course that describes the potential influence of the aging as a group that could become functional. How a political reawakening could be developed and the benefits of such a scheme: sensitizing the elderly to their common needs; strategies on how to have them satisfied; discovering the commonality of problems and aligning with other groups. Learning to understand: how to be heard; how to make allies; how to deliver votes; how those who are aging and unemployed change their political outlook on a liberal conservative spectrum. Consider the possibilities of education for the public at large; community development and organization by and for the aging. Analysis of case studies from community experiments.

HISTORICAL ANALYSIS OF THE AGING:

The course is offered to give the student a perspective by studying how the aged in other societies have been treated. Beginning with biblical commentaries, and focusing on more recent cultural attitudes. Providing an anthropological view of various societies. Updating the study with analysis of the treatment of the aging by immigrant groups, religious sects and minority populations in America in their respective communities, including: Black, Mexican-American, Indian, Jew, Catholic, Russian, European, Chinese, etc., (overlapping categories).

PUBLIC POLICY FOR THE AGING:

Detailed analysis of the governmental policies that affect the aging: what are the needs; how are they met; which ones go unsatisfied; how local, state and federal governments are functioning in the field and how they could or should be functioning. Could be a four semester (quarter) course, devoting each time period to one of the four study segments described below:

EMPLOYMENT-INCOME:

Study of the civil service laws and private standards that work against the elderly: locking people out of jobs based on age and not on mental alertness; the problems of unemployment and how the abundance of time and lack of money affect the able and aging individual; the valuable manpower resource which the elderly represent; possible reforms; innovative governmental projects that utilize the manpower of the aging to satisfy other social service needs (day-care centers, hospitals, etc.)

HOUSING:

Study the policies for public and private housing as they now exist: should housing for the elderly be isolated or integrated into the community; retirement villages -- pros and cons; how aging individuals are affected by new surroundings, forced moves, isolation. Analysis of special problems with housing plans for the aging: alternative types; case studies; costs of housing and expenses for the elderly.

HEALTH:

Learn about governmental efforts at rehabilitative and preventive medicine for the aging: what is and what could be done. Study the problems that confront the health agencies: how to inform the aging community of the available services (health education); how to provide them with the services

(satellite health centers, doctors aides); how to discover what needs they have that are going unmet (survey). Concern with nutrition and the aging. Analysis of new and pending federal legislation--medicare.

TRANSPORTATION:

The need for the elderly individual who is physically able, to remain mobile and the problems therein: lack of funds, poor health, need for safety and accessible transportation. How the public transportation in certain parts of the country has improvised to meet these needs. Experimental efforts in major cities: problems and successes.

PLANNING FOR RETIREMENT:

A nonconventional plan to prepare people from the time they are young to understand their later years and to prepare for them. To develop self creatively and inwardly. For those who have already arrived at that age, to teach them how to cope with the transition and change: what to do with leisure time; the lack of a substantial income; the lack of co-workers around; no work to occupy the mind. Emphasis placed on life long learning so that the liberal arts education is a continuing one. Discussion of training and retraining people during the later years. Equalizing job opportunities for the able and willing individual.

FIELD WORK:

This course is the backbone of the curriculum because it most deeply and expediently sensitizes the student. Accompanied by a weekly seminar for common and personalized discussions. Could consist of a group survey to analyze the needs of the elderly in a specified segment of the community; or working in an old age home; assisting in providing services, i.e., working in a health clinic; community development; political or health education; etc. Unlimited. Negotiate with instructor to determine the value of a project in terms of credits. More credit if evaluation paper written.

G. Preventive and Supportive Services

1. In General. The major expense of any health care program is hospital and nursing home care. The national average cost in the U. S. of maintaining a hospital patient for one day leaped from \$9.50 in 1946 to more than \$81 in 1970. It is expected to approach \$100 per day in 1971, and rise each year thereafter. The cost of nursing home care is also on the increase. Even if over utilization were completely eliminated, the costs of such are to the tax supported Medicare and Medical programs would still be staggering. Furthermore, there is every indication that the demands for such services will escalate just as rapidly as have the per diem costs. The increasing life span, which may include more years of dependency, is one contributing factor. The current American syndrome of institutionalizing every problem, whether for illness or convenience, is another. The avoidance of the need for such expensive services is thus essential if the public can be expected to continue its financial support. A plan which helps keep a person healthy is much better than one which only treats him after he is ill. In the field of aging, a parallel, but interrelated program that keeps a senior active in his own environment, is better than one that forces him into an institution. Not only is such a program likely to be less expensive, it is generally better for the overall health and emotional stability of the prospective patient. The development of viable alternatives to institutionalization is thus essential.

2. An alternative to institutionalization. A person enters a hospital or nursing home for one reason: he cannot care for himself, or be adequately cared for by others, in his home. It may be that needed medical care is only available at a hospital. But it may also be a matter of convenience where the patient does not require critical treatment as much as the availability of health services if the need therefor arises. Under our present system it is generally more convenient to send the patient to the services than to send the services to the patient. Recently conducted pilot programs indicate that many situations occur where the opposite may be as satisfactory, if not preferable. A coordinated, cooperative official and well supported community program offering assistive, supportive, preventive, sustaining and protective services offers the best alternative to our present institution-oriented system. Such a program should be founded on a true partnership between the public and private sector and should involve both general and financial assistance from all levels of government. Such a program could result in savings of millions of dollars and also enable a greater number of our seniors to live out their lives in decency and dignity freed from the devastating crush of fear, insecurity and loneliness which contributes to both the incidence and severity of their illness and incapacity.

3. Examples of preventive and supportive services. It would be impossible to list all the services that might be provided in every community. They will vary according to different local situations and changing needs. They should, however, cover a wide range of health and social services that will enable the senior to maintain as normal a life pattern as possible. The following are typical programs which serve these needs:

-- Meals on wheels. It has been well documented that one good hot meal a day is about the cheapest preventive 'medicine' we have.

-- Home health care. The delivery of medical and para-medical services, including visiting nurses and home keeper services to the senior in his own home.

-- Neighborhood diagnostic and out patient treatment services. The early detection and control of developing illnesses will enable the avoidance of more expensive institutional care.

-- Social programs and activities. Organizing social programs in the neighborhood and within easy reach, is an effective way for preventing the effects of severe loneliness and feeling of abandonment that afflicts so many seniors.

-- Adequate and useable transportation. Much progress has been made in this field, but much more needs to be done.

-- Referral arrangements and Hot Line services. A community or volunteer maintained telephone services that can answer inquiries as to available services and serve as a contact point for emergencies.

-- Day care, night care and respite (vacation) care. Establishing facilities for intermittent use by seniors who are living with adult children or other family members. In this connection, thought should be given to development of a program providing financial assistance where needed to families so they can care for their elderly at home.

NOTE: The footnotes and Appendices have not been completed for inclusion in this draft. They will, however, be a part of the final document, as will the conclusions and recommendations of the conference.

