

USEFULNESS OF THE MODEL CITIES PROGRAM TO THE ELDERLY

HEARINGS
BEFORE THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE
NINETY-FIRST CONGRESS
FIRST SESSION

PART 7 — WASHINGTON, D.C.

OCTOBER 14-15, 1969



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Part 7—Washington, D.C., October 14-15, 1969.

(Additional hearings anticipated but not scheduled at time of this printing.)

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USEFULNESS OF THE MODEL CITIES PROGRAM TO THE ELDERLY

TUESDAY, OCTOBER 14, 1969

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, D.C.

The special committee met at 10 a.m., pursuant to call, in room 4200, New Senate Office Building, Senator Frank E. Moss presiding.

Present: Senator Moss.

Staff members present: William E. Oriol, staff director; John Guy Miller, minority staff director; and Val Halamandaris, professional staff member.

OPENING STATEMENT BY SENATOR FRANK E. MOSS, PRESIDING

Senator Moss. The hearing will come to order.

Today with the testimony to be taken, and the testimony that we will receive tomorrow, the U.S. Senate Special Committee on Aging will continue its hearings on the "Usefulness of the Model Cities Program to the Elderly."

Our first hearing in Washington, D.C., last year provided us with many expressions of good intent and examples of preliminary planning. The program was then in its early days. It was for this reason, in fact, that the committee chairman, Senator Harrison Williams, asked me to make certain that the elderly would be remembered even in the initial stages of priority-setting and issuance of grants.

Since that time the committee has gone into the field. We have heard from the elderly and from local officials in Seattle, Wash.; Ogden, Utah; Syracuse, N.Y.; Atlanta, Ga.; and—just a few weeks ago—in Boston, Mass.

In each community we have encountered similarities: for example, the large number of low-income elderly in central urban neighborhoods.

And in some communities, we have heard of programs rich in promise; for example, the employment of the elderly in day care centers in Atlanta and the designation of a Council of Elders in Boston to serve as the official coordinating agency for programs on aging in the model neighborhood there.

Given such testimony, the committee can expect to issue a report which will be rich in practical examples and first-hand expressions of need.

But, even as the committee makes ready to issue a document urging widespread recognition of the needs of the elderly in model cities planning and programing, we can't blind ourselves to the fact that

grave questions have arisen about the direction and level of support for the overall model cities program.

The fate of the model cities program has been in question ever since the new administration took office, despite many statements about "new directions" and support for the basic concept. Too often we are provided with an announcement of a cutback on one day and a denial soon after.

"SLOWDOWN AND STRETCHOUT"

That is exactly what happened a few days ago when the New York Times issued a story saying that a 42-percent reduction in spending estimates would be made for the fiscal year ending next June 30. The Times described the move as a "slowdown and stretchout."^{*}

Sure enough, statements were issued saying that the \$215-million reduction was not a reduction at all. It would simply allow the administration to authorize use of funds on a timetable to its liking.

It is fortunate that we have spokesmen for the administration here today. I want to find out exactly what the announcement for October 1 really meant.

I would also ask the witness for the model cities program today to heed the warning given by the Douglas Commission in a report issued in December 1968.

After pointing out that the model cities program attempts to replace the traditional program-by-program approach by putting funds and activities under a concentrated program planned and conducted at the municipal level, the report warned of two pitfalls, and I quote:

"The first is the danger that the program will become bogged down in the planning process and planning terminology at the expense of action." * * *

"The second major problem, and one which affects the first, is that of funding. It is vital to fund the amount authorized for at least two reasons. Unless there are enough funds to carry out programs, model cities will become nothing more than a talking and planning program.

"It is the promise of funds and the receipt of funds which provide the incentives for cities to focus their efforts in a concentrated area, to develop innovative programs and to foster the active involvement of neighborhood funds.

"Funds are vital to success. Without them, no amount of planning will build houses, collect garbage, train the unemployed, or educate children. The promise of the program can result in performance by the cities only if the funds are forthcoming."

QUESTIONS ABOUT THE FUTURE

In addition to bringing the Douglas Commission observations to the attention of the administration witnesses, I will also pose several questions:

What efforts are being made to coordinate model cities programing and planning with Office of Economic Opportunity Community Action programs and other individual OEO projects?

^{*}See N.Y. Times article, p. 633.

How good a job is being done in making use of whatever resources may be available, including private voluntary service organizations?

Are the elderly heard from in most communities? Are efforts made to insure that they are adequately represented?

What assurance can you provide that a program for the elderly, once begun, will continue to serve them?

I have other questions which I will save until the first panel of witnesses conclude their statements. I am curious, for example, about the success thus far of the new agreement by the Model Cities and the Administration on Aging to assure the full involvement of the elderly in the model cities program.

With that brief opening statement, I will call Mr. Floyd H. Hyde, Assistant Secretary of the Department of Housing and Urban Development, and Mr. John B. Martin, Commissioner of the Administration on Aging and Special Assistant to the President on Aging.

Will these gentlemen come forward? I understand that there is to be one change here.

Mrs. McGuire, are you coming to the table, too? We would be pleased if you would.

Would you introduce all the members of the panel now, and then proceed.

STATEMENTS OF ROBERT H. BAIDA, DEPUTY FOR MODEL CITIES AND GOVERNMENTAL RELATIONS AND JOHN B. MARTIN, COMMISSIONER, ADMINISTRATION ON AGING; ACCOMPANIED BY DANIEL SCHULDER OF THE MODEL CITIES ADMINISTRATION; MRS. MARIE C. MCGUIRE, RENEWAL AND HOUSING ASSISTANCE, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT; AND SIDNEY GARDNER, CENTER FOR COMMUNITY DEVELOPMENT, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Mr. BAIDA. Mr. Chairman, my name is Robert H. Baida. I am the Deputy for Model Cities and Governmental Relations. Assistant Secretary Hyde is home sick today and I am a substitute for him.

To my left, Commissioner Martin, and to my right is Dan Schulder of the Model Cities Administration, and to his right is Mrs. McGuire of Secretary Cox's office.

To the far left is Mr. Sid Gardner of HEW.

Senator Moss. Thank you very much. You are all welcome. We are sorry that Secretary Hyde is ill but very happy to welcome you, Mr. Baida, to take his place here this morning.

Mr. BAIDA. Thank you, Mr. Chairman. I welcome the opportunity to appear here today on behalf of Assistant Secretary of HUD, Mr. Hyde, and to outline the policies which we in HUD are pursuing and intend to pursue to insure equity for the elderly in the model cities programs.

With Commissioner Martin, I would like to outline the mutual efforts of the Model Cities Administration and the Administration on Aging to upgrade the performance of the model cities program in regard to the aging.

The model cities program is a comprehensive attack on the social, economic, and physical problems of selected areas. It does not stop

with the "job" solution or "housing" solution or "transportation" solution, rather, it relates all of these needs to a comprehensive plan to upgrade the life of a neighborhood.

With the low-income aging persons in the model neighborhoods this approach is most vital. Their problems are so often multiple and interrelated, the need for health services is often vitally linked to inadequate transportation facilities to bring the person to treatment centers. Inadequate housing often contributes to the health problems of the elderly. A lack of job and recreational opportunities often contributes to the deteriorating health problems of the aging—in short, the comprehensive nature of the model cities approach.

We are most concerned with justified criticism of the public services to the elderly such as poor diet, inadequate housing, medical assistance.

Secondly, it is our policy to review the submissions of cities in the light of the needs of all groups within the model neighborhood. A program would not be considered comprehensive if it fails to analyze and meet the needs of all significant groups within the neighborhood. As this committee knows, the elderly, the low-income older American is one of the most significant of the poverty groups within our cities. It is a group that no model city can disregard in a comprehensive program.

This committee perhaps more than any other body in the Nation is aware of the difficulty of serving and involving the elderly, especially the low-income elderly in publicly supported programs.

Too often health centers established to serve the whole community turn out to be child care, obstetrics, without the capacity to serve the health needs of the chronically ill. Too often federally supported employment programs concentrate their activities on youth to the exclusion of middle-aged and older unemployed persons. Private efforts such as the welfare rights movement neglect the elderly even though old age assistance participants are the largest number of recipients.

We believe that the model cities program has made significant approaches to the needs of the elderly within the model neighborhoods. The model cities staff is preparing a complete breakout of aging components of funded cities. Our preliminary analysis has been able to identify over 50 components in the first 30 cities funded which directly or indirectly will benefit the aging. These programs deal with the problems of health, employment, transportation, housing, leisure time, consumer choices, homemaking, coordination of older persons services, and the like.

However, we are not convinced that these programs adequately interrelate need and solution. Too often the components in some of the older model cities tend to be isolated projects meeting one or more pressing needs of the aging within the neighborhood. In almost no city has the program indicated a systematic examination of the across-the-board needs of the elderly and a long-term plan to meet these needs.

Too often the plans have neglected to show how existing services are being reexamined and reshaped to better serve the elderly. In too few cases have the elderly themselves and the agencies which have been serving the elderly been involved in the planning of the program.

Finally, too many of the programs will show a single component for the elderly and then fail clearly to show how the other components—employment, housing, legal services, health, consumer affairs,

physical planning, economic development—will be certain to serve the elderly as a major interest and need group in the community.

Some months ago Commissioner Martin and Assistant Secretary Hyde met to discuss their mutual concern with the model cities program and effectively involve all possible resources to serve the aging. We believe that some concrete results have been achieved.

RESULTS THUS FAR

First, in six States—Connecticut, Michigan, Pennsylvania, Georgia, New Jersey, and California—Statewide meetings of city demonstration agencies and older persons groups and agencies were planned. These meetings will be held under the joint sponsorship of the Administration on Aging and the Model Cities Administration at the Federal and regional levels and under the sponsorship of the State agencies on aging and the model cities at the State level.

Out of these meetings we hope to achieve an acceleration of comprehensive planning with and for the elderly and specialized agencies. We hope to link the resources of the State agencies and their grantees with those of the city. We hope to achieve far better coordination of efforts of the Federal and State agencies to serve the aging through the model cities program.

These meetings, the first of which is scheduled for the 22d of this month, will be completed by early December. Out of these meetings we hope to achieve clearer interagency guidelines and program approaches to meet the needs of the aging in model cities. We hope to extend these kinds of meetings to all 50 States in the coming months.

Secondly, in cooperation with the Administration on the Aging, the School for Social Work at the University of Syracuse and the City Demonstration Agency of Seattle, we are collaborating on a national model cities program development conference to be held in December. Some 10 to 15 model cities together with top private and governmental agencies hope to achieve clearer definitions of program approaches to the needs of older Americans in model cities programs. We will use this conference as a training vehicle for model cities regional staff.

In addition, we have been working with the University of Syracuse and the Administration on Aging on the development of program guidelines for model cities. This effort is, incidentally, being funded through a contract between the University of Syracuse and the Administration on Aging. This is an example of interagency effort.

Third, we have tentatively allocated some \$200,000 in the model cities program for technical assistance in the field of aging for fiscal year 1970. This marks for us a major emphasis program in the current fiscal year.

Fourth, we are planning to utilize on an increased basis the services of the regional HUD social service advisors who are now fully acquainted with the needs of the elderly through their work with the senior housing program, together with the work of our own model cities regional social service advisors, Mrs. McGuire's staff, and a new professional will be added to our own program development staff so that our national HUD staff can begin to make the program inputs that we so vitally need.

While much of this represents substantial progress we cannot with confidence say that it represents a full response to the need.

AGED DENSITY IS HIGH

In research submitted to this committee during 1969 we showed that in some model neighborhoods as much as 26 percent of the populations are over the age of 65 and in some cities 90 percent of the elderly are old-age assistance recipients. If you reduce the age of the target population to 55, as has OEO, we may be talking about more than a third of the population in some neighborhoods. We believe that such concentrations of older persons in many cities requires clearer policy and guidance to the model cities agencies on what they must do to show equity for the elderly in the development of their programs.

Assistant Secretary Hyde has therefore asked the model cities staff to develop a policy guideline in this area, which will be issued by the Model Cities Administration by the end of this year to all cities participating in the program.

In conclusion, for Assistant Secretary Hyde I want to thank the committee, and its staff for their efforts in the conduct of the model cities program. We believe that the program offers a new laboratory to test out new ways to involve and serve the elderly. We believe that the program offers an effective mechanism to coordinate and consolidate Federal, State, and local services on behalf of the elderly. Through cooperation with the Administration on Aging as well as with other public and private agencies we think that we can achieve the goal of a materially secure life for older Americans together with full participation as members of the urban community. We welcome this review and your concern.

Thank you, sir.

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

On these meetings with the cities that you are going to start, would you spell that out a little more for me? I am not sure of just what the subject matter of the meeting is going to be in those various cities.

Mr. BAIDA. Mr. Chairman, I have not participated in the planning for these meetings, although I know that Mr. Hyde and Mr. Schulder have, with Commissioner Martin. May I defer that question to Commissioner Martin?

Senator Moss. Yes, certainly. Mr. Martin?

Mr. MARTIN. These meetings, Senator, are designed to bring together everyone in six States across the country who has anything to do with the model cities program and that part of it which would have to do with aging. Their purpose is to initiate discussion about the urgency of developing adequate comprehensive aging components in the model cities plans.

In the past the suggestions and the efforts made have been relatively inadequate to the need. We have found it important to people in the field to understand the policies of the Department of Housing and Urban Development, Model Cities Administration, relative to older people. There are older persons in most of these model cities in large numbers. Therefore their needs must be identified and the plans submitted must reflect a comprehensive program to meet the need.

The Model Cities Administration is indicating that it will review these plans from that standpoint. Under the agreement which Mr. Hyde and I worked out, the Department of Housing and Urban Development agreed to hire a consultant on their staff to examine the plans as they come through for this very consideration. This is a very important step because it has not been the case in the past.

Generally speaking, many of these city planning agencies tend to be youth oriented and the needs and interests of older people have been pretty much neglected. So that is the general purpose of the meetings.

Senator Moss. Mr. Oriol has a question he would like to ask at this point.

Mr. ORIOL. Commissioner, does the appointment of this consultant within HUD in any way change the review process within HEW by AOA?

Mr. MARTIN. No, it is not contemplated that it would necessarily change that review process, but it does put someone in HUD who will be looking at the plans from this particular standpoint.

Senator Moss. Would this alleviate situations such as we had in Ogden? We had hearings in Ogden, Utah, and they had an application but it was not approved, and yet this community had mobilized its city leaders and had a great deal of activity there, and had in good faith tried to present an application that would be approved, and they had, I think, very widespread support there in the city. So one of the problems is this sort of cumbersome and difficult procedure of getting the application in shape and getting it through and approved.

Now I wonder, will this tend to relieve that, do you think?

Mr. MARTIN. I think it certainly will so far as the question of an aging component is concerned. I don't know the reason why the application from Ogden was not approved. But the arrangement between the Administration on Aging and the Department of Housing and Urban Development with respect to provisions for older people does not change the general process of review except for now assuring a specific policy regarding older people.

Senator Moss. Well, the people in Ogden told us one of the problems was the scattering, as it were, of the regional offices. I think they pointed out that the HEW regional office in which Ogden fell was in Denver and the HUD regional office was in San Francisco, and the OEO regional office was in Kansas City, so they had all these places to go.

Mr. MARTIN. I think that is the reason, sir, that the President has indicated that he wants the regional offices of Federal agencies in the same place for each region. His intention is to avoid just that very difficulty.

Senator Moss. There is much to recommend that. You can see the long distances they are away, some look east, some look west from Ogden, and they are a thousand miles or more apart.

Mr. MARTIN. Yes.

Senator Moss. I may have some additional questions, but we would like to have your testimony if we could, Commissioner. We appreciate the fine statement of Mr. Baida.

STATEMENT OF MR. MARTIN

Mr. MARTIN. Thank you, Senator.

It is a pleasure for me to appear here with Mr. Baida on behalf of Mr. Hyde, because we consider this program to be of maximum importance in the development of programs for older people.

I believe that if in 150 cities throughout the country which are designated as model cities, every one of them had a comprehensive program for the aging we would have a very fine aging program spread across the country. So I am deeply concerned that these Federal programs are related to one another and that they yield maximum benefits for older Americans.

The model cities program is a most important tool to test various means of doing better by our older people than we have for a number of reasons. I mentioned the fact that large numbers of older people live in these model cities areas. The figure runs anywhere from 15 to 30 percent of those over 60. I am submitting an appendix with my prepared statement which contains information on our progress to date.¹

Since older people often have severe transportation and mobility problems, provision of accessible services in model cities neighborhoods are of particular value to them. Also increased health and welfare services and improved housing, if we can bring them about, will assure improvements in older people's ability to remain independent for longer periods, and this "ability to remain independent" is a major thrust of the Administration on Aging. We want older people to remain in their homes, not to be institutionalized.

Speaking as a representative of the Department of Health, Education, and Welfare, I would like to briefly summarize the most important steps the Department has taken in the model cities program which will benefit older people.

As you know, the Center for Community Planning has primary responsibility for coordinating all HEW activities in model cities. Mr. Sid Gardner is with me this morning, and can answer questions on the overall program in the event you have questions which are beyond my information.

The center has actively worked with the Administration on Aging in focusing attention on the needs of older Americans in the model cities planning process.

The Social Security Administration has been very active in all phases of model city planning. Fifty-seven of the 182 branch offices are located in designated model cities areas. In 132 model cities, encompassing 139 projects, social security district office managers and assistant managers are serving as the community liaison representative. In that capacity they are the link between the Federal and local levels for model cities activities and they are the principal information resources in the community.

REPRESENTATIVE PAYEE PROJECT

A cooperative project between the Social Security Administration and the Administration on Aging entitled, "Senior Service Representa-

¹ See page 677.

tive Payee Project" is now in its beginning stages in the Cincinnati model cities area. It is designed to demonstrate the extent to which well older people—people who have good health—can provide visiting and other supportive services to incapacitated older people in nursing homes and highrise apartments. The project director receives the social security checks of the elderly involved. She first pays the nursing home expenses, and then holds a small amount for incidentals which they buy for the beneficiary.

The project director is accountable to the Social Security Administration. This project hopefully will serve as a model for projects in other communities to: (1) Improve the delivery of social security benefits to aged SSA beneficiaries unable to manage for themselves; and (2) provide supplemental income and a meaningful role in retirement to well older people.

The Social Security Administration's Bureau of Federal Credit Unions and the Administration on Aging developed "Project Money-wise Senior," a consumer education model for use by State agencies, community organizations, and model cities.

So we are working closely with them in the model cities areas.

The U.S. Office of Education serves older persons primarily through adult education, community services and continuing education programs. Others are reached through its library services and its manpower development programs. It is impossible to accurately report numbers of older persons benefiting from Office of Education programs since few courses or projects are designed for one age group. The Office of Education reports that 12 percent of all students in adult basic education in fiscal year 1968 were over age 55 and there has been a 1-percent rise in participants over age 65 for each of the 3 years since 1966. In the community services and continuing education programs there are 16 model cities projects in 14 States. Two significant efforts are the training of local persons to upgrade their level of participation in model cities activities and the support of conferences on various problem issues in the model cities planning process. A full-time coordinator of urban education and community services programs now serves as a focal point through whom the advocates of older Americans can address themselves to the decisionmakers in the field of education.

The U.S. Public Health Service is deeply involved in model cities activities. Of the designated model cities demonstration areas, 73 have existing community mental health centers that serve all or part of the designated model neighborhood area. Therefore, a significant number of model neighborhoods have mental health service available to the aged.

SPECIALIZED HEALTH SERVICES

Since health community data show a larger than usual proportion of aged in model city area populations, specialized services for the aged may need to be established. Special services for the aged are eligible for Federal funding just as for children, alcoholism, delinquency, and drug abuse service. Significant portions of the service of more recently funded community mental health centers, serving model neighborhood areas, are focused on high-risk geriatric groups.

While the focus of the regional medical program is not precisely on model cities, the fact that this program has been highly involved with improvement of services with respect to heart, cancer, and stroke, means a significant benefit reaches the aged.¹

Mr. Chairman, these are a few highlights in HEW agencies. I now would like to discuss the programs and plans in the Administration on Aging as the focal point of this Nation's commitment to the aging.

I believe that the city demonstration agencies can have a great impact on the lives of older people but only if older people and their problems are part of the planning. They must be aggressively involved in all levels of planning and program implementation.

When I first became Commissioner on Aging, I gave immediate attention to the relationship between the Administration on Aging and the model cities programs that were going on in the various States, and it was apparent that there were three levels of activity to which we ought to pay attention. The first was that visibility had to be gained for the aging in model cities planning. This was difficult to do because, as I said before, most of these planning committees are made up of younger people and older people are less likely to be vocal, less likely to speak up and less aggressive in putting their needs forward. But we have achieved this in some measure and hope to achieve greater visibility for them.

Second, technical assistance has to be provided in planning after aging is accepted as a critical community issue. This means that good planning advice as to what must be available does make a good comprehensive program for the aging.

Third, a comprehensive network of community services for the aging must be achieved through assuring that all relevant projects initiated in a model city have an aging component.

In the past, the review of project proposals was the principal role performed in the Administration on Aging, here in Washington, and in the regional office and State units on aging. Recently this role has changed to one of stimulating and meeting the city requests for technical assistance in planning and program development for older persons. For instance, we have urged the universities funded under AOA's title V program to make their knowledge available to model cities planners and to engage their faculty and students in the program. We are also developing ways to assure that the research and demonstration findings of the Administration on Aging title IV program are made immediately available to appropriate persons engaged in the model cities planning.

The assignment of students in our title V training projects to work in model cities programs has been a helpful thing which we have done for both these midcareer students and the city demonstration agencies.

AOA ACTION PLAN

The Administration on Aging now has an action plan. A task force on model cities has been created within the office to engage in continuous evaluation and the impact of program to follow its development.

¹ See letter, appendix 1, item 6, p. 690.

Another vital step was the agreement which Mr. Baida referred to between Secretary Finch and Secretary Romney as to the participation which each agency would have in this program. Under that agreement, weekly meetings are held and continuous communications have been the result. Plans are underway for the statewide meetings which were mentioned and we believe that those meetings will be productive of a new attitude on the part of local planning agencies toward this age group.

Reference was also made to the meeting in Seattle which is under development by the University of Syracuse under a grant from the Administration on Aging.

Mr. Neal Bellos, the project director, will be giving more on that project later, I believe.

Finally, later this afternoon I will be meeting with representatives of national voluntary membership organizations concerned with older and retired persons. The purpose of this is to discuss the model cities program, the role which the membership and local chapters of those organizations might play.

So what we are trying to do is encourage interest from the grass-roots and encourage the work with the model cities agency here in Washington to let people at the community level know of our interest in their problem.

I would like now to present a brief picture of the information available to us on how State aging commissions and city demonstration agencies are working together. Our findings regarding the State aging commissions reveal that in general they are interested and active with the model cities programs.

As you may know, our office works with State bodies which are referred to as State units on aging, sometimes commissions, sometimes otherwise. They are not controlled by AOA although they receive part of their financing from us. While we don't give them orders, we have given them every urging and assistance that we could to become active in the model cities program.

Some 50 percent of the State agencies are participating in some phase of the planning or review of model cities plans which ranges from thorough consultation to participation on a task force charged with writing the Plan's section on services for the aging. Three-quarters of the States reported finding city demonstration agencies responsive to the consultation. In several States, city demonstration agencies have extended invitations to State agency personnel to join their planning committees and task forces.

Mr. Hyde, before coming to his present position was very active in California in stimulating the creation of a task force to visit each model city in that State and work with them on the development of programs. His interest in the aging developed at that time and has been most evident in the enthusiastic manner in which he is working with us now.

ADA has had to pinpoint some of the barriers preventing State agencies from participating fully in the model cities program. These include the fact that in some instances State agencies have been denied a point of entry in the model cities programs. CDA's or their committees just have not been interested in working with the agency on aging in some cases.

State agencies have been reluctant to appear aggressive in some other cases and this has held back cooperation.

Also, State agencies on aging have lacked sufficient budget or project grant funds and personnel to serve model cities programs adequately. I have learned that several city demonstration agencies have a youth orientation or a minority group orientation. Such groups have few or no aging persons in them, thus the older American has been overlooked, heretofore.

City demonstration agency staffs sometimes have not fully understood State administrated Federal programs under which larger sums of money are available than the direct grant programs.

We are continuing to work to overcome these barriers and we think we are making considerable progress in that regard.

The title III program of the Administration on Aging has some 114 projects that are directly related to the model cities program. In addition, 79 percent of the States have encouraged other title III project directors to expand their services and technical assistance to neighborhood residents in model cities.

Our best success has been where we have had someone in the community, either an organization or an individual, who could give direct help to the model cities planning group.

In San Juan, Puerto Rico, and in Washington, D.C., the States funded, under title II, a planning position for aging. This has been very productive. In the District of Columbia it is a position in the Mayor's Program Development Office and in San Juan in the Department of Community Action. These planners have been closely involved in the planning for the city and have provided valuable consultation. As a result, the model cities plan in the District of Columbia includes a comprehensive service center for older adults which will be funded by a combination of title III and HUD supplemental funds in the amount of \$253,000. The planner in San Juan has secured commitment from the Right to Work Commission in the amount of \$500,000 to be used over a 5-year period for an employment project specifically designed to use older adults in human services.

This is an example of the kind of action that we get where we have someone really interested in aging in the community. Atlanta is a good illustration. I know you are aware of the organization called Senior Services, which has as its primary consideration working with the older people. They have worked closely with the model cities program in Atlanta and as a result, we have a good program there. Unless you have someone in the community who works actively and regularly with the program, not much is likely to happen.

One other problem facing most States is the lack of qualified personnel to assist in developing acceptable model cities programs. Often the States have no mechanism for providing people with the skills needed in the planning and actual functioning of these programs.

This affects older people in particular. As a result of the work of our title V project directors, as I mentioned a little earlier, students are now getting field work experience in the model cities neighborhood. They work on aging related subjects. This approach has added greatly to the potential services, but manpower is still critical. We are

exploring plans to involve several other college and university programs in providing technical assistance and training to model cities staffs and committees.

3 LEVELS OF "VISIBILITY"

In summary, the impact of the model cities program is measured by the three levels mentioned earlier—visibility, technical assistance, and comprehensive services—and can be stated as follows:

Progress has been made in gaining visibility for the older persons though much is yet to be accomplished. The State meetings already scheduled will assure continued improvement in this area.

Second, technical assistance is available to the city demonstration agencies and is being utilized at an increasing rate. New resources are being developed and others will be studied for their potential value.

Third, the actual development of comprehensive service programs for older persons in model cities has gradually increased in the past year; however, even in the most advanced cities, programs and opportunities are still inadequate. The critical issue now is funding. Proposals in hand and anticipated for fiscal 1970 already total far more than is available. Priority in the allotment of funds from all resources must include older persons programs.

The Department of Health, Education, and Welfare, and the Administration on Aging are giving in-depth attention to the entire issue of financing model cities activities. Joint efforts and agreements have been initiated in the past few months with other Federal agencies and I have high hopes for our initial efforts with the voluntary organizations and agencies.

Mr. Chairman, I have tried to outline our analysis of the problems through contracts, task forces, interagency meetings, and special communications. AOA is continuing to explore other problems, such as how to tie the public assistance service programs into these model cities programs; which services can be offered through existing community agencies and which require separate programs; how to assure that as States conduct pre-White House Conference on Aging studies they include questions relevant to model cities; what additional techniques will assure national implementation of findings in individual model cities projects; and what programs in addition to information, referral and counseling are absolute basics for every city.

We feel that progress has been made, that there is a long way to go, but we are grateful for the splendid cooperation which we have had from the Department of Housing and Urban Development and the model cities administration.

We believe that we are moving forward in the right direction.

Senator Moss. Thank you, Commissioner Martin, for a very fine statement. The appendix that is attached to your prepared text will be printed in the record in full as supporting the text of your testimony.*

* See appendix 1, item 1, p. 677.

Senator Moss. I think this is the first mention of the White House Conference on Aging that is scheduled for 1971. We have been pressing to learn the exact date. I have two or three questions.

How do you propose to help the States prepare for their own conferences and what formula will be followed?

WHITE HOUSE CONFERENCE PLANS

Mr. MARTIN. We expect to work very closely with them. The timetable is such that there will be time. We do expect that if Congress appropriates the money which it indicated when they authorized the program, there will be some money for each State to assist in developing its preconference activities.

In addition, we have been advised by our counsel that a portion of the planning money which is available to the State agencies on aging can also be used for planning of White House Conference activities.

We expect, of course, to counsel with the State agencies very closely. We have an intimate relationship with them through our regional offices and we will be working very closely with them through 1971 when the White House Conference is held.

Senator Moss. When do you expect to have your appropriations?

Mr. MARTIN. We expect that our initial planning funds will come from our 1970 funds, which are part of the moneys now available to us. The balance will come as part of the 1971 fiscal year appropriations. That will be in adequate time for us to carry out the steps that we think need to be carried out.

Senator Moss. Well, at the rate the Congress proceeds on getting out the appropriations, you might be a little tardy in your 1971 receipt of funds.

Mr. MARTIN. As we have our timetable charted out, and knowing about what Congress may do in that regard, we think we will be in good shape, sir.

Senator Moss. So you will be submitting a request for the next fiscal year's funds that you are talking about here to be used by the States?

Mr. MARTIN. That is right.

Senator Moss. And it will depend largely then on how quickly the appropriation is made by the Congress.

What attention is going to be paid to the model cities program at the Conference on Aging?

Mr. MARTIN. Depending upon how we are moving on this, I would assume that the advisory committee, which has to be appointed, would take a great interest in the development of discussion and study or examination of the model cities program as a part of the total program on aging.

I would say we have not given that a great deal of thought yet, but it is one of the subjects which the advisory committee, when appointed, would unquestionably take up and want to take some action on.

Senator Moss. At the last Governors' conference, the Governors' bulletin says that President Nixon has appointed a task force to review the model cities program, and he also plans a task force on problems of the aging.

How will this task force work with your office, and will it diminish your authority any?

Mr. MARTIN. We are working very closely with the Task Force on Aging. We are giving them staff assistance and helping them in every way we can. I met with them on Saturday, their initial meeting and, as I say, we are working very closely with them. It is a good working relationship. I don't know about the Task Force on Model Cities because I don't know whether they have yet met or not. They were appointed relatively recently, and I believe they have met but I don't know that.

Senator Moss. Are they conducting an overall review of your functions then in aging?

Mr. MARTIN. No; their charge was to look at the state of the aging activity in the country and to make any suggestions that they thought ought to be made for improvement. They have a rather broad charge. I assume that since they are apparently expected to report in a relatively short space of time that their recommendations will be directed toward things that can be done now rather than things that might be done 10 or 15 years from now. In other words, they will be concerned with the immediate future although they certainly are free to make broader recommendations if they so desire.

Senator Moss. Does the task force report directly back to the President?

Mr. MARTIN. Yes; I understand so. Dr. Burns had general responsibility for their organization and activities but I assume those reports go to the President.

CHANGES IN GROUND RULES

Senator Moss. One of the major complaints that we heard in Ogden and Seattle was that the Federal agencies have a way of changing the rules in midstream. It is not difficult to imagine the plight of the city official trying to hazard a guess as to whether the model cities program would be funded tomorrow, and if so, if it will be funded at the same level, before he commits his city to a project which is financed by Federal money. Certainly it is demoralizing to have the States or cities initiate programs that are to be federally funded, and then go back to the States and the cities and ask for more money to complete these projects.

Are we not with the present cut in model cities funds once again running into the risk of creating rising expectations only to disappoint those who participate in the programs?

Mr. MARTIN. Well, I am not sure, Senator, that I am the person to answer that question because I don't know the precise nature of the cut. I think that is something that Mr. Hyde or Secretary Romney would have to answer. I just don't have the necessary facts to answer that.

Senator Moss. Mr. Baida, do you have a response to that?

Mr. BAIDA. Yes, sir; I do.

Mr. Chairman, I believe that the cut is really more apparent than real. I can state positively that it does not result in either reducing the scope or the pace of the program, that the allocations that have been made to individual cities will remain at their present level, and that we will fund the second-round cities at the expected level.

This was made clear to us at the time that the reduction and estimates of expenditures were made, that we were not asked and we were specifically told not to slow down the pace or reduce the rate of obligations. So we do intend to continue with the program at the present pace.

Now with respect to the charge that there has been a slowdown and stretchout of the program itself, I think that the administration must take a certain responsibility for the length of time it took in reviewing the model cities program, in determining what its posture with respect to the program would be.

Now with the exception of this review process and the time that it took, there has been no change, or slowdown in the process. We are trying to process our cities as fast as we can. We are concerned, however, that good management requires the review process that we are going through and in some cases the revisions that such a review requires of cities prior to approval of a program.

We intend to exercise this kind of management, but we also assure you that it will not be exercised in a manner which is deliberately designed to slow down the program.

You have indicated, I think, a very important component of the model cities program and that is that cities know in advance what they may expect from the program. While our funding is on an annual basis, we do hope about the middle of each planning year to be able to notify the cities of their planning target figures so that they will have a specific amount of money to plan against.

We are actively involved with other Federal agencies and actually reserving moneys in specific categorical programs, so that cities again may be advised as soon as possible in the planning year what they may expect for their next action year in the way of funds.

Senator Moss. Well, I am glad to have your assurance. When the announcement was made that appeared in the New York Times of this cut of \$215 million for this year, the mayor of Boston, Mayor White said:

Cutting back these funds downplays the Model Cities program and thereby establishes dangerous precedent because this program, unlike poverty programs and other Federal programs, is the direct responsibility of big city mayors.

And he said:

Boston, for example, was originally scheduled to receive \$7.7 million from July 1969 through June of 1970. However, because of the delays in the Federal bureaucracy the money will not start coming in until October of 1969, and this will be our budget through October of 1970.

So Mayor White felt that there was a real impairment of the funding in Boston.

Mr. BAIDA. I might assure you, sir, that the delay was a programatic delay. In the review of the Boston proposal, changes have been required in connection with that proposal. I am sure some of that delay is due to the first item that I mentioned to you as the administration review of the entire model cities program. Certainly there has been a delay but this delay has not been designed for the purpose of reducing expenditures. The reduction of expenditures has resulted from the delays that have occurred from the causes that I have indicated to you.

Senator Moss. Thank you.

I will place in the record the article that we are referring to so that reference will be clear what we were talking about.

(The article referred to follows:)

[From the New York Times, Oct. 2, 1969]

\$215-MILLION CUT IN MODEL CITIES IS ORDERED BY THE ADMINISTRATION

WASHINGTON, Oct. 1.—The Nixon Administration has signaled a slowdown and stretchout for the Model Cities urban-aid program by cutting \$215 million from planned expenditures this year.

The 42 per cent reduction in spending estimates for the fiscal year ending next June 30 was prompted by two factors: President Nixon's call for \$3.5 billion in Government-wide budget cuts and a slow start for the action phase of the Model Cities program.

The rollback from outlay estimates in April of \$515 million to \$300 million represents bureaucratic delays and not substantive program cuts, officials of the Department of Housing and Urban Development maintain.

The 41 cities that have already signed contracts moving their Model Cities programs from planning to implementation will lose none of their money, the officials say.

Some 150 communities in 45 states, the District of Columbia and Puerto Rico are participating in the program, enacted in 1966.

MANY MAYORS ANGRY

While planning has proceeded for some time, this is the first year for implementing the plan to attack all the causes of poverty and blight within a slum through one integrated plan. The idea is to funnel all the renewal that Federal-local money can buy into target slum neighborhoods.

News of the funding slowdown caught big-city Mayors by surprise. Many were angry.

In New York, Mayor Lindsay termed it a "disastrous mistake" and an "incredible anti-city action."

In Boston, Mayor Kevin H. White said:

"Cutting back these funds downplays the Model Cities program and thereby establishes a dangerous precedent, because this program, unlike poverty programs and other Federal programs, is the direct responsibility of big-city mayors."

The stretchout stems in part from Republican cancellation of plans left by the Democrats to fund at least 65 cities beginning last July 1.

"Boston, for example, was originally scheduled to receive \$7.7 million from July, 1969, through June, 1970.

"However, because of various delays in the Federal bureaucracy, the money will not start coming until October, 1969, and this will be our budget through October, 1970," Mayor White said.

Other cities will move into their action phases later in the fiscal year than expected, thereby reducing over-all expenditures, Housing Department officials said. Completion, in turn, will be delayed.

The slowdown is expected to have its heaviest impact on the 34 first-round Model Cities locales that have yet to sign grant contracts and on the 75 second-round choices still in the planning phase.

Senator Moss. I had another question or two.

The Washington Daily News yesterday carried a little article which says that—

The director of Model Cities programs says that the administration plans to run slum renewal projects the way the people in the neighborhoods want them run, even if that means keeping areas all black or all white.

I would like to know whether this accurately reflects administration policy.

Mr. BAIDA. It does not accurately reflect the statement by Mr. Hyde, sir. I can attest to that.

—Senator Moss. Could you restate what the policy is, then? —

Mr. BAIDA. Well, sir, I think with respect to the model cities program itself, it has neither a policy for or against the segregation or integration of the neighborhood. In fact, I think some of the legislative history would indicate that the program in and of itself would not be used for that objective. However, I think it is important to point out that many of the individual elements of a model cities program—including public housing, including education—do have requirements for integration.

Now in the administration of the model cities program we fully support each of these elements and their requirements for integration. To the extent that the model cities program could not be found to be comprehensive because one of these elements could not be performed, we will disapprove the model cities program for that city.

Senator Moss. But the position is that you coordinate your model cities planning with the policies of education and housing but you do not take a direct position of either integration or segregation in the planning that comes from model cities alone. Is that what you said?

Mr. BAIDA. That is correct.

Senator Moss. I see.

REPRESENTATION OF ELDERS

At our hearing in Boston we heard much testimony about the Council of Elders and its role in representing the elderly members of the community up there. As far as I know, this is the only such unit of its kind and yet it appears to be worthy of imitation elsewhere.

I would like to know what is being done in the model cities program to assure that the elders are adequately represented in the planning and programing.

Mr. BAIDA. Sir, that is one of the prime objectives of the work that model cities and the Administration on Aging is trying to accomplish now. These regional meetings will emphasize the importance of proper representation of all elements of the model neighborhood, elderly as well as others, and we do intend to make this a requirement in our review process. We are going to develop policies, as I indicated to you in the prepared statement. We hope to have them prepared by the end of this year and distributed to all the model cities agencies.

We are quite sensitive to the point that you are raising and Mr. Hyde especially has indicated that he thinks this is a high priority item within the office.

Senator Moss. You would agree that this Council of Elders is a good way to bring elder people in to the planning process?

Mr. BAIDA. I have no personal knowledge of the Boston situation, but I would say generally speaking, yes. To the extent that we do find situations that are worthy of replication we do intend to disseminate this information in the elderly citizens programs, and I would anticipate that we do it in this.

Senator Moss. I have one brief question on transportation. We hear again and again about the problem of the inadequate transportation for the elderly people, and I wonder when we are going to recognize the magnitude of this problem, and if there is an opportunity here for joint action with the Department of Transportation.

Mr. MARTIN. I think there is, Senator. This is one of the most difficult problems that older people have, because they don't have cars in many instances, and they often live in areas where transportation is almost nonexistent. If they do have public transportation, they may not be able to get into it because of the high steps and their lack of mobility.

Studies are going on now on this subject as to what can be done.

One of the best illustrations I know of as to what can be done is in Atlanta where the Model Cities target area has developed two buses or two transportation vehicles. One vehicle follows the regular route as I understand it, around through that area. The other is a sort of minibus that goes wherever it is needed and travels all around the area on an unscheduled route. These hook up with the public transportation on the outside.

They worked it out very carefully and well. It is one of the few places I know where they have figured out something to take care of the needs of older people. It is an interesting development but it is needed all over the country, there is no question about it.

Senator Moss. Have you had consultations with the Department of transportation?

Mr. MARTIN. We have had consultation with them and we have some projects that we are working out with them. We are studying the problem or reduced fares, for example, in Chicago and New York. We have some very carefully worked out evaluation projects with the Department of Transportation.

As a matter of fact, this is my concept of the way we in the Administration on Aging must function. We have relatively little money for all of our programs. But with agreements such as we worked out with the Model Cities Administration and an agreement which we are working on with the Department of Agriculture, and others which we have in prospect, I think we can multiply our small funds by the funds of other agencies that have specific functional responsibilities as HUD does in the model cities. This is what we are trying to do.

Senator Moss. Thank you.

SHELTER CARE FACILITIES

I have a question for Mrs. McGuire. Our field hearings developed that shelter care facilities should be a prime object of attention for our model cities program. My question concerns the Montoya amendment of the housing bill that passed the Senate on September 23, which provides for such facilities.

First, do you agree that providing facilities for those who are not completely independent, that do not require the level of care of a hospital or nursing home is a prime area of need?

Mrs. MCGUIRE. Yes, I think this is one of the gaps in the housing programs. We provide a great deal of good housing under several programs for independent living for the well only. On the other hand, there is a very effective and growing program of nursing homes for those who are ill. In between, those who are frail but not ill, have not had an identified housing program in their behalf. The Montoya amendment, as I understand it, would create an FHA insurance pro-

gram for the purpose of providing construction funds for such intermediate care or personal care homes.

I also rather suspect that this is responding to the social security amendments which set up the vendor payments for intermediate care homes in 1967 but did not provide construction funds.

Senator Moss. Do you anticipate this could be successfully integrated with the model cities program?

Mrs. McGUIRE. I don't see any reason why not. While there is no direct relationship to model cities, programs for older people have to consider at least three stages of physical competence: well and healthy elderly in regular housekeeping units that are being provided, second, personal care homes which are a necessary ingredient in housing programs whether or not in model cities and third, medical care facilities, including nursing homes. Hopefully, model cities could demonstrate their usefulness most effectively.

Senator Moss. Thank you.

Mr. ORIOL. Mrs. McGuire, while we are speaking to you, at the Seattle hearing it was suggested by one of the officials that there might be a mechanism whereby the elderly could take advantage of the equity in their homes to help bolster their income, and he said:

What appears to me to be a feasible approach would be to help these citizens establish a cooperative provided through the 221-H program for the purchase of their home and to use the proceeds as an equity in the cooperative.

One, do you know whether they have been successful in Seattle in doing that as part of the model cities program, and two, do you think it is practical and could be applied elsewhere as part of the model cities programs?

Mrs. McGUIRE. First, I am not familiar with the model cities program in Seattle having this particular process or program. Someone else here may know whether this is in the Seattle program.

As you know, HUD is funding a research program having to do with the use of home equity. In fact, tomorrow there will be a meeting with the professor from UCLA who is handling this research with persons at HUD to consider where he is so far in terms of progress in the home equity exploration.

Mr. ORIOL. That is more or less a study of his particular approach?

Mrs. McGUIRE. Yes, it is a study of the reaction of the older people to giving up an equity in their homes to achieve a higher living standard. This has been the plan over many years, that older people themselves felt reluctant to give up ownership in behalf of themselves at this time. This study will test out some 400 persons, I think, in Los Angeles, as to whether and what the effect would be of giving up some portion of their ownership and perhaps even all under some circumstances. The cooperative element is not included in the study, but I should like to think about whether that has some validity.

Mr. ORIOL. It would seem to remove that mental block that occurs when people are faced with the idea of giving up their homes individually.

Mrs. McGUIRE. It would call for a new scheme of refinancing.

INCOME MAINTENANCE

Mr. ORIOL. Another question, if I may, to perhaps both Secretary Baida and Commissioner Martin. The committee now is involved in a

rather extensive study of the economics of aging and we can not help wondering whether the model cities program might be used in some way to demonstrate one way or another what the elderly in the model cities area would do with the sufficient income, to provide it to them in one way or another.

When we were in Seattle they were talking, and this was last year, about a plan asking for the establishment of a demonstration direct income grant program on a test group of 1,000 model neighborhood welfare recipients. Part of that test group should consist of older people. Earned income would be encouraged, 50 percent of it could be kept under the plan.

I wonder whether this is being done in any model cities program, whether you see possibilities here?

Mr. BAIDA. I think perhaps Mr. Gardner of HEW might speak to this point. It is my impression that the Seattle experiment in close cooperation with HEW is going forward. I think there may be one or two others that are going forward on a very detailed and controlled experimental basis.

Mr. GARDNER. In both Seattle and Gary, Ind., income maintenance is explicitly underway. Those have been designed very, very carefully for research and demonstration purposes. I am not familiar with the exact content of the design, but I would assume, knowing the people that have been involved, that it would include an aging breakdown as well as a breakdown according to heads of families and heads of households and so forth, so as to demonstrate the effects of the income supplements that are being received by all or by a select portion of the residents in those model neighborhoods.

I would anticipate in those two cases there would be some research fallout that would be quite useful in that purpose. The Department as a whole, of course, has legislation pending right now, a portion of which, I believe, as the Secretary has testified on this morning, would expand the income maintenance experiments and it would be very feasible, possibly within the model cities context, possibly on a model basis, to test precisely those kinds of things.

Senator Moss. Could you furnish us with a little memorandum that we might put in the record as to the kind of controlled study that is being conducted in Seattle and Gary? It is very interesting, we would like to have that in specific detail.

(Subsequent to the hearing the following memorandum was received:)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
OFFICE OF THE SECRETARY.

July 27, 1970.

The Department of Health, Education, and Welfare is currently funding income maintenance experiments in Seattle, Washington, and Gary, Indiana. These projects have been designed to test the effects of a graduated works incentive income maintenance plan in conjunction with either manpower services (Seattle) or social services (Gary) on the work response of participants. Because the focus of these projects is on the work effort of individuals, the project design limits the sample in each city to persons under the age of 58.

The Secretary's testimony on the 1970 appropriations for Cooperative Research and Demonstrations presented a plan for future experimentation. This plan includes an experiment which would focus on the effects of income maintenance programs on the aged. The budget estimates for 1971 include an amount for a feasibility study in this area.

Mrs. MARY SIEGEL,
Program Analyst, FAP Planning Staff.

John Guy, do you have any questions?

Well, we thank you very much, all of you, for coming. This has been most helpful, to have this information in our record, and to try to put together what we have been gathering for a year and a half now, and it is a good prop up.

Mr. BAIDA. Thank you, Mr. Chairman.

Senator Moss. We have now two witnesses, Neal Bellos, assistant professor, School of Social Work, University of Syracuse; and Mr. Jack Leff, the executive director of the Council of Elders, Boston, Mass.

Will those two gentlemen come to the table, please.

We welcome you both. You have been before our subcommittee before, Mr. Bellos, in Syracuse, and Mr. Leff in Boston. We will be pleased to hear from you.

Mr. Bellos, would you proceed.

STATEMENT OF NEAL BELLOS, ASSISTANT PROFESSOR, SCHOOL OF SOCIAL WORK, UNIVERSITY OF SYRACUSE AND JACK LEFF, EXECUTIVE DIRECTOR, COUNCIL OF ELDERS, BOSTON, MASS.

Mr. BELLOS. Thank you, Senator Moss.

I bring greetings and regards from Walter Beattie. (Dean of Syracuse School of Social Work.)

One of the difficulties about coming second is that you find your predecessors have alluded to all the points you are going to talk about, but it gives you a little chance to think about some expansion, and some subtraction.

I think that before I cover the points I plan to talk about this morning, sir, I ought to reveal to you my biases. One of the biases is whose agent am I this morning? I think I serve in a double agent capacity. One, as you heard before, Syracuse University is involved in a cooperative effort with the Administration on Aging in the Department of Housing and Urban Development to develop planning guidelines and tools in the model cities. So in one aspect I will consider myself an agent of the Administration on Aging.

One of the other agent roles extends from my job as a professor in the school of social work. In this sense we now ask our students preparing to enter this important field, just whose agent are you? Are you the agent of an agency of the community or of the client-constituents?

The major part of this testimony that I am going to bring to you today is in my role as an advocate of the aging themselves.

Another bias I would like to reveal. I haven't always been a professor in social work. As a matter of fact, just a recent one. I have spent the major part of my career working in neighborhoods grappling with the very serious problems that face our urban areas. My most recent experience has been as a community action director in Louisville, Ky.

So I have been on the other end of the stick and have been closely involved with some of the great difficulties in trying to transmit Federal programs at the local level.

This experience has been very enriching and those of us that have been through it have some degree of skepticism based on our experience.

So with this rather complicated introduction I will proceed.

I have had an opportunity to review the previous hearings before your Special Committee on Usefulness of the Model Cities Program to the Elderly. By and large they have all reported that the model cities program is important. Not only does the model cities program have the potentiality to deliver services, health and nutrition, employment and leisure time, and the like, but promises the development of such services in the context of the physical well-being, the total living environment of housing, transportation, and security countering perhaps the isolation and neglect of the aging with visibility and with access to the full range of the benefits for urban living. But promise is not achievement, for the aging, among our most vulnerable population groups, now find themselves equally vulnerable in the model cities program.

"A SPECIAL . . . VULNERABILITY"

This is a special type of vulnerability above and beyond those brought by the aging process itself with illness, low income, lower activities and limited mobility. It is a vulnerability of low influence and, for want of a better term, lack of consideration. Whereas our Nation has addressed itself to the problems of its people, the aging have been inadequately represented in decisionmaking and find themselves on the lower rung of human priorities.

For the aging in model cities their vulnerability stands out to me in three areas: of commitment, of skill, and of money.

I would like to comment on these three areas briefly, and suggest some recommendations for your consideration.

Although model cities have been shown to have comparatively high concentrations of the aging, as has been testified to before, it is questionable whether this population will be considered in a significant manner, in a significant number of local model cities plans, due to their lack of community influence, low visibility or even due to the phenomena that has been mentioned before, that our planners and our officials are not as a whole aware of the aging. There is not only a generation gap but a value gap, almost as if once passing beyond the age of 65 people are no longer relevant.

In this sense, model cities legislation and regulations—I am pleased to hear about the recent policy developments of the model cities agency—must be so structured as to produce local commitments to the aging. Some alternatives to this end might be (1) model cities legislation itself should be so worded that local plans must include programs to serve their aging population; (2) the aging must be represented on all local boards and planning committees; (3) these participants should be representative of organizations of aging to insure that the very diverse elements of aging are considered in the decisionmaking process at the local level. Finally, recognizing the very difficulties at the local levels with planning priorities. A program allocation formula ought to be designed to insure the inclusion of all vulnerable populations in model cities areas.

I believe some of these commitments are forthcoming. But commitment to the aging for inclusion in the planning process is in itself, while crucial, not the insuring factor that the important problems of aging will be met.

The social planning task for any population group is complex but it is much more so for the aging.

I might take minor issue with the Douglas Commission in its stressing the urgency to move into action rather than spending a large amount of time in planning. Certainly none of us are against an action phase, we must move into action quickly, but in this day and age with the complexity of problems that people are faced with in our urban areas, if decisions for action are made hastily without considering the whole complex of causality, chances are the decisions for action will be wrong. I think we have seen a whole history of social programs which reflect this concern.

Because the aging are so different, we cannot generalize about them as well as we can about younger groups. I have two young children, 7 and 4 years old. Whenever they exhibit any problem, I go to Giselle or to Spock or to Ginott, and there they are described to the teeth and I know just what to do because it is easy to generalize. We cannot say this for the aging.

The aging are a very diverse group, highly individualistic, many needs, many problems, many variations on the theme. Therefore, if we translate this lack of ability to generalize, the programs designed to serve the aging, we must encompass a wide variety of problem areas and individual variety of problems designed for the aging, and must plan for many contingencies.

FUNDING: THE FINAL DETERMINANT

In addition to a complex planning process, the problems of the aging require solutions in areas which have not been faced before. Just a few, for example:

This age group, the aging, will radically alter in the next 10 to 20 years in its basic composition. The present generation of aging is one which developed, worked, and grew to maturity in an America of scarcity and in an America of want. In the next 10 to 20 years the generation that comes through is that generation of aging that matured in an America of great abundance, and this will have radical changes on the aging population calling for different approaches in services.

How can we in the planning process learn and prepare for the future? Authorities have stated that the elderly no longer have a recognizable role in American life. If this is true, can we, in fact, construct a meaningful role for the aging in our society? Without a stated role man has no basis for dignity and this seems to be one of the crucial problem areas for aging.

One of the other observations about the aging is that they have a great deal of time on their hands. But what are the significant uses of time for people in our society beyond the spheres of work and economic productivity and leisure time activities? There are basic questions which have to be faced.

To meet these questions will require skill and knowledge on the part of all engaged in planning and carrying out model cities activities.

Therefore, model cities must be given the ability to tap and develop learning and training opportunities in the field of gerontology.

I might here comment on one of the questions that you asked us to consider. What are the roles of different groups working together? I am very much pleased to be so closely associated with the model cities agency and with the Administration on Aging, and to me this has been a rare experience in the way Federal departments work together with a private contractor. So I think in one instance we are making a beginning with a variety of groups working together and specifically in this field to bring to bear the newest development of knowledge. I think that we will be able to produce some very interesting material for application in the model cities program.

I might also say, parenthetically, in terms of our university, the basic reason for our involvement in programs of this nature is to lend an enrichment of reality factor to our curriculum, so we can train students for the here and now and for the future. We think our involvement with the model cities and with the Administration on Aging will be able to build a meaningful curriculum.

FUNDING: THE FINAL DETERMINANT

Finally I return to the money question. Commitment and skill make good plans, but they don't put programs into operation. The final determinant for effective consideration of the aging rests on funding and on dollars and cents. I think this point needs no belaboring at all, and I think Jack will be speaking to part of this later.

Just two points I would like to make before I quit. Simply stated, adequate funds must be made available to implement local plans; if not, the model city concept runs the risk of being destroyed, it runs the risk of another generation of high expectation and low fulfillment programs that can further threaten to alienate our urban populations.

Finally, I would like to end on this point: While I am here today as an advocate of the aging, I hope it won't be construed as a lack of concern for others in our population—our children, our poor, our blacks, our Indians, our minorities. The fact of what is done today in meetings, social inequities, is that vulnerable groups are suddenly forced to compete against each other for the limited resources our Nation has allocated to meet the problems of its citizens. Local planners, in making choices for the allocation of programs, are faced with political realities, funding realities, they have to make choices on a limited basis.

The situation forces needy groups into conflict among themselves. I believe this to be an invidious situation, and I will hope that somehow our Nation can force a domestic social policy of plans and funds that are joined by humanity respecting the requirements, claims, and aspirations of all our age groups throughout the entire lifespan.

Thank you, sir.

Senator Moss. Thank you very much for your fine statement, and filling in further what you said to our committee when we were in Syracuse.

I think your points are very well made. I noticed that in our Atlanta hearings the very one that you began with about the low visibility of the elderly people was stressed, and the need to bring them into the planning structure. Getting the participation of the elderly themselves should be a matter of greatest importance.

On this problem of funding which you stress, do you think of any way that we can emphasize the need enough that we can be assured of getting adequate funding?

Mr. BELLOS. I don't know, Senator. The decisions are in part made by our national administration or our national congress. On the other hand, the Congress does reflect the opinion of the citizens of America and the hard observations that the citizens of America are not yet prepared to make this decision because it is a "go" decision that is going to require more money and we are going to have to tighten our belts.

Some of the opponents to our involvement in Vietnam claim that when we withdraw from Vietnam the defense budget will then be made available to domestic concerns. This is not necessarily a valid conclusion.

The recipients themselves, the aging and poor have made mighty efforts to articulate their case at all levels.

One of the reactions that we see is a cumulative reaction; they are almost damned if you do and damned if you don't.

I really don't know. I think this is a question that each citizen has to wrestle with. There are crucial times in our society and how this point can be brought across to change our national will is a soul-searching question.

Senator Moss. Now it is a problem of course, as you point out, that the Congress has to wrestle with here, and we do in large part reflect the attitude of the people who send us here, so it is again an education process back perhaps to the whole populace that it is most important to get adequate funding.

Could you bring me up to date a little bit on how the model cities program is going in Syracuse?

Mr. BELLOS. The program in Syracuse is in the process of organizing, in the process of staffing up and initiating its plan. I think one of the difficulties is at the beginning of a model cities program, it is the two-pronged task of organizing yourself properly and then instituting the planning process.

In the organization process many times it is so difficult, so complicated that it is time consuming. Shortly our model city agency will be holding elections for members of the board, and as soon as their elections are underway they can gear up their operation for planning.

Senator Moss. Well, we thank you very much, Professor Bellos. We appreciate your comments.

Now we would like to hear from Mr. Jack Leff.

STATEMENT OF MR. LEFF

Mr. LEFF. Senator Moss, I am again very pleased to be asked to appear before you. I bring you welcome from Boston, I bring you welcome from those folks up there that you saw and with whom you were impressed. Unfortunately they are in a different frame of mind. Three months ago they were happy, looking forward with anticipation at the beginning of their program. They were looking forward with anxiousness to begin the implementation of the programs they wanted and were looking forward to the hope model cities promised.

Today you used the word "demoralizing." Demoralization has set in caused by the frustrations of waiting. The long years it took to develop.

the Council of Elders, to involve the elderly people in their own destiny has been dealt a serious setback. The setback, as I find out this morning, is because of a review process that has slowed us down. Frustrating announcements in the paper of cutbacks and a lack of adequate information from either Washington or the local CDA, at this point threaten the entire concept of the Council of Elders.

As I reported to you in Boston there were agencies in the community at the time that gave a large commitment to our concept. This commitment has long since run past.

The promise of the funds began last January. When you came in July it was only 4 days away, according to what the CDA reported. Today it is October and as of 20 minutes to 10 this morning the local CDA still could not give me an answer on when the funds would be available.

I found out here in Washington that our project has been reviewed, has been authorized, and it is CDA that is holding up the funds. I have no reason to believe either side of this story. I only say that Bureaucratic "mumbo-jumbo" has once again put people in a box. The people that the program is to serve are caught up in a sea of confusion. The commitment that Roxbury Federation of Neighborhood Center made to the council will be dropped unless the funds are forthcoming. Apathy once again has set in. The elders who once were motivated feel rejected again. How long can anyone expect people's spirits to be kept alive?

This is the message that I bring. I didn't prepare anything. I sat at my typewriter, I looked over your questions and I found that I, too, was demoralized at the situation.

"WHERE IS THE PAYOFF?"

The story I bring is not a very pleasant one, but it is real. I have been asked many times, How do you involve the elderly? Well, what happens once you involve them? Where is the payoff? When does it come? Because you can only involve people to a point, particularly poor people, particularly rejected people, and unless the payoff comes when the payoff is supposed to come, all the planning and all of the implementation and all of the involvement that you can muster is for naught. This is where we stand in Boston today.*

Senator Moss. Well, your testimony has great impact. To have your reporting that the program still has not received its funding so that it could be put into effect is very disheartening, and as you say, it destroys the things that were underway in Boston.

When we were there last summer to hear about the Council of Elders and to see them there at the meeting, and to have this whole involvement was one of the very stimulating things that happened in this committee. We thought that here was a great example of getting the elderly involved, and have them participate in the planning, but you still have no funding.

Now, of course, I inquired about this because of the story that appeared in the New York Times that I was referring to, and the quotes from Mayor White of Boston. I can only say we will pursue this as vigorously as we can from the committee to try to find out how soon

*See letter to Senator Moss, p. 648.

that can be done. It is astounding that it would not be done even now in October when the funding date was back in July. I have no way to explain it and I am very distressed about it. I feel brokenhearted, really, for those people up there and I regret having them feel rejected and ignored after the great efforts that have been made in Boston.

There is not much more I can say. I am glad to have you come and tell us about it. I am sorry that you have to bring us that kind of message, but we should know about it and this does give us some focus to see if we cannot—

Mr. LEFF. I feel this is the overriding message. If this is the case that is happening nationwide, then I think that all the talk about how elders are involved is just going down the drain. I mentioned there has to be this payoff, and I believe when we begin to talk about elderly involvement that they must be involved on all levels if for no other reason to straighten out some of these lines of communication that get all snarled up and lead to this situation we find ourselves in today.

Mr. ORIOL. Mr. Leff, you said you were not sure whether the decision was made in Washington or at the CDA. Now does that mean the Boston Community Development Agency?

Mr. LEFF. Yes.

Mr. ORIOL. What was the exact nature of that decision?

Mr. LEFF. It is pretty difficult to say. I can appreciate if the city demonstration agency has the letter of credit as I have been led to believe, that they have not released the funds to the individual projects because of some political pressure that they might be getting from the community at large.

It would be my way of thinking that once programs and the projects are approved in Washington, then HUD should insist that these projects are funded as they are released, rather than waiting for the block to be released.

I can understand from the administrative point of view where it would be easier to release all of the funds at one time, but from a peoples point of view I just don't see the feasibility.

Mr. ORIOL. You mean that the projects for the elderly are ready to go but that other projects are not ready to go, so all are being held up?

Mr. LEFF. This is the assumption.

Mr. ORIOL. What are some of the projects for the elderly that are now ready to go?

Mr. LEFF. The whole package, as I submitted it to you in Boston. The timetable for services and programs are all set, they have been set, they have been planned for, they have been talked over, they have been agreed and approved by the CDA and by the Council of Elders. What remains is the implementation of them. The timetable can still hold once the funds are released.

Mr. ORIOL. Could you give us a few examples of specific projects that are ready to go?

EXAMPLE OF BOSTON PROJECTS

Mr. LEFF. For example, the group projects, we are at this point under the outline which you have a minimum of six centers, one in each of

the six subareas. We have expanded into four of the centers at this point, yet the funds for the staffing of the project are not forthcoming. So what we have had to do was use every available staff person on double duty. The staff at this point is putting in 50, 60 hours a week just to maintain the service programs that we have going.

The home aid project which is now receiving third party payments from the welfare department, is ready to be doubled, once the initial administrative staff which is coming under the model cities program could be hired. This would mean that possibly 250 additional elderly people within a very short time could receive the kinds of supportive services they need to prevent institutionalization.

The whole planning component centering around our education center which has taken on more and more as a place where staff people can be trained, recognizing the shortage of staff people, is ready to go. The drawing board plans are there. The implementation plans have to be set forth. In addition to our title IV nutrition project, we have started a limited meals program in a new public housing development. This is being handled by Jacqueline Walker, our assistant director. This is another indication how we have had to shift staff in order to meet program needs.

Mr. ORIOL. When does your title IV meals program expire?

Mr. LEFF. Two year. We should be getting word on second year funding this week.

Mr. ORIOL. Was it your intention to try to get model cities support for that program should title IV support not be forthcoming?

Mr. LEFF. Yes.

The sheltered workshop is another example of how we have moved to meet our commitment. This program was to be phased in about the seventh month of the project. We started without funds in August. We have been able to get small manufacturers to supply us with materials the elders can assemble. For example, fluorescent starters. We have 20 elderly people, some spending 6 to 8 hours a day, putting these together. This is something we didn't anticipate coming off the ground as quickly as it has. We went on the assumption—based on a relationship of trust—that the funds would be available. We implemented it and now find ourselves very short of energy and spread out even thinner.

FUNCTION OF GUIDELINES

Mr. ORIOL. May I ask Professor Bellos? These guidelines that you are developing under your contract with the Administration on Aging, now is one set of guidelines to provide a model for the provision of services to the elderly and is another set of guidelines necessary for inclusion of the elderly and their needs, and each step of the planning action phases of the program?

The reason I ask this, it seems to me that in some of the very cities we have visited—Seattle, Atlanta, Syracuse, and if you are going to work with Boston too—that they are pretty well down the road and having already gone far beyond guidelines they are trying to implement action programs.

What is the purpose of the guidelines at this point?

Mr. BELLOS. You are talking about the round-one cities which have already indicated a commitment and capacity for dealing with the problems of aging. We are primarily focused, while we will work with these cities so these guidelines reflect real life and not just an academic exercise, at the second round cities.

A couple comments. The word "guideline" is perhaps inappropriate because guidelines have been interpreted to be rather rigid ways of developing programs with little flexibility.

Our plans call for a fivefold approach to planning guides. One section devoting to philosophy and concepts of the aging. We think this is very important because in order to plan and carry out activities you have to know the territory.

We hope to use this as an education device to make people aware of problems of the aging and particularly philosophies working with them, concepts and basic background information.

In another set we are going into the social planning process, which is extremely difficult and deals with such issues as comprehensive planning. You can have comprehensive services for the elderly or you can have a comprehensive housing service. This is a loaded word. How does one coordinate? What are the difficulties in planning with the vested interests, et cetera? How does the local agency deal with the various layers of government, both State and Federal?

I think Jack has pointed out one of the difficulties of working in a coordinated Federal program—assuring necessary steps that one has to go through to dovetail all agencies together to get all programs funded. Certainly some attention ought to be placed on how this process can be simplified.

I don't want to use the word "coordination" because it is an extremely difficult word and it very rarely works in practice. But somehow either through planning grants, closer cooperation, more uniform procedures, careful timing, these very difficult and real situations have to be corrected.

One section of our planning tools will be devoted to program criteria. What is a good program? How do you know that you have a good program? We have a rich body of experience to draw on in this country to spell out a food program.

In another section we are going to devote attention to after completion planning. How do you get into action? This is the difficult aspect. Where do you hire your people? How do you train your people? By and large, look at the programs, they rise or fall on your hired staff.

Then we are going to develop one section on the evaluation. How does the local planning agency know it is achieving its goals step by step all the way? In addition to this we need help to be developing not one model but several models of delivery of services to the aged, and then developing in the latter stages of our project a tool that can be used by a wide variety of folks to evaluate a product.

Mr. ORIOL. After you have all these models, how do you get that electricity or whatever it is that gets the elderly themselves excited about them, and anxious to do something about them?

TWO PROJECT GOALS

Mr. BELLOS. My hunch is that we have two goals in our project. One is the manifest goal and that is to produce a document that can be used and has some relevancy. Then we have a latent function and that is working with the Administration on Aging and with local agencies to create a sense of commitment at local levels. This is beginning now, with State meetings that are being planned, and our workshop in Seattle—and I extend a cordial invitation to you, Senator, and to the committee, to join with us—we hope to institute a wide variety of workshops and contacts with communities to build these commitments, not only for the model cities staff but for other groups that are interested in aging in the community. So I think both of these are a selling job.

Mr. ORIOL. You always run a danger; once you get this commitment, once you get the public response, of running into such a situation as Mr. Leff was talking about.

Mr. BELLOS. The risk that we all face is creating high expectation and low payoff.

Mr. ORIOL. Mr. Leff, how useful would this model approach have been at an earlier stage in Boston?

Mr. LEFF. I think it may probably have been useful because our design was on a trial and error basis. We had the time for a great deal of experimentation, for a great deal of listening, to what the elders were saying and the time to implement, the time to design along the lines they wanted, and at the pace they wanted.

Now I think that any form of guidelines would be helpful in terms of developing other programs across the country, if indeed the base for consumer control is built into it. Although you run the risk with this feature, I think, in the final payoff, that is where it is going to be. When and if the model cities money comes through, the disbursement of the funds in the hands of the elders is vital. I think that if this is built in, you make the assumption that old people can take care of their business by providing the vehicle for them to take care of business, elders will be able to learn and grow and are certainly not going to make any less mistakes than the younger people have. I never claimed that the Council of Elders concept is going to get them out of the box, but at least they will own the box they are in and that makes a difference.

Senator Moss. Well, if we could get the funding available now, would there still be wide participation? You say that disillusionment has set in already.

Mr. LEFF. Yes. I think we have lost some ground. I think unless the funds come in very soon the commitments that the other agencies have made to them will be withdrawn. The Roxbury Federation of Neighborhood Centers that I used before as a model of how agencies should give up their autonomy to elders has had a change of administration, and with the change of administration there has come a change of heart. The new administration is worried about deficits, and he has no control over the deficits the elders are mounting up. I would be hard-pressed to continue the commitment if I was in his position.

Senator Moss. Well, we certainly have to fulfill the expectations which rise and they have to be reasonably met. I am distressed to hear of the problem in Boston.

Do you have any questions, John Guy?

Well, thank you, gentlemen, very much, Mr. Bellos and Mr. Leff. We are glad to have you come to us and help us complete our record. Any help we can give in Boston, we are going to do it.

Mr. LEFF. Thank you.

(On November 17, Senator Moss received the following letter:)

COUNCIL OF ELDERS, INC.,
Roxbury, Mass., November 14, 1969.

DEAR SENATOR MOSS: I am pleased to report that we have received verbal commitment from the Boston C.D.A. that the starting date of our project will be December 1, 1969. I am hopeful that this will be a reality so that we can finally begin to function at peak efficiency.

I thank you for your concern and all your well wishes. I hope that we can live up to expectations.

Sincerely,

JACK LEFF.

Senator Moss. The hearing will now be in recess until 10 o'clock tomorrow morning.

(Whereupon, at 12 o'clock noon the special committee recessed, to reconvene at 10 a.m. Wednesday, October 15, 1969.)

USEFULNESS OF THE MODEL CITIES PROGRAM TO THE ELDERLY

WEDNESDAY, OCTOBER 15, 1969

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, D.C.

The special committee met at 10 a.m., pursuant to recess, in room 4200, New Senate Office Building, Senator Frank E. Moss presiding.

Present: Senator Moss.

Staff members present: William E. Oriol, staff director; John Guy Miller, minority staff director; and Val Halamandaris, professional staff member.

Senator Moss. The hearing will come to order.

We will continue the hearings we began yesterday on the "Usefulness of the Model Cities Program to the Elderly."

We have some excellent witnesses to hear this morning. First we are going to have representatives from three different cities.

If they would like to sit at the table together, we would be pleased to have that.

Mr. James Threatt, who is director of the model cities program in Kansas City, Mo.; Dr. Charles B. McCreary, health planner of the model cities project of Minneapolis, Minn.; and Mr. Robert J. Ahrens, director of the Division for Senior Citizens, Department of Human Resources, from Chicago, Ill.

We are pleased to have you gentlemen with us and look forward to the testimony that you will give us to make our record here complete.

Mr. Threatt, would you like to proceed?

STATEMENTS OF JAMES THREATT, DIRECTOR, MODEL CITIES PROGRAM, KANSAS CITY, MO.; CHARLES B. McCREARY, M.D., HEALTH PLANNER, MODEL CITIES PROJECT, MINNEAPOLIS, MINN.; AND ROBERT J. AHRENS, DIRECTOR, DIVISION FOR SENIOR CITIZENS, DEPARTMENT OF HUMAN RESOURCES, CHICAGO, ILL.

Mr. THREATT. Yes, sir.

My name is James Threatt. I am director of the model cities program in Kansas City and I would like to make just a brief statement.

First, I want to thank you, Senator Moss, and the special committee staff.

I appreciate this chance to explain the model cities attempt to solve the housing problems of Kansas City's elderly citizens.

We asked the people directly affected to identify their difficulties. A committee of elderly representatives from each of our seven neighborhood planning groups outlined these problems:*

1. A lack of low-income rental housing for the elderly, and none derly, in model neighborhoods.
2. Lack of proper housing code enforcement.
3. Lack of homeownership opportunities.
4. Deficiencies in existing public and private services.

We have assigned one staff member to devote a full-time effort to solving these difficulties.

These touch all low-income elderly persons, including those on social security.

Today, I would like to address myself specifically to the problems involved in providing housing to the elderly. I was assisted in this presentation by Robert Freilich, professor of law, University of Missouri, Kansas City.

PROBLEMS IN HOUSING

First, I think one of the problems in housing for the elderly is the depth of subsidy.

In Kansas City we have large areas of poor elderly citizens who own their own homes; homes which are in a dilapidated, blighted, and deteriorating condition—beyond the ability of rehabilitation.

Even if we proceed to use urban renewal clearance, there is no program of Federal subsidies deep enough to reach this group.

Elderly citizens cannot afford to pay the 1-percent interest and taxes required by section 235 of the Housing Act of 1968. They will, therefore, be excluded from urban renewal project housing and face undesirable relocation to other blighted areas.

The homeownership program for low-income families (HOPLIF) not only requires Public Housing Authority participation, but also requires full operating costs to be paid by the low-income family.

The program is not suitable for elderly persons because of long amortization schedules. The result will be displacement of these persons into high-rise or multifamily public housing units.

Second, the entrepreneur function is an important factor. A second major problem facing any agency sponsor, whether it is private, limited dividend, nonprofit, or governmental in providing housing for the elderly is the inability to carry through a project from "seed money" to site acquisition, preoperational financing, construction and disposition of the unit to the consumer.

In other words, the lack of an entrepreneur's approach.

Urban renewal has failed in this regard because they had to deal with a network of private redevelopers, city councils, and planning agencies. Projects were delayed up to 18 years. Completion averaged close to 8 years, owing partially to the complexities of dealing with so many organizations.

One answer is to develop housing development corporations funded by model cities which can utilize all homeownership and rental pro-

*See appendix 1, item 7, p. 692.

grams and get the job done quickly, down to distribution to the housing consumer. This is similar to the policies and purposes of the New York State Urban Development Corporation.

To accomplish the entrepreneurial functions, all programs and subsidies should be made directly available to model cities development corporations which can then establish flexible use standards involving home ownership, rentals, rent supplements, subsidies on interest, taxes, and maintenance (now lacking in public housing program) and any combination of these tools.

Until this is accomplished, there will be little available housing for the elderly poor other than in highrise projects, which dislocates them from their lifetime community and mode of living.

The entrepreneurial function will always be missing unless we also meet the severe shortage of knowledgeable attorneys who can act as catalysts in this process.

Title VIII of the Housing Act should be expanded to provide special fellowship funds for graduate law students to obtain an LL.M. in urban legal affairs with emphasis on housing programs.

ABA MODEL PROJECTS

As the American Bar Association model project is attempting to prove, the availability of knowledgeable lawyers can open the way to maximum utilization of all Federal housing programs.

Third, I would like to discuss specifically how this would work in the Dunbar area of Kansas City, a model neighborhood.

In the Dunbar area there are approximately 307 units of housing. Eighty-two percent, or 254 units, are considered substandard, deteriorated, nonrehabilitable homes.

By pooling maximum subsidies, we could generate \$250,000 of model cities funds for the construction of 100 new units—a remarkable turnover feat. This would require:

(a) The ability to buy vacant sites, construct industrialized or modular housing (Operation Breakthrough) or conventional \$16,000 structures (including \$5,000 site cost) and the ability to relocate home owners from existing units into the new dwellings.

(b) The exchange, on a tax-free basis, of the old site (subject to demolition) for ownership of the new site with new construction.

(c) The provision that the Housing Development Corp. have an interest in the property for the life of the elderly occupying person(s) and rent to those persons for their lifetimes. Upon death, the value of the site would accrue to the family's heirs—in effect, a life tenancy with remainder in fee simple to the heirs. The Housing Development Corp. would mortgage the premises for the \$11,000 construction and preoperational costs with a bank under a Section 235 guaranteed interest subsidy mortgage.

The family occupying the site, because of its tenant status, would be entitled to a rent supplement to make up any inability to pay the 1-percent interest cost. The property would be tax-exempt, because it would be owned by the Housing Development Corp., but it would be returned to the tax rolls upon death of the family or sale of its interest.

The heirs, upon death of the occupying family, could themselves occupy through purchase (less credit for site value and inflation improved value) or sell—clearing the mortgage, taking the appropriate share of the proceeds. The rent supplement would cover the maintenance and repair needs as well as any needed funds to bring up the rental payment to cover the 1-percent mortgage.

(d) The development of the lot received on the tax-free exchange by the Housing Development Corp. after that agency has received its funds.

In this way, the full 100 homes could be quickly built and with a minimum of relocation disruption and change in life styles of the community citizens with attendant dislocations.

In conclusion, may I discuss the prospects for implementing the plan.

PROJECTS FOR THE PLAN

It is unlikely that this plan or any similar plan will actually be placed in operation until Congress sees fit to free housing assistance from a maze of categorical grant programs, administrative regulations and requirements for differing sponsors, applicants for each program and the differing appropriations available.

If we could reach a decision for the establishment of a basic local agency in each community responsible for all Government-assisted housing programs—and if this agency could have free discretion to combine and utilize all financial aids under a flexible financial formula—we could achieve a basic step toward the six million housing units within the next 10 years which Congress has requested to eliminate substandard housing.

Under existing conditions, we will try anyway. The University of Missouri—Kansas City and the Urban Coalition is working with us to try to develop this Dunbar program and make it work.

I urge Congress to consider that new initiatives in flexibility are made part of the housing program of the Nation.

This is the basic program that we are proposing for the elderly in Kansas City.

Senator Moss. Thank you very much, Mr. Threatt. That is a most interesting proposal. I am not sure that I follow carefully this tenancy.

The elderly person would keep a life tenancy in the property but there would be a remainder to the heirs, so in effect he really keeps the fee, does he not, if the estate goes on to the heirs after his death?

Mr. THREATT. When we talked to Land Clearance and Redevelopment Authority about the possible renewal of this area, they indicated that if this were an urban renewal project, they would classify it as a 97 percent clearance project. This means all the people in this area would have to be relocated.

Even though there are a lot of small bungalow-type homes, running water was only recently added, and many of the homes had outmoded bathroom facilities, these people still had a great reluctance to be moved.

So in developing a plan for the area, we decided on the approach whereby each person would automatically be given \$5,000 for their

property site. Then we decided on a sort of checkerboard plan of urban renewal, where you would build a house, then move a person. This was best, we felt, because Dunbar is an area with a lot of land.

In exchange for this, we would give them life tenancy in the property. We did this because these families are black, and black families have traditionally wanted to pass something on to their heirs, such as an insurance policy or equity in property. We wanted them to have something, so this traditional practice would not be discouraged. It has provided the means for families to send children to college, and so forth.

By having a \$5,000 life tenancy they would be able to move from an old substandard house into a new house, and, at their death, pass that life tenancy on to their heirs.

We recognize the problem of financing the remaining \$11,000 and this is why we propose to do it under the Finance Development Corporation, section 235.

We recognize this property must be maintained and some costs would still be incurred. We thought we could put a rent supplement on that \$11,000. If the family living in the house would only pay a marginal amount of rent, a very small amount, they could pay this out of their social security benefits or some other form of retirement pensions.

Senator Moss. This remainder to the heirs is to satisfy the desire of the older people to pass something on to future generations?

Mr. THREATT. Well it is two things: there is the desire of older people to pass something on to their heirs and, secondly, there is the basic mistrust that people have for government. The second point is one that we surely are trying to address ourselves to.

We don't want to take away from their life's possessions, all they own. We think they have a right to maintain these.

By giving them life tenancy worth \$5,000, we insure they have this until their death to pass on to their heirs, or do whatever they would like to do with it.

Senator Moss. Well, it is a very novel suggestion and the only part I was inquiring about was it seemed to me that if the older tenants were assured of a life tenancy, they knew that as long as they lived they had a right to that place, that this would give them that degree of assurance.

The part I am questioning is passing it on to the heirs. Of course, some will not have heirs and some will have a lot of them and there will be a varying amount.

It is hard to measure the needs of the next generation; they, too, may need help and, again, they may not. They may be in circumstances where they are perfectly able to maintain their home and their jobs, and so on, and not in need of any kind of public housing assistance.

I like your idea, too, of some special training for lawyers in this area because, obviously, it is one we do need specialization in there.

Perhaps we should have some encouragement in the undergraduate level, as well as what you have suggested to deal with the complexities of the Housing Act.

One of our problems is we tend to get our laws made more complex as we try to deal with every facet of a subject, and without a good clear grasp of the law and ability to utilize the law, of course, we do

throw up barriers that people can't surmount and we do need some good legal minds on it.

ELDERLY AS SOCIAL WORKERS

I had one or two questions about the training of the elderly as social workers. The program that I think has great utility is the so-called outreach program to train the elderly as paraprofessional social workers to go into the homes of the elderly and find out their needs and refer them to the proper agency.

I am sure you agree we need to employ as many of our elderly as possible, assuming that they are willing and able, but I wonder what your reaction is to this outreach mechanism?

Mr. THREATT. I think that any method designed to train persons who had not previously possessed any skill to some paraprofessional status is commendable.

Many of our elderly have lived most of their lives without anything to hope for, in terms of a job or a home or an education. Through such a program they will now be provided with an opportunity to fully use what skills they have, skills which in some instances have been permitted to lay dormant for many years.

This approach is definitely a commendable one. In Kansas City, Mo., we presently have a program which is designed to send some elderly people out in a homemaker-type role. Any type of paraprofessional training for elderly people, I think, offers a great degree of satisfaction.

I am not thinking of making them independent from a financial point of view, as much as I am thinking of making an effort to improve their sense of worth.

In our work with elderly people, what we tried to do in Kansas City was to recognize that, although we have Federal programs, the elderly are not involved in them. We set up, as I indicated, a special person to handle this for model cities.

We also set up a special committee whereby we consider the needs of the elderly in each and every model neighborhood, and this was a source of great satisfaction. We addressed ourselves to their concerns in each area. As we submitted our major plan here in Washington, which was subsequently approved, we tried to meet these needs of the elderly. One of the areas they surely have been interested in is employment.

When we can move elderly persons from traditional types of employment to some paraprofessional job employment, we have bridged a tremendous gap of misunderstanding of their abilities to do different types of jobs, a gap which has existed for many years.

Senator Moss. I appreciate your response. I have long felt that this was of the greatest importance. Few things have greater importance than the task of giving our elderly persons this feeling of being needed, and of worth, and of dignity, and of making them feel a continuing part of the social scheme rather than being left off alone and not worth anything.

Many of them become very despondent because they feel left out and that they no longer have any function, no importance in society.

I think it is of greatest importance that we find the optimum way to

utilize their services because of the therapeutic effect it has on the elderly.

Is there much need to motivate older people to do that or do they naturally take to it if they are given the opportunity?

Mr. THREATT. Well, motivation does become a problem at times, particularly in terms of the black Americans historically relegated to the lower status jobs, and who, as a result of being socially easily identifiable and assigned to some of these jobs, have been psychologically conditioned to accept this lesser position in life.

A CONCERNED GOVERNMENT

I think, however, in the times in which we live and on the basis of many of the steps that have been made by our Government, older people now feel that there is a concerned Government that does care, and they are now much more easily motivated than they were in the past.

Now, it still requires a tremendous amount of work by professionals and other persons to give hope to people who have given up hope. It requires a tremendous amount of effort to give them confidence in themselves and in their ability to do a different type of job.

I do not think these are insurmountable tasks. I think that the motivation, is something we can address ourselves to, something that we can bend our human skills and our human resources to, if we have the other financial resources to provide us with the wherewithal to give these people a better chance.

Senator Moss. Thank you very much.

Senator Moss. Yes, John Guy.

Mr. MILLER. A question occurs to me that relating to the question raised earlier by Senator Moss, regarding the property passing into a lifetime tenancy without incidence of ownership and then reverting to the heirs.

Am I correct, Mr. Threatt, in assuming that the primary reasons for this proposal in this particular manner is the fact that the property during the tenancy by the older person would be tax exempt for the person?

Mr. THREATT. Yes.

Mr. MILLER. And, secondly, that the older person would be eligible for a rent supplement?

Mr. THREATT. Yes.

Mr. MILLER. These are the two reasons actually for this device you have proposed?

Mr. THREATT. Yes.

Mr. MILLER. The tax exemption, of course, would involve in effect, a State and community subsidy of the housing for this individual or family, as the case might be.

The question that I really have in mind is whether, except for the tax exemption, a subsidy for people who have need for subsidy while retaining their ownership in the home might not be another approach to this problem.

Mr. THREATT. Yes, that might well be another approach. The only problem as I indicated, is that the homes are substandard and there

is a need for the older persons in the community to have better homes. These homes are beyond the point of rehabilitation, according to urban renewal. There may be some new techniques developed which, as I said, would make rehabilitation possible.

But it is important to us to provide a decent home based on the same standards. We are trying to build houses similar to the houses in which they have lived—bungalows, ranches, small homes.

The problem with what you suggested is that if we just provided the subsidy and they remained in their homes, we would not be able to replace their home with a better one, and replacement is the general idea.

Mr. MILLER. What would be the reason for such an obstacle?

Mr. THREATT. The reason for the obstacle is present houses in which they live in are beyond the point of rehabilitation. This is a 97-percent clearance area.

We say that these people who have been and would be displaced would not be able to return to this area, which is a very beautiful little area.

Mr. MILLER. If the property ultimately will revert to private individual ownership in the form of the heirs—

Mr. THREATT. Not the property, their life tenancy, the \$5,000.

Mr. MILLER. The \$5,000.

Mr. THREATT. As such.

Mr. MILLER. I see. I do have another question, Senator Moss.

Senator MOSS. All right.

Mr. MILLER. On page 2 of your statement, you observe the program referring to the homeownership program for low income families is not suitable for elderly persons because of long amortization schedules.

Does the long amortization schedule provide an impediment to the issuance of loans?

Mr. THREATT. I think the impediment is in terms of the life expectancy of the old person.

Mr. MILLER. But will the lender still make a loan with amortization beyond the life expectancy?

Mr. THREATT. No, lenders are concerned under these circumstances with continuity and concerned about the life of the person who has to pay the mortgage.

Senator MOSS. This proposal of yours involves a tax-free exchange of property, that is, a new home is built on some vacant land and then the person is moved from the old substandard house into the new house and then this tenancy is set up that you have been talking about; is that right?

Mr. THREATT. That is correct, sir.

Senator MOSS. I see.

Now when you answered Mr. Miller you said something about the life tenancy is what passed on to the heirs. Of course, the life tenancy is extinguished on the death of the holder.

Mr. THREATT. You are right there. The value of the life tenancy passed on to the heirs. I stand corrected.

We have assessed that value at \$5,000. We are really assigning \$5,000 value to the property itself because as indicated, in many instances the homes are beyond rehabilitation.

The homes are very proud possessions of the people who live in them and I would not want to demean any way they feel about their homes or cast any disparaging remarks about them.

But according to the urban renewal authority, they are beyond rehabilitation, so we assigned \$5,000 value as demonstration money to get this project started.

We could start with only 20 houses and you would have to turn the money over.

Mr. MILLER. Is that \$5,000 evaluation completely compatible with the market value of the property in question?

Mr. THREATT. I don't know the market value of the properties in question there but I would say basically it is a compatible and fair price for the properties in question.

They are very small cottages, in an area which as I say, has only recently been connected to water lines and so forth.

So I would say the price is a fair price for the property in question.

Senator Moss. Is the model cities program a suitable vehicle for this or is it rather cumbersome?

Mr. THREATT. Model cities is the logical choice. We do have a housing development corporation, with a combination of expertise from the business community and from the community as a whole. The 14-man board is comprised of seven people from the urban coalition, representing the financial developers of our city, and of representatives from each of our seven model neighborhoods. These are the people who would be administering the program.

The businessmen have not only given their time, they have given their money. They have contributed \$100,000 to this corporation, to match another \$100,000 we have put in.

FUNCTIONS OF HOUSING CORPORATION

Now this housing development corporation normally has two functions: the first is to provide loans to persons wanting to generate non-profit sponsors. The second is administering a \$300,000 revolving loan fund for the rehabilitation of homes not covered under present categorical grant program. This special project we are proposing would be an additional function.

Senator Moss. What is your reaction to the proposal that has been made in Seattle that the elderly convert their homes by placing them in a cooperative under 221(h) and then they have an equity in the cooperative by reason of that transfer with the cooperative maintaining the property from then on?

Is that a suitable vehicle?

Mr. THREATT. Well, I am not completely familiar with the Seattle plan. I am familiar with the cooperative method.

I don't think that would serve the same purpose as this plan serves, largely because I think that it is far better for elderly persons to feel that they are not giving up their individual possessions to an intangible equity in a cooperative.

You have to understand, as I am sure you do, the history of the black community and other minority communities where, as I say, the property has been a proud possession.

For that reason, our proposal would be far better for an elderly person. We have suggested that they would have an individual home and they would pass on individually the value of their life tenancy to their heirs. I don't know how Seattle's cooperative plan would work. They might not be able to pass on their equity in the cooperative to their heirs.

Senator Moss. To what extent is it necessary and desirable to have assistance to these elderly people in the maintenance of their property?

As they become older and find it more difficult to maintain their home, keep it in good repair, and so on.

Mr. THREATT. I would agree there but if we could have the 235 rent supplement, the Housing Development Corporation could be responsible for the general maintenance of the properties. This would be another value of having this approach.

Senator Moss. And they could still maintain these homes even though they took advantage of this meal service that has to be provided at some point and perhaps have some housekeeping services introduced?

Mr. THREATT. Well, there could be other services, as I said, interlocking services, which is surely necessary for some elderly persons.

As this is a cluster community, it is possible to have the health services right there in the community by having a small health clinic. We're not asking the elderly to come to the clinic—the doctor would visit them in their individual homes.

When you have a small area, a compact area, this can be done very easily. This approach would be one other approach which surely we are recommending, whereby we can have health services provided to the elderly in the same way that the doctor visits his patients in the hospital.

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

It is a very interesting contribution which was made. You have opened up some new areas of consideration for us. We appreciate it very well. We are pleased with the direction you are giving to the model cities program in Kansas City and we are pleased that you came here to testify before our committee today.

Mr. THREATT. Thank you very much.

Senator Moss. Yes, sir.

I am going to ask Dr. Charles B. McCreary now from Minneapolis if he would present his testimony.

STATEMENT OF DR. McCREARY

Dr. McCREARY. Mr. Chairman, I am Charles McCreary, health planner with the Minneapolis Health Department, assigned to the Minneapolis Model City Program.

I would like to give testimony on the usefulness of the model city program in meeting health care needs of aging persons.

Aging persons form a substantial part of the Minneapolis model city. Approximately 14 percent—9,674 persons—of the model city population are age 65 or over, and another 25 percent—13,434 persons—are between 45 and 64 years old.

In combination, these two groups represent nearly 40 percent of the model city population.

Among these aging persons, far more than among young adults in the model city, health care has been identified as a serious problem with a high priority for remedial action.

Aging persons describe three major problem areas in the delivery of health care:

1. PROBLEMS IN OBTAINING EARLY, UNSCHEDULED, OR EMERGENCY CARE

Early, unscheduled, or emergency care is available to aging persons only in a limited and inflexible form. The nine private general hospitals located in or near the model city area are not staffed to provide these services.

Aging patients have increasing difficulty maintaining ongoing medical ties as they outlive their family physicians and as new physicians settle in the suburbs. Inner city practitioners are largely specialists, not organized to provide continuous, comprehensive flexible health care to the aged.

The Hennepin County General Hospital, located near the model city area, offers 24-hour care but is considered by the elderly residents as a "poor people's hospital."

Although inflation, rising medical costs, and fixed incomes force some into a medically indigent category, most of the aged, having been paying participants in the private system of medicine all of their lives, do not consider themselves poor or medically indigent.

When confronted with unscheduled illness, they want entry into the private health care system and they want the conditions of entry to be flexible enough so that they may receive early treatment for illness and thereby hopefully avoid the traumatic, expensive, and life-disorganizing experience of an ambulance ride, inpatient hospitalization, and possible confinement in a nursing home.

Closely related to the inflexibility of unscheduled care for aging persons is the fact that the community has numerous unsatisfactory ways of deciding whether each individual patient is a real emergency or just a minor illness.

Often, because of the inflexibility of entry into the health care system on an unscheduled basis, the decision as to the need for care is made by the patient, by relatives, by friends or by a police officer rather than by a physician.

The community is ambivalent in deciding how much health care aging persons should receive and in deciding what should be the purpose of health care for aging persons.

It is not clear in the minds of many people whether the hospital is to be used only for dying, or whether the hospital emergency department should also be used for early treatment of unscheduled illness.

Under the present system of organization of unscheduled care, in spite of the presence of nine private general hospitals located in and near the model city, and in spite of the medicare and medicaid programs, many factors which have nothing to do with the real health needs of aging persons are used to decide when, where, what kind and how much health care the aging person will receive when there is unscheduled illness.

2. PROBLEMS IN OBTAINING ROUTINE, SCHEDULED, NONEMERGENCY HEALTH CARE

Among aging people who are still mobile to varying degrees, the biggest problem, after unscheduled care, is in getting routine, scheduled, nonemergency care delivered under suitable conditions.

The problem has two parts: (a) aging persons, with a decreasing ability to be mobile, trying to use a transportation system that is designed for young adults and, (b) a health care system that is highly fragmented both in location and in organization of services.

Some parts that may be fragmented from one another are the dentist, the pharmacist, the ophthalmologist or optometrist, the hearing aid vendor, the general physician, the internist, the gynecologist, the urologist, the orthopedist, the general surgeon, the laboratory, the X-ray, the podiatrist, social services, mental health services, and home health services.

3. PROBLEMS WITH NURSING HOMES

There are 33 licensed nursing and boarding care homes with approximately 1,800 beds located within the model city. These represent about one-half of the nursing and boarding care home beds of the entire county.

Problems in some of these homes have been brought to the attention of the community largely through the work of the Minneapolis Age and Opportunity Center.

I will not discuss the problems of nursing homes at this time, but only wish to note that the nursing home situation is a major issue and is of deep concern to residents of the Minneapolis model city.

WHAT PART OF THE HEALTH CARE PROBLEM OF AGING PERSONS CAN BE SOLVED AT THE MODEL CITY LEVEL?

1. The potential of a model city program is in the area of policy and planning, not in the area of management.

The strength of a model city program is that it can bring many different forces together and focus them upon a specific problem or upon a complex set of problems.

These forces include citizen participation—in this case participation by aging persons acting in the role of health care consumers—both public and private agencies, multiple levels of government, and multiple Federal departments.

Such an organization, since it draws together and focuses multiple and complex forces, is unexcelled as a mechanism for policymaking and long-term planning, and for identifying community problems and bringing resources together to be focused upon problems.

However, such an organization is far too cumbersome for the speed and flexibility of decisionmaking that is necessary to administer effective service programs.

Since the managerial capability of a model city program is limited but the policy and planning capability is immense, the emphasis should be upon delegating management of health care services to existing institutions and agencies and the emphasis of model city programs should be upon achieving an effective policy and planning role for the health care consumers, including aging health care consumers.

2. The money available for health care in a model city program is limited and therefore must be spent on planning or in a manner that will achieve a catalytic effect.

Model city supplemental funding is not sufficient to develop or operate a high volume delivery of health care services.

The amount of model city funds that will be allocated to health care in Minneapolis probably will never exceed \$500,000 in any given year. Minneapolis model city residents already receive between \$10 million and \$15 million worth of health care annually.

Thus, model city supplemental funds would not significantly change the health care situation if they were simply used to purchase additional health care.

Limited model city funds should not be used to duplicate existing health care dollars, such as medicare, medicaid, and private health care dollars.

Rather, model city funds should be used for planning or to subsidize and encourage reorganization of existing health care services into forms that more effectively utilize the existing health care dollar to serve aging persons.

While suggesting that model city programs do not spend their limited funds to finance the ongoing health care of aging persons, it is not my intent to suggest that all is well with the ongoing financing of health care for aging persons.

Several problems with existing financing, which are beyond the scope of a local model city project, should be mentioned partly to remind model city planners that these are problems largely beyond their jurisdiction and partly to remind the Federal Government that these problems demand nationwide attention.

These problems include the fact that many persons in the age range from 45 to 64 who are not eligible for medicare, are unable to afford adequate private health insurance, are not poor enough to be eligible for medicaid, and yet are in an age group where there is a high incidence of the expensive diseases of aging such as heart disease, cancer, and stroke.

A universal health insurance that meets the needs of these people without forcing them to first become eligible for categorical welfare programs is needed. Also needed is a more comprehensive range of benefits under medicare.

PLANS FOR HEALTH CARE FOR AGING PERSONS IN THE MINNEAPOLIS MODEL CITY

Over a period of 5 years, four projects will be initiated. The method of operation in each project will be to encourage the existing private physicians, hospitals, nursing homes, and health agencies to reorganize themselves in a form that can provide the services. The four projects will be:

1. Early, unscheduled, and emergency care especially designed for elderly persons.
2. Comprehensive health care clinics designed for aging persons.
3. A program to achieve active, complete, high-quality care in nursing homes and a program to integrate protective, supportive, and home health services into a single continuous service system

with the same staff and facilities serving both those elderly people living in nursing homes and those still living in their own homes.

4. Mental health services especially designed for elderly persons.

In summary, I would like to say that delivery of health care to aging persons is to some extent, at the present time and certainly for the future, the single largest challenge facing the health care system. This is the mark of a good health care system.

Success at solving other health problems has in the past and will in the future continue to increase our lifespan, the number of aging persons will continue to increase, and the need for more health care for aging persons will increase.

Planning and policy at the National, State, regional, county, and city levels—as well as at the model city level—should take into account and anticipate this challenge.

The basic problems of the health care system—financing, manpower, and organization—need to be solved in the context of the expanding health care needs of aging persons.

Senator Moss. Thank you very much, Dr. McCreary. That is a very fine statement, a good summary of the problems as you have encountered them and are trying to meet them in the Minneapolis area.

I was interested when you said that one of the problems was to decide whether an individual patient was a real emergency or just a minor illness.

How do you solve that?

Dr. McCREARY. The patient should be seen by a doctor or somebody who is trained to evaluate him. It should not be by somebody trying to take a guess at it at home.

Senator Moss. I see.

TRANSPORTATION PROBLEMS

What about this problem of transportation? How about transportation of the elderly to a point where they can receive the care?

Have you been able to resolve that?

Dr. McCREARY. We have not started our operation yet but our thinking is that the ambulance is the wrong way to work because that is expensive and it is a very threatening thing and it is usually not what is needed.

Elderly people say that they need a friendly person with a car whose job is to provide transportation. They do not want to impose upon a person, such as the caretaker of their apartment, who is not designated to provide transportation. They want to be able to call upon a person whose job it is to provide transportation. A simple and flexible type of transportation is needed, not an ambulance ride.

Senator Moss. When we were in Atlanta we found one thing that has been done down there because of this transportation and lack of mobility for elderly people, is they have sort of a two-bus system. They have a bus that goes around on a regular route through the area where the elderly live and that they can board and get transported from place to place, but they also have a small intermittent bus that belongs to the community that will go back and forth on unscheduled trips.

Now, would that be the sort of thing that you might have available to the elderly that need to be taken to the medical center?

Dr. McCREARY. That would be very good.

Senator Moss. Some of our hearings have indicated that the problem of the elderly is that so many of them do not have knowledge, information of what medical services are available.

To what extent have you instituted or should there be instituted an informational program to acquaint them with existing services?

Dr. McCREARY. Well, you have to be certain, first of all, that you are sending people to good services. We have taken that position and this is a very key issue in Minneapolis.

Many people said, "We have nine private hospitals there and a sizable number of physicians, all that is needed is information."

We said, "No, that is about the last thing you need."

First you have to get the services organized so that they are accessible and appropriate to the needs of the patients.

If the services are well-organized, acceptable, accessible and appropriate to people's needs, then very little information is needed. The services publicize themselves by means of good performance. Satisfied patients are the best form of advertising or the best means of spreading information.

There may be a point where information is important but first you have to have good organization of services.

PREVENTIVE HEALTH CARE

Senator Moss. To what extent is the medical service available concentrated on remedial or service after the disease is there and what part is in preventive health care?

In other words, how can we reach the elderly people with a system of preventive health medicine?

Dr. McCREARY. I feel that preventive medicine and curative medical care should be combined in the same clinic, under a single system of health care. At the present time preventive services are often fragmented from the mainstream of health care and this makes it more difficult for elderly persons to receive preventive medical care. For example the Minneapolis Health Department conducts special clinics out in the community for the detection of carcinoma of the cervix because this is a disease for which there is an effective early diagnosis and an effective early treatment. So there is a separate program for that particular disease rather than incorporating the early detection and treatment of that disease into the routine care provided by all physicians to all patients.

I think that rather than having special diseases form the basis for special clinics, such preventive medical practice should become a routine and systematic part of every physician's practice. A patient under the care of a private physician should be guaranteed that the physician is not neglecting preventive medicine. Medical societies should establish a mechanism to routinely monitor the private physicians to see that they practice preventive medicine. Failure to practice preventive medicine should be considered as serious a professional failure as would be some of the more obvious professional failures, such as performing surgery without adequate indications.

In other words, the way to reach the elderly with preventive health care is to see that preventive health care is indeed practiced by every physician, and then see that every elderly person has reasonable access to a physician.

We think that preventive care for the elderly should be built into the care of each individual patient and into the doctor-patient relationship rather than at a separate clinic for one special disease.

Senator Moss. Even though medicare has proven its usefulness and there are a great many reports from our field hearings that senior citizens still have difficulty obtaining a physician's services, that they continue to have out-of-pocket expenses, and that a great many have been turning up in the emergency rooms of the hospitals and using that as a visit to a physician when it was not really an emergency case; have you experienced that in Minneapolis?

Dr. McCREARY. This is just beginning to happen in Minneapolis. The private hospitals have not previously taken on this role as being the physician, they are just starting.

One of the things that has helped us to get the private physicians into the planning process is the fact that they do not want the hospitals to take over this role.

So private physicians are organizing a corporation to staff and manage this type of care in the hospital setting.

One of the best political strategies in this area is to first go to the hospital and ask them to do it, and this brings the private physicians out in organized form to do the job because they don't want the hospital doing it.

We are doing business on this basis in Minneapolis and it is working quite well.

Senator Moss. It is working quite well?

Dr. McCREARY. Yes.

Senator Moss. I notice you suggest that there ought to be in effect a universal health insurance without compulsion because of this area of people that need the service and have not qualified yet by age to get Medicare and Medicaid.

Do you advocate the Federal Government undertake this kind of program, and if so, is there in interference there with private health programs that are now organized.

Dr. McCREARY. I think it has to be both ways, that we have to keep the private health insurance industry and that somehow with Federal money the gaps have to be filled in.

I think that probably the private and the public money can be combined at a local administrative level so that at a regional or county level there can be a single channel where private and Government money flow through the claims processing and then are paid out to the vendors of that area.

I believe that the private and public insurance have to both exist but I think that they could plan that to the local area.

Senator Moss. You think that both plans could be dovetailed?

Dr. McCREARY. Yes; there are a number of models of this that are possible.

I don't believe there is a need for an either/or decision. Both private and Federal health insurance can exist together. But if there are two.

systems they must fit together perfectly without any gaps or duplications.

Senator Moss. Are you aware of any attempt to provide shelter care for the elderly under the model cities program?

Dr. McCREARY. No.

PLANS FOR NURSING HOMES

Senator Moss. Are there efforts to provide nursing home care under model cities?

Dr. McCREARY. Yes. We are hoping to get either a profit or non-profit developer to build a model city nursing home, a model nursing home that is designed right from the start to operate with good, active, complete social services and protective services and health care, and that this unit should not only serve people who are confined to the home but should serve people still living in their own homes in that general area and give social services and supportive services, and social and recreational activities to a much larger number of people than those just confined in the home.

By doing this we can build a better facility and have a better staff because they will serve more people. It is economically more reasonable.

We almost had a developer like that and then we lost him because another segment of the model city would not give him the land use permission.

We think that we will get this now by one of the smaller hospitals going out of business and being converted into that type of facility.

Senator Moss. Has there been any significant increase in the number of clinics that specialize in geriatrics?

Dr. McCREARY. They are just ready to increase. They have not yet. They will as the private physicians move into new office buildings next door to their hospitals.

This is just a new movement in Minneapolis where the private physicians who were scattered all over the town and not in close proximity to one another or to the hospitals now are moving closer to the hospitals.

Our new clinic buildings are beside hospitals and as the private physicians begin to conduct their private practice nearer to hospitals, more resources can be combined into geriatric services.

Senator Moss. Do you have a neighborhood health center in Minneapolis that serves the elderly as well as the general public?

Dr. McCREARY. We don't have a neighborhood health center. We are in this unique position where we will house about a third of the hospitals and many of the private physicians of the city so we are going to ask them to organize their private practice and private clinics to meet this need.

It is a unique situation where we have these resources and we have no need for a new center.

Senator Moss. This committee has heard at their hearings the need for assistance in providing eyeglasses and dental care.

Can you tell us if any program has been instituted to meet these important needs for the elderly?

Dr. McCREARY. No. We would await medicare funding for these things.

We are drawing together the potential organization that could put these services into a comprehensive package but actual operation of such comprehensive services is still 2 or 3 years away for us.

Senator MOSS. Mr. Miller.

Mr. MILLER. With reference to your comment about the doctors moving their offices adjacent to or within the hospital, does this tend to complicate the transportation problem for the patient, particularly the elderly patient?

Dr. McCREARY. I think it will simplify it. There will be one common location to which transportation can move. There will always be a transportation problem. People have to get somewhere. But for all their health care needs they can go to one single location now.

Mr. MILLER. Are the hospitals in Minneapolis spread geographically throughout the city?

Dr. McCREARY. About a third of the private hospitals are right in the center of the model city so that they really are in a good position, a central position for the elderly people of the model city.

Mr. MILLER. Now this is true with reference to the model city area?

Dr. McCREARY. Yes.

Mr. MILLER. How does it apply to the other areas of Minneapolis?

Dr. McCREARY. Well, it is the outer fringes of the city that do not have good access to hospitals but, of course, this is populated by young adults who have moved out so that it is their problem and they can solve it better than the elderly.

The hospitals in Minneapolis are well located in relation to the elderly and it is a matter of organization whether their location is a problem.

Senator MOSS. Well, thank you very much, Dr. McCreary. It is a very interesting report that you have given us and we appreciate your coming to participate with us in this hearing. Thank you very much.

We will now hear from Mr. Robert Ahrens, the director of the division for senior citizens in Chicago.

We are pleased to have you, Mr. Ahrens.

STATEMENT OF MR. AHRENS

Mr. AHRENS. Thank you, Mr. Chairman, and colleagues on the panel.

It is my pleasure to be here and I hope that I may be able to contribute something to the exploration of the question.

As you indicated, my name is Robert J. Ahrens, and I am director of the division for senior citizens of the city of Chicago's Department of Human Resources.

I am responding today to questions about the role of a municipal office on aging in model cities programing.

The city of Chicago has such an office for several reasons. They include the growing numbers of older people. Between 500,000 and 600,000 people age 60 and over now live in Chicago and another 300,000 to 400,000 live in its suburbs. These reasons include the special needs that older people have.

They include also the city's desire to do a better job of planning for the future in terms of numbers, diversity and needs of older people.

The goals of our division are several:

1. To insure excellence—and let me underline that, excellence—not just adequate, services and facilities for older people, citywide.
2. To assist in the coordination and expansion of present services.
3. To identify unmet needs.
4. To promote new services.
5. To inform the community of progress made and progress still needed.
6. To be the advocate of the older adult.

All of these goals are applicable to our role in model cities programming. To insure that they have a reasonable opportunity to be met the division has proposed that it operate a program in each of Chicago's four model cities neighborhoods.

That proposal, which I will describe later, is now in the final stages of process.

First, I would like to discuss the reasons why the division felt it should operate a model cities program. Chief among them is the failure of almost all agencies and systems in our society to plan and provide for the elderly in truly significant ways.

Whether this is an immediate result of either a lack of knowledge about the elderly and their needs or a lack of concern, it springs fundamentally from the orientation of the society itself, which is to youth, and from that society's failure to teach or to practice a full dimensional philosophy of human development.

AN ARRAY OF PROBLEMS

As a consequence, the field of aging simultaneously faces a range of problems, equally crucial, and each affecting the other, namely:

1. Services and facilities for the elderly are everywhere inadequate;
2. Needs of the elderly have low priority, where they have priority at all;
3. Leadership has not been fully sensitized to the needs of the elderly;
4. Training of personnel presently serving the elderly continues to be inadequate and insufficient numbers of new personnel are being trained to enter the field of aging;
5. No strong, comprehensive, and cohesive professional movement in the field of aging yet exists, and
6. The elderly themselves are largely inarticulate and unorganized in their own behalf.

Given another set of circumstances than this, it is possible that model cities program staff and citizens' councils would have had before them a variety of proposals from diverse sources to enhance the lives of the elderly in these neighborhoods. Such was not—is not—the case.

From the beginning of the model cities program our division saw its role partially fulfilled as a gatherer and provider of data about the elderly, a stimulator of programs and program ideas by many agencies and a resource to all.

On January 30, 1968, the division—then commission for senior citizens—convened a meeting of citywide agencies that served or might serve the elderly and agencies in model city neighborhoods that served

or might serve the elderly to discuss their assessment of problems and possible initiation of or participation in model cities programs for the elderly.

As a consequence of that discussion and the division's own study and analysis, a paper was produced on August 7, 1968, called "The elderly in Chicago's model city neighborhoods."

It dealt with special problems in assessing the needs of the target area and study area elderly populations, problems of service delivery affecting the elderly population of these areas, problems of the areas as identified by the agencies that participated in the January 30 meeting and problems arising out of the relationship of the elderly to other age groups in the community.

The paper listed every public and private agency resource in these areas down to inclusion of detail as to the location and size of every senior citizen club or group.

It provided information on income, housing, leisure time activity and among other things, even a count of elderly by census tract.

A second division paper, also in August 1968, was called Suggested Guidelines for Development of Solutions and Proposals.

Both of these papers, with appropriate letters of transmittal, went to all of the agencies represented at the January 30, 1968, meeting, and to many more.

PLAN OF ACTION

On November 13, 1968, the division supplied this committee with a 13-page report covering our "overall plan of action" at that time and responding also to a series of questions you raised, with what we regarded—and still do—as some basic assumptions on which planning for the elderly ought to take place.

Let me state them again briefly:

1. The population age 65 and over is growing in numbers.
2. Most people age 65 and over are white.
3. A disproportionate number of people age 65 and over are poor.
4. The most desperately poor of all people are those age 65 and over.
5. The most desperately poor people of those age 65 and over are black.
6. Most people age 65 and over live in the central cities of metropolitan areas.
7. Most people—of all ages—who live in poverty areas of the central cities are black.

Nineteen hundred and seventy population projections made by the University of Chicago—and these are under the directorship of Philip M. Hauser, former Director of the Bureau of the Census—indicate that 15.2 percent of Chicagoans age 65 and over are nonwhite: that figure falls to 10.2 percent when you add the suburbs.

Let us assume that all of the city's 15.2 percent nonwhite people age 65 and over are poor. Let us assume further that they all live in the poverty areas designated for model cities programs. Actually, that percentage is about seven.

That would still leave from 14 percent to 27 percent of the city's poor people age 65 and over unserved by these programs, if we accept

the Social Security Administration's 1967 poverty definition as applied to the population age 65 and above.

It also leaves more than '84 percent of all people age 65 and over living in other parts of the city.

Withdrawal of the Federal regulation limiting model cities participation to 10 percent of a city's population was a forward step. Cutting of funds for model cities programs will negate its effectiveness.

The fact that most elderly are white and live outside of so-called poverty areas and the fact that those elderly who live within them are black, could seem to explain the lack of present and proposed programs for elderly in poverty and model city areas, except that there is an equal lack of programs for elderly who live outside of poverty areas, and just as many in fact, more are poor.

The municipal office of aging must, therefore, be concerned with a citywide distribution of services and establishment of facilities, tailored to the special needs of an age group as well as fashioned for a given neighborhood.

It must be concerned not just with services, but also with linkages, service to service, neighborhood to neighborhood and group to group.

This concern was a major one in prompting the establishment on January 1, 1969, of the city of Chicago's new department of human resources, of which the division for senior citizens is one operating arm, which other divisions for family services, youth services and manpower services and administrative divisions for planning and research.

The commissioner of the new department is a member of the model cities executive committee.

In February 1969, the division assigned a staff member to work in the community with model cities staff and citizens councils, serving as a resource, sensitizing them to needs of the elderly and providing the division with field intelligence.

The division for senior citizens has played, as we have tried to show, and continues to play its role (1) in gathering and disseminating information, (2) in stimulating programs by others and also, when necessary, (3) in offering direct services on a demonstration or research basis or in order to close service gaps.

Having succeeded, we believe, in its information gathering and disseminating role, having failed in its program stimulating role—for all of the reasons cited earlier—the division now proposes to operate its own model cities program in order to demonstrate certain services and to close other gaps.

We propose to establish operations in each model cities area with professional and also indigenous staff, who will seek out the elderly on a door-to-door basis, who will ascertain their problems and who will follow them through to resolution.

Although there is a strong case-finding element here, this is not a case-finding program.

The chief task rather will be one of insuring that all elderly are apprised of benefits and opportunities available and are included in all program components and services offered by any agency or system operating in the model cities area and, as far as that goes, anywhere in the city.

“LITTLE CITY HALLS”

We propose to house this staff with that of model cities in each area and, eventually, in the proposed neighborhood service centers or “little city halls.”

If our proposal is approved and funded, it will speak in operation to the separate sets of six goals and six problems that I have earlier outlined.

In that sense, it can be a model for our aspirations citywide.

But we will be moving meanwhile to achieve these aspirations in many other ways, mindful that our responsibility is to all of Chicago’s older people, in whatever neighborhoods they may live.

The special attention we will give—and have given—to some of our neighborhoods and some of our elderly, we will justify by application of what we learn to all of the city and all of the elderly, and by making this application while we are learning, rather than at some indefinite future time.

The full program of the division including the technical assistance that it presently offers in the fields of adult education, consumer education, employment, health, housing, income maintenance, mental health, nutrition, retirement planning, staff training and transportation—and its regular information and referral services—will continue to be provided to all elderly and the agencies who serve them and this, of course, covers all 76 community areas of Chicago, model cities neighborhoods included.

I perhaps should say 75 community areas, since 76 is O’Hare Airport.

To summarize, the goals of the division and the problems it faces will be the same in model cities areas as they are citywide, because the elderly are in the same difficulties citywide as they are in the model cities areas.

Thank you, Mr. Chairman.

Senator Moss. Thank you very much, Mr. Ahrens. That is a very comprehensive report and we are pleased to have it.

I noticed in your statement you said that the division for senior citizens functions as an advocate for the older persons, usually city departments protest that they are neutral.

I wondered if you wanted to—

Mr. AHRENS. I don’t think you can serve in the field of aging and be neutral. It is not enough, as we have shown, I think, in the model cities program, to provide information, to stimulate, to coordinate. There is such an appalling lack of programs for the elderly and the priority for them is so low that at least the municipal agency—and Federal agencies and States agencies that are concerned with aging—must get out and fight for programs for the elderly or in many cases there will be no programs at all.

I can talk about offering various kinds of technical assistance and we do.

The elderly themselves seek out your information and referral services—you don’t have to promote them strongly. Every day they are in our office and on the telephone with these personal problems that they have.

But you cannot just sit and wait for agencies to come to you for technical assistance. I want our adult education specialist out among the educational and cultural institutions promoting programs for the elderly. I want that true in housing.

I want our expert on housing out with churches and other nonprofit groups to try and encourage them to do more for the elderly.

So, yes, we must be the advocate of the elderly and of programs for the elderly.

Senator Moss. Do the elderly readily look to the city for help and guidance.

Mr. AHRENS. That has been one of my real encouragements in the 2 years that I have now served in this position.

THE CITY AS ADVOCATE

It is increasingly so and I think it is because we have begun to do things, because we have begun to fight for them and to establish programs that they look to the city increasingly as their advocate. That is how I would wish it.

Senator Moss. I wanted to ask you a question. I believe you were here yesterday at the hearing when we talked about the problem in Boston where we had the rising expectations and then because the Federal funding had not been made at this time, there has been great disillusionment.

Mr. AHRENS. Yes.

Senator Moss. Would you care to comment on this so far as the experience of Chicago is concerned?

Mr. AHRENS. These things are demoralizing in the extreme and they tend to erode the confidence of the public in Government and Government officials.

When you begin to involve citizens as you are told to do and as you would want to do in planning, since it is their Government, and then you must continually shift or alter the basis of what you are planning, or withdraw services even before they begin, obviously, it shakes the confidence of the public.

It is this kind of game that has been played with the White House Conference on Aging. When will it happen; when will it be funded?

I have agencies in the field asking me this and I cannot give them clear answers.

The Government at least ought to be clear about its programs and what it proposes to do.

So this kind of muddy planning and tentative funding and these cuts and shifts are demoralizing in the extreme.

Senator Moss. What have you been able to do on this problem of transportation for the elderly in Chicago?

TWO TRANSPORTATION PROJECTS

I assume it is a problem there as it is everywhere.

Mr. AHRENS. Yes, it is. We have two projects. One is a title III project in which the Hull House Association was funded for a minibuss service. It is identical to an earlier title IV project which is expiring, in which the YMCA was also funded for a minibuss service.

These have operated in limited areas of the city. They have a regular schedule of appointments in which they will call on a housing for the elderly building or the senior center and take people to see the doctor, to do shopping and other missions.

The funding has about run out in the title IV project and the YMCA does not know yet how to sustain it.

The title III project of Hull House will, of course, also be limited so it is going to be the job of my office somehow or other to find ways of establishing this service on a citywide basis.

We have already discussed the problem with Mayor Daley who has indicated he thinks, too, that the service ought to be established on a citywide basis.

So we are going to have to come up with solutions to that.

The other area of transportation in which we are presently working is with the Chicago Transit Authority. In the spring of 1968, representatives of a council of senior citizen groups came to me and indicated their No. 1 social action program at that time was to get reduced fares for the elderly on the facilities of the Chicago Transit Authority.

Since it was their No. 1 program I told them we would, of course, work with them.

Their job was to demonstrate that there was a demand for this, so they went out and began to get petitions signed. Our job was to come up with factual data on the question. We did what we could.

We surveyed cities around the country that had such a program, pulled this information together, analyzed it and gave it to the mayor of Chicago.

The senior citizen groups then met with him to present their petitions. The two together were enough to convince him to ask the board of the CTA to try a reduced fare program on an experimental basis.

At this point the Chicago Transit Authority asked us if we would help them implement such a program. I could probably draw an organization chart of the transit authority now; we had so many meetings with so many officials.

They accepted substantially all of our recommendations and put them into effect. I said to the chairman of the board of the transit authority, who was going into the program convinced there would be a deficit, that we would be most eager to help implement the program if he would be eager to work with us on an independent and objective study of this question, if we could get one funded.

Senior citizen groups were convinced there would not be a deficit because they would generate additional non-rush hour traffic.

In our studies of programs in other cities, nobody had definitive information on this. There may have been a reduced fare program in effect for years but the argument continued to rage between senior citizen groups and transit authorities.

The Chicago Transit Authority said it would participate in a study if we could get it funded. We talked to the Administration on Aging, which responded very quickly. It, and the Department of Transportation each share 50 percent of the cost of the study now underway in Chicago, which is attempting to determine whether such a program does indeed create a deficit for the transit authority or whether it generates sufficient additional revenue to more than cover cost or breaks even. It will also help use determine some facts about the social habits

of the elderly in transportation, where they travel and how frequently.

Senator Moss. Just the mechanics of it, if you were able to obtain a reduced fare for the elderly citizens, what do they have, some kind of identification card?

Mr. AHRENS. They are using the medicare card. We had an enrollment period for that tiny percentage of elderly that did not have the medicare card and they were given a special identification card by the Chicago Transit Authority. It now continues to issue this on an individual basis at its own headquarters.

Assuming that the program would become permanent, it is likely that this special identification card would be issued to all of the people age 65 and over.

TRAINING NEEDS

Senator Moss. In your statement you indicated that the training of personnel serving the elderly continues to be inadequate and insufficient in the numbers of new personnel.

I wonder if you would comment on that a little further for me.

Mr. AHRENS. There is a very, very great need for training right down the line. We are working with the University of Chicago, which has a title V training grant in cooperation with our office. We have placed with us a cadre of six of their graduate students who are seeking degrees in community organizations, six.

Sixty would be more like it if we were to begin to make a dent in some of the training needs in Chicago; maybe we should even say 600.

There is not only a need to bring into this field people who are well trained for it, there is also a need to upgrade the training of people already in this field, for example, people who are running senior centers.

The imagination of some of these people does not go far beyond the fact that the elderly might be interested in making ceramic ash trays.

The people who are counselors in the older worker units of the State employment service need to know more about the elderly.

The people who work in the Chicago Housing Authority senior citizen apartments need to know more about the elderly.

We have been funded for one of the largest—I guess it is the largest—nutrition program in the country under title IV. I would attribute a 6-month delay in getting that program moving chiefly to the fact that when we went into the field to work with independent agencies they did not have trained staff to move on the program as they might have.

We wound up with the project staff ringing the doorbells of the elderly and often having to show the people at various agencies in the field how to go ahead.

I just can't emphasize too much the crucial need for training. If you would call orientation of planners in all agencies that are age comprehensive to needs of the elderly a part of training, I would include that, too.

We have been talking with the University of Chicago's Center for Continuing Education about cosponsoring a conference that would involve these kinds of planners, so that they would begin to figure the elderly into their planning and the program of their agencies, also.

Senator Moss. Perhaps one final question.

You indicate, I guess all of our witnesses have said, that the elderly suffer from a low visibility, they don't have means of expressing themselves and to demand attention.

I wonder if you agree that most Federal model cities programs are economically motivated to exclusion of the elderly?

Mr. AHRENS. I think this is true. I think it is true to the extent that we feel that productivity of people in certain economic ways has to be the chief criterion as to where we put our money.

Therefore, it becomes better to finance programs for children rather than older people because children have a long life ahead of them in which to be productive, therefore, it is better to finance programs to train or retrain younger people as workers rather than older people because younger people will have a longer period of productivity before them.

There is sense to this if you do not exclude programs for the elderly, but where you force programs for the elderly to be competitive on the basis of this criterion you create great problems.

I thought that this society had moved a long way from the idea of work or starve. It seems to me that one important measure of civilization is how far you have moved from this as a guiding principle.

I have seen this productivity criterion in use in Chicago recently where the board of education, not being able to get all the funds it needed for the schools from the State legislature, felt it had to cut back programs. The first to be cut are in adult education, and the first part of these cut are those programs for the elderly. This seems to be true almost down the line.

Senator Moss. Well, thank you very much, Mr. Ahrens.

Any staff questions?

Your testimony is certainly most helpful and I am heartened with the efforts that you are making in Chicago.

I think that the city, through your view and your division, is attacking this problem and trying to help out in this field of the elderly to get them the attention and the services that they need.

Even though the last part of our colloquy indicated that the elderly are oftentimes overlooked and are the first to be cut when there has to be a reduction, that this some way or other must be averted and we must give equal attention to the elderly along with all the other elements of our society.

Mr. AHRENS. I would like finally to say this, Senator. My division looks to the leadership of this committee and to the excellent staff that serves it. Its work is a part of training for all new staff we hire.

We require them to read the text of some of the hearings of this committee.

In the future I hope we will find many more ways we can work together to get the job done that we know has to be done.

Senator Moss. Thank you very much. I appreciate that.

With this meeting today we have added much to the series of hearings that we have been having on the usefulness of the model cities program to the elderly.

The face of the record is replete with illustrations of the many problems that confront our elderly. These problems are primarily

based on the fact that the incomes of our senior citizens are woefully inadequate.

PSYCHOLOGICAL POVERTY

It is also plain that many of our elderly suffer from the kind of psychological poverty that results from being shut off from society.

The basic purpose of model cities was to mount a comprehensive and coordinated attack on the problems of our urban areas. There has been great debate as to what should be the primary focus of this program.

This committee has tried to insure that the elderly are included both in the planning and implementation phases of the model cities program.

Although we have had great promises of the programs that would be instituted in model cities which would serve the elderly, I regret that these promises have received comparatively low priority.

I also very much regret the recent cut in funds for model cities by the administration even though they describe it in other terms.

Once again we are witnessing the creation of rising expectations and rising commitments to federally sponsored programs and then the abrupt withdrawal of the previous Federal commitment.

This is an intolerable situation. We must look for ways to provide for the continuity of Federal programs so that they will be expectable; so that State and city officials can properly plan their participation in these programs.

Certainly, model cities has provided us with some very useful ideas. I would hope that these programs that are currently in the planning stage would be given the funds to carry their projects into the implementation stage.

I am thinking now particularly of the plight of the Boston Council of Elders and their problem getting funds. I hope a solution is forthcoming soon.

The hearing record will be printed and distributed to all who participated and others who may be interested as we try to bring into focus the information we have been able to gather in this area.

Hopefully, it will influence the Federal Government as well as other elements of State and local government to concentrate on this problem that is one of our most pressing ones, I think, in the country at this time.

With that, the hearing is now adjourned.

(Whereupon, at 11:35 a.m. the special committee was adjourned to reconvene at the call of the Chair.)

APPENDIXES

Appendix 1

ADDITIONAL MATERIAL FROM WITNESSES

ITEM 1. APPENDIX TO STATEMENT OF COMMISSIONER JOHN B. MARTIN

DATA ON ACTIVITIES AND PROGRAMS UNDER THE OLDER AMERICANS ACT

TITLE III. PROJECTS SERVING MODEL CITY NEIGHBORHOODS

Slightly over 1,200* projects have been funded under the Title III Community Grant Program to date. Of these, 176* projects provide at least *some* activities and services for model city neighborhoods. The information provided below is, however, limited to 114* projects. The additional 62 projects in most cases have only a limited impact on model city neighborhoods because they serve an extended area (i.e. more than one city, an entire county, or a larger area). These 114 projects, in most cases, do not limit their activities solely to model city neighborhoods, but are limited at least to a single city.

TABLE 1.—Major Activity of Projects Serving Model City Neighborhoods

Major Activity	Number
Total	114
Community Planning	23
Training of Personnel to Serve Aging Services:	4
Senior Centers	42
Information and Referral	10
Meals Programs	7
Friendly Visiting	7
Health Education and Services	6
Homemaker/Home-Health Aides	5
Transportation	4
Employment Referral and Training	3
Recreation/Free Time Activities	2
Senior Volunteers	1

TABLE 2.—TITLE III FUNDS GRANTED FOR MOST RECENT PROJECT YEAR, BY TYPE¹

Type	Number	Federal amount	Average amount (rounded to nearest thousand)
Total	114	\$2, 518, 597	\$22, 000
Community single planning	23	530, 253	23, 000
Training	4	79, 590	20, 000
Senior centers	42	836, 108	20, 000
Independent services	45	1, 072, 646	24, 000

¹ In most cases this is fiscal year 1969 funds, but fiscal year 1968 data are given for projects which are no longer receiving Federal support, and for projects for which fiscal year 1969 data are not yet available. This does not include additional non-Federal matching funds for every project.

* These figures represent projects currently on file in AOA. Due to the fact that all Title III projects are funded by State agencies, and sent to the AOA only after funding, some projects are funded which are not yet on record in AOA.

TABLE 3.—TYPES OF GRANTEE

Type:	Number
Total.....	114
Public agency.....	46
Private agency.....	63
CAP agency.....	5

TABLE 4.—PROJECTS SERVING MODEL CITY NEIGHBORHOODS, BY STATE

State	Projects serving Model Cities neighborhoods	Designated Model Cities	State	Projects serving Model Cities neighborhoods	Designated Model Cities
Total.....	114	150	Montana.....	0	2
Alabama (no State plan).....	2	2	Nebraska.....	0	0
Alaska.....	1	1	Nevada (inactive State plan).....	2	1
Arizona.....	1	2	New Hampshire.....	9	9
Arkansas.....	3	3	New Jersey.....	3	2
California.....	11	11	New Mexico.....	8	8
Colorado.....	4	2	New York.....	0	4
Connecticut.....	2	5	North Carolina.....	1	1
Delaware.....	0	1	North Dakota.....	4	8
District of Columbia.....	8	1	Ohio.....	2	3
Florida.....	0	2	Oklahoma.....	0	0
Georgia.....	0	5	Oregon.....	5	8
Hawaii.....	1	1	Pennsylvania.....	1	2
Idaho.....	1	1	Rhode Island.....	0	0
Illinois.....	1	3	South Carolina.....	0	0
Indiana (no State plan).....	0	1	South Dakota.....	1	4
Iowa.....	0	2	Tennessee.....	6	8
Kansas.....	0	2	Texas.....	1	1
Kentucky.....	1	4	Utah.....	0	1
Louisiana.....	0	1	Vermont.....	1	2
Maine.....	0	2	Virginia.....	1	0
Maryland.....	5	2	West Virginia.....	0	0
Massachusetts.....	1	9	Wisconsin.....	2	1
Michigan.....	5	8	Wyoming (no State plan).....	0	1
Minnesota.....	6	3	Guam.....	0	0
Mississippi.....	0	2	Puerto Rico.....	1	1
Missouri.....	11	2	Virgin Islands.....	0	0

TABLE 5.—Locations of Title IV Projects and Proportion of Project Activity in Model City Neighborhood

Location	Percent in model neighborhood
1. Roxbury, Mass.....	100
2. Tulsa, Okla.....	100
3. Detroit, Mich.....	75
4. Helena, Mont.....	75
5. Denver, Colo.....	75
6. New York, N.Y.....	75
7. Chicago, Ill.....	5
8. Prince Georges County, Md.....	40
9. Wilkes-Barre, Pa.....	40
10. Philadelphia, Pa.....	40
11. Washington, D.C.....	100
12. Seattle, Wash.....	100
13. Syracuse, N.Y.....	100
14. Huntsville, Ala.....	100
15. Tampa, Fla.....	100
16. Kansas City, Mo.....	100
17. Nashville, Tenn.....	100
18. Norfolk, Va.....	100

TITLE IV—RESEARCH AND DEMONSTRATIONS PROJECTS SERVING MODEL CITY NEIGHBORHOODS

The research, development and demonstration grants under Title IV are supporting 18 projects in Model Cities neighborhoods. Each is designed to contribute differently to the well-being of older persons in model neighborhoods. One project

in particular is developing materials for use by any Model City in designing its programs and activities for the aging. Some are developing new and improved approaches to such of their problems as hunger and proper diet, transportation, isolation and social adjustment.

Others are demonstrating ways to increase acceptability of services and conservation of cost through better organization, administration or delivery systems. Within the framework of these projects demonstrating coordinated services, many of the needs of the Model City elderly are being met through outreach, counseling and referral, recreation programs, leisure time activities, and nutrition programs. In addition, these projects are providing structure for organization of the Model City elderly, resulting in more significant participation of the elderly in Model City planning.

Of the 18 projects, 10 operate totally within a Model City neighborhood and the rest provide significant information or services in a Model City neighborhood, as well as other geographic areas of their city. The projects serving model neighborhoods exclusively are receiving in excess of \$500,000 in Federal funds. The Federal contribution to the other 8 projects for activities in the model neighborhood is also in excess of another \$500,000.

**SOCIAL AND REHABILITATION SERVICE ADMINISTRATION ON AGING
PUBLIC INFORMATION DHEW**

FACT SHEET

What: Award of \$20,516 for the first year of a three-year research project to Fisk University, under Title IV of the Older Americans Act—for a project entitled "Life Styles and Mobility Patterns of Aging Persons." A matching award of \$13,678 is being made by the Office of Transportation Planning and Liaison of the Dept. of Housing and Urban Development under the Mass Transit Act of 1964 as amended and through an interagency agreement for joint funding.

Where: Nashville, Tenn.

Why: To provide a basis for understanding the transportation needs of older persons; to study their modes of transportation; and to determine how their patterns of mobility are affected by the social and economic factors of their lives.

Significance: This project will provide needed information about the way certain older persons live and the relationship of their pattern of life to their ability to move outside their own domicile or neighborhood. It will provide guidance on the feasibility of transporting elderly persons to needed services as against transporting the services to them. Its findings will be of practical value in the planning of transportation facilities and the development of services in Nashville especially for those affected by projected changes in the Model Cities area.

Program content—Pilot studies will be made of several hundred older persons in different areas of Nashville:

(a) 415 aging persons in the Model City area and a comparable poverty section of the city;

(b) 300 selected members of a senior citizen center;

(c) A randomized sample of older persons living in various areas of the city and in varying economic and social situations.

Data will be obtained on:

(a) Their social relationships—marriage, kinships, need for services, what happens to them routinely and on special festive days

(b) Where they travel—why, how far, how often—with whom—etc.

(c) What modes of transportation are used, accessibility.

(d) How much assistance is needed by others in traveling outside home.

The project findings will provide a basis for a demonstration on the use of different modes of transportation by older people.

Further information: Dr. Carroll J. Bourg, Associate Professor, Department of Sociology-Anthropology, Fisk University, Nashville, Tennessee 37208.

SUMMARY

What: Award of \$123,971 for a first year nutrition grant to the Washington Urban League under Title IV of the Older Americans Act entitled "Senior Neighbors and Companion Programs (SNAC)."

Where: Washington, D.C. (6/2/69—6/1/71).

Why: To demonstrate an action program specially designed to bring improved nutrition and social opportunities to groups of poor older persons residing in a

crowded urban area by providing meals in a social setting and by a related program of social, recreational, and health services.

Significance: (Potential Benefits). To develop, test and evaluate an innovative system or systems for the delivery of packaged meals to the elderly in a group setting. The main objective will be to determine the feasibility of using such a system or systems in crowded urban areas which may have facilities for group meetings but lack acceptable facilities for food preparation.

Program content: (Pertinent Details). Proportioned, individually-packaged and ready-to-serve hot noonday meals will be delivered five days a week for 50 participants in each of three sites in the Model Neighborhood. The food service will be augmented by nutrition education and dietary counseling.

Social service assistance will be provided primarily through referrals to existing community agencies. Participants will receive initial diagnostic examinations and continuing treatment from cooperating public health agencies.

Recreation and leisure activities and other opportunities for socialization will be provided as part of the on-going program or such activity will be developed by participants with the assistance of staff of the cooperating private and public agencies.

Further information: Mr. John Jacob, Washington Urban League, 1009 New Jersey Avenue, N.W., Washington, D.C. 20001.

SUMMARY

What: An award of \$50,000 for a first year developmental research grant under Title IV of the Older Americans Act for a project entitled "Model Cities and Aging: Guidelines and Evaluations," to Syracuse University.

Where: Syracuse, N.Y.

Why: To develop appropriate guidelines to enable designated Model Cities programs throughout the United States to clarify and develop alternative plans of service delivery to the elderly.

Significance: (Potential Benefits). To develop a framework from which planning of programs for the elderly can emerge based not only on current knowledge of the aging process but also on further areas of action research from which will emerge tested ways of improving comprehensive, unified and innovation services and service delivery systems.

Program content: (Pertinent Details). The developmental research project will be organized into three distinct phases: Phase I, or the first year, will deal with the development, conceptualization and planning of background materials and tentative guidelines. A national workshop for selected Model Cities directors and associates will be held during November or December in Seattle, Washington. Following the workshop, the tentative guidelines will be developed, tested and modified as needed. During the second phase, a series of workshops will be held on how to implement the guidelines in Model Cities programs. During Phase III, evaluative instruments will be developed and tested to determine the applicability of the guidelines to Model Cities.

Further information: Mr. Neal S. Bellos, Project Director, Syracuse University, School of Social Work, 201 Marshall Street, Syracuse, New York 13210.

SUMMARY

What: Request of \$35,563 for a first year research and development grant by the United Methodist Service Centers, Inc. under Title IV of the Older Americans Act entitled "A Cooperative Approach to Problems of the Aging."

Where: Huntsville, Ala.

Why: To conduct a comprehensive study of the life patterns of the Model Neighborhood's elderly population, identify their needs, and propose a coordinated, comprehensive program of services for this segment of the community.

Significance: (Potential Benefits). To show the ways in which a concerned community with limited professional resources can solve a variety of problems confronting its elderly residents through the maximum utilization of elderly volunteers from both the target group and the community-at-large.

Program content: (Pertinent Details). Elderly Model Neighborhood residents will be interviewed regarding biographical data, interests, and needs. Specialists in the community will be asked to evaluate existing services and resources for the elderly and to estimate current needs. A self-supporting cooperative will be established to: 1) systematically coordinate existing services; 2) provide such services

as cooperative purchasing of drugs and groceries; 3) furnish a counseling and referral service; 4) permit the elderly to gain increased control over their own patterns and conditions of living.

Further information: Mr. Robert E. Gonia, Acting Principal Investigator, United Methodist Service Centers, Inc., 709 Hal Street, N.W., Huntsville, Alabama 35805.

SUMMARY

What: Award of \$49,188 for a first year demonstration grant under Title IV of the Older Americans Act for a project entitled "Senior Citizens Volunteer Corps" to the City of Norfolk—Model City Program.

Where: Norfolk, Va.

Why: To demonstrate the use of older persons as volunteers and paid workers to organize, staff and carry out the functions of a senior citizens volunteer service bureau.

Significance: (Potential Benefits). To determine the effectiveness of older persons as volunteers versus paid workers in assisting older persons to utilize the service delivery systems and participate in the mainstream of community life.

Program content: (Pertinent Details). A volunteer bureau will be established and staffed by trained senior citizens. The bureau will coordinate the recruitment, screening, and training of volunteers in community activities such as counseling, referral, information, and transportation services. Data and information accumulated during the operation of this program will be used in evaluating programs and determining additional program needs. Approximately 50 volunteers will be trained. The Senior Volunteer Corps will engage in a wide variety of activities, such as: accepting referrals to work with Senior Citizens who require special counseling, education and motivation to prompt them to utilize service programs working with Volunteer Service Assistants to organize Senior Citizen activities, obtaining transportation to complete the referral process.

Further information: Donald A. Slater, Project Director, City of Norfolk—Model City Program, East Wing, City Hall, Norfolk, Virginia 23510.

SUMMARY

What: Award* for a one year research grant to the Institute for Community Studies, under Title IV of the Older Americans Act for a project entitled, "Problems and Potentials of Isolated Inner City Aged."

Where: Kansas City, Mo.

Why: (1) To provide more knowledge about the lonely and isolated elderly poor in inner-city districts; (2) to provide hypotheses as to promising types of change or action for different types of lonely or isolated older persons in various settings, including model neighborhoods.

Significance: (Potential Benefits). Project would produce: (a) typological description of inner-city older persons who are lonely and/or isolated (in-depth descriptions); (b) an analysis of goals and types of action for alleviating the elderly's problems as suggested by: elderly themselves, field interviewers, and a panel of professional specialists, including analysis of elderly's view of contributing to others as a means of alleviating their own problems. Data to be collected to be made available to program developers and can constitute basis for demonstration program to test validity of the action suggestions formulated.

Program content: (Pertinent Details). Obtain and analyze 150 interviews, at least half with lonely or isolated older persons in the inner city (including Kansas City model neighborhood area), remainder with relatively lonely or isolated elsewhere in the metropolitan area and with aging persons in inner city who are relatively free of loneliness and isolation; sample to be a sub-sample of the 700 case area probability sample drawn for a recent study of the utilization of health services; semi-structured, in-depth interviews.

Further information: Warren A. Peterson, Principal Investigator, Institute for Community Studies, 301 East Armour Boulevard, Kansas City, Missouri 64111.

SUMMARY

What: Request of \$65,388 for the first year of a three year demonstration grant by the University of South Florida under Title IV of the Older Americans Act entitled "Delivery of Services to the Tampa Model City Aged."

Where: Tampa, Fla.

*See footnote, p. 677.

Why: To (1) discover the needs of older persons as they (the older persons) define them; (2) bring all community resources to bear on these needs and encourage and assist in development of new services where indicated; (3) involve the aged in the planning and delivery of services; (4) bring university and local agency personnel together to work toward common goals; (5) provide field training for undergraduate and graduate students in the Aging Program at the University of South Florida.

Significance: (Potential Benefits). To demonstrate that University faculty, students, Florida Commission on Aging, Hillsborough County Citizens Advisory Council on Aging, and the City Demonstration Agency can plan and carry out a joint effort to identify and meet needs for social and health services of the aged and aging residents of the Tampa Model Cities area, a population containing extremely high proportions of non-whites and Latin Americans.

Program content: (Pertinent Details). The Hillsborough County Citizens Council on Aging has applied for Title III funds to assist in establishing a community center for the aged in the Model Cities area. It is planned that the Title IV demonstration project will be closely associated with this center and that physical facilities will be shared.

The core of the proposed program will be the active involvement of faculty, graduate and undergraduate students in a variety of programs designed to provide training and experience for the students through the vehicle of providing direct services to the Model City area's aged population.

These services will consist of a series of need-oriented programs to be implemented as priorities are established and in terms of the availability of student personnel.

New approaches will be employed to identify such subtle, unseen needs as those for nutritional services, protective services, preventive health clinics, and special housing features. Persons with graduate training in social gerontology will train and relate closely to target area block leaders; a foster-child program (foster grandparent concept in reverse) will be developed; and sensitivity training technique will be applied to groups containing both old and young persons to develop sensitivity to each other's physical, social and emotional needs.

Comprehensive evaluation will be conducted by researchers from the University of South Florida.

Further information: Dr. Albert J. E. Wilson, III, Assistant Professor, Institute on Aging, University of South Florida, Tampa, Florida 33620.

SUMMARY

What: An award of \$150,000 for a first year Model City demonstration grant under Title IV of the Older Americans Act for a project entitled "Coordination of Comprehensive Services for the Aged."

Where: Seattle, Wash.

Why: To alleviate the problem of service delivery to the aged, the proposed project is designed to organize, integrate, and coordinate the planning and service activities of the various agencies and organizations in the field of aging and to initiate and administer those new services which studies have indicated are needed. Both planning and program activities are addressed to the whole spectrum of problems of the elderly-health, housing, recreation, public transportation, etc.

Significance: (Potential Benefits). To study and demonstrate effective mechanisms for planning, developing and organizing a coordinated approach to service delivery for the elderly, including the elderly in the planning and decision making process. Also, in conjunction with Syracuse University, the Seattle Model City Program will plan and carry out a national workshop concerned with developing tentative guidelines which will include identifying the role of older persons in the planning process and the application of knowledge about aging and older persons to overall Model City planning.

Program content: (Pertinent Details). The Model City agency has conducted baseline and profile studies of the elderly and identified the population, their

needs, and services available. As a result of the data available and citizen determination, the following areas have been identified:

(1) Need to coordinate all existing services to all levels—Federal, state, local, public, and private, through a variety of mechanisms.

(2) Need to develop contact techniques to reach the elderly in need of service.

(3) Development of additional services: (a) Foster home program which includes recruitment and training of 10–12 foster home sponsors, home finding, program with referral according to individual need; (b) homemaker program in which 8–12 men and women will be recruited, trained and employed as household aides; (c) recruitment, training, and placement of 25 persons over 60 years for part-time employment as child care assistants; (d) development of a drop-in center and information and referral services; (e) development and implementation of a survey/study of nursing home availability for non-white elderly.

The population to be served will consist of elderly residents of the four square mile Model City area and adjacent areas; approximately 4800 over 65 years.

Further information: Walter R. Hundley, Director, Seattle Model City Program, 1700 East Cherry Street, Seattle, Washington 98122.

TITLE V. TRAINING GRANTS AND THEIR IMPACT ON MODEL CITIES AND THE AGED

The problem facing most States is that personnel trained in Aging are not readily available to assist in developing acceptable Model City programs. Thus, the problems of older people were seldom given attention commensurate with the need in initial Model Cities plans. To cope with this situation, the Title V training grants staff of the Administration on Aging has encouraged Title V grantees to become involved in the Model City effort. All possible resources are needed to give the aging visibility. The rationale is that the majority of programs funded are relevant to the coordinated approach in the Model City areas. Title V projects range from training for planning, administration and coordination at Federal, State and community levels; management of retirement housing and homes for the aged; senior center direction and recreation specialists; short-term training projects for various professional groups; projects relating to college and university faculty curriculum development, and materials preparation; to training for lay and volunteer leaders.

The Model City program affords opportunities for staff and trainees to better delineate the serious problems of the aged in those areas. Since the Model City areas are in need of personnel who know what services are available for older people, trainees from certain programs can be of invaluable service in assisting in or directing these efforts.

To determine the extent to which directors of Title V training programs were actually getting involved in the Model Cities effort a brief questionnaire was circulated to gather pertinent data on the subject. The questionnaire was, in part, a response to the Administration's emphasis on the development of facilities, resources, and services in selected Model Cities areas.

In December of 1968, the 15 project directors of the Title V long-term projects received the aforementioned questionnaire and a response has been received from 93 percent (14) of them. The following is a summary of the information obtained

CURRENT INVOLVEMENT

Seven (50 percent) of the schools were, in some way, involved in the Model Cities Program. Of these seven schools, four of them were directly involved in the program. San Diego State, the University of Chicago, the University of Minnesota, and Brandeis University have each placed students directly into one of the Model Cities programs in their respective cities. Subsequent to sending the questionnaire, at least two additional schools have reported having contact with Model City planning groups. Students from San Diego State College were instrumental in providing some of the data utilized to guide the development of the

Model Cities plan. Their efforts were reputed to have had an effect on the decision to make the elderly a recognizable component of the Model Cities plan.

Three other universities which indicated a degree of involvement in the Model Cities program were North Texas State University, the University of South Florida, and the University of North Carolina. In the case of these schools participation was, for the most part, limited to an advisory or consultative role. However, it is important to note that in nearly every case where there has been this type of involvement a commitment has been made by the planning agency for student participation in the Model Cities Program in the near future. The University of South Florida has proposed that a problem center be opened in the Model City area and staffed with Rehabilitation, County Adult Education, the University of South Florida Institute on Aging staff, and other appropriate agencies.

Seven of the schools reported that they have had no actual involvement with the Model Cities programs. At the time the questionnaire was being completed, four of the seven schools were not located in or near an area with a Model Cities Program. The remaining three schools were located in areas where Model Cities programs were still in the initial stages of development or just beginning to become operative.

POTENTIAL FOR INVOLVEMENT

In general, all of the training program directors felt that students were being trained to contribute ideas for improved services for the aged in Model City programs. It is noteworthy that, of the four schools directly involved in the Model Cities programs, three were universities in which the AoA funded programs were located in the Schools of Social Work or Social Service Administration.

On the basis of the questionnaire responses, it can be said that the majority of the Title V program directors show strong willingness to cooperate with Model Cities Program directors and programmers. Eleven of the thirteen directors indicated that they had facilities and/or personnel to offer short courses on Aging for Model City personnel. It seems only reasonable to conclude that it is the "newness" of the Model City Program which has been the primary factor in preventing more extensive involvement between AoA long-term trainees and the Model Cities programs. Subsequent to administering the questionnaire, members of the Title V staff have conferred with project directors in regard to their efforts and objectives in the Model Cities areas; the response was enthusiastic and virtually unanimous that they are making every attempt possible to get involved.

A continuing effort is being made to assess the informal involvement of Title V programs and instill in new applicants the real value of becoming involved. The consensus of the Title V staff and several project directors is that a two-way learning experience can be had by getting representatives of educational institutions and the Model Cities planners and directors to work together in developing the Model Cities plan and have both work in the program when implemented. Some of the mutual advantages are: (1) there will be trained personnel who can work effectively with older people in the Model Cities; (2) Model Cities planners will probably learn to better appreciate the potential of older people; (3) consideration for older people will more than likely be integrated in the program; and (4) university associated personnel will be in a position to contribute to closing the gap between what scholars have theorized and what can be done on a practical basis.

CONCLUSION

In conclusion, the project directors of the AOA Title V program are aware of the need to emphasize the inclusion of older peoples' needs, wants, wishes, and expectations in the urban areas designated for the Model City programs. It is necessary to continue to train people who have the capacity to work in these areas, because a high percentage of America's aged is found in these areas. It may be anticipated that the Title V training program involvement in the Model City effort will increase with the pace of planning and programming in Model Cities.

SUMMARY OF QUESTIONNAIRES ON AOA TITLE V INVOLVEMENT IN MODEL CITIES PROGRAMS¹

Question	Yes	No	No answer	Comments
1. Is your AOA training project in any way involved in a model city program? (Questions 2 and 3 refer only to those responding "yes" to question 1).	7	7	-----	
2. Have AOA supported students done practicum work in a M.C. program? (a) How many trainees?----- (b) How many weeks?----- (c) Name model city areas where trainees have worked.	4 21 13-15	3	7 ----- -----	(1) University of Minneapolis, Minneapolis; (2) Brandeis-Boston, Dorchester; (3) San Diego State, San Diego; (4) University of Chicago, Chicago.
3. Name the practicum field agencies-----				(1) Combined Jewish Philanthropies, Dorchester APAC; (2) Field Center on Aging, San Diego; (3) Flannery Public Housing, Chicago Commission on Senior Citizens.
4. Would you agree to including field work for students in such programs?	9	-----	5	
5. Have you sponsored any short-term training? (a) If yes, did the program include participants who would be working in the model city areas?	6 4	8 1	----- 9	
6. Does your current program include objectives which will ultimately benefit older people in model city areas?	14	-----	-----	
7. Have any AoA-supported trainees accepted employment in a designated model city area? (a) If yes, where?-----	2	12	-----	(1) Brooklyn; (2) Kansas City.
8. Are there sufficient older people in your region to warrant your attention in a model city program?	14	-----	-----	
9. Can your students contribute ideas which are relevant to both the aged and model city personnel?	14	-----	-----	(1) Especially 2d-year students; (2) to link services to existing programs, propose innovative programs, and alert planners to special needs of the aged; (3) great interest being shown by students.
10. Do you have the personnel and/or facilities to offer short courses on aging for model cities per personnel?	12	2	-----	

¹ This chart gives a numerical breakdown of the number of institutions responding positively or negatively to some of the questions posed in the questionnaire.

BUDGET

An estimate of the amount of money Title V will be spending out of its FY 1969 funds for training students to work in the Model Cities "aged related" programs is as follows:

College	Grant award	Amount
San Diego-----	7 students at 8 weeks each-----	\$2,827
University of Washington-----	1 student for 1 year-----	9,467
Minnesota-----	do-----	4,332
Brandeis-----	3 students for 15 weeks each-----	7,153
University of Chicago-----	Full amount of grant award-----	62,550
Total-----	-----	86,329

The schools shown above have had some input in the Model Cities programs primarily because of student field placements assignments being in the Model Cities areas. The University of Chicago project was funded with the condition that students be placed in the Model Cities area.

ITEM 2. LETTER FROM ROBERT J. AHRENS, DIRECTOR, DEPARTMENT OF HUMAN RESOURCES, CHICAGO, ILL., TO SENATOR FRANK E. MOSS, DATED NOVEMBER 18, 1969.

DEPARTMENT OF HUMAN RESOURCES,
DIVISION FOR SENIOR CITIZENS,
Chicago, Ill., November 18, 1969.

DEAR SENATOR MOSS: Your letter of November 5 posed two questions, as follows:

1. *First, how can the Model Cities Program be utilized to ease the transition toward retirement?*

We have wrestled with this question only to return to our earlier conclusions that pre-retirement programs do not speak to any of the real problems being faced by the populations of Chicago's Model Cities neighborhoods. What can be drawn from these neighborhoods are examples of what limited lifetime opportunities, lack of income and the essentials it can provide (let alone any amenities), along with enforced inactivity can do to stunt the potential for human growth and development. There is perhaps some room to work in these communities with small business concerns who might use counsel on development of preretirement programs. There is perhaps the opportunity to work with some senior citizen groups, clubs and centers to discuss and attempt to alleviate post-retirement problems. There may be yet another opportunity in the use of the elderly themselves in inter-generational programs to offer counsel to those younger. But these can only be smaller attempts at programs in the face of overwhelming needs for income and what it will buy on the part of the elderly and for work and what it can mean on the part of the young.

2. *Second, would you agree that the emphasis of the Model Cities Program should be essentially innovative?*

I do not want to provide a non-answer to this question but I think that over-emphasis on innovation and what is novel or new ought really to stop. We have long since identified basic problems that require a few basic answers such as the creation of jobs, the building of houses and providing of opportunities for growth and education. Innovation is a chief requirement, it seems, of proposal guidelines for every underfunded government program. It has come to mean new ways to avoid meeting the problem head on.

We invent games that governments play and call them Model Cities or Foster Grandparent Programs. We devise rules for the games, call them guidelines, and spend our days consumed in conscientious administration of them, surprised when people tell us that the programs are not relevant to their needs and do not speak to basic problems, because we have become more involved in the administration of the game than in the resolution of the problem.

What more do we have to learn from the Foster Grandparent Program, for example? That even the most damaged child, given love, can become better? That even the loneliest, most detached older person, given a truly useful task, becomes involved again in life and functions? That our service systems and institutions gain by these programs in their ability to provide and extend much in demand services? We know these things, having learned them once again. Yet we institutionalize the concept of Foster Grandparents in legislation and then underfund it. The answer is not further innovation here. When more than 1,000 men and women age 65 and over seek jobs each quarter from the Illinois State Employment Service, and we find jobs for only 1 in 10, the answer is basic: give us money for more grandparents. Chicago is funded for only 42.

So I would hope that whatever innovation is achieved in Model Cities programs, the emphasis will be on basic attacks on pervasive problems using the techniques we know and the tools we have. It will be time enough to innovate when we have mastered the hard discipline of doing the basic jobs.

With all best wishes,
Sincerely,

ROBERT J. AHRENS, *Director.*

ITEM 3. LETTER FROM ROBERT H. BAIDA, DEPUTY ASSISTANT SECRETARY, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, TO SENATOR FRANK E. MOSS.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT,
OFFICE OF THE ASSISTANT SECRETARY
FOR MODEL CITIES AND GOVERNMENTAL RELATIONS,
Washington, D.C.

DEAR SENATOR MOSS: This is in response to your letter of November 5 in which you requested our most recent statistics on the poverty of older persons within model cities. We have not developed any new data on the proportion of older low income persons within the model neighborhoods. We have been utilizing the data presented to you on the occasion of the hearings conducted by the Committee last year. We have been utilizing information on a nonsystematic basis as supplied by the Administration on Aging and other sources. In addition, we have made our assumptions of the numbers of low income older people within model cities partially on the basis of studies conducted by the Senate Committee on Aging itself.

You also have asked for information on the progress that has been made toward coordinating the Regional Office sites of such agencies as HUD, HEW and OEO. We are obligated under the President's Regional Office reorganization plan to establish common or near common Regional Offices with the other Federal agencies by September 30, 1970. In the meantime, however, we are closely coordinating our older persons activities in model cities with the Regional Offices of HEW and the Social and Rehabilitation Services. In addition, members of my staff are discussing national and Regional coordination in the field of Aging with the staff of the Office of Economic Opportunity. We are hopeful of affecting full coordination between our Regional offices in the near future.

Thank you for your continued interest in the progress of the Model Cities program and its impact on the elderly.

Sincerely yours,

ROBERT H. BAIDA,
Deputy Assistant Secretary.

ITEM 4. LETTER FROM NEAL S. BELLOS, ASSISTANT PROFESSOR, SYRACUSE UNIVERSITY, SYRACUSE, N.Y., TO SENATOR FRANK E. MOSS, DATED NOVEMBER 20, 1969

SYRACUSE UNIVERSITY,
SCHOOL OF SOCIAL WORK,
Syracuse, N.Y., November 20, 1969.

DEAR SENATOR MOSS: Regarding my taking issue with the Douglas Commission recommendation for more action and less planning; I reacted to its conclusion for two reasons. First, my experience has shown that delays in the implementation of most social plans have occurred *after* the plans had been prepared. This delay was generally caused by the amount of time it took for the funding agency to review, amend, accept, and disburse funds for the plan. Even after this delay, and upon receipt of funds, there were still further lags in initiating programs. At this point, personnel had to be recruited and trained, facilities arranged, and procedures established. These all tended to extend the time required to establish programs of service.

These factors are sort of endemic to the process. But what really concerns me is that most of the plans are rather superficially prepared. They have a tendency to sketch out broad objectives, but they are by no means a precise description of all the steps required to mount a successful program. In addition I have questioned the actual selection of certain programs, and the process whereby these decisions were made. So many programs have not been successful because they were wrong, or they omitted crucial elements, or they didn't hire the right people.

Such programs, in my opinion, were cast to meet the interests of the planners, and not for the actual or perceived need of the potential users. In the business world products are designed for the customer, otherwise there would be no profitable return. The same situation ought to be applicable to the aging, or any other social program.

My contention is that social planning requires more in depth attention. We cannot make assumptions that our planning process is accurate, as experience has shown the opposite. This attention need not contribute to time delays. My hunch is that in the long run, a better planning operation will actually shorten the time it takes to conceive, organize, and deliver services.

I might also add, the problem lies not so much in the study aspects of planning, but rather with how the facts are molded into the plan. The recipients of programs need not be concerned with being studied. The question that is posed for the planner is, does he have the appropriate facts to design an effective and usable product.

I hope the above comments represent an adequate definition of my comments before your committee.

Sincerely yours,

NEAL S. BELLOS,
Assistant Professor, Model Cities and the Aging, Director.

ITEM 5. LETTER FROM FLOYD H. HYDE, ASSISTANT SECRETARY, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, TO SENATOR FRANK E. MOSS, DATED AUGUST 15, 1969; EXCHANGE OF CORRESPONDENCE BETWEEN ADMINISTRATION ON AGING COMMISSIONER JOHN B. MARTIN AND ASSISTANT SECRETARY HYDE

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT,
OFFICE OF THE ASSISTANT SECRETARY FOR
MODEL CITIES AND GOVERNMENTAL RELATIONS,
Washington, D.C., August 15, 1969.

DEAR SENATOR MOSS: I was delighted to learn that the Special Senate Committee on Aging is planning a summary hearing on Model Cities and the elderly some time in September. This will give us an opportunity to tell you and the Committee of our plans and policies regarding the involvement of older Americans in the Model Cities program.

I know that the attached correspondence between myself and Commissioner John B. Martin of the Administration on Aging will be of interest to you. We think that we are achieving a level of inter-agency cooperation and agreement that could be a model for all Federal agencies cooperating in the Model Cities program. I am confident that our agreements with Commissioner Martin will allow us to tap a nation-wide pool of talent and resources at the State and local levels to assure the full involvement of the elderly in the Model Cities programs.

I welcome your continued interest in the vast potential that the Model Cities program represents for the elderly in our cities.

Sincerely yours,

FLOYD H. HYDE, *Assistant Secretary.*

Enclosures.

JULY 11, 1968.

Memorandum for: Hon. John B. Martin, Commissioner on Aging, Department of Health, Education and Welfare.

Subject: MCA-AOA joint activity to increase the participation of older persons in the model cities program.

As a follow-up on our meeting of last month. Mr. Schulder of my staff has met with Associate Commissioner Donald Rielly and Morris Cohen of your staff. They have discussed the proposal which you presented to HUD and have agreed upon some first steps.

1. We agree that the cities should be urged to include the needs of older persons in the planning and program development process and that it could be appropriate for CDAs to provide special representation for the elderly on model city boards and planning positions. We are preparing a program information memorandum on this subject which will be distributed to the cities within the next two months.

2. In order to stimulate a greater utilization of State agencies' on aging technical assistance and financial resources, the Model Cities Administration and the Administration on Aging will jointly sponsor meetings in from three to five states which will involve representatives of the state agencies, SDAs, Social and Rehabilitation Service and HUD Regional staff, and ACA and MCA. If this August through October effort is successful, we would hope to be able to extend such meetings to other regions and States.

3. I have given authorization to MCA's Program Development Staff to engage a consultant to review submissions and develop appropriate guidance and technical assistance on behalf of accelerated older persons' involvement in model cities. This person will also maintain staff liaison with ACA.

4. AOA will encourage State agencies to utilize Title III and IV project staff as liaison and technical assistance resources for CDAs in their locales. In addition, AOA will urge State agencies on aging to designate a specific staff member for model city activities.

5. HUD will work with AOA in the preparation and distribution of program models and guidance materials to CDAs.

We were pleased to learn that AOA has recently given a contract to the Syracuse School of Social Work which will provide additional technical assistance resources for a limited number of model cities to assist them in the development of activities and services for older residents of the model neighborhoods. We believe that this resource, together with the staff and possible financial resources of the State agencies, will accelerate the process of assuring equity for the elderly in the Model Cities Program. Dan Schulder will help work out arrangements with our Regional offices and the model cities.

I understand that both your staff and Mr. Schulder also discussed a number of other tentative arrangements which will assist in the process of greater coordination. In the meanwhile, I hope we can launch our joint meetings in the several states in the earliest possible time.

We are, of course, especially interested in pursuing your suggestion that a Model Cities dimension be incorporated in your state plan guidelines. I would like to meet with you in a month or so to review progress. We do, of course, welcome your enthusiastic support for the Model Cities Program.

FLOYD H. HYDE, *Assistant Secretary.*

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
 SOCIAL AND REHABILITATION SERVICE,
 ADMINISTRATION ON AGING,
 Washington, D.C., July 30, 1969.

DEAR MR. HYDE: I appreciate greatly receiving your memorandum of July 11 setting forth the understanding reached between the Model Cities Administration of the Department of Housing and Urban Development and the Administration on Aging of the Department of Health, Education, and Welfare. I regard this agreement as of maximum importance in the development of aging components in Model Cities plans and I feel that the understanding arrived at will do much to improve the understanding of the needs of the aging by Model City Planning Committees.

I expect to cooperate closely in the development of the State meetings referred to in the second paragraph of your memorandum and hope that these can be expanded on the basis of our initial experience. We will endeavor to work out provisions for State Plan Guidelines which will take full account of the Model Cities Program.

I am especially pleased to note that you will engage a consultant to review submissions for their content on aging and to maintain staff liaison with the Administration on Aging.

In pursuance of this closer relationship, we have already held, with the cooperation of Mr. Dan Schulder of your office, a meeting with Dean Walter Beattie of Syracuse University, on July 22 to analyze guidelines for programs for the aging in Model City Plans on which the University will be working.

I concur wholeheartedly in your suggestion that we sit down within a month or so to review progress.

Sincerely,

JOHN B. MARTIN, *Commissioner.*

ITEM 6. LETTER FROM JOHN B. MARTIN, COMMISSIONER ON AGING,
 TO SENATOR FRANK E. MOSS, DATED NOVEMBER 26, 1969

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
 SOCIAL AND REHABILITATION SERVICE,
 ADMINISTRATION ON AGING,
 Washington, D.C., November 26, 1969.

DEAR SENATOR MOSS: In your letter of November 5, you presented a question concerning the Administration's policies with respect to medical research. I am advised that Dr. Roger O. Egeberg, Assistant Secretary for Health and Scientific Affairs of the Department of Health, Education, and Welfare, in reply to a similar question, recently wrote a letter in which he said:

"I am pleased to respond to your . . . letter in which you expressed concern about reports that the chronic disease programs will be phased out.

"Before dealing with the specifics of the situation, let me pass along important considerations which we feel are essential to evaluation of present plans for the chronic disease activity. First is the magnitude of the Department's total effort against chronic diseases. For example, the Department's Medicare and Medicaid programs constitute a \$10 billion effort to finance health services of particular benefit to the aged population which is most in need of care for chronic ailments. In addition, HEW supports activities in the chronic disease field in many other ways, such as the medical research efforts of the National Institutes of Health, and the Health Services and Mental Health Administration's Partnership for Health, Regional Medical Programs, and health services research and development work.

"The Division of Chronic Disease Programs was joined with the Division of Regional Medical Programs in September 1968 to form the Regional Medical Programs Service. The purpose of this was to coordinate the chronic disease activities with those of the 53 Regional Medical Programs. This action is in keeping with the attempt to reduce fragmentation of health services, which is perpetuated through the categorical approach to disease problems as sponsored under the chronic disease program. The Department concluded that, in the long run, the objectives of the chronic disease control program could be much better achieved through the mechanism of the Partnership for Health and Regional Medical Programs.

"We believe that only within this context can a balanced evaluation be made of the plan to phase down in 1970 and phase out entirely in 1971 five of the eight chronic disease control programs in HSMHA. As a result of Executive and Congressional direction, the Department was faced with the need to reduce 1970 expenditures. Having already reached a decision to phase out the chronic disease control program eventually, the Department decided to take a first step in that direction in fiscal year 1970 and reduce planned 1970 obligations by about \$4 million. The nutrition, smoking and health, and kidney disease programs will continue to be funded. Planned to be phased out are the programs in heart disease, respiratory, disease, cancer, diabetes and arthritis, and neurological and sensory diseases.

"During this period of considerable fiscal restraint, we have hard decisions to make. We shall make these decisions with care and with knowledge of our obligation to strengthen and improve the Nation's health programs."

Sincerely,

JOHN B. MARTIN,
Commissioner on Aging.

ITEM 7. JAMES THREATT, DIRECTOR, MODEL CITIES PROGRAM, KANSAS CITY, MO.

MODEL CITIES PROGRAM

A SUMMARY PROBLEM ANALYSIS, GOALS, AND PROGRAM APPROACHES THAT WILL CONTRIBUTE TO SOLUTIONS OF PROBLEMS OF THE AGING

[Revised May 6, 1969]

Component	Problem	Rate	Causes	Program approaches	Strategy
Health	1. Disability—Multiple physical and psychiatric illnesses—heart, cancer, stroke.	65 years or older, 20 percent	Untreated cerebral vascular conditions. Adequate health facilities lacking.	Comprehensive Health Centers (outpatient).	Evaluate existing programs.
	2. Death	65 years or older: 46 percent; 15 percent; 14 percent.	Heart, cancer, stroke	Construction of a rehabilitation center in model neighborhood.	Explore plans with facilities that will accompany improved patient cost and reduced patient cost.
	3. Nutritional inadequacies	41 percent under \$3,000	Undernourishment among low-income, inadequate diets.	Nursing home facility constructed by Jesuit Order and affiliated with the Hospital Hill complex.	
	4. Deficiencies in existing public and private health services.	9 nursing homes, 431 beds	Attitudes of personnel toward work with poor cause patient not to return.	Extended care and long term care nursing home facility.	Investigate means and cost of transportation that will make existing health care more accessible.
	5. Patients spending too much time in institutions. Evaluate required time for patients to be institutionalized.			Exploration on the feasibility of a prepaid group practice plan (for persons not eligible for medic-aid). Support expansion in scope of medic-aid services will be given. Improve delivery of services abate waiting time for outpatients at clinics.	Expand home care services. Expand financial reimbursement for health services.
Housing	Lack of low-income rental housing for the elderly and nonelderly in model neighborhoods.		Income and credit limits housing choice.	To increase the supply of low income rental housing for the elderly (Public housing and non-profit sponsorship.) Early visibility—through rehabilitation—long-range—new construction. 202.—Nonprofit sponsor to put up 202 towers. 40-50 year loan low interest—can utilize rent supplements. (a) rent supplement; (b) rehabilitation.	Intensive effort to receive non-profit sponsors.
	Lack of proper housing code enforcement.		Lack of adequate code enforcement personnel. Inefficient personnel.	To write a stronger ordinance to increase code enforcement personnel.	

	Lack of home ownership opportunities.			Increase home ownership opportunities for low-income families (loans, grants—low interest rates) plus rehabilitation.	Initiate a housing program consisting of a comprehensive attack on substandard housing.
Recreation	Deficiencies in existing public and private services.		Residents do not have privilege of housing choice.	Provide relocation help (urban renewal). To provide insurance rates same as in other sections.	
	Inadequate number of recreation programs for senior citizens in the model neighborhoods.		Program fails to reach the people in need.	Provide adequate recreational facilities and programs for senior citizens.	Differential planning for age groups and neighborhoods.
	Lack of transportation to recreational sites.		Lack of city funding to provide neighborhood oriented programs in minority group areas.	Improve and upgrade existing facilities. Expand and enrich services for the benefit of residents.	
	Lack of recreation centers.		Lack of trained salaried personnel to coordinate recreational activities.	Provide satellite centers for senior citizens. Dunbar-1st action year where there is least activity; expand yearly.	
Transportation	Inadequate transit routes and transit service. Inadequate maintenance of streets, sidewalks, curbs and gutters.		Change in demand for type and quality of service and the inability of the city to keep up with this change technically or financially.	Create a balanced and integrated transportation system to meet the differing and specialized needs of different people. Rerouting buses at odd hours. Accelerate the program of local street maintenance and rehabilitation. Reduced rates for senior citizens. Augment commodity pickup. Surplus vehicles at HRC. Develop a volunteer transportation system on a minimal basis. (Dorothy Cohen.)	Public transportation primary focus. Physical programs to deal with local streets, problems.
Welfare and social services.	1. High proportion of families living at or near the poverty level.		Fixed income 30.4 percent on social security plus supplement from public assistance (extent available).	To provide the amount and type of service needed by the aging population for a comfortable and satisfactory retirement.	Most of the programs can be initiated almost immediately.
	2. High incidence of social problems related to families and children.		Isolation by reason of loss of family and friends.	Formal programs involving services to the home such as "meals on wheels," "volunteer handymen," or friendly visiting available to older citizens.	Long-range and pervasive thrust of the program must be to make all family units economically livable.
	3. High incidence of social problems relating to the aging population. Income maintenance; financial assistance; nursing homes; homes for the aged; personal care and medical services.	Nine nursing homes; 431 beds. Two in proximity of Model City community.	Deficiencies in existing public and private services. Decreasing personal and physical capacity.	Develop programs which will both improve quantity and quality of nursing homes. Development of additional homemakers service, domestic help; day care supervisors. Comprehensive home care program—physical care; personal services; transportation; social contacts; assistance in conducting personal business.	

Appendix 2

LETTERS AND STATEMENTS FROM ORGANIZATIONS AND INDIVIDUALS

ITEM 1. INVOLVEMENT OF OLDER PEOPLE IN THE MODEL CITIES PROGRAM BY ROBERTA B. BROWN, EXECUTIVE SECRETARY OF THE DISTRICT OF COLUMBIA ADVISORY COMMITTEE ON AGING, NOVEMBER 13, 1969—SAVANNAH, GA.

I was asked by Bernard Nash, Deputy Commissioner of the Administration on Aging, to come here to give you a blow by blow description of our experience in the District of Columbia in achieving the inclusion in our Model Cities Plan of a component for the elderly, namely a Multi-Service Senior Center.

At the outset of these remarks, I must point out that our total "package" Model Cities Plan, which has been submitted to HUD, has not yet been given final approval. But, we have been given very strong assurance that the Senior Center will remain intact and will be funded because it has the endorsement of the local community and has survived the various steps in the planning process and been given full local endorsement.

It is not any intention to use this occasion to pat myself or the District on the back nor to say, "look fellas, this is the way to do it." I truly wish we had been able to accomplish a zillion times what we have. But, the idea, as I understand it, is to outline what happened in sequence of events to show the procedure that was used to assure adequate attention to the needs of the elderly in the Model Cities Plan.

To go back four or five years, when I first began my efforts in Washington, it was really very difficult to determine where the older people were, let alone get them involved in social action. There were some local chapters of several national organizations, such as the National Association of Retired Civil Employees, the American Association of Retired Persons, the National Retired Teachers Association and the National Council of Senior Citizens. But, they were not sufficiently representative of the older group, nor numerous enough to be a significant constituent group.

When the Older Americans Act was passed, some funds became available under Title III to finance in a very limited way, some new activities. The D.C. Recreation Department wanted to set up a Senior Citizens program, and a three year project was funded to develop a network of Senior Citizens Clubs, meeting throughout the city in churches, recreation centers, settlement houses and public housing projects. A very dedicated and effective young man was assigned to the project and now there are about 100 clubs receiving program assistance, craft instruction and other assistance in participating in a city-wide program.

These were very unsophisticated clubs in the beginning, and there was a need to determine what potential existed for their achieving any unified action on their own behalf and on behalf of all older people in the city.

At this point, Catholic University School of Social Work became interested in putting one of their students into a field work placement in my office in a community organization assignment.

Very fortunately for the District, an exceptional young man who is a Catholic priest, sent by his diocese in New Jersey as a master's candidate student at CU, accepted the assignment.

He met with the individual clubs, identified leadership potentials, helped them to define their concerns and commonality of interests. He arranged two large meetings and as a result, the D.C. Senior Citizens Clearing House Committee was formed.

The Clearing House Committee agreed to plan a program of the annual Senior Citizens Day Observance to be held in May, 1968 and decided to use the opportunity to make known their mutually agreed upon needs, addressing them to the Mayor-Commissioner, Walter E. Washington and the District of Columbia Council.

At ceremonies held on May 22, 1968, these Senior Citizens presented an 8-point Document of Needs which they described as "by no means exclusive . . . but most urgent."

The Number One item on the list was a "Multi-Purpose Senior Citizens Center, with Regional Satellite Centers." The Mayor accepted the list, including the center proposal, and said "it is no more than you deserve."

By October of that year, the District of Columbia Council's Committee on Health and Welfare had agreed to a hearing so that the Clearing House Committee could present testimony in support of their requests. The Committee was given the assistance of a part-time staff person whose service was acquired under contract with my office, (the official aging agency responsible for administration of the Older Americans Act Program for our jurisdiction.)

They consulted with experts in various aspects of program development and gerontology and recruited witnesses as well as preparing their own testimony. An impressive transcript of the hearing resulted and community interest was sparked. A large number of civic organizations gave supporting testimony.

The next step was to find a way to link the center idea into community planning, and the Model Cities program looked like the appropriate possibility.

Because of the complicated procedural requirements, it seemed evident that some substantial and consistent staff work would be needed.

The central planning office for the city was invited to submit an application for funding a project under Title III of the Older Americans Act to provide a full-time program analyst to work on program development for the elderly. The project was approved and launched, and an exceedingly capable young man recruited. He worked out a proposal for phased development of a Senior Center to be located in the Model Cities area. In the course of his efforts he consulted with senior citizens, the Model Cities planning staff, the representatives of agencies serving the elderly, and the Model Cities Commission and its component citizens committees.

As the Model Cities effort developed, elections were held under HUD guidelines, for ward councils and the Commission membership. Senior Citizens living in the Model Cities area were encouraged to put up their own candidates and to support candidates sympathetic to their needs.

When the final draft of the Senior Center proposal was completed, it then became necessary to obtain the agreement of a strong, service-giving agency to become the applicant to operate the center program and take responsibility for establishing and administering the new program and eventually finding a permanent and appropriate physical facility.

Again, the Title III funding program was called upon to supply seed money to attract Model Cities money and to breach the time-gap until the D.C. Model Cities program would be approved and funded.

The Family and Child Services of Washington, D.C., a private voluntary social service agency which had already demonstrated a commitment to the aged, agreed to the role of sponsoring and administering agency, and applied for both Title III and Model Cities funds.

The outcome was that \$42,000 of Older Americans Act money has been approved and about \$260,000 of Model Cities money has been requested for a first-year Senior Center. The HUD funding is expected to be approved very soon as part of the total Model Cities Program Plan for the District.

The Center program is planned to include information and referral, case-work services, foster home placement and financial support for foster home care, home-maker services, recreational and educational programs and outreach. In a later phase, the program is expected to expand to include day care, sheltered work shop activity, health and rehabilitation services and part-time employment, and finally, it is planned to set up a broad training program to prepare many levels of staff and several professional and vocational specialities.

Most of all, it is intended that the center, in the words of the Senior Citizens, as expressed in the Document of Needs, will:

"Serve as a bridge to the community; to participate in senior center action means to participate in the life of the community, since the center provides oppor-

tunities for the older person to feel wanted and valued as a part of that community, and to help generate a desire to contribute to that community."

The document expressed the view of its authors that "such a center should provide opportunities for older persons to relate to one another and their community through such services as crafts and hobbies, active and passive recreation, adult education, counselling services, health clinic, auditorium, cafeteria, chapel, etc., to meet the needs of all senior citizens."

Our ambitions are great but no greater than the long-neglected needs which so many in the community have felt to be so troubling.

We intend that the dynamic process of involvement, which has already brought encouraging rewards, will eventually result in a dramatic impact not only on older persons, but on the whole Model Cities undertaking.

Approval was given by HUD on 1/14/70 for funds amounting to \$300,000.00 for one year to the Multi-Service Senior Center Project.

ITEM 2. LETTER FROM WILLIAM C. HUDELSON, DIRECTOR, DIVISION OF SERVICES AND PROGRAMS FOR THE AGING, PRINCE GEORGES COUNTY, MD., TO SENATOR FRANK E. MOSS, DATED NOV. 12, 1969

PRINCE GEORGES COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT,
DIVISION OF SERVICES AND PROGRAMS FOR THE AGING,
College Park, Md., November 12, 1969.

DEAR SENATOR MOSS: I greatly appreciate your letter of October 13 inviting my comments on the usefulness of the Model Cities Program to the elderly. I have mixed emotions regarding the value of the Model Cities Program, arising from our experience in Prince Georges County, my review of reports from other Model Cities Projects, and my intimate knowledge of local, State and Federal governmental organization and processes.

The Model Cities concept is simply not realistic. Even under the best of circumstances it is an "infra-structure", a shadowy organization which rarely if ever possesses any real authority or power. Its limited potential is all too frequently thwarted by various zoning and planning agencies, often based on state-wide legislation and very difficult to change. Thus the main thrust of a Model Cities staff must be on developing cooperation, establishing coordinative procedures, and providing leadership. These fundamental precepts cannot be effective if dependent on edict, or through an attempted arrogant, self assumed mantle of power. All too often Model Cities planning staffs have taken the latter course, which coupled with outright incompetence, have developed community conflicts, distrust between citizens and staff, and almost internal warfare between the Model Cities project and established agencies. At the very least the end result often is passive non-cooperation by key agencies.

While I realize that there may be, and probably are exceptions, in general the promise or potential of Model Cities is mostly an illusion. The basic premise of the so-called planning which has been accomplished to date is merely a projection of massive spending for the same old programs and services—but under the control of the Model Cities staffs. Very little that could be called "innovative" in terms of planning has evolved.

For the elderly I believe the Model Cities program will, in many areas, prove to be a cruel hoax. In most areas, our own county being an exception, Senior Citizens do not have a powerful agency to protect their interests. The Model Cities planning staffs include no Senior Citizens, but are heavily oriented to youth. If the Senior Citizens are ever to achieve equality of treatment, the whole fabric of Senior Citizens organization and program administration must be strengthened particularly at the local level, and incorporated as a cohesive governmental responsibility.

While the final effectiveness and success of the Model Cities program in Prince Georges County, is at this date in some doubt, the interests of the aged are, and will be, fully protected by this Division. However, if we did not have the responsibility and authority to insist on adequate representation of Senior Citizens I doubt if their needs would be given any serious consideration. We can assure you however that with, or without the Model Cities Program, our Senior Citizens will benefit through coordinated-comprehensive program planning not only for the Model Cities area but for the entire county.

But what of other urban areas, with or without Model Cities grants? Assuming some adequacy in Model Cities planning and administration the great majority of Senior Citizens would still not benefit. I would therefore strongly urge your Committee, and the Congress, to provide substantially more funds for the Administration on Aging to develop strong city and county aging units similar to our Division to promote innovative, coordinated comprehensive services for our Senior Citizens. Only through such action will there ever be improvement in the delivery of services to the Aged at the local level. We cannot depend on the Model Cities program for fulfillment of the needs of our Senior Citizens.

Sincerely yours,

WILLIAM C. HUDELSON,
Division of Services and Programs for the Aging.

ITEM 3. LETTER FROM ROBERT B. ROBINSON, DIRECTOR, DIVISION OF SERVICES FOR THE AGING, DEPARTMENT OF SOCIAL SERVICES, DENVER, COLORADO, TO SENATOR FRANK E. MOSS, DATED OCT. 15, 1969

STATE OF COLORADO, DEPARTMENT OF SOCIAL SERVICES,
Denver, Colo., October 15, 1969.

DEAR SENATOR MOSS: In addition to the statement which your Committee will receive on the subject "Usefulness of a Model Cities Program to the Elderly" from the National Association of State Units on Aging (NASUA), I would also like to submit a short statement as the Director of the Division of Services to the Aging, Colorado Department of Social Services.

In the Committee request, you asked that we comment specifically on three subjects. The first was relative to the "Extent of Involvement of State Units on Aging in Model Cities Planning and Program Implementation." In the beginning phases of the preparation of the Model Cities Programs in Colorado, there was little involvement of our unit on aging in either Denver or Trinidad. There has been a considerable change for the better in recent months, particularly with the Denver Model Cities Program. In addition to the contacts of the Department of Social Services staff person responsible for Model Cities, I have had several meetings with Mr. Michael DiNunzio, Director of the Denver Program, to explore in some depth methods by which older people in the target areas can be most effectively used in the implementation phase. As a result of these meetings and other activities of the Model Cities staff, we are convinced a good working relationship has been established.

It is evident to us that Mr. DiNunzio's plans call for maximum feasible utilization of all the people. They are actively engaged in the development of plans for construction of a multi-purpose senior center, which in addition to providing the normal recreation facilities and activities, will also have built into the program those necessary services which add to the well-being of all older people who wish to avail themselves of the opportunity to participate. A good out-reach program is envisioned by the planners for this center. We have been assured that our State Unit on Aging will have a viable role in the development of the center and its programs.

The Trinidad Model Cities Program is also moving towards developing services in the Senior Center in that city. This center is one implemented three years ago under sponsorship of the Las Animas County Department of Public Welfare and with support through the Title III Program of the Older Americans Act. The project has been well-received and we have every expectation it will continue as a worthwhile adjunct to programs for the aging in that area. Because of Trinidad's geographical location, the State Unit on Aging has not had as direct a contact with this program as it would like. We are, however, kept informed as to what they are doing and when necessary, they call upon us for advice and assistance.

In addition to the proposed Denver Multi-purpose Senior Center, there is exploration of the possibility of establishment of an employment program and a volunteer services for the aging project to be sponsored by Model Cities. We now have, in Denver, a worthwhile Foster Grandparents Project, a new Community Aides Project, and a good Title IV of the Older Americans Act Meals program. When funds become available through the Retired Service Volunteer Program

(Title VI Older American Act Amendment 1969) we will be able to move forward more progressively in the provision of services to older people regardless of their economic status.

The second matter which you wished us to comment on was "Longstanding Problems in the Field of Aging that Would be Dealt with by the Model Cities Program." The majority of the problems of older people, not only in the Target Cities Areas but throughout the community, are well known by your Committee and those of us working in the field. We can label most of them with the term inadequate-housing, income, transportation, facilities, and opportunities. I do not label health care as inadequate, but what is inadequate in that area is opportunities for many older people to make proper use of the facilities that are available. We would hope that Model Cities Projects would direct themselves not only to the provision of services to older people, but that they would also make a dynamic effort to close the generation gap and change the attitudes of all people about the needs of older people and the benefits that will accrue to society if the time, talents, and energy of older people are properly utilized.

You also asked if we have "Recommendations for Legislative or Policy Changes Related to the Model Cities Program." It would be helpful in this area, if in addition to the strengthening of the intent of Congress, so that programs which have been recommended by the Congress can be implemented, sufficient funds would be made available not only to Model Cities, but also to the Administration on Aging—in order for the State Units on Aging to fulfill the role which has been assigned them by the Congress. For example, an adequately funded Title III Multi-Purpose Senior Center with some assurance of continued support would be an ideal focal point for a service program for the aging at the local level. Those centers which have already been established through this and other programs have proven they can fulfill this role.

For your information, I am enclosing the copy of a resolution which was presented to an APWA Symposium in Chicago. This resolution does have some bearing on available funds of several of the programs which have a direct effect on the aging.

If we can be of further assistance to you, please let me know.

Sincerely,

ROBERT B. ROBINSON,
Director, Division of Services for Aging.

[Enclosure.]

WORKSHOP 7 OF THE NATIONAL SEMINAR ON "THE AGING—SERVED BY AND SERVING AS SUBPROFESSIONALS" PRESENTS THE SUBSEQUENT RECOMMENDATIONS FOR ACTION BY THE TOTAL SEMINAR

That a letter be written to John B. Martin, Jr., Commissioner, Administration on Aging, conveying the following:

1. That the participants of the Seminar express their appreciation for Commissioner Martin's significant contribution to the dialogue which is the topic of this conference, and for his understanding of and support for the task in which we are mutually engaged, namely, to improve the opportunities for the aging and aged to share fully in the benefits of our American society.

2. That the Seminar recommends that the Administration on Aging continue its efforts to achieve a high priority for Federal programs and funding to provide adequate opportunities, services and facilities for the aging, not only through the Older Americans Act but also through such other Federal programs as relate to the aging, such as the Office of Economic Opportunity, the Social Security Administration, the Public Health Service, and the Department of Housing and Urban Development; and that the Administration on Aging explore intensively the degree to which older people are being included in the variety of Federal-State cooperative programs designed to include the aging in the benefits they provide;

3. That the Seminar recommends that additional interpretation be made available from the Administration on Aging and related agencies on the Federal level as to how state and local agencies may make better use of existing resources in the Federal-State programs, since staff and budget shortages are drastically inhibiting the progressive development of the program needed for older Americans;

4. That in view of the responsibilities with which they have been charged by Federal and State legislation, the Seminar's participants are seriously concerned

with the reduction of the amounts authorized in the Older Americans Act Amendments of 1969 to the amounts actually included in the appropriations requested in the budget of the Department of Health, Education, and Welfare. Not only will such reductions almost completely prohibit the funding of new and innovative projects, but they will also remove the possibility of a selective continuation of many programs which have already demonstrated their value to the community, State, and Nation.

5. That the Seminar's participants, for similar reasons, wish also to express their concern in relation to reductions in the appropriations requested for the Office of Economic Opportunity and the Model Cities Program.

Workshop 7 further recommends that paragraphs 2, 3, 4 and 5 also be transmitted to the President of the United States, the Secretary of the Department of Health, Education, and Welfare, the appropriate Congressional committees, and the Boards of the American Public Welfare Association, the National Association of State Units on Aging, and the National Council on the Aging, with a request for such action as falls within their respective responsibilities.

ITEM 4. LETTER AND STATEMENT FROM DONALD RUMSFELD, DIRECTOR, OFFICE OF ECONOMIC OPPORTUNITY, EXECUTIVE OFFICE OF THE PRESIDENT, TO SENATOR FRANK E. MOSS, DATED NOV. 25, 1969

OFFICE OF ECONOMIC OPPORTUNITY,
EXECUTIVE OFFICE OF THE PRESIDENT,
Washington, D.C., November 25, 1969.

DEAR SENATOR MOSS: Thank you for extending an invitation to me to attend the hearings of the United States Senate Special Committee on Aging. Unfortunately it was impossible for me to be present, but the Office of Economic Opportunity did have an observer present.

I appreciate the opportunity to submit a statement to your Subcommittee on Housing for the Elderly, and its study of "The Usefulness of the Model Cities Program to the Elderly."

The statement, which is enclosed, discusses the Office of Economic Opportunity's relationships, coordination, and cooperation with the Model Cities Administration, and your requested suggestions "for making the Model Cities Program more responsive to the needs of the elderly."

We will be happy to provide you and the Subcommittee with additional pertinent materials and comments if needed for the record of the final hearing.

Sincerely,

DONALD RUMSFELD,
Director.

[Enclosure]

THE OFFICE OF ECONOMIC OPPORTUNITY AND THE MODEL CITIES ADMINISTRATION

The Public Laws providing the basis for the coordination and cooperation of the Office of Economic Opportunity with the Department of Housing and Urban Development's Model Cities Administration are Public Laws 90-222 (EOA as amended December 23, 1967) and 89-754 (Housing and Urban Development Act).

Section 610 of the EOA states:

"It is the intention of Congress that whenever feasible the special problems of the elderly poor shall be considered in this Act. The Director shall (1) carry out such investigations and studies, *including consultations with appropriate agencies and organizations*, as may be necessary to develop and carry out a plan for the participation of the elderly poor in programs under this Act, including programs providing employment opportunities, public service opportunities, education and other services and activities which assist the elderly poor to achieve self-sufficiency; (2) maintain a constant review of all programs under this Act to assure that the needs of the elderly poor are given adequate consideration; (3) *initiate and maintain interagency liaison with all other appropriate Federal agencies to achieve a coordinated national approach to the needs of the elderly poor; . . .*"

Section 109 of Public Law 89-754 (Model Cities Program) states:

"In carrying out the provisions of this title, including the issuance or regulations, the Secretary shall consult with other Federal departments and agencies

administering Federal grant-in-aid programs. The Secretary shall consult with each Federal department and agency affected by each comprehensive city demonstration program before entering into a commitment to make grants for such program under Section 105."

In accord with these legislative provisions, several procedures have been developed by the Model Cities Administration and the Office of Economic Opportunity to coordinate and cooperate in the development of plans and programs.

The Community Action Agencies, pre-dating the City Demonstration Agencies, have from the genesis of the CDA's had an important role in the developmental stage of the Model Cities program. The CAA's have served in many instances as the delegate agency to develop the first year planning for Model Cities grants. In almost all cities the CAA's have been intimately involved in the beginning stages of the Model Cities programs and have continued to assist the CDA's in community participation and neighborhood involvement. Following the local coordination of the regional offices of the Office of Economic Opportunity and the Department of Housing and Urban Development have an opportunity to review every aspect of the Model Cities proposal.

All CDA proposals are reviewed by the Model Cities Specialist within each of the OEO regions. Additionally, the OEO Regional Older Persons Programs Specialist usually reviews the Model City proposal with special attention paid to the involvement of the elderly and programs designed for older persons. The Older Persons Programs Specialist has several additional program areas to cover and therefore does not always have an opportunity to review every Model City proposal. However, both the Regional Model Cities Specialist and the Older Persons Programs Specialist are normally afforded the opportunity to recommend ways in which older people can better be served by the Model City Plan.

The OEO Regional review comments and recommendations are then forwarded to the Model Cities office at the OEO National Headquarters. The Model Cities office reviews the proposals with regard to the amount of citizen participation and the amount of Community Action Agency involvement in Model City planning. The entire proposal is then forwarded to the appropriate official who determines the official position of the Office of Economic Opportunity on the proposal. An official agency position statement is then prepared for the final review committee which is chaired by the Director of HUD/Model Cities and is composed of representatives of the Department of Labor, the Department of Health, Education and Welfare and the Office of Economic Opportunity.

The Office of Economic Opportunity has on numerous occasions discussed and proposed to an ad hoc MCA committee several suggestions which we felt could make the Model Cities program more responsive to the needs of the older poor. We suggest the MCA give consideration the following recommendations which have been previously discussed by the ad hoc committee:

That all Model Cities Boards have an official representative(s) of older low-income persons elected by the older poor, themselves. In many instances mayors have either recommended or required that CDA Boards have a youth representative. The same type of representation should be provided for older people living in the Model Cities target area (s).

That every Model City proposal specifically outline plans and programs for the older poor residents since in most CDA's the elderly are more than 20 percent of the target population.

That, if no plans or programs for the elderly poor are included in the comprehensive plans, the CDA's should be directed to justify their exclusion from the planning and program processes.

That the Older Persons Programs Specialist in the OEO Regional offices be given the opportunity and adequate time to review and comment on each CDA proposal and that the HUD and OEO regional offices design a procedural system which will insure adequate time and opportunity for the OEO Older Persons Programs Specialist to review the proposal.

That Community Action Agencies should be involved in the cooperative arrangements currently existing between the Department of Housing and Urban Development and the Department of Health, Education, and Welfare.

Examples of where there has been good cooperation between the CDA's and the CAA's are listed below. These examples should not be isolated instances of Cooperation and coordination but rather the norm:

An example of cooperative programming is in Roxbury, Massachusetts. In Roxbury, one of the legal services programs in the nation directed toward the legal problems of the elderly is a joint effort of the Community Action Agency, the Boston area CDA and the Council of Elders, an organization of older residents.

In Lawton, Oklahoma, low-income older persons are actively involved in Model City programs. A training and technical assistance grant from OEO made possible an outreach program. Of 1,000 persons visited during the first two months of the program, over 50 percent were elderly. A Friendly Visitors program in Lawton receives part of its funding from the Community Action Agency.

There have been notable examples of OEO efforts at organization of the low-income older persons. In Akron, Ohio, for example, nine of the forty-two members of the Model Neighborhood Advisory board are elderly. The Akron Community Action Agency sponsored Older Persons Program campaigned for one elderly candidate who received the most votes in the election.

In Minneapolis, Minnesota, an organization of the elderly, Minneapolis Age and Opportunity (MAO) has been actively working to improve conditions for older people in the Model Neighborhood. MAO received technical assistance from the local Community Action Agency when it was first organized. Also, the Minneapolis CAA funded the Minneapolis Age and Opportunity activities in the amount of \$25,081 in FY 1969 to train older residents of the Model Cities Neighborhood area.

In Duluth, Minnesota the aging specialist in the Model Neighborhood looks to the Community Action Agency to recommend older people to serve on Model Neighborhood boards. The older low-income residents of Duluth are starting to organize themselves so they will be represented on CDA and CAA boards.

The Office of Economic Opportunity can provide through the Senior Opportunities and Services (SOS) programs additional assistance as advisors or board members to the Model Cities program. These programs employ, involve, and serve the low-income elderly—many of whom are concentrated in the CDA's target areas. The SOS programs which are currently operational in designated Model Cities are listed below by regions and states.

SENIOR OPPORTUNITIES AND SERVICES PROGRAMS IN MODEL CITIES

Region I—Northeast

Massachusetts: Boston, Worcester, Lynn, Fall River.

New Jersey: Newark.

New York: Syracuse.

Region II—Mid-Atlantic

Maryland: Baltimore.

North Carolina: Winston-Salem.

Pennsylvania: Pittsburgh, Wilkes-Barre.

Region III—Southeast

Georgia: Atlanta.

Region IV—Great Lakes

Illinois: Chicago.

Minnesota: St. Paul.

Ohio: Columbus.

Wisconsin: Milwaukee.

Region V—Southwest

New Mexico: Albuquerque.

Region VI—North Central

Iowa: Des Moines.

Kansas: Wichita.

Region VII—Western

California: San Francisco, San Jose, Fresno, Berkeley, San Diego, Los Angeles.

Washington: Tacoma.

Special Programs

Puerto Rico: San Juan.

ITEM 5. LETTER FROM DONALD A. SLATER, DIRECTOR, MODEL CITY PROGRAM, NORFOLK, VA., TO SENATOR FRANK E. MOSS, DATED NOV. 18, 1969

CITY OF NORFOLK, VA.,
November 18, 1969.

DEAR SENATOR MOSS: This is in reply to your letter dated October 13, 1969 concerning your hearings on "Usefulness of the Model Cities Program to the Elderly." There has been a great deal of interest in the Norfolk Model City Pro-

gram both by senior citizens and on behalf of senior citizens. I am attaching to this letter a brief description of a grant that was recently approved by the Department of Health, Education, and Welfare to the City of Norfolk to develop a Senior Citizen Volunteer Corp. I am also attaching a summary of a project that was developed during the planning year relating to dietary needs of senior citizens. Unfortunately, however, the proposal was not funded by HEW or by HUD.

In addition to the above there has been a great deal of participation by senior citizens in the planning of the Model City Program both on neighborhood committees and as participants in various related programs.

I hope this material will be of interest to you and your committee.

Sincerely,

DONALD A. SLATER,
Director, Model City Program.

[Enclosures]

SUMMARY DESCRIPTION OF SENIOR CITIZENS PROJECT, NORFOLK, VA.

The Administration on Aging, Department of Health, Education and Welfare has tendered to the City of Norfolk a grant through the Model City Program in the amount of \$49,188 for a research and demonstration project. These funds will be used to staff and organize a Senior Citizens Volunteer Corps of senior citizens living in Model City neighborhoods.

It is proposed that the Volunteer Service Bureau of the Health-Welfare-Recreation Planning Council administer this research project under a contract with the city. This represents a major effort by the Norfolk Model City Program to involve private volunteer agencies in designing and implementing programs for Model City residents.

The project proposes to recruit a group of senior citizens who are interested in working as volunteers and utilizing various community organizational skills. It will also serve as a liaison unit between neighborhood senior groups and the Tidewater Senior Citizens Center enlisting consultative and program services from that agency as appropriate and encouraging greater participation in all available community programs for seniors by neighborhood residents.

The project staff will consist of a supervisor, four staff assistants, a clerk-typist, and a driver. It is proposed that persons to fill these positions will be recruited from the Model City neighborhoods. The staff will be responsible for the actual operation of the volunteer bureau, for recruiting the necessary number of volunteers from the neighborhoods and developing cooperative work relationships with various community programs. They will also operate a small bus or station wagon that will be provided to assist volunteers who are unable to afford or obtain transportation from their homes to the various community programs.

SUMMARY OF PROJECT M.E.A.L.

The Senior Citizens Service Center of Tidewater has completed the application for the nourishment program for the elderly—Project M (meet) E (eat) A (and) L (learn). The application, if endorsed by the various local agencies concerned, will be submitted to the Department of Health, Education and Welfare for funding. The Federal Grant to be requested from the Administration on Aging is \$131,132. The required 10 per cent local matching funds of \$13,500 would be met by the Norfolk Public Schools' contribution of rental space and dietician consultant services.

Project M.E.A.L. has been designed for the low income citizen 60 years of age and above who lives in or near the Model City Area. (A list of how the senior citizen qualifies for the proposed program is at the end of this summary.)

The main purpose of M.E.A.L. is to provide at least 75% of the dietary needs of 400 ambulatory senior citizens by serving one hot nutritious meal and a packaged snack to take home on five days per week, and to provide 75% of the dietary needs of 100 home-bound senior citizens by delivering one hot meal and a cold snack on six days per week.

Neighborhood schools have been selected in 4 of the Model City areas to serve as feeding centers for the ambulatory seniors. The schools are Lincoln in Berkley, Roberts Park in Brambleton, Lee in East Ghent and Ghent, and Carey in Huntersville. The serving areas of the schools have been selected to be free from architectural barriers, with ground floor entrances and-exits, for ease in accessibility

and to be large enough for programed activities. Transportation will be provided by mini-buses that will have a certain route through the neighborhoods to the centers. The homebound seniors will be served by a professional catering firm.

The participants will be expected to pay for their meals. The charge will be according to a scale, established in conjunction with the Food Stamp Program, which will determine fixed rates depending on the amount of the participant's income. For meals at the feeding centers, the minimum charge will be \$.50 and the maximum, \$1.25, for meal and snack. For the meals delivered to the home, the minimum charge will be \$.75 and the maximum charge will be \$1.68.

The objectives of Project M.E.A.L., in addition to nourishment, are:

1. To provide a setting where physical, social and psychological problems of the elderly may be observed and referrals made to the proper agencies.
2. Through using the schools as neighborhood feeding centers, to promote continuing education suitable for these citizens under the Adult Education division of the Norfolk Public Schools.
3. To serve as a way to check on the well-being of the recipient as well as to provide protective services.
4. To involve the elderly wherever possible in the program in advisory, volunteer and paid capacities.
5. To function as a focal point involving agency, school and citizens participation and cooperation.

The qualifications for participation in Project M.E.A.L. are as follows:

1. The participant in the Nourishment Program shall be 60 years of age or older.
2. The senior citizen must be a resident of the Model City area or of low-income public housing immediately adjacent thereto, and/or a recipient of Public Assistance but only on an emergency basis for home delivery.
3. To participate in the Nourishment Program at the neighborhood schools, a senior citizen must be ambulatory to the point of reaching the designated pick-up points for transportation.
4. Senior citizens living alone will be given first consideration in participation.
5. Participants in both phases of Project M.E.A.L. must be properly referred by a public or private health or social work agency, by a hospital, through the neighborhood centers or by personal reference to be cleared through an agency to which the recipient is known.
6. The participant must understand that the program is an ongoing one and that his participation in it is of a continuous nature or for a designated period of time.
7. The seniors participating at the feeding centers will be expected to volunteer their services where necessary and to pack their snack to take home with them at the end of their evening meal.
8. Each senior will be expected to contribute to the cost of his or her meal.

ITEM 6. LETTER FROM JERRY A. SOLON, DIRECTOR, DIVISION OF HEALTH CARE SERVICES, COMMUNITY HEALTH SERVICE, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, TO SENATOR FRANK E. MOSS, DATED DEC. 29, 1969

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE.

December 29, 1969.

DEAR SENATOR MOSS: This is in response to your recent request for a statement on activities of the Community Health Service for the record of the final hearing of the Special Committee on Aging on "The Usefulness of the Model Cities Program to the Elderly."

Please do not hesitate to call on us if we can be helpful in any other way.

Sincerely yours,

JERRY A. SOLON, Ph. D.,

Director, Division of Health Care Services, Community Health Service.

[Enclosure]

REPORT FOR THE U.S. SENATE SPECIAL COMMITTEE ON AGING ON ACTIVITIES OF THE
COMMUNITY HEALTH SERVICE AS THEY RELATE TO HEALTH OF THE AGED IN
MODEL CITIES

The Partnership for Health legislation, enacted in 1966, broadened the emphasis on Public Health Service activities from programs of a categorical nature to an approach encompassing the total range of comprehensive health services. The goals for improving the health of the total population are twofold: (1) to remove inequities and inadequacies in access to and quality of personal health care; (2) to assure maximum protection against preventable disease and hazards in the environment. Full recognition is given to the fact that the unique health needs of the aged often necessitate health services specially designed to meet these needs, and such services are being incorporated into the comprehensive health programs.

ACTIVITIES OF THE DIVISION OF HEALTH RESOURCES

One hundred and fifty thousand dollars from the Division of Health Resources contract monies has been reserved for programing in model neighborhoods. It is proposed that these funds will be used in a collaborative effort in such areas as:

- (1) To promote activities to improve the flow of patients between providers of service; i.e., hospitals, extended care facilities and home health agencies;
- (2) To demonstrate increased efficiency and effectiveness of pooled resources of several small home health agencies;
- (3) To demonstrate the feasibility and benefit of shared services and personnel health facilities; i.e., hospitals, extended care facilities, and home health agencies; and
- (4) To promote physician and public acceptance of and use of all community alternatives to inpatient hospital care.

ACTIVITIES OF THE DIVISION OF HEALTH STANDARDS

The responsibility assigned to the Division of Health Standards, to develop and implement Medicare standards for hospitals, extended care facilities, home health agencies, and independent laboratories, has provided a means of upgrading care for the elderly throughout the country. This work, which has been undertaken in cooperation with the Social Security Administration and State agencies, has been particularly needed in central cities as well as rural areas, where quantity and quality of care have been poor.

This standard-setting process is a dynamic one, with constant review of the effectiveness of the standards and their implementation. As new methods of controlling quality of care become known, these are reviewed for possible application in the Medicare program.

ACTIVITIES OF THE DIVISION OF COMPREHENSIVE HEALTH PLANNING

Although it is not possible to separate monies in Comprehensive Health Planning programs applicable to planning for the health of the elderly, services for the elderly are, of course, included. The following Model Cities located in funded 314(b) Areawide Health Planning sites received special emphasis through funds earmarked for health planning for Fiscal Years 1969 and 1970.

New Haven, Conn.....	\$25,000
Portland, Maine.....	14,700
Charlotte, N.C.....	38,260
Norfolk, Va.....	60,363
Detroit, Mich.....	46,250
St. Louis, Mo.....	65,000
San Antonio, Tex.....	35,000
Springfield, Mass.....	14,732
Worcester, Mass.....	18,750
Rochester, N.Y.....	40,650
Gary, Ind.....	11,146
Columbus, Ohio.....	39,675
Duluth, Minn.....	3,000
Portland, Oreg.....	7,000
Total	419,526

ACTIVITIES OF THE DIVISION OF HEALTH CARE SERVICES

High priority is being given to the use of 314(e) monies for the development of comprehensive health services for the economically disadvantaged residing within model city areas. Services for the aged are an integral part of such programs, inasmuch as great concentrations of economically disadvantaged elderly frequently reside in core city areas.

As of September 1969, 23 programs were funded in model cities under 314(e), with present and future commitments through 1973 totalling \$27,839,950. Additional programs are currently in the developmental stage, with future funding dependent upon appropriations.

Examples of comprehensive health programs in model cities currently funded under 314(e) follow:

Trenton Neighborhood Family Health Center, Inc., Trenton, N.J.

This project will establish a comprehensive family health center within the heart of Trenton's Model City area to serve approximately 20,000 people. The central facility will be staffed by pediatricians, internists, general practitioners and obstetrician-gynecologists. Other medical and dental services will be available at the Center on a scheduled basis or will be contacted for and referred to non-Center practitioners. In addition to extended hours and a personal appointment system, coverage for unscheduled visits will be provided. Care is to be provided through a central facility with family health care teams which will provide consistent followup patient care, preventive health programs and an outreach program to contact neighborhood residents.

Kate Bitting Reynolds Memorial Hospital, Community Health Center, Winston-Salem, N.C.

The primary aim of this project is to restructure the outpatient department at the Kate Bitting Reynolds Hospital into a family-oriented comprehensive health care program with related human services for a target population of 40,000 people. There is also a possibility of organizing a staff of the hospital into hospital-based group practice as an alternative outpatient organizational structure. The establishment of full-time department chiefs at the hospital in collaboration with the Bowman Gray School of Medicine argues much for the improvement of relations and cooperation between the traditionally separate black and white communities.

A demonstration project of comprehensive family health care in a model city area of Dade County, Miami, Fla.

The project will provide the full range of primary, family-centered comprehensive care of 30,000 residents of the Miami Model City area. Under coordinated funding with OEO, and in cooperation with the University of Miami School of Medicine, the project staff is organizing family health care teams called primary care units. Services will be provided by these teams with back-up support from Jackson Memorial Hospital in the event that inpatient care or more specialized services are required. Operations are currently underway to renovate a structure in a public housing unit to house the center.

KOCO Health Center, Chicago, Ill.

This project plans to establish a neighborhood health center in affiliation with Michael Reese Hospital and Medical Center to provide family-oriented, primary medical care for approximately 50,000 residents of the Model City area. The basic care unit will be the family health team with which all members of registered families will be identified. When it is fully developed, the program will include preventive, diagnostic, dental, rehabilitative and follow-up services. In addition, training will be provided for neighborhood residents who will then serve as aides for helping residents identify environmental hazards, serve in the clinics taking medical and social histories, and serve as outreach workers as well.

Charles Drew Neighborhood Health Center, Dayton, Ohio

The intention of the grantee is to establish the Center as a satellite outpatient department to Good Samaritan Hospital, to St. Elizabeth's Hospital and to Barney's Children's Medical Center. Generally, services will be delivered by health teams composed of appropriate medical and dental personnel with assistants and clerical staff as needed. Each team will be housed within the same part of the Center, and will be responsible for families within a certain geographic area.

It is anticipated that the Center will be able to provide services to the 20,000 residents of the target area sometime in 1970.

Tucson Neighborhood Health Center, Tucson, Ariz.

The Center established under this grant will provide a comprehensive health-care program for 21,000 residents in the Model Neighborhood Area. The Center staff will be organized into two teams consisting of an internist, a pediatrician, two nurses, a social worker, and several community health aides. The primary care provided by these teams will be supplemented by back-up facilities and specialty services within the Center itself and through lesser used specialty care services provided by Pima County Hospital. The county health department will assign nursing staff to the project to coordinate the outreach and health education activities. During the hours when the Center is open, it will provide emergency services; during the hours when the Center is closed, a telephone service will contact physicians or other staff, as needed.

Environmental health programs are also being undertaken with 314(e) support. Nineteen rat control projects are currently being supported in model cities; approximately \$14.5 million is being used for this purpose in fiscal 1969.

COORDINATION WITH ADMINISTRATION ON AGING

Staff members of the Community Health Service provide technical consultation upon request to the Administration on Aging in health-related activities undertaken by that agency in Model City areas. Consideration is currently being given to the development of a demonstration program in a Model City in which the health-related programs supported by the Administration on Aging (e.g., nutrition, transportation, information and referral, and homemaker and home health aides programs) would be coordinated with the comprehensive health planning and service activities supported by the Community Health Service. This demonstration would subsequently be evaluated to determine the effectiveness of such a concerted approach.

COORDINATION WITH THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

The Coordinator for Health of the Aging of the Division of Health Care Services maintains close liaison with pertinent program staff of the Model Cities Program of Department of Housing and Urban Development who are responsible for activities relating to aging, health, and nutrition.

ITEM 7. STATEMENT BY MYRTLE WILLIAMS, PRESIDENT, NATIONAL LEAGUE OF SENIOR CITIZENS, LOS ANGELES, CALIF.

To: John B. Martin, Commissioner, Social and Rehabilitation Service, HEW, Washington, D.C.

THE ROLE OF HOUSING FOR THE ELDERLY IN THE MODEL CITIES PROGRAM

Decent housing for the elderly at rents they can afford should receive top priority under the Model Cities program.

It has been established by many studies—and most recently by the Special U.S. Senate Committee on Aging—that the elderly are being plunged deeper and deeper into an economic swamp, while the helping hand of society is being withheld.

This crisis is mainly economic—cash income. The older American, with his fixed income—whether it is Social Security payments, public assistance or a combination of other income sources—has already lost the battle against inflation. They never had a chance against such a formidable enemy. The elderly are helpless in face of rising costs of living. The compensatory “cost-of-living” increases in their pensions or Social Security are miniscule, hardly deserving of mention. And in some states, such as California, thousands of elderly on State Old Age Security are actually having their grants reduced, as the cost of food, clothing, shelter and medical services continue to rise sharply.

Perhaps the most sensitive factor in this crisis among our older Americans is the housing question. Nothing is more demoralizing to an elderly retired person than being forced to live in drab, substandard quarters. And to make matters

worse, the rent is going up even on the small apartments, rooming houses, hotel rooms and shanty cottages in which so many elderly persons are forced to live.

It has become a scandalous part of big city life that whenever Social Security benefits or old age welfare grants are raised, the rents of the recipients are also raised a like amount by profiteering landlords. In effect, this is subsidizing landlords who maintain the worst sort of dwelling places and somehow escape local health and condemnation laws. The elderly deeply resent this type of exploitation.

Another scandalous fact is the renegeing on promises made to elderly residents who have been uprooted from so-called blighted areas which have gone under the urban renewal hammer. Only a small percentage of these folks have been provided with decent living quarters at rents comparable to what they were paying before the bulldozers wiped out their homes, their neighborhoods, their familiar meeting places—and scattered their friends to various parts of vast metropolitan areas, some of them never to make contact anymore because of poor and expensive transportation systems.

Recently the Meninger Foundation in Topeka, Kansas released a study showing that urban renewal hits the elderly the hardest, inflicting severe psychological trauma in many cases. In so far as the elderly are concerned, urban renewal has come up with almost no redeeming factors. Not only their living space has been altered or abolished, but even their sitting space has been taken away, and postage stamp size parks have evolved into concrete bunkers with dwindling lawn areas. Here is what Dr. William Key, director of the Meninger Foundation's division of social science research, said:

"The elderly have few remaining years in which to adapt and to replace the sights, sounds and people from which they are separated. For example, a group of older men who were fond of gathering on the steps of the Topeka Post Office to watch, reminisce, chat and comment on the city. The Post Office served the purpose of the old village store. The move dispersed the group, destroying the chance for friendship and conversation that means so much."

It should be incumbent upon the Model Cities program to reappraise this situation and face up to the errors of the past. How can any of these programs be a model of anything if they exclude from consideration the needs of the elderly residents who form such a large part of the permanent residents of the central cores of our cities? Senior citizens are the fastest growing segment of our population. We must not fail them.

There is a trend among planners, builders and those concerned with providing housing for the elderly, to stack the elderly away in new high-rise "warehouses."

But the older citizen must be given viable alternatives. The high-rise facility can serve only a limited number of retired persons without becoming a vast new institutional type arrangement. There is nothing more impersonal, more cold and lacking in the basic essentials for retired living, than the high-rise complexes which seem to have as their main purpose the goal of keeping the elderly off the streets. These structures may be the most profitable for developers, but they are not the most suitable for the elderly tenant. Homes should be built for people, as well as for profit. The margin of profit to be made on the retired elderly via the high-rise route requires a regimentation and life style that is against the nature of the average oldster.

The high-rise project is merely a substitute for an institution. It further alienates the older person from the mainstream of life. It can only lead to a sort of group loneliness and more unhappiness.

What do the elderly need? They first of all require compassion. This compassion should start at the drawing boards. Their slower pace and physical infirmities must be considered, as well as their need for creative outlets. Their desperate need for social contact, for inter-human relations, whether it is on the steps of the local post office or in the planned environment of the community center. They need consideration in the structural elements of buildings they are to inhabit. This means low, easily accessible living units with ramps instead of steps, with warm interiors, carpets instead of asphalt tile, drapes instead of venetian blinds, electrical outlets which don't require stooping, cupboards and shelves at shoulder heights, non-skid bathtubs and many other such features.

In California a measure has recently been signed into law to remove architectural barriers which prevent handicapped and aged persons from using buildings open to the public. The law requires theaters, restaurants, hotels, motels and stadiums to conform to architectural standards which will make them more easily accessible to the aged and handicapped. Ramps are required for those who cannot climb stairs. The law also provides for lavatory facilities, drinking fountains and handrails designed to accommodate persons in wheelchairs.

I cite this legislation to emphasize the increased awareness of the special needs of the elderly which must become central to all our thinking when planning programs for this segment of the population.

The feeling of confinement that accompanies life in both the shabby old rooming house "warehouses"—and the shining new high-rise "warehouses"—is detrimental to the well-being of the aged. We, in the California and National League of Senior Citizens, have developed life style patterns for senior citizen housing projects based on the very important feeling of compatibility with ones environment. This feeling rises out of a compatibility nourished by adapting utilitarian facilities to the village-community concept, wherein collective pride becomes a suitable substitute for individual ownership. This feeling is enhanced by providing quality living quarters at low rents.

The prototype of this life style may be found in the Senior Citizens Village, a non-profit corporation, sponsored by the California League of Senior Citizens in the pleasant Sunnyside district in the suburbs of Fresno, California. Nearly 1,000 elderly residents live an active, wholesome life in this pioneer village.

We believe the housing problems of the aged can be solved if more of these facilities were encouraged, to get the elderly out of the air-polluted central cores of large metropolitan areas. There are scores of ideal locations in the outskirts of middle-size metropolitan areas or smaller cities where the land costs are lower and where the elderly will have freedom of movement without fear of being run down in the traffic jungle of big cities—where they can cultivate their own gardens if they so desire and where adequate space exists for recreational purposes.

Elderly people like to get out from the confines of the four walls and take leisurely walks in a pleasant environment, where they may pause for as long as they wish to chat with their neighbors and their peers. This is not possible in the central cores of the big metropolitan areas.

The California League of Senior Citizens, also a non-profit corporation, visualizes the expansion of such villages as the Fresno Village to include complete centers for the care of the elderly, with full convalescent and recreational facilities. Good and inexpensive transportation from these centers to downtown areas of these smaller population areas are essential.

As sponsors of the Fresno Village, we have no false modesty in proclaiming that the life style we have created in this Village (the doors were opened for occupancy in 1962) is a blueprint for a successful approach to the housing problems of the aged in every state of the union. A testimonial to its success is the waiting list of prospective tenants that has existed over the past few years.

We have found that a very wholesome psychological pattern has emerged among residents of the Village, who come from all walks of life. They literally start to live again. We believe this life style has been responsible for extending the lives of many residents. Many are in their 80's and 90's and quite active. We have had a number of octogenarians weddings in the Village—on one occasion it was a double wedding, all in their 80's. One 98-year-old lady takes part in senior citizen fashion shows. Others in their 90's participate in community and recreational events. This is a life style that is succeeding. Our Model Cities planners should feel obligated to look into this in greater depth.

The 552 units of the Fresno Village are all quality constructed, grouped in 82 single story, ranch-style buildings spread out over 42 acres and all linked by walks and roads. There are 23 acres of green lawns, and an abundance of flower gardens, shrubbery and trees. Landscaped to create a park-like environment, these 42 acres were formerly an alfalfa field on the edge of town. Each of the 82 buildings houses from six to eight apartments, both furnished and unfurnished (stove and refrigerators in all). There is not a single step or staircase in the Village. Curved streets reduce auto traffic to a crawl. The community center, hub of the Village life, includes a cafeteria, market, barber shop, beauty salon, chapel, library, recreational rooms, etc. Rents start at \$76 a month for unfurnished studio apartments, \$88 furnished and \$90 and \$104 for a one-bedroom apartment. All utilities are paid, except telephones.

The California League proposes to sponsor another Village along the same lines in the San Marcos area of San Diego County, one of California's choicest retirement locations. We have received hundreds of requests by elderly members of our organization and readers of our publication, the SENIOR CITIZENS SENTINEL, asking to be placed on a waiting list for an apartment in this proposed Village in the event we secure FHA clearance and the necessary financing. The response to this proposal was overwhelmingly enthusiastic, indicating the deep

longing among the elderly for a decent retirement place at rents they can afford, a place where they can enjoy life without the many cruel restrictions imposed upon elderly in metropolitan areas.

Government financed public housing has failed to cope with the problem. And private commercial developers seem incapable or unwilling to meet the challenge of providing quality low rental housing in a proper environment for the low income, retired elderly who must depend upon Social Security or other income-maintenance programs.

I submit, the answer to this problem must come through encouraging and assisting the non-profit, private enterprise of such organizations as the California League of Senior Citizens in constructing more retirement communities along the Fresno pattern—communities which are not cut off or isolated from the mainstream, but which are removed from the deadly central cores of our big cities.

We have blazed a trail in the right direction. It is time now to follow up with much greater resources. This is where the Model Cities program can help make tomorrow's dream today's reality for America's older citizens. We must not allow our senior citizens to remain trapped in the kind of environment that is being rejected by all other segments of the population.

