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NUTRITION AND HUMAN NEEDS

HEARINGS

BEFORE THE

SELECT COMMITTEE ON
RITION AND HUMAN NEEDS

OF THE

UNITED STATES SENATE

NINETIETH CONGRESS

SECOND SESSION

AND

NINETY-FIRST CONGRESS

FIRST SESSION

ON

NUTRITION AND HUMAN NEEDS

PART 14—NUTRITION AND THE AGED

WASHINGTON, D.C., SEPTEMBER 9, 10, AND 11, 1969

Printed for the use of the Select Committee on Nutrition and Human Needs

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U.S. GOVERNMENT PRINTING OFFICE

24-235 WASHINGTON : 1969

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NUTRITION AND HUMAN NEEDS

TUESDAY, SEPTEMBER 9, 1969

U.S. SENATE,
SELECT COMMITTEE ON NUTRITION AND HUMAN NEEDS,
Washington, D.C.

The committee met at 10:10 a.m., pursuant to notice, in room 318, Old Senate Office Building, Senator George S. McGovern (chairman) presiding.

Present: Senators McGovern and Ellender.

Staff members present: Mr. William C. Smith, general counsel; Mr. Gerald S. J. Cassidy, professional staff member; and Mr. William Oriol, general counsel, Special Committee on Aging.

The CHAIRMAN. The committee will be in order.

OPENING STATEMENT BY HON. GEORGE McGOVERN, A U.S. SENATOR FROM THE STATE OF SOUTH DAKOTA, CHAIRMAN OF THE COMMITTEE

Senator MCGOVERN. Today we shall hear testimony regarding the nutritional problems of 10 percent of our population, the elderly. These 20 million Americans form the most uniformly malnourished segment of our population.

Six million of the aged are poor, 5 million live alone in lonely degradation, reduced to subsisting on 20 to 40 percent of their average earnings in the years prior to retirement. In 1967, half the aged, after a life of toil, had incomes below $1,480 and one-fourth were subsisting on $1,000 or less.

Having contributed a lifetime to their families and their country, they now face the future—their golden years—in fear, alone, often with hunger as their only companion. Truly, these are among our most "forgotten Americans." They are forgotten because their income needs are met neither by Social Security nor by old age assistance; nor are their food needs met with food stamps or commodities even if they are lucky enough to participate in those programs. They have been forgotten in the past and they will continue to be forgotten in the future if the present Administration's welfare assistance proposals are put into effect.

The average old age assistance payment is now only $70 a month—less than half the amount needed to escape poverty. President Nixon has proposed $65 a month as the minimum old age assistance benefit, a level which 21 States already exceed.

But, to make matters worse, the President's welfare message of August 11 categorically excludes single, elderly persons from the Food Stamp Program.

Much has been said and many questions have been asked during the past few weeks about the relationship between the Administrations' Family Assistance proposals and the Food Stamp Program. Attention, however, has been focused upon the proposal in the welfare message that there be "an orderly substitution of food stamps by the new direct monetary payments" for families with dependent children. When this "orderly substitution" will begin we hope to have answered next Monday when Secretaries Finch and Hardin testify before this committee.

ELDERLY EXCLUDED FROM FOOD STAMPS

But lost in the public speculation and ignored in the confusing and sometimes contradictory statements by spokesmen for the Executive Branch is the fact that thousands of old people living alone and now receiving food stamps will be denied food assistance under the family assistance system. They will be denied food stamps in exchange for no increase in cash benefits in 21 States and for a token increase in those 29 States that now pay less than $65 a month in old age assistance. As long as efforts on behalf of the aged continue as they have in the past to so poorly meet their needs, they will suffer and hunger in America will still exist.

Because of the death of Senator Dirksen and the necessity of the Members of the Senate assembling in the Senate Chamber between 11:30 and 11:45 today, it will be necessary to shorten the length of this hearing. We want to cooperate in every possible way with our scheduled witnesses. If we can't complete our entire list, I would hope that witnesses scheduled to testify today would nevertheless submit their statements and, if time permits, possibly those witnesses would be given an opportunity to appear at a later date.

In any event, we will go as far as we can within the limits of our time this morning.

We are going to hear testimony today regarding the nutritional problems of 10 percent of our population that make up our elderly citizens, nearly 20 million people who form the most uniformly malnourished segment of the entire population.

Six million of these aged citizens are poor. Five million of them live alone under meager circumstances, subsisting in many cases on 20 to 40 percent of their average earnings in the years prior to retirement.

In 1967, half the aged citizens of our country had incomes below $1,480. One-fourth were living on $1,000 annually, or less.

I think it can be said that these are among our most forgotten Americans. Their incomes are met neither by social security nor by old-age assistance, nor are their food needs, in many cases, met with food stamps or commodities, even if they are lucky enough to participate in those programs.

As I read the President's family assistance program, many of these people will continue to be overlooked under the new proposals, if they go into effect.

The average old-age assistance payment is now only $70 a month, less than half the amount needed to escape poverty. The administration's new proposal has suggested $65 a month as the minimum old-

age assistance benefit, a level, I might say, which is exceeded by 21 of our States at the present time.

The administration's welfare message of August 11, as I understand it, excludes single elderly persons from the food stamp program.

Much has been said and many questions have been asked during the past few weeks about the relationship between the newly proposed family assistance program and the food stamp program. Some attention has been focused on the proposal in the welfare message, and I quote, "That there be an orderly substitution of food stamps by the new direct monetary payments to families with dependent children."

It is not clear when this orderly substitution will begin, but we hope to have those questions answered on Monday when Secretary Finch and Secretary Hardin appear before the committee.

But I think one thing has been lost in the comments on the President's family assistance program, and that is the apparent exclusion of large numbers of our older citizens from this program, and we want to go into that question both on Monday and in our discussion today.

Our first witness for today is Senator Williams of New Jersey, who has long been a leader in the Congress on problems of our older citizens. He is the chairman of the Special Committee on Aging, and he and his committee have worked very closely with this committee in structuring our present hearings.

Senator Williams has not only been a leader in this field, but in the whole range of social welfare legislation. We are very happy, Senator Williams, to welcome you as the first witness today.

STATEMENT OF HON. HARRISON A. WILLIAMS, JR., A U.S. SENATOR FROM THE STATE OF NEW JERSEY

Senator WILLIAMS. Thank you very much, Mr. Chairman. I am accompanied by Mrs. Gordon Canfield, whom I will introduce later. I understand her statement will follow mine.

The CHAIRMAN. We are pleased to welcome you, Mrs. Canfield. I had the privilege of serving in the House with your husband.

Mrs. CANFIELD. That is very true, and he asked to be remembered to you.

Senator WILLIAMS. Mr. Chairman, I would like to begin by offering a word of thanks and congratulations to you personally for your historic leadership in efforts to assure that in this land of plenty, no one will go hungry. You, and members of the committee have done much to awaken consciences in Government and in the hearts of American citizens.

These hearings on nutrition and the elderly provide an unusual and rewarding example of joint action by two Senate committees. As chairman of the Senate Special Committee on Aging, I am very pleased to have been able to work with you in preparation for the deliberations today, tomorrow, and Thursday.

HARD-HITTING REPORT

Mr. Chairman, your committee issued a hard-hitting report on August 7 on your first 6 months of work.

One line in that report has stayed vividly in my memory—"14 million Americans are hungry simply because they are too poor to buy enough food."

Those words are haunting because they are especially true for millions of older Americans whose fixed incomes must stretch further each year because of rising costs. As the income is stretched, too often it is the food budget that is squeezed tighter and tighter.

As a result, too many older Americans are faced every day with impossible choices:

Shall they purchase prescription drugs, or shall they buy food for the table?

Shall they try to pay the tax bill on the home they have owned for decades, or shall they sell the home to have more money for food?

But if they do sell the house, where can they move? What community in this Nation of ours has a good selection of apartments at reasonable rentals for the elderly?

And for those who live alone another question arises: How can I keep making meals for myself when I don't have the money—and why should I bother; there is no one left to prepare meals for or eat with me?

At hearing after hearing, the Committee on Aging has found that older persons, faced by any of the questions I just listed, will forego food to pay for rent, taxes, and medicines.

At one recent hearing, a senior aide from Pittsburgh, telling us about her outreach work for the National Council of Senior Citizens, illustrated this problem in dramatic terms.

She told us of an elderly couple, aged 78 and 74, in which the man had a heart condition and the woman suffered from diabetes. They had a combined income of $139 a month. Of that amount, $52 went for rent, $35–$40 for drugs. Obviously, there was little left for food and as a result, they both suffered from severe malnutrition.

This is not an isolated case. Our witness went on to tell us of the 39 widows that were located in her area, who live on incomes of less than $1,500 a year. Nearly half of these women have incomes of less than $1,000 a year.

POVERTY IN OLD AGE

While their husbands, who had been steelworkers, were alive, they purchased homes and paid for them. When they retired, their pensions helped the couples live comparatively well. However, with the death of the husband, the pension ended, and now these women are not eating, not buying clothes, struggling to pay the taxes on their little homes—the one asset they have left.

The problems of the people in Pittsburgh help to prove, in very personal terms, the major point which is being advanced this year in a committee study on "The Economics of Aging: Toward a Full Share in Abundance."

That point is simply that a retirement income crisis exists in this Nation, and it is getting worse, not better.

I would like to submit three of the major conclusions drawn from the work of the several task forces who are helping the committee with the aforementioned study:

First. The gap between retirement income and income of Americans still in the labor force is now greater than it was 7 years ago; and there is every indication that the gap is widening.

Second. This gap should be the concern of today's workers, those now in middle age and younger, because they will face the same fate unless major changes are made in public policy and in private financial arrangements, including pension programs.

Third. More than 7 million Americans aged 65 and over now live in poverty or near poverty. And most of them did not become poor until they became old. Thus, your comments about people who are too poor to buy food have a very special meaning for the elderly.

FOOD STAMP PROGRAM

The Federal food stamp was designed to alleviate these problems. But for the elderly, at least, they are simply not doing the job.

Let me point out just a few of the deficiencies:

For older Americans who have become poor in old age the application to a local welfare office for food stamps is demeaning—even the act of taking out the stamps to pay for food at the market is degrading and embarrassing.

It is understandable that after a lifetime of independence these people have a natural resistance to dependency. At a recent hearing held in my home State, New Jersey, we received direct proof of this. The director of the food stamp program in Cape May County, where nearly one of every five residents is retired and where senior citizens constitute almost 60 percent of the food stamp recipients, told us that there were many eligible older persons in that county who were not using the program because of the humiliation caused by what they call "receiving something for nothing."

Many elderly welfare recipients who have been poor all their lives are reluctant to pay out the amount of money from their grants that is necessary to purchase the stamps because after such purchase they are left with no cash. The little cash these people receive each month is dear to them. And when it is gone, they are helpless.

Large numbers of older individuals are on special diets and the types of foods necessary to such diets, such as low-sodium products, are too costly. Even with food stamps, they forgo these foods at the expense of their health.

For older persons who take their meals outside the home, such as widows and others who live alone in rooms where they cannot prepare meals, the food stamp program is useless.

And finally, in food services, as in every other service to the elderly, lack of adequate transportation imposes an almost impossible barrier. Many of the "older" more feeble aged cannot get to the welfare office to apply for the stamps, cannot bear the long waits to receive the stamps at banks, cannot get to the markets to purchase food, and finally, cannot carry heavy packages to their homes.

THE COMMODITY PROGRAM

The commodity program has the same deficiencies—and then some:

The types of surplus foods available are often unappetizing to the elderly, and in some parts of the country many of the foods are foreign to the people receiving them. What good is free food if you don't know what to do with it?

Moreover, the elderly often do not have the space to store the large quantities of bulgar, corn meal, and other bulky substances available in the commodity program. Again, what good are free foods if they spoil before you can use them?

Therefore, I readily agree with the Committee on Nutrition's observations that the food stamp and food commodity programs must be improved and enlarged.

From these general remarks we can see that nutrition for the elderly presents a complicated problem—but looking away will not make the problem disappear. The only humane solution is a direct look at the problem through scientific research, coordinated and effective service programs and income maintenance that allows for dignity and decent living conditions among our Nation's elderly.

AOA FOOD SERVICE PROGRAMS

The Administration on Aging title IV projects are already yielding examples of food services which "work" for the elderly, and I am submitting for the record, a brief summary of these activities as part of the complete statement.

(The prepared statement of Hon. Harrison A. Williams, Jr., follows:)

PREPARED STATEMENT OF THE HONORABLE HARRISON A. WILLIAMS, JR., CHAIRMAN, SPECIAL COMMITTEE ON AGING

Mr. Chairman, before I begin by testimony I'd like to offer a word of thanks and congratulations to you personally for your historic leadership in efforts to assure that this land of plenty shall also be a land in which no one goes hungry. The man who pioneered to give us a "Food for Peace" program now would have all Americans realize that hunger at home must be recognized, and conquered. You, and members of the Committee, have already done much to awaken consciences, in government and in the hearts of individual citizens.

I would also like to note that these hearings on nutrition and the elderly provide an unusual and rewarding example of joint action by two Senate Committees. As Chairman of the Senate Special Committee on Aging, I was very pleased to work with you in the preparations for the deliberations today, tomorrow and Thursday. The Committee on Aging was created by the Senate to present the case for aged and aging Americans on many issues that arise before many units of the Congress. We try in this way to represent the 20 million persons in this Nation now 65 years or older, as well as the many millions more now approaching the birthday that brings retirement with it.

Your Committee, Mr. Chairman, issued a hard-hitting report on August 7 to discuss your first six months of work. One of your most challenging statements was:

If we have learned nothing else, we now know that when we declared "unconditional" war on poverty in 1964, we ignored the most important condition of poverty. We left out of the battle plan food help for more than 14 million Americans who were hungry simply because they were too poor to buy enough food. We ignored the food needs of millions more who risk the effects of hunger and malnutrition. And today, eight of those 14 million still have no food assistance. They are still waiting for our help. They are still waiting for our promises and pledges to be fulfilled.

Those words, "too poor to buy enough food," are haunting, and they are especially true for millions of older Americans whose fixed incomes must stretch farther each year because of rising costs. And as the income is stretched, too often the food budget is squeezed tighter and tighter.

As a result, too many older Americans are called upon every day to make impossible choices. Shall they purchase prescription drugs or shall they buy food for the table? Shall they try to pay the tax bill on their home they have owned for decades, or shall they sell the home to have more money for meals? But if

they do sell the house, where shall they move? What community in this Nation of ours has a good supply of apartments at reasonable rentals for the elderly? And for those persons living alone, another question arises: how can I keep making meals for myself when I don't have the money or even the will to do so?

At hearing after hearing, we on the Committee on Aging have heard that older persons—faced by any of the questions listed above—will decide that food is the expendable item; food is the one item in their budget that can be reduced. Rents, taxes, medicines, and other cost items usually go up, not down.

The problem was illustrated dramatically at a recent hearing, when a Senior Aide from Pittsburgh told us about her outreach work for the National Council of Senior Citizens. She tried to help one couple; their ages were 78 and 74.

The man had a heart condition and the woman suffered from diabetes. They had a combined income of $139 a month. Of that amount, $52 went for rent, $30–40 for drugs. Obviously, there was little left for food and as a result they both suffered from severe malnutrition.

This is not an isolated case. Our witness went on to tell us of the 39 aged widows that were located in her area, who must live on incomes of less than $1,500 a year. Nearly half of these women have incomes of less than $1,000 a year. While their husbands, who had been steelworkers, were alive they had purchased homes and paid for them. When the husbands retired, their pensions helped these people live comparatively well. However, with the death of the husband, the pension went and now the women are not eating, not buying clothing, struggling to pay taxes on their little homes—the one asset they have left.

So we see that the problem of the elderly person living alone on a fixed income is even more severe and is further complicated by feelings of loneliness and depression. Many such persons eat only one meal a day because 1) that is all they can afford and 2) there is no one for them to eat with.

The problems of the people in Pittsburgh help to prove, in very personal terms, the major point which is being advanced this year in a Committee study on the "Economics of Aging: Toward a Full Share in Abundance."

That point is simply that a retirement income crisis exists in this Nation, and it is getting worse, not better.

I will submit for the record a summary of the major points made in recent Working Papers prepared for hearings on the Economics of Aging. For this hearing I will submit just a few of the conclusions drawn from the work of several Task Forces who are helping the Committee:

(1) The gap between retirement income and income of Americans still in the labor force is now greater than it was seven years ago; and there is every indication that the gap is widening.

(2) This gap should be the concern of today's workers—those now in middle-age and younger—because they will face the same fate unless major changes are made in public policy and in private financial arrangements, including pension programs.

(3) More than seven million persons of age 65 and over now live in poverty or near-poverty. And most of them did not become poor until they became old.

Thus, your comments about people who are too poor to buy food have special meaning for the elderly. At a time in life when security is a major goal, they find that one of their basic needs may be out of their reach.

The Senate Committee on Aging, in preparation for this hearing, sent questionnaires to every Commissioner on Aging in the United States, and to Project Directors of the Administration on Aging Title IV Food Service Programs across the country which we hoped would provide us with factual data to add to our general knowledge of the problem. The response has been gratifying and has, indeed, confirmed many of our original assumptions. We are learning much, for example:

FOOD STAMP PROGRAM

As I have said, many older persons do not become poor until old age. For these individuals, the application to a local welfare department for food stamps is demeaning—even the act of taking out the stamps to pay for food in the market is degrading and embarrassing. I think we can all understand that these people have a natural resistance to dependency after a lifetime of independence.

We received direct proof of this at the Committee on Aging's recent hearings in my home State, New Jersey. The director of the food stamp program in Cape May County, where nearly one of every five residents is retired and where older

persons constitute almost 60% of the food stamp recipients, told us that there were many eligible elderly persons in that County who were not using the program because of the humiliation of having to receive "something for nothing".

Many elderly welfare recipients are reluctant to pay out the amount of money from their grants that is necessary to purchase the stamps because after such purchase they are left with no cash. These are often the people who have been poor all their lives and our middle-class values cannot apply to them. The little cash they receive each month is dear to them—when it goes they are helpless.

Large numbers of elderly persons are on special diets and the types of foods necessary to their good health are too costly, so even with food stamps, they forgo such foods at the expense of their health.

In food services, as in every other service to the elderly, lack of adequate transportation presents an almost impassable barrier. Many of the "older" more feeble aged, cannot get to the welfare office to apply for stamps, cannot bear the long waits to receive the stamps at banks, cannot get to the markets to purchase food and, ultimately cannot carry heavy packages to their homes.

And finally, there are large numbers of older persons who take their meals outside of the home, such as widows and others who live alone in rooms where they cannot prepare meals or who live in large residential hotels. For these people, food stamps are useless.

THE COMMODITY PROGRAM

The deficiencies I have discussed are also present in the commodity program—with complications. Here again, transportation presents a terrible problem. Elderly individuals simply cannot carry the heavy, bulky commodities home with them, even if they can get to the distribution centers.

The types of surplus foods available in the commodity program are often unappetizing to the elderly and in some parts of the country the foods available are foreign to the people receiving them. What good is free food if you don't know what to do with it?

Older people are prone to dental problems and cannot chew many of the "hard" fruits and vegetables necessary to a balanced diet. The "soft" foods available on the commodity program, such as corn meal, bread and other starches, may be filling but lack the nutrients necessary to good health.

There have been challenges to the basic philosophy of the food stamp and commodity programs in that they are degrading and place the recipients "on the dole". The implication here is that an adequate income would make such programs unnecessary. I wholeheartedly agree that every person in this country should have an adequate income but money alone will not provide the elderly with transportation where there is none, nor will it provide the educational services that are so desperately needed by older persons to help them shop wisely, and prepare nutritious and economical meals.

Thus, while I can readily agree with the Committee on Nutrition recommendations that the food stamp and food commodity programs must be improved and enlarged. I can also see a need for developing new kinds of services which will help the elderly either to prepare meals conveniently for themselves, or will provide other means of providing meals in a non-regimented manner. It is fortunate that the AoA Title IV projects are already yielding examples of food services which "work" for the elderly.

FOOD SERVICES

These programs, for example, include: hot meals provided for a nominal fee at a central dining room, such as local school or church; home-delivered hot meals; transportation; nutrition education; recreational activities; and friendly visiting services. Some provide medical examinations, visits to health clinics, referral services and frozen "take-home" meal packages. All of the projects employ elderly participants and utilize many older volunteers (who are also participants in the program).

Aside from the importance of the meal service, which many of the participants would not get if these services were not provided, is that of social participation.

Many older persons who live alone do not eat properly (even if they can afford to) because of loneliness. For this group, meal service programs can be beneficial. Our questionnaires tell us that often the participants look forward to meeting and getting to know other elderly persons more than to the meal itself.

All of the respondents mentioned that a variety of nutritional deficiencies were found among the participants at the beginning of the program and most of our questionnaires listed inadequate income as the main reason.

The clinical data concerning nutrition is as yet incomplete in those programs that include medical examinations. However, they have found a high incidence of obesity, poor eyesight, diabetes, heart conditions, and other problems which are caused by an excess of heavy starches in the diet.

There is much to be learned from these programs. One thing that comes through all the available information is the need to coordinate food services with health and social services to the elderly.

For instance, many States have a wide variety of such food service programs, either sponsored by local welfare boards, independent volunteer organizations, churches; and each of the programs operates independently of the other and provides services to a small handful of elderly persons when a far greater need exists.

QUESTIONS THAT NEED ANSWERS

This brings me to my concluding remarks, which will be in the form of questions—there is much we do not know about this subject:

1. Who are the hungry old persons in America and where are they? The research thus far has been sporadic and inconclusive. Little is known, for instance, of the hundreds of elderly who reside in the large residential hotels in urban areas, or of the "isolated" elderly in the cities and in the rural areas.

2. What constitutes a nutritious diet for an older person? There is insufficient data on the nutrients needed by the aged, and what little there is does not take into consideration chronic diseases in old age which require special diets. And, how widespread is this particular segment of the aging population?

3. What is the incidence of mental illness in the elderly caused by malnutrition? There is evidence of a high proportion of older persons with mental disorders who are also malnourished. However, we do not know whether the malnutrition is the cause of the illness or the effect, and there have been no conclusive studies on this subject.

4. What is considered a realistic expenditure by aging persons for proper diet? I underline the word—*realistic*!

5. Finally, who are the starving elderly? None of us likes to admit there are starving people in this Nation, but we know there are—and many of them are old. We know, however, that they exist, and yet we do not know to what extent, nor do we know where they are. Looking away will not make the problem disappear. The only wise and humane solution is a direct look at the problem through scientific research, coordinated and effective service programs and income maintenance that allows for dignity, and decent living conditions among our Nations' elderly.

Unfortunately, this kind of concentrated effort has been complicated in recent years by what seems to be a negative, almost careless attitude toward the aged by our work-oriented society. This attitude is often reflected among our older citizens themselves.

How many times have you heard an older friend or relative say, "My time is over now, I'm just going to sit back and watch the youngsters from now on." Implicit in this statement is a feeling that now that the productive years are over, all will be downhill.

Worse yet, there is a tendency among professionals working with the aged—physicians, social workers, therapists, and others—to compare the future of the old with the future of the young. For instance, the gains in rehabilitation are less dramatic and "cures" are less likely among the complicated physical, social and mental disorders of the aged as compared to those of the young.

The real question is: how do we maintain fulfillment from living *throughout* a lifetime so that old age will become a step *up*, not a step down into the abyss of illness, isolation and dependency.

We owe this much to our 20-million elderly Americans. And we owe it to ourselves.

Senator WILLIAMS. However, I believe it is always better to get this kind of information from someone who has "been there," and so, with your full cooperation and kindness, Mr. Chairman, I have invited to be with us Mrs. Gordon Canfield, who is president of the Paterson, N.J.,

YWCA. She has been a leader in that organization's food service program since its inception, and I am delighted to present her. I don't know whether Mrs. Canfield has testified before at a committee hearing, and I do know, however, that she knows all about this part of our legislative work. As you indicated, Gordon Canfield, Mrs. Canfield's husband, has been a distinguished member of the House of Representatives, with whom we both served.

STATEMENT OF MRS. GORDON CANFIELD, PATERSON, N.J., MUNICIPAL OFFICE FOR AGING

Mrs. CANFIELD. A survey of Paterson's older population made about 10 years ago showed that 14 percent of those surveyed lived alone; 9 percent lived in cold water flats; 28 percent had not seen a doctor within the year and 22 percent had been sick during the week in which they were interviewed.

The percentage of negative answers to the survey question, "During the past week, have you had enough to eat?" presented a possible clue to some of the health problems of Paterson's aging population in the opinion of the survey committee.

The survey showed that Mrs. Eone Harger, director of the New Jersey Division on Aging described as a "profile of isolation."

The Young Women's Christian Association was one of several community agencies participating in this survey. It was natural therefore for the organization again to become involved with the older citizens of the community in the spring of 1967 when the newly established Paterson Office on Aging presented to our board of directors the serious nutrition problems faced by so many older men and women living alone and endeavoring to exist on limited fixed incomes in the face of rising costs in every area of living.

The Young Women's Christian Association had a well equipped unused food service facility, and with the interest and help of the New Jersey Division on Aging was able to secure a demonstration grant under title III of the Older Americans Act to provide food service for older people at a cost within their reach. This has proved to be one of the most satisfying community programs undertaken by the YWCA, and we feel it is a good example of benefits which can come through Government-private agency cooperation.

This demonstration program opened on September 11, 1967, offering a full course, nutritionally balanced hot noonday meal at 50 cents. Presentation of a medicare card or social security receipt was required for eligibility. A year later, the price was increased to 60 cents because of rising food costs and the contractual agreement that income cover the cost of food.

Service of the same menu to the general public at $1.25 and participation in the State food surplus program has helped to maintain the cost at 60 cents for older people. Meals are prepared under the supervision of a professional dietitian, and planned with the nutritional needs of the aging in mind.

Experience has graphically demonstrated that such a program was greatly needed. On opening day, in response to a single notice in the local press, over 200 people showed up for the initial luncheon. Attendance has continued to maintain a daily average of 150 in all kinds of weather.

MEALS ON WHEELS

In January 1968, the YWCA introduced meals on wheels for the ill and homebound aging as phase 2 of the food service program. A complete 7-day weekly food service with daily deliveries at noon is provided for the shut-in aged unable to prepare or go out for meals, or who are incapacitated by illness or hospital convalescence. This package includes a hot, full course meal, sandwich supper, and breakfast.

The hot meal is delivered in a heavy foil container suitable for refrigeration and heating at a later time should the recipient prefer the hot meal for supper. This complete package is delivered for $7.50 per week.

Meals on wheels applicants are interviewed by professional staff of the Community Home Care Service of Greater Paterson, Inc., a cooperating community health agency. Referrals are made by health, welfare and social service agencies, the three hospitals and the medical profession.

This service has filled a desperate need for the ill and homebound who live alone and who are unable to shop and prepare adequate meals for themselves. In several cases within the year it has proved a vital life line. Workers who deliver meals have been trained to be alert for danger signals which they report back to the director at once. On several occasions delivery men have found clients helpless, in coma, or otherwise critically ill. By immediate reporting of these conditions, lives have been saved.

The in-building food service likewise serves as a sounding board for the health condition of elderly participants through a daily attendance record. When regular attendants fail to show up, this is reported to the director and a check is made to find out the reason. Here again, many cases of illness have been discovered and help provided in time.

The city board of health provides services of a registered nurse who works with the director 1 day a week on diet and health counseling for the aging. The attendance records have proved of value in dealing with problems related to nutrition and daily eating habits.

EMPLOYMENT FOR THE ELDERLY

Some of the interesting byproducts of the program have been employment for many who need a little extra work. The short order cook is 79. Service opportunities are provided for many who "just need something useful to do." Sociability for the isolated, lonely ones helps them to forget their aches and pains and find new meaning to life through the fellowship of food.

There are many remaining unmet needs. At present, we are unable to provide special diets for people suffering from certain illnesses. All meals are low salt, and diabetics are served if we are assured by their doctor that their conditions are stabilized. However, much more needs to be done to meet special diet needs.

There is need too for decentralization of the program to serve those unable to reach the YWCA because of inadequate or high cost of transportation. We are studying this problem and will implement such a program when resources become available.

The program now is in the final year of the demonstration grant. Anticipating this loss of funding, the YWCA will make every effort

to keep this vital community program active and meaningful to the older citizens of Paterson. Possibilities include incorporation of the program into the model cities plan, and incidentally, our YWCA building is right in the center of the model cities plan, the united fund or a separate fund raising campaign to finance the program. We believe the community also feels that this program must be continued and hopefully expanded since it is essential to the health and lives of our older citizens.

The fundamental concept of the program is to keep the aging citizens of Paterson well and ambulatory through good nutrition. We believe we are making progress toward this goal.

Thank you.

The CHAIRMAN. Thank you very much, Mrs. Canfield. Senator Williams, with reference to the food assistance program, particularly as it relates to our older citizens, I know you have given a lot of thought to the so-called income maintenance principle, or negative income tax, and various other cash support proposals, one of which we now have pending in the President's message on family assistance.

Would it be your judgment that, at least for the foreseeable future, we ought to move not only on that front, but also to strengthen our food assistance programs?

What I am getting at is, do you favor ending the food assistance programs, having those programs replaced by direct monetary payments, or would it be your view that we ought to move on both fronts?

Senator WILLIAMS. We should move on both fronts. But so far as the food program is concerned, first, I think that even for those fully participating appears that the program is inadequate for many, and there are those who have a psychological or personal block to using the program as it is.

It would seem to me that for those who have the psychological block, there could be less demeaning ways to reach assistance designed for nutritional diet. I haven't thought through entirely just how this would be done, but I do know that the stamp program is particularly difficult for those who just have not had any need for welfare, but suddenly, with the loss of a husband and the loss of income there, they have some. I am sure it could be improved, and it is certainly an anachronism that food, one of the most plentiful products in this country is still not available to so many.

This program Mrs. Canfield described is excellent. Sixty cents a meal—I can picture the meal, an excellent meal.

Mrs. CANFIELD. It is good.

Senator WILLIAMS. That represents about $200 a year, and so many older people have an entire annual budget of $1,000, so that would be one-fifth for their midday meal for those people.

The CHAIRMAN. Mrs. Canfield, that program you discussed, is that funded through the Administration on Aging meals services program?

Could you tell us that?

Mrs. CANFIELD. It is coming through the same way as—no; it is through the title III of the Older Americans Act. Now, I don't know whether this is a different thing or not.

The CHAIRMAN. I think that is the same program.

Mrs. CANFIELD. It comes through the State, you see.

The CHAIRMAN. My understanding is that that program reaches only a little over 17,000 people in the Nation as a whole.

Is that correct, Senator Williams?

Senator WILLIAMS. It doesn't reach very much relative to those who are in need.

The CHAIRMAN. That is a handful, 17,000 people. What is the reason for that? It is a good program insofar as it goes?

Senator WILLIAMS. I think, basically that the programs are now on a pilot basis. In addition, the AOA budget is limited.

The CHAIRMAN. The program is basically, a pilot project at the present time, then.

As I interpret the recent message that the President has given in this area of food assistance and family assistance, it appears to me that in calling for a $65 a month minimum payment to older people under the old-age assistance program, that that formula would phase out food assistance programs for any one who opted for the $65 payment.

In effect, isn't that a setback for older people in many of the States?

Senator WILLIAMS. As I indicated, in the competition for limited funds in personal budgets, food comes down the list of priorities. Certainly drugs, medicines, would be well ahead of food, and I see it in my work, so many people living on toast and tea. That is no diet for any kind of life.

If I understand the suggestion, food would lose out in the competition under that amount of cash per month.

The CHAIRMAN. Senator Ellender, do you have any questions?

Senator ELLENDER. Mrs. Canfield, the program that you just mentioned, how much of the money is furnished by the local authorities?

Mrs. CANFIELD. At this point, none is coming from the local authorities. It is coming through the State, and, of course, the food——

Senator ELLENDER. I included in local authorities the State government.

Mrs. CANFIELD. Only the food is paid for. The elder citizens and, as I mentioned, the general public who pay a higher price for the same people. This is a requirement, it must cover the cost of the food. The other services, the utilities and the dietitian that we employ and the paid help is funded.

Senator ELLENDER. That is contributed by the Federal Government under title III?

Mrs. CANFIELD. I beg your pardon?

Senator ELLENDER. That sum is furnished by the Federal Government through title III?

Mrs. CANFIELD. Yes.

Senator ELLENDER. What does that amount to?

Mrs. CANFIELD. I cannot tell you, Senator, but I will certainly be glad to find out for you.

Senator ELLENDER. Is it not necessary to have complete cooperation at the local level with the Federal Government?

Mrs. CANFIELD. Definitely, and we have had this. Our office on aging was established by the city 2 years ago, and we have had beautiful cooperation with most all of our local agencies and with the city government.

Senator ELLENDER. It might be useful if you could put in the record at this point the exact amount that was contributed by the Government as well as what was contributed by the local authorities; that is, the State and the municipality, or the people themselves.

Mrs. CANFIELD. Yes.

(The material follows:)

BRIEF REPORT ON A FOOD SERVICE PROJECT FOR THE AGING SPONSORED BY THE PATERSON YOUNG WOMEN'S CHRISTIAN ASSOCIATION UNDER TITLE III OF THE OLDER AMERICANS ACT THROUGH THE NEW JERSEY DIVISION ON AGING

A survey of Paterson's older population made about ten years ago showed that 14% of those surveyed lived alone; 9% lived in cold water flats; 28% had not seen a doctor within the year and 22% had been sick during the week in which they were interviewed. The percentage of negative answers to the survey question, "During the past week, have you had enough to eat?" presented a possible clue to some of the health problems of Paterson's aging population in the opinion of the survey committee. The survey showed what Mrs. Eone Harger, Director of the New Jersey Division on Aging described as a "profile of isolation."

The Young Women's Christian Association was one of several community agencies participating in this survey. It was natural therefore for the organization again to become involved with the older citizens of the community in the spring of 1967 when the newly established Paterson Office on Aging presented to our Board of Directors the serious nutrition problems faced by so many older men and women living alone and endeavoring to exist on limited fixed incomes in the face of rising costs in every area of living.

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Experience has graphically demonstrated that such a program was greatly needed. On opening day, in response to a single notice in the local press, over 200 people showed up for the initial luncheon. Attendance has continued to maintain a daily average of 150 in all kinds of weather.

In January 1968 the Y.W.C.A. introduced Meals on Wheels for the ill and homebound aging as phase 2 of the food service program. A complete seven day weekly food service with daily deliveries at noon is provided for the shut-in aging unable to prepare or go out for meals, or who are incapacitated by illness or hospital convalescence. This package includes a hot, full course meal, sandwich supper, and breakfast. The hot meal is delivered in a heavy foil container suitable for refrigeration and heating at a later time should the recipient prefer the hot meal for supper. This complete package is delivered for $7.50 per week.

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The City Board of Health provides services of a Registered Nurse who works with the director one day a week on diet and health counseling for the aging. The attendance records have proved of value in dealing with problems related to nutrition and daily eating habits.

Some of the interesting by-products of the program have been employment for many who need a little extra work. The short order cook is 79. Service opportunities are provided for many who "just need something useful to do." Sociability for the isolated, lonely ones helps them to forget their aches and pains and find new meaning to life through the fellowship of food.

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There is need for decentralization of the program to serve those unable to reach the Y.W.C.A. because of inadequate or high cost of transportation. We are studying this problem and will implement such a program if and when resources become available.

The program now is in the final year of the demonstration grant. Anticipating this loss of funding, the Y.W.C.A. will make every effort to keep this vital community program active and meaningful to the older citizens of Paterson. Possibilities include incorporation of the program into the Model Cities plan, the United Fund or a separate fund raising campaign to finance the program. We believe the community also feels that this program must be continued and hopefully expanded since it is essential to the health and lives of our older citizens.

The fundamental concept of the program is to keep the aging citizens of Paterson well and ambulatory through good nutrition. We believe we are making progress toward this goal.

Senator ELLENDER. Such programs are valuable; but I insist that in order to make then workable, you must have the full cooperation of the local authorities, the local people.

Senator Williams, how can we get rid of this timidity? You speak of older people not desiring a handout.

Senator WILLIAMS. As the food stamp program operates, it has come to me in very personal terms by individuals who faced it, they don't want to go through the food line.

After running the obstacle course of purchasing the food stamps, then they have to go through the food line at the market or the grocery store, and proud people don't want to be paying in a different script than other people. If there were a way that it could be worked out their food supplement could be tendered to them in cash and they are paying cash like everybody else, that would certainly remove that particular problem.

Senator ELLENDER. I have authored the food stamp program together with others, and I don't know that anybody has to stand in a separate line to get food, because the stamps are used just like cash The only thing that the recipients do is put up so much money for so many stamps. I think the legislation that is now on the Senate Calendar gives to the administrator of the program a lot of flexibility in order to take in people with low incomes.

NEED FOR ADDITIONAL FUNDS

If only we could get the House of Representatives to match what the Senate has done—we have provided $750 million, which is double

what the law now provides—it is my belief that we could get that program on the track soon.

But unless and until we can get more funds, no matter what law we enact, there will be nothing.

So, it is my belief that something ought to be done to induce the people on the other end of this Capitol Building to confirm what the Senate has done.

Senator WILLIAMS. Without offering to the other body, I do know that here rests great enlightenment. Your committee, Chairman Ellender, and certainly this committee, too, in trying to find the ways to reach the objective we all agree with, that people should not be hungry because they are too poor to buy food. Isn't that the objective?

Senator ELLENDER. I think you ought to refer to the other House, because they are keeping that back. I don't know why.

Senator WILLIAMS. Mrs. Canfield is emeritus from the House of Representatives. Maybe we ought to send her over as an agent of persuasion.

Senator ELLENDER. Maybe we could get some of the Congressmen to at least increase the amount; that is, the authorization of funds. We can act under the older law and spend about, we are told, $650 million, or $666 million, which is, of course, $250 million more than is now authorized.

Unless we get an authorization of greater capacity than what the law now provides, we will remain at a standstill.

All we need, as I pointed out to the leadership on the House side, is simply to pass the resolution that was enacted by the Senate about 3 months ago. We can get this program working very smoothly, I think, and that, of course, is necessary, and we could take in more people if we had more money. But we can't get more money unless the House acts.

So that is the arena in which I think we ought to be fighting.

Senator WILLIAMS. You have stimulated me to further action. I appreciate that.

The CHAIRMAN. Thank you very much, Senator Williams, and Mrs. Canfield, we appreciate your testimony.

Senator WILLIAMS. Thank you, Mr. Chairman, and Senator Ellender.

(The prepared statement of Hon. Frank Church, a U.S. Senator from the State of Idaho, follows:)

STATEMENT BY HON. FRANK CHURCH, HEARING ON "NUTRITION AND THE ELDERLY" SEPTEMBER 9, 1969

Mr. Chairman, it is a pleasure for me to participate in this joint effort of the Select Committee on Nutrition and Human Needs and the Special Committee on Aging in an attempt to explore the multifaceted problem of "Nutrition and the Elderly."

As Chairman of the Committee on Aging Subcommittee on Consumer Interests of the Elderly, I am deeply interested in the area of Nutrition. In fact, earlier this year, I suggested to the full Committee that we conduct a study of this very subject.

Two months ago, the Subcommittee held hearings in Ann Arbor, Michigan. Witnesses at that hearing made it clear that the elderly are among the most vulnerable group of consumers in the nation due to ill health, loneliness, and lack of mobility. At the base there is always the low income of the elderly—one out of every three older persons in this country is below the poverty line.

It follows then, that the elderly will be particularly vulnerable to malnutrition.

Rising food costs have begun to affect the large middle class in this country—to an older couple who must make do on less than $3,000 a year and an elderly widow who exists on a little over $1,000 a year—this presents an absolutely critical problem.

It is the cycle of poverty, and ill health, which leads to less spent for food, which leads to malnutrition, which brings on more ill health, more medical expenditure and even less spent for food, which leads back to malnutrition—and so on, round and round. The only way to stop this cycle is by a massive attack on the income problems of the elderly.

However, if our efforts to aid the elderly consumer in the purchase and preparation of nourishing meals are to be effective, we must not make the mistake of applying the traditional marketing and meal habits of younger middle class Americans to their situations.

For example:

It has been found that food habits, for older persons, represents a wide variety of psychological and social experiences of their individual lifetimes and we are not likely to change their tastes by using the methods that apply to younger persons; such as factual information in booklets, threatening illness or death or promising great improvement in appearance and vigor.

For most Americans in their 60's today the act of shopping for food is a chore. They tend to buy for the quantity packed into a can or package, rather than the quality. They certainly can't make out the complicated nutrients listed on food packages.

Although great numbers of older persons, both urban and rural, live on incomes considered low by any public standard, not all of them lived at such a stringent level all their lives. As the Committee on Aging has shown, many older Americans did not become poor until they became old.

The purchasing habits of the latter group are different from those who have always been poor.

And, too, food patterns of older urban residents who have always lived in cities, are different from those aged who migrate to cities in their later years or who remain in rural areas. For example, city dwellers are more likely to be familiar with processed foods than their rural counterparts who are used to preparing many of their own foods.

The immobility of the older consumer presents perhaps the greatest barrier of all to good nutrition. In urban areas transportation to and from markets is often too expensive for low income persons and in rural areas it is often non-existent. In cities, the elderly prefer to shop in their neighborhood markets (the few that still exist) and these small stores tend to be more expensive than the larger supermarkets, so their already small food budget does not stretch very far.

Thus, very often they will forego marketing and "make do with what is in the cupboard"—which hardly makes for good nutrition.

Since I am from a predominantly rural state, the saddest picture to me is of the elderly person who lives alone on his small farm or home; his spouse gone, his children moved away to the city.

I would like to tell you how one rural community is helping these people. I am especially proud of this community because it is located in Idaho.

Almost two years ago, the Western Idaho Community Action Program, Inc., headquartered in Emmett, Idaho, began a food service program to the elderly which they called "Pot Luck Dinners" in which two hot meals a week were served at a central dining area. At first, it was simply a question of going out and finding the elderly persons in need of help and bringing them to the center for a meal. It was found that the participants seldom went anyplace, had few friends, and such low incomes that they bought little food or clothing. The change wrought by bringing these people together for two or three hot meals a week and showing them a little kindness and attention, has been most rewarding. For example, one of the first participants was an elderly widower, we'll call Mr. A., who was found digging roots to cook for his dinner. No one knows how long he had lived in his little shack alone but he was extremely undernourished. He drank no milk, ate no meat, and his diet seemed to consist of the roots and weeds he would dig up and cook, and what pitiful vegetables grew in his makeshift garden. At the first Pot Luck Dinner Mr. A came dressed in rags and he obviously had not bathed in quite some time. He did not speak to the other

participants, just ate his meal and waited to be taken home. The second week found Mr. A. cleaned up somewhat, and beginning to talk with his dinner companions. The other participants, 25 men and women, were in much the same condition as Mr. A. and had the same reactions. Within a month's time, the participants had begun to dress up for their dinners, chat and visit with their newfound friends and, now, just short of two years later, the group has had three weddings, plan social events and dances for themselves, and Mr. A. has become an active member of the Senior Citizen's Board of the Western Idaho Community Action Program.

A few months ago, the Program was fortunate enough to be awarded an Administration on Aging Title IV grant to expand their program, and there are now Pot Luck Dinner programs in four different counties in Western Idaho, and hot meals are served every day in the local community action centers. Senior Citizen volunteers have been recruited to act as the transportation committee, who supply the participants with round trips to and from the centers, visits to doctors and hospitals, and help with shopping and recreational activities. Ten Senior Citizens are employed by the program, who are paid to cook, clean, and provide out-of-reach services by actually going out and finding elderly "isolates" and presenting the program to them. The program also provides education to the participants in meal preparation and marketing and provides home delivered meals to those older community residents who are home-bound. Mr. Leonard Harbison, the director of the program, tells us "this is the most amazing therapy I've ever seen—when these people start coming to the dinners they barely speak to one another and within a month, we can't keep up with them."

Here we have proof that there are older people in this country who exist at bare survival levels, with little food and no companionship. At the same time, we have concrete proof that programs can be designed to help them. I echo Senator Williams' question—how many such persons are there in America? How many such programs will it take to reach them so that they may live decently again?

The CHAIRMAN. Our next witness is Dr. Maurice Linden, medical director of the Jefferson Unit, Philadelphia State Hospital.

Let me just say to our other witnesses that if we don't finish this morning, I am going to ask those witnesses to come back at 2:15 this afternoon and we will complete the testimony this afternoon.

Dr. Linden?

STATEMENT OF DR. MAURICE LINDEN, MEDICAL DIRECTOR, PHILADELPHIA STATE HOSPITAL

Dr. LINDEN. Mr. Chairman, I would like to beg a favor of you. I have submitted a written statement which is rather lengthy, and I ask that it be admitted to the record, and may I be permitted to give ad lib statements today?

The CHAIRMAN. Thank you very much. We will handle it in that fashion.

(The prepared statement of Maurice E. Linden, M.D., follows:)

PREPARED STATEMENT OF MAURICE E. LINDEN, M. D.[1]

Gentlemen:

It seems desirable at the outset to point out that the testimony on nutrition and the elderly, soon to be presented, is merely a tiny extract an abbreviation of the enormous field of clinical and research interest. We shall be confining ourselves in this brief statement to a rather highly specific area

[1] Director, Jefferson Medical College Unit at Philadelphia State Hospital; President, Medical Staff and Chief of Geriatric Service at Northwestern Mental Health Center, Philadelphia; Member, American Psychiatric Association Task Force on Aging; Member, Committee on Aging, Group for the Advancement of Psychiatry (GAP); (Former Chairman, APA Committee on Aging; Former Chairman, Governor's (Pennsylvania) Advisory Committee on Aging, etc.)

of nutrition and dietary supplementation as applied to overtly sick, elderly adults who are received, studied, treated, rehabilitated and in large measure discharged from an active geriatric, psychiatric, clinical setting. In addition, while emphasis here is on specifically nutritional considerations, treatment of the elderly psychiatric patients is a vast and intensive program which includes, specific attention at least to the following group of medical conditions.

I am firmly of the opinion that a reasonably adequate psychiatric program for the elderly patients must consist of clinical activities capable of dealing with:

(1) Organic brain syndrome; (2) Acute brain syndrome; (3) Depression and depressive affects; (4) Psychosis; (5) Nutritional status; (6) Family and psycho-social relationships; (7) General medical and surgical conditions; (8) Social breakdown syndrome.

The above is not necessarily the order of priorities in treatment.

Almost all of the foregoing enumerated factors in health and disease interact so intimately, that a consideration of one aspect of care must omit at least temporarily the related psychological and behavioral interactions of other factors.

Since 1949, I have been privileged in a variety of settings to work with the elderly community of citizens in both normal and hospital facilities. Some of my experiences with elderly people (for purposes of simplicity, those over 65) have led me to conclude that the capacity of the aged to respond to good programs of care is at least as promising as is found among younger age groups. Often, the degree and volume of favorable response is even greater than among younger people. In this regard, a particular observation seems noteworthy. In some of the earlier publications, of mine and of other authors, based on the observation of elderly people admitted to state psychiatric institutions, there was a tendency to view many of the psychological and emotional problems of the newly admitted oldster as the consequence of family rejection and social rejection. Over the intervening years, further observation has modified considerably this view of rejection of the elderly as a major factor in mental breakdown.

Subtle forces of rejection do exist, of course, but must be viewed in a greater context. The notion that family rejection of the oldster was an important causative element in the psychiatric difficulties was based on the finding that large numbers of fairly, freshly admitted geriatric patients showed a reversal of undesirable symptoms in their behavior soon after admission.

It seemed that the accepting atmosphere of the geriatric service, the warmth and humanism of staff and personnel, and the carefully contrived therapeutic setting counteracted the oldsters' feeling of having been rejected. No doubt, such program items and the patients' new experiences were and are beneficial. However, I believe that other, formerly subtle factors are also involved.

Very often, the evidence on commitment papers and other descriptions of patients' behavior prior to admission indicated that the patient had become very disturbed. Descriptions such as the following have been common:

Severe agitation, restlessness, wandering, reversed sleep and wakeful periods, combativeness, quarrelsomeness, assaultiveness, noisiness, coupled with bowel and/or bladder incontinence, delusion-formation, hallucinatory activity, and signs of organicity—memory changes, disorientation, and confusion with perplexity.

Often in a spectacularly short time such symptoms have abated.

What I regard to be one of the significant clues to the understanding of the condition that we have been dealing with in clinical settings came to my attention about seven or eight years ago in an abstract of some research conducted by Dr. Goldsmith, an M.D. Nutritionist at Tulane University Medical School in New Orleans. Her studies, conducted on newly admitted elderly patients to state mental institutions in several southern states, demonstrated that approximately 4% and sometimes a much higher proportion of the newly admitted older patients were suffering from clinical or sub-clinical Pellagra. This disease, which many of us had thought ended with the termination of the economic depression of the thirties, obviously is still in existence. Among a variety of other symptoms, the outstanding signs of Pellagra are dermatitis, diarrhea and dementia (madness or psychosis). Viewing my patients over the years retrospectively, I concluded that we must have been treating quite often instances of sub-clinical Pellagra and other avitaminoses. The instances of skin diseasse with itching and with Pellagra-type blotching, looseness of the bowels and psychological changes were a

matter of almost daily observation. Fortunately, the intake program which I instituted included the giving of vitamins in therapeutic doses on an empirical basis. In addition, a newly arrived patient almost always came to the hospital just before lunch or dinner. These meals were prepared by a hospital dietition to offer a reasonably good daily intake of essential food substances. I have concluded from the foregoing and other observations that the rapid improvement of the elderly patients in large measure may well have been owing to the immediate attention to dietary needs.

It was a comparatively easy matter to discover in further study through history taking and through a great many publications of other investigators (currently very well summarized in a research monograph about to be published entitled "Nutrition and Aging, a Monograph for Practitioners" by Sandra C. Howell, M.P.H. and Martin B. Loeb, Ph.D.) that many older people, very often women living in social isolation, consumes inadequate diets when left to their own devices.

A number of reasons are implicated in such dietary insufficiency and must all be given careful attention, such as mental depression with loss of appetite, lack of inspiration to prepare complex foods, reduced economic status, symptomatic effects of physical disease, food fads, cultural traditions, and others. Undoubtedly, many of these older people have been living on tea and toast, coffee and pastry, spaghetti and macaroni and a great variety of other cheap, tasty foods that are high in carbohydrates and perhaps fats, but very low in essential nutritional elements.

It is entirely likely that many of these people would have gotten sick long before they do, were it not for the fact that approximately 95% of all the flour prepared for human consumption in our country is still enriched with vitamins and mineral supplements. Even inexpensive proteins are added to such flour. One might say that in many instances "body and soul" are held together through the presence of cheap foods of small quantities of nourishing substances such as milk, eggs and polyunsaturated fats. (I understand that the law requiring enriched flour for human consumption was put in operation in 1941 and rescinded after the second world war. Millers and bakers have continued the war practice voluntarily.)

Another important aspect of this subject we are considering was brought home to me in 1950 to 1952. During those years, in addition to other research, I engineered a study on the use of an oral marketable preparation containing mainly Vitamin B_{12}. This vitamin is known to be highly significant in the prevention of pernicious anemia, and it is believed to enter into nervous system metabolism. A large assortment of elderly women patients, whom I was treating at Norristown, Pennsylvania State Hospital, ingested fairly large quantities of the oral B_{12} medication. No discernible change in their physical state or behavior was found over the research period of them. In order to prove whether or not the vitamin had gotten into the blood streams of these patients, I sent freshly drawn and properly preserved blood specimens to Dr. Chou at Johns Hopkins Medical School and College, where Dr. Chou performed bio-assays of the blood specimens and found not an iota of B_{12}. The bio-assay method, utilizing ultra-violet light, is very sensitive to even infinitesimally small quantities of B_{12}. Clearly, I had to conclude that this vitamin was not absorbed by my elderly patients. It is well known that infants, children and most people in the age groups up through middle age absorb Vitamin B_{12} along with the whole B complex of vitamins from the food that they eat.

Currently there is reason to believe that a good deal of research is going on in connection with the absorptive powers of the intestinal tract of older people specifically with respect to the B vitamins which are water soluble, essential to health and must be regularly replenished in each individual. The vitamins that I am referring to specifically are: Thiamine (B_1), Riboflavin (B_2), Niacin (B_3 or nicotinic acid), Pyridoxine (B_6), Cyancobalamine (B_{12}), Folacin (Folic acid often associated with B complex), Pantothenic Acid (also associated with B complex).

Final research conclusions are not at hand with respect to human beings because much of the research has been done with laboratory animals which have physiological systems very closely akin to the human ones. What I have read in the research literature has already convinced me that the adsorption from the food within the intestines of such substances as Vitamin B_{12} and Niacin depends upon the presence already of other B complex vitamins such as Thiamine,

Pantothenic Acid and Pyridoxine within the cells that line the inner surface of the gut. (Anatomically this is referred to the epithelial lining of the succus entericus). It is clear, that part of the B complex must already be absorbed in the body if the rest of the B complex is to be absorbed, since there appears to be a chain system of molecular transfer.

On the basis of these considerations, in the geriatric services under my direction for in-patients, I urge the utilization of therapeutic vitamins, including B_{12} to be given by injection. Where we employ such supplementation, the injections are given daily for the first week, every other day for the next two weeks, twice a week for the rest of the hositalization. When the patient leaves the hospital, the family or other responsible party or the patient himself, is instructed to obtain an injection approximately once weekly.

In addition, multi-vitamin preparations, which, if properly purchased, are very inexpensive, are given by mouth. What I believe we are accomplishing through the injections is the reestablishment of internal systems of assimilation of the vitmains.

Undoubtedly, some patients don't need these medications. However, laboratory studies to prove the presence or absence of an adequate amount of vitamins are very expensive. Since the therapeutic and preventive doses of such vitamin supplements tend to do no harm and may do some good, it seems relatively humanistic and permissible to prescribe some times what may be an unnecessary medication.

Since the enactment of the medicare social security amendments in July 1966, we have had two geriatric centers operating in the City of Philadelphia, one in the Northeast at Friends Hospital, and one in the Northwest at the Northwestern Mental Health Center. As of the present time, these services have treated over 1500 patients in the elderly category. As I mentioned near the beginning of this testimony, our results have been truly remarkable. It must be remembered that we are treating the psychiatric indispositions of individuals largely suffering from cerebral arteriosclerosis and senile brain changes. We find that almost 70 to 75% of these patients improve on our program with care. 93% of them go back into the community to a variety of living arrangements, the most common being their own homes, the homes of relatives and loved ones. Another fairly large group are brought to nursing homes, homes for the aged, boarding homes and similar facilities. Only about 5% of the total group require longer term hospitalization usually in a state institution. The average period of care is approximately 42 days. I think that the Committee will agree these are excellent results. Even the group of 25% to 30% who do not improve tend to leave the hospital being acceptable once again for care by their now refreshed families.

Wherever I have the opportunity, I teach the practitioners of several fields of interest in the healing arts to be on the alert for the nutritional deficiency states in older people. In my estimation, both the prevention and the cure of most of these conditions in the elderly are highly feasible and very effective when appropriate attention is paid to all the needs of the elderly.

Thank you.

P.S. In addition to the about to be published monograph referred to above, I am indebted to Ralph Goldman, M. D. of the Medical School Faculty of UCLA, whose current and as yet unpublished paper, "An Outline of the Clinical Aspects of Nutrition for the Aged" was made available to me.

Dr. LINDEN. I am director of the Jefferson Unit of the Philadelphia State Hospital, which is sponsored by Jefferson Medical College, where I am associate professor in clinical psychiatry.

I have done a great deal of study in gerontology and geriatric psychiatry since 1949. I have published chapters in some 12 books on various aspects of geriatrics and gerontology.

One of the reasons I have asked permission to give ad lib remarks is so I can condense some of the observations that I think are pertinent to the committee's work, with respect to older citizens who have come to our attention in clinical settings.

In 1949, and up until 1954, I was program director of a study center in gerontology at Norristown State Hospital in Pennsylvania, where the average number of elderly women patients whom I was

privileged to treat with a team numbered 330 at all times, and since then, we have developed centers for geriatric evaluation.

For some 14 years, I was director of the division of mental health of the department of public health in Philadelphia, and was privileged to set up two evaluation centers, one in the Northwestern part of the city of Philadelphia, and one in the Northeast, which have become psychiatric medicare centers, since July 1966.

PROBLEMS OF OLDER PEOPLE

Together, these two centers have treated as of the present time over 1,500 elderly people of both sexes and all walks of life.

The experiences I draw upon I believe are representative of the problems of older people, particularly in a large, complex urban community.

The main point I think we may draw out of a rather large number of program elements in our centers has to do with the nutritional state that we see in older people when they first come into a hospital.

I would like to develop the subject by telling you some of the research experiences we have had, and then put this all together into a point of view.

In 1949 to 1954, we saw what I would regard as a singular observation in older people who came into psychiatric institutions, and that was that their behavior in the institution, within hours and days of admission, was very different from the description of their behavior which we had received on the commitment papers, the description that came from physicians and families who strove to obtain admission for the oldsters.

In those days, and this is nearly 20 years ago, we concluded and published the point of view that older people had been rejected in the community by their families, by other citizens, and that the change in their behavior in the institution represented the principle of acceptance and the atmosphere of warmth and therapy in the institutions.

I think in some measure, perhaps large, we were wrong in those days in assuming that people were rejecting and unaccepting toward older people. Instead, we later discovered that there probably was a very significant nutritional element in this change in behavior, and also elements of therapy to which the patients responded.

For example, in 1951, and for a period of some 2 years thereafter, I did a piece of research for a large, well-known pharmaceutical company in Philadelphia, on an oral preparation of vitamin B–12. It was known at that time, and is still known, that vitamin B–12 orally is quite effective when given to infants, young adults and middle age adults in preventing certain forms of anemia, and perhaps certain forms of neuritis.

So, we tried this oral preparation of B–12 for older people. I obtained no change in their behavior, and in trying to make this a fairly scientific kind of research, I took blood specimens from all the patients, all women, who had received this preparation and blood specimen from others who had not, and at that time, in 1952 and 1953, one of the very few places in the United States that did studies on blood levels of B–12 was the Johns Hopkins Medical School. Dr. Crowther ran very sensitive tests with ultra-violet light, and he re-

ported that there wasn't an iota of B–12 in the blood of any of the subjects of the research. We simply concluded that it was an ineffective medication when given by mouth.

Subsequently, however, some important research came out of Tulane Medical School in New Orleans under the leadership of Dr. Goldsmith, who is a woman, an M.D. nutritionist. About 9 years ago she reported that a study of newly admitted elderly patients to quite a large number of State hospitals in the Southern States, upon careful study, were found to have pellagra, clinical or subclinical. This is very recent. It was reported 9 years ago, and as far as I know, it is still true. Pellagra is a disease many of us thought went out with the economic depression. It is apparently still prevalent.

The least number of such patients in any hospital in each State reported at that time was (4%) of the newly admitted people, and sometimes much higher percentages in some hospitals.

It then become clearer to us what we probably had observed and not fully diagnosed many years earlier. That the disease pellagra, which is characterized by a blotchy skin disease with itching, diarrhea and so-called dementia, (which means serious mental disorder), this combination of symptoms was present in very many of our oldsters who came into the hospital in those earlier days.

Fortunately, without knowing precisely, you might say, what we were doing, we gave a large assortment of all the vitamins known to be essential to man by injection in those early days, so that without fully realizing clinically what we were accomplishing, we gave the specific antidote for pellagra, which is nicotinic acid, or niacin, also known as vitamin B–3. It is now inexpensive and plentiful.

We also found that in the admission routine of older people to institutions in those earlier days, in addition to the physical examination and certain other routine procedures, practically every patient consumed either a luncheon or a dinner meal. In taking retrospective histories, we found that a tremendous proportion of these older people in the community prior to hospitalization when left to their own devices, to their own economic resources, and to their own state of mind, had eaten, by simple standards, very poorly.

TEA AND TOAST

Senator Williams has already pointed out that many of these people really do subsist on tea and toast, or the equivalent. For instance, Danish pastries and coffee, or spaghetti, lots of bread, and carbohydrates in general.

These are cheap, tasty foods, which tend to offer few of the nutritional elements necessary to life.

We further found that a law which was passed—I think in 1941—that required all flour milled and prepared for human consumption mandatorily was to contain a minimum of food elements necessary to sustain life, mostly a variety of vitamins, sometimes protein, and minerals.

We found that although that law had been rescinded after the war, 95 percent of the flour milled in the United States continues to contain such enrichment.

I, and many others, believe that if it were not for this fact, that is, the minimum daily intake for the barest subsistence in terms of

these food substances, that the breakdown of older people living on inadequate diets would have occurred earlier. But they eke out a minimal kind of physical existence and come into clinical settings in bad states of malnutrition as well as other diseases.

Our current experiences, I think, are bearing this out.

At the present time, in the two geriatric centers I mentioned earlier, we attend to vitamin intake as part of the broad, complex, and intensive program.

We see to it at the outset of hospitalization that the vitamin B complex is given by injection.

The reason for that, I think, is interesting, too. A great deal of research is currently going on, not only in the United States, but in many countries, to find out what the chemistry of vitamin assimilation is. It is not known fully as yet.

But some of the research already suggests, that many of the vitamins that are water soluble, like the B complex and vitamin C may be put into the gut of human beings, but not take into the bloodstream unless there exists at the same time a certain chain of vitamin chemicals in what is known as the epithelium, the tissue lining the inside of the gut.

In other words, there must already be present a chain of such substances as thiamine, pantothenic acid (one of the B complex, vitamin B–6), and possibly riboflavin (vitamin B–2).

These, or some combination of them, must be present already in the intestinal walls for the vitamin B–12 and niacin and possibly folic acid and other substances to be carried into the cells of the intestinal wall and into the bloodstream.

In other words, many of the patients who come into our institution are in a state of vitamin deprivation which must be restored through injection; then, the oral route of vitamin intake can be effective.

I can tell you the results of such a program when combined with a fair number of program elements that treat other things, also, in older people. At the moment, we are stressing nutrition. All the other health and behavior factors are important, too.

However, with respect to the total program, experience with over 1,500 patients in a period since 1966 (when medicare became law) has demonstrated, in two institutions in Philadelphia that the capacity for response to a total program on the part of older people, including good nutrition and a good diet in the hospital, is tremendous; much greater than perhaps even we who tend to be optimistic in the field of gerontology had predicted.

Our figures are as follows: Out of the total number of older people, (all over 65, the average age is in the upper seventies).

We are finding that about 70 to 75 percent of them improved rather markedly. About 25 to 30 percent show no response, or go downhill.

But the 70- to 75-percent range is enormous for the otherwise unpromising conditions that we are treating.

About 93 percent—this includes those who respond to therapy and those who don't—about 93 percent of the total number who come to us for medicare care in the psychiatric institution, leave the hospital and go back to some form of community living.

Only about 5 percent have had to go on to longer term psychiatric institutions such as State hospitals.

For those of you who know the figure over the years, this is almost a complete reversal of our earlier experiences with older people. Most now stay out of long-term hospitals.

About 50 percent or so, or slightly more than 50 percent of the total go back to their own homes or to their families and friends or loved ones.

About 40 percent go to nursing homes, homes for the aged, boarding homes, and retirement centers, retreats and so on.

What these figures point out is that on the average the response to care doesn't even require a complete medicare dose, so to speak. These patients are allowed 90 days in the first hospitalization, but the average amount of time needed to accomplish these results in our experience is only about 42 days of hospitalization, a little under 6 weeks, which we think is quite remarkable.

As I said before, I think nutrition is an essential element. When the patients leave these services, they are advised to continue the good nutritional intake, which I must confess is sometimes very difficult on their limited means.

The CHAIRMAN. Thank you very much, Dr. Linden.

One of the first factors that our committee established in the early hearings was the relationship of malnutrition to mental retardation and mental development in infants and children.

As I understand the thrust of your statement here, both the oral statement and the prepared statement, you are telling us that malnutrition is a serious factor in bringing about some mental illness of older people. Is that correct?

Dr. LINDEN. That is exactly right, Mr. Chairman.

MALNUTRITION A CAUSE OF MENTAL ILLNESS

The CHAIRMAN. It has been drawn to my attention that some of the studies in this field don't really draw hard conclusions as to whether mental illness brings on malnutrition among the older citizens, or whether it is the other way around.

Dr. LINDEN. I think it is both ways.

The CHAIRMAN. In other words, one feeds the other?

Dr. LINDEN. There are some people who eat poorly because they can't eat well, and others eat poorly because they are depressed, or have a physical illness. But it does work both ways. Sometimes the physical illness produces the psychological disorder. Sometimes the psychological state prevents good nutrition and brings on physical disease.

The CHAIRMAN. You have referred to studies of 1,500 elderly patients admitted for mental care of one kind or another.

What percentage of those people, in your judgment, would not have required medical care had they had an adequate diet?

Dr. LINDEN. That is very hard to estimate, because there are certain other conditions present along with malnutrition.

For example, a number of people insidiously develop diabetes, which has gone undiagnosed. Some have tumors which have not been found before. Some have cardiac decompensation, requiring attention, and it is sometimes very hard to pinpoint nutrition as the most essential element.

If I had to make a guess about this, I would say that certainly 60 to 70 percent of those people who are admitted to our psychiatric institutions have a serious problem of malnutrition.

The CHAIRMAN. So it is a very important factor in their hospitalization and their illness?

Dr. LINDEN. I do believe so.

The CHAIRMAN. Laying aside the human factor, the moral factor, Dr. Linden, wouldn't it be much cheaper for society to deal with the nutritional problems of those people rather than to hospitalize them and have to care for them in terms of the consequences of bad nutrition?

Dr. LINDEN. Oh, yes; if there were a total community health program which was preventive in character and included many of the elements I talked about, and many which I am sure this committee has heard from other witnesses, I have no doubt that many people could be spared hospitalization.

The CHAIRMAN. Would you have specific recommendations other than those you have made regarding food fortification for improving our Federal food programs?

Dr. LINDEN. Yes. I think medical students, physicians in general, heads of families, other caretakers in the community, teachers etc. should be alerted to the significance of nutrition. It is so common an experience in everyday life that I think people forget about the significant details.

If everyone were aware of it, it would become a simple matter to prevent illness. For example, I think many of us physicians have simply forgotten that pellagra still exists. We thought that it went out, as I said before, when the economic state of the country improved, but it is very much with us, and we must be alerted to that.

MANY DIETS LOW IN PROTEIN

The CHAIRMAN. That is a vitamin deficiency illness, is it not?

Dr. LINDEN. That is right, there is invariably also a poor diet which is low in protein, high in fat, high in corn products.

Doctors should think of pellagra, or subclinical pellagra, which is more difficult to diagnose, because it is less obvious. They could thus help a large number of patients. There are of course other diseases, such as peripheral polyneuritis, which is often attributed to diabetes, but it usually turns out the patient has a vitamin B–1 deficiency.

Vitamin preparations are sometimes thought of as expensive, but we who buy them for hospitals or large medical practices find that good vitamin preparation can be bought very cheaply.

The CHAIRMAN. Does the average citizen have access to low-cost vitamins?

Dr. LINDEN. It is very much like the rest of our recommendations highlighted through the Food and Drug Administration. We should ask for generic preparations rather than utilizing proprietary names.

In general, I suspect that they are about equal. Perhaps the generic don't have the same attention, but they are about as good in preventing vitamin deficiency diseases.

The CHAIRMAN. I quite agree that there is need for more education in this field, but I think with millions of people living on an income of

$1,000 a year or less, even if they were brilliant people, they still would be in trouble, wouldn't they, on the nutrition front?

Dr. LINDEN. I absolutely agree with you.

The CHAIRMAN. Senator Ellender?

Senator ELLENDER. Did I understand you to say that the average of the 1,500 was in the 70's?

Dr. LINDEN. In the upper 70's.

Senator ELLENDER. That is a ripe old age.

Dr. LINDEN. Yes.

Senator ELLENDER. How can you conclude that they suffer because of malnutrition?

Dr. LINDEN. You mean how did they manage to grow old and still have the disease?

Well, these are the ones we see in the medicare programs. The field of aging is concerned with people of younger age groups, too. I mention these people because their response to therapeutic nutrition is so spectacular for the advanced years.

Senator ELLENDER. We have heard many witnesses testify as to the effect of malnutrition, and it is my belief from the evidence adduced that a good deal of our troubles are due to a lack of proper knowledge of nutrition and a lack of people eating balanced diets. I am surprised hat people from 70 to 75 to 80 should live that long if they haven't had the proper nutrition in the beginning.

Dr. LINDEN. Well, there are other factors in this. Your question, I think, is astute.

Senator ELLENDER. Is what?

Dr. LINDEN. I say your question is astute. But there are answers to it.

It is found that many people on nearly starvation diets, especially in the younger age levels, achieve a rather great longevity. If the number of years of life were the value that we were seeking in itself, then they have a wonderful life, because they live to a ripe old age. But I think all of them suffer from some kind of physiological crippling, and I think the same is true of these people who genetically live a long life, but who are perfectly miserable for many years of it. I am stating here that the malnutrition occurs in the later years among a large proportion of aging persons who take in inadequate diets. Thus it may well be a disease of late age.

Senator ELLENDER. The people that you treated of this 1,500, were their minds affected in any manner?

Dr. LINDEN. Practically all of them are. That is why they are in psychiatric institutions.

Senator ELLENDER. You gave us a figure of 93 percent. Is that of the 1,500?

Dr. LINDEN. Of the 1,500, 93 percent left the hospital for other arrangements.

Senator ELLENDER. What kind of treatment did you give them in order to restore normalcy to such a large percentage? Did you give them a proper diet, and that had the effect of doing what you say?

Dr. LINDEN. Yes, Senator Ellender, they have a good diet, which is nutritionally computed in the hospital, and vitamin supplementation by mouth and by injection. Then there is a great deal of physical attention, through internal medicine. Surgeons are available as needed. We have psychotherapy, individual and group. A large

number and variety of activities are offered in which the older patients are socialized, people who come from lonely isolation are brought back to social situations. There is a great deal of nursing attention, human warmth in the institutions, and a change from the emotional crosscurrents in family life.

Senator ELLENDER. You wouldn't state that the 1,500 became as they were because of a lack of proper food, would you?

Dr. LINDEN. Oh, no, not in and of itself. As I said at the outset, I was stressing nutrition, but this is part of a totality of medical observations.

Senator ELLENDER. With such experiments, I would like to see this tried among people in psychiatric wards who range from 30 to 40 years of age. Do you think—have you ever made studies indicating that such a condition at that age was brought about because of a lack of proper nutrition?

Dr. LINDEN. No. I am not acquainted with studies in this area, but that is what we are doing at the present time. As a matter of fact, we are just beginning in our State hospitals. There is a concerted effort to find out why people have been hospitalized for so long in these great institutions.

Senator ELLENDER. If I am to judge from the testimony that we heard here, it is not so much a lack of food that has caused much of this trouble, but it is the lack of proper diet, lack of a balanced diet. We have been hearing that right along, but when these hearings were first opened, it was stated that many people were starving to death. But I have not heard of many starving to death.

If we went back to why they became ill or why they are in the condition they are, the answers were that there was some lack of proper nutrition, a balanced diet.

Dr. LINDEN. I have no desire to quarrel with the Senator, but there are many people throughout the world in many cultures who look big, husky, even fat, and apparently active, who are in a state of starvation. They do get food, but the absence of essential foods is starvation, really.

It is not the absence of food itself.

Senator ELLENDER. Yes. I am glad you think that way, because I am acquainted with a lot of old people who thrive on tea and bread. They like it, and won't eat anything else. Why, I don't ask them, but that is what they like best, and if you offer them orange juice or something else, they prefer tea. What are you going to do with people like that?

Dr. LINDEN. Try to reeducate them. When we get them in hospitals sometimes, we force feed.

Senator ELLENDER. Thank you.

The CHAIRMAN. Thank you, Dr. Linden, for your testimony and your responses.

Our final witness for this morning is Dr. Fredrick J. Stare, chairman of the Harvard University School of Public Health.

Let me again announce that the committee will reconvene at 2:15 to hear the balance of the witnesses scheduled for this morning.

Dr. Stare, perhaps you could highlight your statement.

STATEMENT OF DR. FREDRICK J. STARE, CHAIRMAN, HARVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH

Dr. STARE. Because of the shortage of time I shall not read my prepared statement. I am a physician licensed to practice medicine, and in addition to my professional teaching and research activities, I have always been active in what you might call education of the public in a number of ways, principally through a syndicated newspaper column that I have had for 10 or 12 years. It appears in about 50 papers. It used to be in the Washington Star. They dropped it, but I was pleased to see that the Washington Post picked it up about a month ago.

The CHAIRMAN. Did you happen to see the two news items this morning, Dr. Stare, one in the Post——

Dr. STARE. About the flour in Chicago?

The CHAIRMAN. Yes. The one I referred to said that the new administration health plans largely omit the elderly. The story reports that very little attention is being paid to the problems of the elderly under new health proposals, and quite by coincidence there is a story in the New York Times this morning from one of your fellow physicians, Dr. Irving Wright, in which he says the older you get, according to a Cornell medical professor, the less interesting you may become to your doctor.

In a report to an international conference on the problems of aging, Dr. Wright said today that interest at all levels of medical practice seems to decrease with the increased age of the patient. It goes on to say that this may be an early manifestation of a faceless medicine of the future, or it may represent the deep-rooted tribal past.

Dr. STARE. That is the kind of remark that gets in the paper, but it might be due to the aging of the physician as well. I know Dr. Wright very well. I saw the story in the Post you referred to, but I did not read it. I have not seen the New York Times yet today.

ESSENTIAL AMINO ACID

There was another interesting article in the Post referring to the Pillsbury Co. putting out a type of flour that I think they referred to as doubly fortified, which I assume means that they add about twice the amount of the three vitamins that are added to flour, and more iron. They also add to the flour a protein substance called lysine, which is low in wheat flour, which I think is a very good thing to do. Lysine is what nutritionists call an essential amino acid and wheat protein is low in this essential protein nutrient.

I have only one objection to the story as I saw it, namely, it referred to this product as being developed particularly for the ghettos of Chicago. I don't think anyone is interested in purchasing a product advertised as "ghettto flour" or "ghetto food". This is the type of flour that would be good for people on Park Avenue as well as the ghettos of Chicago, Boston, or Los Angeles.

I think this double enriched flour is a desirable advance. It is interesting that the Pillsbury Co. had to get special permission from the Food and Drug Administration to even try this. I believe many times our Food and Drug Administration retards progress in nutrition, probably more so than they accelerate it.

This is largely because we have what are called standards of identity. I think most nutritionists have realized for the last 10 or 15 years that our fortification procedures, particularly for a product that is as commonly consumed as flour, have not been kept up to date with advances in modern nutrition.

You will find in my statement, if you read it, a brief summary of the nutritional needs of the elderly. About the only thing I would say here is that the nutritional needs of people at 80, or 30, do not differ appreciably.

However, the person——

Senator ELLENDER. Except in quantity, I suppose.

Dr. STARE. Yes, you need far less calories, because you are not as active physically.

The point is, the elderly have the difficult job of getting the nutrients they need. Many don't have enough money. Many have no teeth, few teeth, or poor fitting dentures. Many are lonesome, are bored with life, develop bachelors scurvy, or widows anemia, and so on. Some just don't give a damn about getting anything to eat.

Also, the nutritional education, knowing what to eat, is very important, and I would almost say if there were a limited amount of money, as there always is for anything, that I would rather put more into education than I would into food stamps or things of this type, because I think if people understand and realize what they need, they will find a way to get it.

POPOVERS AND COFFEE

An interesting commentary about nutrition education just came to my mind. I had breakfast this morning at the Cosmos Club. There was quite an elderly gentleman sitting next to me and I overheard his breakfast order. He wanted to know if they had some popovers. The waitress said, "We don't have any made today, but we have some left over from last night."

He said he would like two old popovers and coffee. Popovers don't have much in them even if they are made fresh. Popovers and coffee is a breakfast which few nutritionists would endorse.

Right next to this elderly gentleman and myself was Col. Frank Borman having breakfast, and I was curious what he had. He had a glass of citrus fruit juice, a protein enriched cereal, and he asked the waitress if he could have skim milk with it, and he had one piece of toast and a couple of cups of coffee.

Maybe when Colonel Borman gets to be the age of this man, he may fall in love with popovers, too. I don't know.

I mention this to show the importance of having some idea of what makes up a good breakfast, to emphasize the importance of education, and education of those that can afford to belong to a private club as well as the less fortunate.

Senator ELLENDER. The person who asked for the popovers, I assume he ate those because he couldn't buy something else?

Dr. STARE. No. Maybe he just liked popovers. But they don't provide much nutrition, and I would hope that throughout the course of the day he will have something for lunch or dinner that will provide him with adequate nutrients.

Senator ELLENDER. It has been my pleasure to hear another Harvard professor—you are the second one——

Dr. STARE. Who was that, may I ask?

The CHAIRMAN. Dr. Mayer.

Dr. STARE. Yes. Dr. Mayer is one of Harvard's professors of nutrition. We have three of them.

Senator ELLENDER. You must have a large faculty in nutrition.

Dr. STARE. We have the largest faculty in nutrition that has ever existed in any health or medical school.

Senator ELLENDER. I am just wondering if, from your experience, it would be possible to write out a diet applicable all over the United States.

Dr. STARE. You can't do that. One can write out a diet in terms of the amount of the various nutrients needed—the protein, amino acids, fat, carbohydrates, minerals and vitamins, but one can't write out a diet in terms of specific foods, because some people like popovers, and some people don't.

Senator ELLENDER. The reason why I ask that is that I have attended quite a few sessions of this committee, and I think one reading the testimony will come to the conclusion that the great difficulty pertains to lack of knowledge, lack of education.

Dr. STARE. Right.

Senator ELLENDER. You said it yourself awhile ago that food stamps won't help——

Dr. STARE. Unless you have some idea what to buy with them.

Senator ELLENDER. So you would rather spend money on education, telling people what they should eat, rather than to provide the money with which to buy food?

Dr. STARE. Obviously, you have to do both. I did say if there was a limited amount of money that I would like to see that a good bit of it was spent in education, and education of the public as well as education of the professional people.

Senator ELLENDER. One thing this committee has done was to induce the Department of Agriculture to provide funds for 5,200, or 5,300 nutritionists who will work in conjunction with the Extension Service. The Extension Service is all over the country. The States have, depending on the number of counties almost as may people in the Extension Service as they have counties—maybe double the amount.

Do you think it is a step in the right direction to get knowledge to people as to what a proper diet should be in their locality?

Dr. STARE. I think it is a step in the right direction. Unfortunately, if you have 10,000 nutritionists going around, they are not going to come into contact with too many people. But they obviously will contact more people than if we did not have that number.

Senator ELLENDER. What would you suggest?

Dr. STARE. There is only one way to reach the public, and that is the radio, television, and the press.

I might ask you, have you read my column in the Washington Post or the Washington Star? It is supposed to have a readership of 42

million. But if you take even half that, you have a good number of people.

FLUORIDE

What I would like to do is make a few comments before we adjourn about what I think is one of the most pressing problems or one of the more serious problems of the aging individual, and that is the lack of fluoride in our diet. I know you wonder why I mention fluoride in remarks about the nutrition of the elderly when you probably think about fluoride and fluoridation in connection with children and tooth decay. However, there are few public health procedures in the field of nutrition that I think would do more for the health of the elderly than getting some fluoride into their water and their diets, particularly if it gets in before they become elderly.

The reason for this has got nothing to do with the teeth they don't have because of the fluoridated water they did not have in the past. What it has something to do with is the health of their bones. One of the developments of the last 10 years in medicine and nutrition has been the finding that fluoride is important for the health of the bones, the skeletal system, just as it is for the teeth.

Fluoride tends to prevent—and it can be used to treat—one of the most prevalent diseases of aging. This disease has a rather long name osteopetrosis, which simply means "porus bones."

This is the reason why many elderly people who have a relatively slight fall may break a bone frequently a hip bone. I remember reading some 5 to 10 years ago that the late Senator Dirksen fell out of bed one morning and broke a hip bone. Sir Winston Churchill fell in his mid-70's and broke a hip bone. I daresay that you and Senator McGovern must have known of people who are 60 or 70 years of age who have had a relatively minor fall and broken a bone.

This is usually—not always—but usually due to the fact that the bones have lost a great deal of their calcium. They are soft. Osteoporosis has developed.

This disease of porus bones is responsible for an awful lot of unnecessary backaches and aches in other bones.

The reason for developing osteoporosis is that the bones have lost calcium. You might reason, why not consume more calcium, more milk, but the body can't hang on to the extra calcium you might take unless the body has fluoride. The mineral fluoride tends to anchor the calcium in the bones as it does in the teeth, so one can retain more calcium in the bones.

That is why I have said frequently that I think the fluoridation of our public waters will do more good for the health of the elderly, particularly the elderly of the future, than it probably does for the teeth of children.

The CHAIRMAN. Dr. Stare, what percentage of our municipal water supply systems have fluoridation now?

Dr. STARE. I can't tell you in terms of percentage. All I can say is that there are approximately 3,500 communities providing 80 million people with fluoridated water. All of our 10 major cities, except Los Angeles and the one that I live in, have fluoridated water.

The cities that do not have it are the relatively small communities, the communities of 5,000, 10,000, 15,000, but 80 million people in the United States have access do it.

I am sure 20 years from now they will all have it, but it seems like an awfully hard job trying to get it. You have had fluoridated water in Washington, D.C. for approximately 10 years.

I would say in concluding these extemporaneous remarks, nutrition is important to the health of the elderly, very important, and they do have a tough time getting good nutrition, in part because of the rigidity of the Food and Drug Administration, in part because of not enough money, in part because of boredom, in part because of no teeth, poor fitting dentures. I completely agree with one question which I believe Senator McGovern asked the gentleman before me, and he more or less, I think, gave the right answer, and that is that it is much better to try to keep people well and to keep them out of the hospital than to have them in the hospital where most people can't afford to go today, even if they have health or sickness insurance.

I think that is all, unless you have any questions.

The CHAIRMAN. Senator Ellender, do you have any questions?

Senator ELLENDER. The last statement you made, I think that is the way to do it. We should pay doctors to keep people well instead of paying them when they get sick.

Dr. STARE. One of the great developments in modern medical education is the increased interest in community medicine, trying to get the doctors and medical students and the people out in the community where the people are, to try and keep them in good health, rather than wait until they are ill and have to come into the hospitals.

Personally, I was disappointed a couple of years ago when the heart, cancer, stroke regional program was emphasized by the previous ad-administration. There wasn't one word in there about the importance of nutrition as an important preventive factor for heart disease and stroke. I think one of the reasons for that is that I believe a good friend of mine, who is a surgeon from Texas, had much to do with writing the recommendations for this program, and he isn't interested in nutrition and doesn't care much about it.

Senator ELLENDER. I am a little disappointed that there isn't as much interest in other colleges with respect to nutrition as there is in Harvard.

Dr. STARE. I must correct you. There is not much interest in the teaching of nutrition in the Harvard Medical School or the Harvard School of Public Health. There is in Harvard's Department of Nutrition.

Senator ELLENDER. What is the purpose, to teach teachers so the knowledge will be disseminated?

Dr. STARE. I would say we have 25 to 30 students a year who come and spend anywhere from 1 to 4 years with us to become experts in the field of nutrition. The point I am making is that Harvard has approximately 550 medical students, and there are perhaps 150 students in the school of public health. Whether much nutrition is taught in the medical or health school is really not up to me to decide. It is up to the deans to decide, and the educational committees, and by and large they have not put much nutrition into the formal medical education. They may begin to do so.

Senator ELLENDER. I think it is very important, if I am to judge from the testimony we have heard, that a campaign be started and made to go forward on nutrition. That has been emphasized so much that I have become a believer in it.

Dr. STARE. It is nice to have a believer in it. All you need to really get started—the best way to have a campaign, the best way to improve nutrition education in the medical schools is to establish half a dozen endowed chairs of nutrition, one in the West, one in the East, one in the South, Middle West, where a fellow is hired and his main responsibility is to try to improve the teaching of nutrition in the medical school. Then it will be done.

The CHAIRMAN. Wouldn't that return more dividends in terms of the health of the American people than almost anything else we could do for a similar amount of money?

Dr. STARE. I think it would.

The CHAIRMAN. I would hope that would be one of the results of the investigations of this committee and other efforts that are going forward that we could stimulate on university campuses and colleges a greater concern about the nutritional needs of the American people.

Dr. STARE. You go to the dean of any medical school in the country, and say, "Here is $600,000 for a chair in nutrition. Look around and find a good young man to fill that chair." In 4 or 5 years you will have a good program in that place.

The CHAIRMAN. We are running out of time, but I have read in the past about your concern with older people on limited incomes, spending what little they have on food fads. Could you comment on that?

Dr. STARE. Unfortunately, there is a tremendous amount of money wasted on food fads. Somebody comes around and knocks on the door with a bottle of tonic for sale. One of these tonics some years ago came from your State, Senator Ellender.

Senator ELLENDER. Hadacol.

Dr. STARE. The nicest thing about it is that it had about 18-percent alcohol in it.

Senator ELLENDER. I assume that is why it is so popular.

The people who sold it added a few vitamins.

Dr. STARE. I am sure they also added some minerals to it, but the point I want to make is that the nutritional supplements available in the health foodstores, the nature foodstores, and things like that are, first of all, terribly overpriced for what you get out of them.

Second, most people really don't need these supplements. What they need is something to eat. They need some food, and if you get the right food, a variety of foods, and if the Food and Drug Administration gives the manufacturer some encouragement instead of harassment to improve foods, then you get the vitamins, minerals, and other nutrients one at a much better price than you get them from the food-fad stores. They are also fresher and tastier when they come from the grocery store.

Senator ELLENDER. We have people preaching for a $5,500 stipend for a family of four, and I presume they could get all the money they desire and unless they buy the proper food, it doesn't do much good.

Dr. STARE. Right.

Senator ELLENDER. I think if this committee does nothing more than stimulate the idea of a balanced diet and show how to do it, then I think our work will not have been in vain.

Dr. STARE. Foods not only have to be good and attractive, but they have to be eaten if they are to nourish the body and the soul. Food doesn't do you any good unless you eat it.

Senator ELLENDER. How well I know of that.

The CHAIRMAN. Thank you very much for your testimony, Dr. Stare.

The committee will be recessed until 2:15 this afternoon.

(Whereupon, at 11:40 a.m., the committee recessed, to reconvene at 2:15 p.m. the same day.)

AFTER RECESS

(The committee reconvened at 2:30 p.m., Senator George S. McGovern, chairman of the committee, presiding.)

The CHAIRMAN. I want to express my appreciation to the witnesses for coming back this afternoon, because of the short session this morning.

We are happy to welcome Mr. Marlin, of the National Council of Senior Citizens; Mr. Johnson; and Mr. Thornberry. We will be happy to hear your statement.

STATEMENT OF DAVID MARLIN, NATIONAL COUNCIL OF SENIOR CITIZENS; ACCOMPANIED BY MICHAEL JOHNSON AND JOHN THORNBERRY, MOORHEAD, KY., BRANCH, NATIONAL COUNCIL OF SENIOR CITIZENS

Mr. MARLIN. Thank you, Senator.

My name is David Marlin. I am associate director of legal research and services for the elderly, a program sponsored by the National Council of Senior Citizens under a grant from the Office of Economic Opportunity.

I am testifying today for the national council and wish to express the regards of President Nelson Cruikshank and Executive Director William Hutton. Both Mr. Cruikshank and Mr. Hutton are speaking today in the Midwest under longstanding commitments and are exceedingly sorry they are unable to appear before this committee this afternoon.

Legal research and services for the elderly operates 11 programs throughout the country to identify and help resolve legal problems of the aged poor and to demonstrate better methods of bringing the talents of the legal profession to bear on those problems.

The National Council of Senior Citizens, of course, is composed of more than 2,500 affiliated clubs representing more than 2,500,000 elderly persons and has long been involved in the social and political needs of our elderly population.

We welcome the opportunity to testify this afternoon on the nutritional problems of the elderly and to comment on the administration's recent welfare proposal.

I would like at this time to introduce spokesmen from two of our local legal projects and, following their testimony, to comment briefly on the general nutritional needs of the elderly and on the recommended changes in the public assistance program.

On my right is Mike Johnson, who is a lawyer who runs the project in Rowan County. On his right is the Rev. John Thornberry who works in the program as a community assistant. They have conducted a survey on the elderly population in that county, which I suggest is

typical of eastern Kentucky and part of Appalachia, and I would like to now introduce Mr. Johnson.

Mr. JOHNSON. Thank you, David.

Senator McGovern, briefly, what we have done, we had a survey in which we involved approximately 200 people who were elderly and poor. We got the list of names through local agencies, the community action program there and the public assistance program.

We had several questions on the survey which fit into this particular discussion. We asked the people what kinds of food they ate now, and how they obtained it, where they obtained it, and of course, an outgrowth of this brought up the topic of the food stamp program and the commodity program.

As David said, Rowan County is typical of eastern Kentucky, and I think the problems in Rowan County are general problems of Appalachia.

Rev. John Thornberry works for me, and he got the information from the people, and I think he can best relate certain parts of it before I comment further on the program.

Reverend THORNBERRY. In making this survey, Senator, I, being a minister, I probably am able to get into these homes more than any other person, being a senior citizen myself, and being known well by these people.

I enter into these homes many times, and I would see that they were not eating like I thought that they should be eating, and so in making a survey with Mr. Johnson, it gave me an opportunity to ask questions that I couldn't have done as a minister, and so I would ask them this question: "What kind of foods do you buy?"

The answer usually came back, "Oh, a general run of foods."

Well, I would say, "Let's spell the thing out. Just tell me what kind of foods do you really buy?"

NO MONEY FOR MEAT

Here would be the answer: "Well, we buy cornmeal, beans, and potatoes," and I would pin them down a little further and say, "What, no meats?"

"No, we can't afford meats. We are poor people, and we are living on a low income."

I find that two would be living on as low as $70 from social security, or $71, and I would inquire a little further and say, "What is the reason that you can't buy some meats."

Here would be the answer: "Medicaid does not pay for the high-cost medicines that we must purchase, because our doctor gave us a prescription for this medicine and it is real expensive, and so we have got to sacrifice from our food to supply our bodies with this medicine that the doctor has given us."

So, time after time I have gone into these homes, and in one little locality, I found eight couples, husbands and wives, both with cataracts on their eyes and some had had operations. Some had lost their sight completely from the operation, and three of the eight had palsy and they could not do any work or labor, and it is really a pitiful thing in our county.

I know it is considered a backward county, but they have never been able to earn a large wage, so they haven't built up much social security, and so we find these people not eating because of their low incomes.

Mr. JOHNSON. Thank you.

Senator, I think one of the things that is real important that came out of the questioning, although we didn't conduct it knowing we were going to give the testimony here—everyone mentioned the economic factor in relation to foods. I think this becomes relevant when you decide what you are going to do about it. If you choose the method of providing more income for the people, it will have to be a very large subsidy, because these impoverished people have one flexible part of their budget, and that is food. Everything else is fixed, and they can't cut down on it.

So, the money people in Rowan County spend for food is determined by their expenses in that month.

They will eat a diet, like John said, that consists of no meat because meat is expensive. But the diet they eat helps them to gain weight, so they feel like they are healthy.

We have documented that this is not actually true. The public health doctor there explained to us that different illnesses, like colds and flu, are five times as great in Rowan County as they are in the State as a whole. The people look fat and healthy, but they don't eat the proper foods. Meat and dairy products seem to be the two things that the Public Health Department is the most concerned with there.

The next thing I would like to mention, we have two programs that have existed in Rowan County, and the idea, of course, was to solve this problem. Those are the food stamp program and the commodity program. The commodity program seemed to fail because the foods weren't appetizing and they weren't appealing to the people.

The commodity program did, I think, have more success than the food stamp program has, and out of the people we interviewed, approximately 200 people, we found 87 percent of them did not use the food stamps, and the reason was that they couldn't budget themselves enough over a period of a month to use them.

The CHAIRMAN. In that connection, Mr. Johnson, you heard the discussion this morning. It has been a recurring discussion before this committee as to whether the basic problem is one of nutritional ignorance on the part of people, or whether it is a lack of money.

As you deal with these older people, what is your view? Is it one more than the other, is it both, or what is the area of priority as far as you are concerned in dealing with the malnutrition of older citizens?

Mr. JOHNSON. To be honest with you, I will have to give the easy answer. I will say it is both. But on the other hand, I don't think the problem can be solved just with money, especially if you give the people money.

PROBLEM IS EDUCATIONAL

There are parts of both problems that could solve the problem. If the commodity program were successful, we could put the nutrition there, and that would solve the problem. Right now, you can't have both programs in the county at the same time, but I don't see why

not. The problem of the food stamp program is that they can't afford to put that much money a month in the food budget, and the problem of the commodity program has to do with appealing to the people.

If you have these programs to put them together, if you reduced the budget expense in half and gave them food stamps for foods that are appealing to them—but to give the people money, it goes back to the budget problem again. They still will not be at a level you would want them to be at, so they use the money to finance themselves over the month, and probably still would neglect to buy the food that they should buy, because of the expense.

So, it seems to me that even though the problem is educational, it is also just the fact that the immediate effect of not having the proper diet—it doesn't happen right then when you eat—so that doesn't bother them as much as the fact that they might go without money.

So, when they have money, they still will have the same problem unless you get them to the level they can afford everything they want to do.

The CHAIRMAN. Has that been your observation, Reverend Thornberry?

Reverend THORNBERRY. Yes, it has, Senator. I believe our people do need to be educated to eat the right diet, and I also believe that if they were given money, they probably would do just like Mr. Johnson has said, that they might not still eat the right diet.

The CHAIRMAN. I realize that you gentlemen can't spell out in detail your views as yet on the Presidents so-called family assistance proposal.

I notice in your statement, Mr. Marlin, you refer to it as a youth-oriented program, leaving the implication that it is somewhat weak on the side of dealing with older people. Could you elaborate on that a little bit?

Mr. MARLIN. One of the things that I suppose is most striking was pointed out in your introductory remarks, and that is the exclusion of the elderly, the single elderly, from the food stamp program.

The CHAIRMAN. That is your interpretation?

Mr. MARLIN. That is our interpretation.

The CHAIRMAN. I read it that way, too. I am hopeful that will be a mistake in the interpretation, and we will have Mr. Finch and Hardin here on Monday. I hope they will tell us we are wrong.

Mr. MARLIN. It would be nice to get clarification.

The level of benefits, the $65 minimum benefit, that amounts to $780 a year. For many elderly poor, who either have no social security, or diminished social security benefits, which, of course, are not sufficient in themselves, or on public assistance payments, that minimum ceiling is simply insufficient to sustain anyone's life or well-being anyway.

I suppose I might also say that part of the meaning that we alluded to about the youth orientation. It permeates more. The National Council has always felt that the Office of Economic Opportunity and its programs has allotted insufficient resources to the problems of the elderly. I think that feeling has applied to other Government agencies and other Government programs as well.

There have been spokesmen for the administration who have talked a good deal—I think Mr. Moynihan is one of them—who talked a good deal about getting at the problems of poverty in the first five

years of life, which is a highly commendable goal. What we fear is that it also seems to omit giving the elderly, and there are 20 million of them over 65, and another 20 million between 55 and 65, a substantial part of the population, about a quarter of which live in poverty, we don't feel it gives them a fair share of the resources.

Mr. JOHNSON. If I could, I would like to add one thing about the youth orientation. The food stamp program, just a glance at the schedule will show you that yet the only success that has been demonstrated with the program is with people with a large family. That cuts the elderly out.

There is a great savings for them. If your family is seven, no matter what the income is, there is a savings. For the elderly, there is a saving of only $4 to $6 a month, which is not enough inducement to get them into the program.

Mr. MARLIN. Senator, I would like to make one further comment about the food stamp program you introduced in April.

First, I was struck again his morning by the preface in your bill about the need to enact legislation now.

I feel very inadequate, and I have read the interim report that was issued last month. This committee has taken a great deal of testimony and really has a solid grip on the nutritional deficiencies of the poor in this country. I don't know what we can add to the information you already have. I felt strongly in agreement with your comments that Congress should enact something now. We seem to have lost in this country the ability to innovate and even to be willing to be wrong, and then to make amendments to correct wrongness.

The CHAIRMAN. Well, I am very hopeful that the administration proposal which, as I understood it, would not be implemented until 1971–72, will not in any way lessen the momentum that we are building up on the food front. I think it would be a tragedy if, in the name of trying to do a kind of a total national welfare program sometime in the 1970's, we failed to act on this problem of hunger and malnutrition now. It seems to me that this is one problem where we can have a real breakthrough, and I would certainly hope we won't back away from the interests and the concern that I think is building up here in the Congress over the past few months.

Mr. MARLIN. Yes. The conditions are certainly urgent now, as you pointed out.

The other point that I wondered about is a possible amendment to the bill. It is impressive to listen to nutritionists and to gentlemen like the gentleman from Kentucky with practical experience. I think we all realize that even if the food stamp problem were liberalized, they may not be cashed in on nutritional foods.

EARMARK FOOD STAMPS?

I wonder if it might be possible to earmark some of the food stamps for particular commodities? They might have printed on them, "Dairy Products," or "Meat." I don't know whether that is a good idea or not, but it occurred to me as perhaps one way of trying to superimpose nutritional benefits.

The CHAIRMAN. I suppose the only problem with that is that it does interfere with the freedom of choice of the recipient, but it is

a proposal that I think we ought to give some thought to. It may be that the advantages would outweigh whatever disadvantages are involved in providing some degree of compulsion.

Mr. MARLIN. Some percentage of food stamps, but not all.

The CHAIRMAN. I think it is a proposal we ought to evaluate.

Mr. MARLIN. The rest of the statement we prepared, I would like to have entered in the record.

The CHAIRMAN. We appreciate your appearance here, Mr. Marlin and Mr. Johnson and Mr. Thornberry, and we will see that your prepared statement is made a part of the record.

(The prepared statement of David H. Marlin follows:)

PREPARED STATEMENT OF DAVID H. MARLIN, ASSOCIATE DIRECTOR, LEGAL RESEARCH & SERVICES FOR THE ELDERLY, NATIONAL COUNCIL OF SENIOR CITIZENS

Mr. name is David Marlin. I am associate director of Legal Research and Services for the Elderly, a program sponsored by the National Council of Senior Citizens under a grant from the Office of Economic Opportunity. I am testifying today for the National Council and wish to express the regards of President Nelson Cruikshank and Executive Director William Hutton. Both Mr. Cruikshank and Mr. Hutton are speaking today in the Mid-West under long-standing commitments and are exceedingly sorry they are unable to appear before this Committee this morning.

Legal Research and Services for the Elderly operates eleven programs throughout the country to identify and help resolve legal problems of the aged poor and to demonstrate better methods of bringing the talents of the legal profession to bear on these problems. The National Council of Senior Citizens of course is composed of more than 2,500 affiliated clubs representing more than 2,500,000 elderly persons and has long been involved in the social and political needs of our elderly population.

We welcome the opportunity to testify on the nutritional problems of the elderly and to comment on the Administration's recent welfare proposal.

I would like, at this time, to introduce spokesmen from two of our local legal projects and, following their testimony, to comment briefly on the general nutritional needs of the elderly and on the recommended changes in the public assistance program.

(Testimony of Michael Johnson and Reverend John Thornberry, Morehead, Kentucky, and Bernard Baron, Miami Beach, Florida.)

This Committee has already heard and has scheduled additional testimony from nutritional experts on the dietary deficiencies of the poor. You have heard in detail how ill health is directly related to inadequate nutrition. I will confine myself to a few observations concerning the elderly poor. Statistics tell us that there are twenty million American sixty-five years of age and older, and another twenty million between the ages of fifty and sixty-five. We know that one out of every four Americans living in poverty is aged fifty-five or over. Additional millions live barely above the poverty line. Nearly all of these elderly persons live on fixed incomes, chiefly government benefits such as social security, old age assistance, veteran's pensions and private pension programs. Unlike any other category of the poor, elderly persons are unable to earn money to increase their small incomes. No other group in America has been so devastated by the inflationary trend that has characterized our economy for many years.

The lack of adequate income as we have demonstrated today has resulted in gross nutritional deficiencies for the elderly. Like the very young, the elderly are highly susceptible to malnutrition. The elderly increasingly become physically infirm and their resistance to vitamin deficiency is progressively weaker. The elderly eat poorly because frequently they live alone, have little incentive to prepare balanced meals, find it difficult to travel to good shopping areas and have restricted kitchen facilities in small apartments. The elderly often eat poorly because they have ill-fitting dentures or need substantial dental treatment. A doctor from the University of Alabama Medical Center estimates that one-half of the people over fifty-five have lost all their natural teeth. We must provide for dental care and dentures under Medicare.

Vitamin A deficiencies develop when one cannot eat hard raw vegetables and fruit. Soft, mushy-type foods tend to be high in carbohydrates and low in proteins, vitamins and minerals. Vitamin deficiencies and malnutrition are not academic issues for the elderly. Bent and deformed old people do not become that way simply because they are old. They may have osteoporosis—a painful deforming ailment which causes changes in the bone structure—and that results from diet deficiencies. Medical research demonstrates increasingly that mental illness and senility frequently result from malnutrition. The director of the Philadelphia State Hospital has reported that ninety-five percent of 1500 Medicare patients hospitalized for psychiatric reasons returned to the community after an average of forty-one days, crediting a "good diet" with being the major decisive factor. He observed that the elderly patients "respond amazingly to a good meal after having lived for months on tea and toast."

This Committee realizes that diet deficiencies can be corrected if proper food is available and if there is a system for delivering that food to elderly persons. As Orville Freeman said in his final days as Secretary of Agriculture,

> "This nation has enough—more than enough—food. We can easily produce a great deal more. The single question that remains is whether we have the skill, ingenuity and determination to get the food where it is needed."

There are major deficiencies this Committee has uncovered in both the commodity and the food stamp programs. A food stamp concept makes basic sense but only if there is considerable reform. Many elderly persons—with meager food budgets—cannot use food stamps. Their purchase and use are too cumbersome and expensive and the choice of products too restrictive.

We support the "Food Stamp Reform Bill." For the elderly, we urge more food stamp distribution centers in locations more accessible to senior citizens. Where this is difficult, we urge transportation provisions or reimbursement for transportation to and from distribution centers. We urge more liberal eligibility standards for senior citizens in view of their low and fixed incomes; and we urge the use of a simple affidavit. We urge liberalization of restrictions on commodities food stamps will purchase. We urge that people be able to purchase small amounts of food stamps frequently, rather than have to pay a full month's cost at once. We urge that Congress consider the desirability of transferring the administration of the food stamp program from the Department of Agriculture to the Department of Health, Education, and Welfare.

Apart from the food stamp program, we are concerned with insuring better nutrition for the elderly who cannot prepare ample meals for themselves. Thus, we urge a federal program of meals-on-wheels combined with meals-in-senior-centers to be available in every area with populations of elderly poor. Transportation—of food to people and of people to food—is vital.

Now, a brief comment about old age assistance. At present, benefits vary tremendously among the 50 states, ranging as low as $40. The new welfare proposal of the Administration would establish a minimum payment of $65 per month for the aged, blind and disabled categories. The Federal government would contribute the first $50 and share in payments above that amount. It hardly need be emphasized that $65 a month—or $780 a year—may not sustain the life of an elderly person if it were the only source of food, shelter and health care—particularly in the major industrialized states. Furthermore, we do not understand why President Nixon proposed that the new Family Assistance Program be administered by the Social Security Administration but continued state administration of aid to the aged, blind and disabled.

We cannot comment in detail until the Administration submits specific legislation but we feel already continued neglect. The Administration soon after taking office proposed a meager seven per cent increase in Social Security benefits—which would not even have covered the cost-of-living gap since the last increase much less raised the floor of Social Security payments. We fear the Administration's policy, as already announced by some spokesmen, is so youth oriented that it does not support efforts to give the impoverished elderly anything approaching a fair share of the nation's available resources.

The CHAIRMAN. Thank you for your contribution.

Mr. MARLIN. Thank you, sir.

The CHAIRMAN. Is Mr. Fitch here this afternoon?

Miss Wilmot? Will you and your associates testify at this time?

Miss Wilmot is with the Legislative Council of Retired Teachers

Association, the American Association of Retired Persons. Mr. Peter Hughes is an official in the American Association of Retired Persons.

STATEMENT OF MISS JENNIE WILMOT, LEGISLATIVE COUNCIL OF RETIRED TEACHERS, AMERICAN ASSOCIATION OF RETIRED PERSONS, AND PETER HUGHES, AMERICAN ASSOCIATION OF RETIRED PERSONS

Mr. HUGHES. Thank you, Mr. Chairman. Our associations represent a combined membership of 1,850,000 older persons.

Miss Jennie Wilmot, who is a member of the National Retired Teachers Association, also serves as a member of our legislative council, and will testify in behalf of both associations today.

Miss Wilmot has spent a lifetime in the field of home economics and nutrition. She taught at the University of Texas at Austin, and retired in 1958 after 32 years of service. She is also author of the "Elementary College Text on Foods," which is currently in its sixth edition.

We feel very fortunate to have someone with Miss Wilmot's expertise representing us today, and we appreciate very much the opportunity to appear here.

Miss WILMOT. Thank you, Mr. Hughes. Thank you, Mr. Chairman, for the opportunity to add what I can to your considerable testimony along this line, and particularly accenting a need for the aged.

Mr. Chairman, suppose we start with an encouraging note. Reporting in "Introduction to Nutrition"—Macmillan, 1962—Fleck and Munves state that during the 1930's one-third of diets studied were classed as "poor."

In 1955, a similar study showed as few as 10 percent so classed. The improvement resulted from the study of nutrition in schools and colleges, emphasis by the Extension Service, and other agencies, among them the nutrition committees of depression days.

In Texas this committee met long enough to change it to a nutrition council and added members from the medical association, dental association, welfare, the Children's Bureau and others. This council still functions.

Today, we are particularly interested in the problem of the elderly, these 20 million that you have heard spoken of.

There is an apt title to a little book, written by Ruth Leverton, "Food Becomes You." This is true from the point of view of availability of food for human needs, and also from that of the attractiveness of the eater. The business of food becoming us is with us all the time and it could be called so daily.

There is a definite relationship between activity and the need for food. While the elder people are slowing down in their activities, sometimes sharply, their habits too often remain constant. The result is overweight, and this does not indicate optimum health for the becomingness.

What you have been hearing today is another thing that shows the need for the education of people so that they will try to match their diet with their activity. The FAO standard at age 70, the calorie requirement should be 76 percent of that of age 60.

This business is not simple. Not only is habit very strong, but decreased activity may mean a psychological demand for "something."

If that "something" means the usual three meals a day, plus numerous snacks, these people are en route to becoming, well, even compulsive eaters, but getting this idea across is partly the business of dietitians in group-living accommodations of different kinds.

There, then, is often a difficulty of budget, and the thing that is being done considerably is for a dietitian to go once a week to some of these places, residences for older people and so forth.

They make the menus, furnish recipes, talk to the cooks and others in the service unit, and make suggestions for markets where good foods are obtained at not too high a price.

This is a very, very fine way of doing, and it is within reach financially of these places, and it is a great improvement for these people who live in these circumstances.

Another way, it seems to me, would be the writing of small books or articles that ran true, but also appealed to the readers. In group meetings, if a person were particularly good, she could persuade these people of the truth of what she has to say. It is perhaps easier to take care of these who live in groups—you have a captive audience there—than it is for those who live by themselves or with one other person, perhaps.

It is much harder to find the right food for these people. Good nutrition is by no means a matter of being able to pay. There are lots of wealthy people who are undernourished. Choice of food is the important thing. Nobody needs a college education in nutrition to find a way to have a well-balanced diet.

Two publications, "Essentials for an Adequate Diet," from the Agriculture Bulletin No. 100, and "Food Guide for Older Folks," U.S.D.A. Home and Garden Bulletin No. 17 would do that.

There are four groups, first the milk group, second the meat group, third, vegetable and fruit group, and fourth, bread and cereal group.

For older persons, this guide may be made available from several sources, an easy one being the Extension Service whose purpose is not, as you know, of course, confined to the rural population.

They have a program relating to aging and have had it for some time. An effective basis for conclusions about problems is a survey, but like any other place, a nutritional survey must be a continuing thing. The results are not stable, anymore than the results of a population count are stable.

The CHAIRMAN. Miss Wilmot, with reference to your statement that the Extension Service has a program to serve older citizens, is that true all across the country, or just in selected areas?

Miss WILMOT. I am not sure, but I would suspect it is all across the country, because they do follow essentially the same kind of program.

Of course, my information is from Texas, and I do know that they have had this for a long time.

The CHAIRMAN. Are they in the nutrition field, more than other things?

Miss WILMOT. Oh, yes, yes, they are.

The CHAIRMAN. They are working with older people on what minimum diet they should have and how to prepare food?

Miss WILMOT. Yes, sir. Once you have findings available, plans to use the results as a basis of upgrading this for poorly nourished people must be made quickly and appealingly. Otherwise, the survey will be like master thesis in the university.

Established habits are hard to break, but the older person can and does make changes.

In a Texas survey reported in part 3 of the records of these hearings, among our elder citizens over 60 years of age, three out of four reported they had made a change in what they ate and drank in the last 10 years. Five were on some type of special diet.

Another device for finding out what is needed is called a study, and many of these have been made. Robinson, in "Fundamentals of Nutrition" reports a study made by Davidson of 283 households in Syracuse, N.Y., in which one member of the group was at least 65.

In half the cases, the diet provided the recommended allowances in all nutrients. Calcium and ascorbic acid were most often low. I was very much interested this morning in the relationship between calcium and florin. I had never heard that before. It is very interesting.

More than one-third used supplemental vitamins, but these were not necessarily related to specific needs.

As age increases, dietary adequacy decreased, but in many cases a so-called good diet—people were overweight. As a rule, the men had better diet than the women.

There was a similar study in Rochester, N.Y., with similar results.

In Boston, another study of 104 geriatric cases were used. Decreased use of milk and meat were noted, but no deficiency in calories.

It is the same thing you just heard. In fact, 84 percent of the men and 71 percent of the women were above desirable weight. This resulted from reduced income, marketing difficulties, condition of teeth, difficulty with swallowing, lack of knowledge, and susceptible to faddism.

An important factor in adequate nutrition for older people is a sense of not being needed. This may not occur if the family handles it correctly, but alone, in cases of these people, frustration occurring by this feeling of not being needed often leads to lessening of food intake and/or poor selection, even when this had had a good pattern for eating.

But on the contrary, this may lead to indulgence in food, especially rich desserts and candy.

I would like to accent the comment of Senator Williams regarding the living place and the money for food. Suppose the income of older citizens is increased, for example, by way of social security and/or retirement income checks.

What is the likelihood? If rents and food prices increase simultaneously, rent may necessarily be considered first. Even if the cost of housing remains constant, the increase must allow for items other than food, and this is right.

As one octogenarian said after receiving a 10-percent increase in her retirement check, "I like it. But you know, it leaves me just where I was. It seems that you can't win for losing."

With the increase of funds, more expensive items may be purchased, which do not increase the nutrative value of the diet. There, again, a real effort toward education is imperative through numerous agencies. The Extension Service, the food and nutrition and consumer problems at all levels of home economics, welfare workers, public health nurses, and many others.

These need to be appealing if they are going to be convincing. For people on very low income, and some who cannot because of physical infirmities prepare meals for themselves, the Senior Centers and Meals on Wheels that you have heard about today provide a highly nutrative hot meal each day, and these programs need to be encouraged.

Of course, that is a local affair.

One suggestion for a person living alone is to team up with another in the same apartment complex, or with a neighbor, for one meal a day. Added interest may result in wider selection, trying new and interesting foods, adding special occasion possibilities and surprises and so forth.

Also, pooling money for food would be likely to allow a purchase in larger quantities, and therefore at a decrease in cost per unit.

Mr. Chairman, I would like to emphasize two points. One, for everyone, the day should start with a good breakfast, for some people who think they cannot eat breakfast, or who have the idea that going without this meal may make them reduce or at least not gain weight, this is just not true.

If such is the habit, breaking it would improve habits and make living far more pleasant.

MILK HIGH IN PROTEIN

The second, if money for food is limited, milk, which is the very foundation of good diet, is often omitted. From a cost point of view, assume a quart of milk costs 34 cents. That means 17 cents a pound. Just compare that with the cost of any other high protein food.

Some even have a notion that milk is for infants and children only, and should be discontinued in adult life. Yet this may account for that low calcium referred to in the two studies that have been mentioned.

Naturally, those allergic to milk would not be considered here.

A real enemy for older persons in the matter of food as well as other items is faddism. This age group seems to be a special target for faddism. This groups seems to be a special target for the faddists.

For the person who is ill and has not made satisfactory progress, grabbing at anything is understandable. Yet Jean Bogert wrote, "behind almost every dietary cult there is at least one person who profits financially by its propaganda."

It is obvious that while progress has been made, there is still plenty to challenge a person with the knowledge and a good imagination.

Mr. Chairman, I wish the problem were simple. If knowledge of what constitutes a proper pattern for most older people's diets were made available and soon, and if they would adapt their habits to that knowledge, would that be the full answer?

Consider all those who live alone or with one person. How shall they select these foods? How shall they know that those selected are really good and really what they appear to be?

Efforts along this line have been many. Some of the recent ones, improvements in fish marketing practices, truth-in-packaging law, and so forth. Other general welfare laws would be helpful. What is an all-beef weiner? Have we a right to know why a cut of meat is so tender?

There are many such items that plague everyone, elderly included.

Only Federal legislation that is enforced can find answers to some of these, but once found, the trouble starts. Do you gentlemen recall having a teacher, who, on the first day of school, put a list of rules on the board? If so, you know what happened.

PACKAGING

For sometime, sizes of packages were a problem. There were too many. There was just confusion. In many cases, improvements have been made, but now for those whose households number one and two, and this includes perfectly well people, there are calls for smaller packages of things.

For example, a pound of coffee, even with the aid of a refrigerator, becomes stale unless, of course, the person drinks coffee at least three times a day, or has frequent guests.

It is available in half-pound cans if one does not mind the price.

In one comparison, the per pound price of a 1-pound can was 69 cents, of two half-pound cans, 98 cents. That is all right. After all, while there is not as much coffee in the small can, the time to pack and seal and perhaps the price of the container is as great for the smaller as for the large size.

But with frozen fruits and vegetables, pies, and some other bakery products, this matter of too large packages is true for the small family. Even with refrigeration at home, a delicious pie would be a bit wearying if eaten 6 days in succession, and undoubtedly would be stale if days were skipped. There are other examples.

Of far greater importance, however, is the matter of knowing the quality of the product purchased and being able to relate this to price and use. This is an age-old marketing problem.

Some improvements have been made. It is a discouraging thing to attempt, but it is worth keeping on trying. Probably about the best example of this is canned fruits and vegetables. Using grade labels has been tried, and has not succeeded well. Yet the consumer-buyers should have some of the advantages insisted upon by institution buyers.

Grade standards have been promulgated for most of these products by the Bureau of Standards, the grade on the labels tells the quality inside the can. The consumer-buyer can choose one that is suited to her purpose and know that she won't be disappointed.

Both for older people and all others, this is a subject, it seems to me, that would bear further investigation.

Mr. Chairman, these last two considerations are just to show that good nutritive foods, by themselves, are not the whole answer to needs of homemakers, especially the group being emphasized, when selecting food for their own use.

Let's return to the nutrition angle for a moment. The ideal you have set for yourselves is to develop "a coordinated program which

will assure every U.S. resident adequate food, medical assistance, and other related basic necessities of life and health."

One of your members has put it this way: "Eradicating malnutrition is not charity, but commonsense."

The ideal is indeed high. The statement is true. The means toward these ends must be many, and no law or set of laws in themselves can attain the goals. These help to set a standard, but by every means at all levels people of good will and plenty of imagination must share in the attempt to bring these things about.

Giving people food without supplying an appreciation of its value in terms of their improved lives, supplying them with money, whether cash or stamps, without finding ways to help them make wise choices, will not get far.

It is truly a long road, but one worth building whatever the time and the effort.

A very important aspect of the nutrition problem is education, as we have heard so many times today. At the Federal level, a simple, attractive, easily understood pamphlet properly illustrated, might be prepared and made available to Governors' committees. State commissions on aging, social welfare agencies, organizations for older people, including the two I am representing, and so forth.

Wide distribution of such a pamphlet would undoubtedly make a distinct contribution toward achieving the goal of better health through proper nutrition.

This program is one which I feel could be initiated by the members of the committee through legislative proposals and the encouragement of the proper Federal agencies. I believe the members of the National Retired Teachers Association and of the American Association of Retired Persons would not only approve this effort, but also would like to have whatever part they could in attaining that goal.

Thank you.

The CHAIRMAN. Thank you very much, Miss Wilmot, for your statement.

I notice you state at one point in your testimony, Miss Wilmot, that it is harder to find ways to get the proper knowledge into the hands of people than it is to get the food to them.

You would agree though, wouldn't you, that to a person on an inadequate income, really the first problem is to either give them food stamps or lift his income so that he can purchase an adequate diet?

Miss WILMOT. That is true, but let me give you from the depression one illustration of another thing that comes into that and that is people's food habits.

A person in Texas during the depression who was nutrition chairman was basing this good nutrition on milk, and seeing that free milk was distributed to these families that needed it.

One day a Mexican woman came into her office and said, "Mrs. Swanson, I wish you would come and pick up that milk. The porch is getting full of it."

In other words, it is not just what someone puts down on paper and puts down as a good diet. They have got to put a lot of other knowledge and a lot of imagination into it to get it across to people where they live.

A GOOD BREAKFAST

The CHAIRMAN. You stressed in your statement the importance of breakfast, of getting the day started with a good meal. Do you think it would be feasible to think in terms of opening up these school breakfast programs to older people?

Miss WILMOT. Yes, sir.

The CHAIRMAN. Do you think it could be served through the same facilities?

Miss WILMOT. Yes, sir. They have done that in lots of schools, where children ride in buses for a long distance, and sometimes they don't even have any breakfast before they leave home. That is becoming fairly common over the country, I believe.

The CHAIRMAN. Yes.

Miss WILMOT. And I think you are right, this could be done.

The CHAIRMAN. I notice you express the same concern that Dr. Stare did this morning over the growing food fads and the development, apparently, of a rather elaborate industry here in the marketing of food fads and special foods.

What do you think can be done, if anything, by the Federal Government to deal with that problem? Is there anything you would recommend to the Food and Drug Administration, or is this simply a matter of long-term education that has to be carried on through private efforts?

Miss WILMOT. Well, when an M.D. insists that these foods, and the natural foods, you know, where the land is fertilized by manure are the only good foods, and all these other things, synthesized things are poisonous, when an M.D. puts that kind of thing out, and I know one example, what are you going to do?

You are up against a tremendous thing, and what the people who really have the knowledge say doesn't seem to hold any weight.

I don't know. I have said a time or two that this needs an imaginative approach.

The CHAIRMAN. Is it your observation that this is really quite a serious problem, that there are large amounts of money being wasted on food fads that contribute very little?

Miss WILMOT. Yes, sir; over the country, I think there would be a lot.

The CHAIRMAN. You are talking about millions of dollars?

Miss WILMOT. I don't know. I don't know about that, but it is a growing problem, and somehow or other older people are the targets of those people, not only in food, but in other lines as well.

But they are so easily susceptible.

Some of it is so silly. Where do they keep that tiger dairy that advertises tiger milk? Where do they keep that tiger dairy?

You see, it is just on the surface of it so silly, and yet people grab at that sort of thing.

The CHAIRMAN. Do you have any additional comments, Miss Wilmot, or Mr. Hughes, do you have anything you would like to add?

Mr. HUGHES. No, Senator; I don't, except possibly one thing. You were asking about the President's welfare proposals. I am not prepared to speak on that today, but we are at the association currently evaluating the proposal and preparing a paper on it, and we would be more than happy to send this for the record if you would like.

The CHAIRMAN. Thank you for your testimony, and we appreciate your staying with us all day and giving us the benefits of your views. Thank you very much, Miss Wilmot. Thank you very much.

Miss WILMOT. Thank you very much.

Mr. HUGHES. Thank you very much.

(The prepared statement of Miss Jennie Wilmot follows:)

PREPARED STATEMENT OF MISS JENNIE WILMOT, MEMBER, LEGISLATIVE COUNCIL, AMERICAN ASSOCIATION OF RETIRED PERSONS, NATIONAL RETIRED TEACHERS ASSOCIATION

Mr. Chairman (and members of the Select Committee on Nutrition and Human Needs): I am Jennie Wilmot, a member of the Legislative Council of the National Retired Teachers Association and the American Association of Retired Persons. I want to thank you for this opportunity to try to add to the already considerable testimony concerning nutrition, particularly as it concerns the aging.

Mr. Chairman, suppose we start with an encouraging note. Reporting in "Introduction to Nutrition" (Macmillan, 1962) Fleck and Munves state that during the 1930's, one third of diets studied were classed as "Poor." In 1955, a similar study showed as few as 10 percent so classed. The improvement resulted from the study of nutrition in schools and colleges, emphasis by the Extension Service, and other agencies, among them the Nutrition Committees of Depression Days. In Texas this Committee met long enough to change it to a Nutrition Council and added members from the Medical Association, Dental Association, Welfare, the Children's Bureau, and others. This Council still functions.[1] All along the line there is still much work to be done if we are to meet a goal of good nutrition for all.

Today we are particularly concerned with better nutrition for the elderly. Is this a segment of our Society too small to warrant special attention? There are 20,000,000 age 65 and over; one in ten of the entire population.

The apt title of a little book by Ruth Leverton, now with the Agriculture Research Service, is "Food Becomes You." This is true from the point of view of availability for bodily needs; also from that of the attractiveness of the eater. This business of food "becoming us" goes on from the start to the finish of life; it may be said to be "so daily." The "becoming" is a complicated process by which food as eaten is broken down to forms which our bodies can use and excess is stored in suitable forms, ready for reconversion to useable forms as needed. There is, of course, a definite relationship between activity and food required and herein lies one problem noted in older persons. While their activity is usually reduced, often sharply, too often their habits of eating remain constant. Result? Excess body fat which indicates neither optimal health nor the "becomingness" intended.

This indicates needed education of people so that they will try to match their diet to their activity. The FAO standard is—at age 70, the calorie requirement should be 76 percent of that at age 20. (Reference, "Nutrition—an Integrated Approach", Pike and Brown, John Wiley's Sons, 1967).

This is not simple. Not only is habit very strong; decreased activity may mean a psychological demand for "Something." If that "something" is the accustomed 3 square meals daily, plus snacks, as these olders read, watch TV, or meet with others for a game, they are enroute to becoming almost—or quite—"compulsive eaters." Getting this idea across is partly the business of the dietitians who plan meals for those in retirement homes, nursing homes, and any other group-living accommodations. There is often another difficulty in this area—that of the budget in the group-living residence. To meet this, it may be possible to employ a dietitian for one day a week, this person usually being a trained dietitian who may want part-time employment. She calls at the residence, makes the menus, furnished recipes, leaves suggestions and instructions for the cook and other workers in the food-service unit, suggests markets where really good foods are obtained at a not-too-high price, and probably takes care of the special needs of some who should have a special diet.

[1] Current President, Dr. Mary Wanda Harp, Lamar College, Beaumont, Texas.

Another way to get the idea of a satisfying, healthful diet across to older folk is by the writing of small books and/or articles which ring true from the point of view of good nutrition, but also appeal to the readers. In group meetings a convincing speaker may help greatly—this method probably being best used by a community group rather than any attempt on the part of such a committee as this. It is, perhaps, easier to accomplish desired results with persons in a group-living situation than with those who live in their own homes—alone or with one other person. It is harder to find ways to get knowledge of the RIGHT foods to these. Good nutrition is by no means correlated with ability to pay; choice of food is the important thing. Nobody needs a college education with a major in nutrition to have—and follow—a plan for an adequate diet. After some experimenting, the experts have agreed upon a simple formula which is available, among other places, as a pamphlet—"Essentials for an Adequate Diet"—Ag. Bul., No. 100—Agriculture Research Service, USDA *or* "Food Guide for Older Folks," USDA Home and Garden Bulletin No. 17, G17–1963. Four food groups comprise this guide:

1. Milk Group—includes milk, cheese, and such related items as ice cream and desserts whose base is milk.
2. Meat Group—meat, fish, poultry, with eggs, dry legumes (soy beans are best) and nuts. A serving of protein-rich food at each meal is recommended.
3. Vegetable/fruit Group—four or more servings daily. A dark green or deep yellow vegetable for Vitamin A, chiefly, citrus fruit, tomato, or raw cabbage for ascorbic acid and at least one other fruit or vegetable, with potatoes high on the list.
4. Bread/cereal Group—four or more servings. Best are whole grain, enriched, restored, or converted cereal products. Too much praise cannot be given for the enrichment program so thoroughly accepted now.

For older persons this guide may be made available from several sources—an easy one is the Extension Service whose program is not, as I am sure you know, confined to the rural population. They have had a splendid program related to aging for some time.

An effective basis for conclusions about problems, such as the one under consideration, is a survey. Like any other, a Nutrition Survey must be a continuing thing—the results shown are no more stable than the figures recorded by a census. Samples chosen cover various areas—geographic, age group, etc. For the elderly, living patterns need to be included. Once its findings are available, plans to use the results as a basis for up-grading the pattern for the poorly-nourished should be made quickly and as appealingly as possible. Otherwise, the survey may share the reputed fate of the masters thesis at any University. While it is true that established habits are hard to break, it is also true that the older person can and does make changes. In a Texas survey as reported in Part III of the records of these hearings, "Among our elder citizens (over 60 years of age) three out of four reported they had made a change in what they ate and drank in the past ten years. Five were on some type of special diet."[2]

Another device as a background for action is the study, which usually covers less territory and is more specific. Robinson, in "Fundamentals of Nutrition," Macmillan, 1968, reports a study by Davidson, *et al.*, of 283 households in Syracuse, New York—made in 1962—in which one member was at least age 65. In half of the cases the diet provided the recommended allowances for all nutrients. Calcium and ascorbic acid were most often low. More than ⅓ used supplemental vitamins, but these were not necessarily related to specific need. As age increased, dietary adequacy decreased, BUT in many instances of a "good" diet, the persons were overweight. As groups, the men had better diets than the women. (Probably they did not "snack" as they prepared the food.)

A similar study was made in Rochester, New York, and reported by Mitchell, *et al.*, in "Cooper's Nutrition in Health and Disease," Lippincott, 1968. Here again, there were 283 households where older people lived and meals were eaten at home. One fourth of these had diets that provided less than the recommended daily allowances in from one to eight of the nutrients studied. Again, shortages in calcium and ascorbic acid were noted. Over ⅓ used vitamin supplements.

In a study in Boston, made by Davidson in 1962, 104 geriatric cases were

[2] January 28, 1969, Hearing Report, p. 1059.

used. Decreased use of milk and meat were noted, but no deficiency in calories. "In fact, 84 percent of the men and 71 percent of the women were above desirable weight." Factors responsible included reduced income, marketing difficulties, condition of teeth, difficulty with swallowing, and lack of knowledge of what good nutrition is. Susceptibility to faddism was also reported.

An important factor in adequate nutrition for older people is a possible sense of not being needed. This may occur if the person lives with a daughter or son where the homemaker may, be taking thought, counteract such a tendency.

If you will pardon a family example, I will recall all those apple pies., we ate because my mother catered to the desire of her father to pare apples as his share in the well-being of the family! Alone, however, the frustration occasioned by this "not needed" feeling often leads to lessening of food intake and/or poor selection, even when there had been a good pattern of eating. On the contrary, this may lead to indulgence in food, especially rich desserts and candy.

Another consideration. Suppose the income of older citizens is increased, for example, by way of increase in Social Security and/or Retirement Income checks? What is the likelihood of improvement in diets? Two necessary items are food and housing. If rents and food prices increase simultaneously, rent may necessarily be considered first, leaving the amount for food and other items less than is really needed. Even if cost of housing remains constant, the increase must allow for items other than food, and this is right. There is need for "Hyacinths for the soul!" As one octogenarian said after receiving a 10 percent increase in her retirement check, "I like it! But, you know, it leaves me just where I was! It seems that you can't win for losing!"

Also, with the increase in funds, more expensive items may be purchased which do not increase the nutritive value of the diet. Again, a real effort toward education as to what constitutes an adequate diet is imperative—this through numerous agencies, e.g., the Extension Service, food and nutrition and consumer problems at all levels in Home Economics, Welfare workers, public health nurses, *et al.* These efforts for everyone—especially the older group—need to be appealing to be convincing.

For people on a very low income and some who cannot, because of physical infirmity, prepare meals for themselves, the senior centers and "Meals on Wheels" provision in many communities provide a high-nutritive value, hot meal each day. These programs need to be encouraged.

One suggestion for a live-aloner is to team up with another in the same apartment complex or with a neighbor for one meal a day. Added interest may result in wider selection, trying new and interesting foods, making the meals more attractive as to color, flavor, seasonings, or shape. Adding special occasion possibilities and surprises also increases appeal and therefore lessens likelihood of under-nutrition. Pooling money for food would be likely to allow purchase in larger quantities and therefore at a decrease in cost per unit.

Mr. Chairman, I would like to emphasize two points:

1. For everyone the day should start with a good breakfast. For some old people who think they cannot eat breakfast—or who have the incorrect notion that going without this meal will make them reduce or at least not gain weight—this is not true. If such is the habit, breaking it would improve eating habits and make living far more pleasant.

2. If money for food is limited, for any family and perhaps especially for older folk, milk, which is the very foundation of a good diet, is omitted. But that is poor figuring. Suppose milk is 34 cents per quart—that means 17 cents per pound. Compare this with the price per pound of other high-protein foods! Some even have a notion that milk is for infants and young children and should be discontinued in adult life. Yet this very habit may account for the low calcium referred to in the two studies referred to earlier. This is a good place to start to "educate" people in general, and older ones in particular. Naturally, those who are allergic to milk are not included in this effort.

A real "enemy" of older persons, in the matter of food, as well as in some other items, are the "Faddists." This age group seems to be a special target for them. For a person who is ill and who has not been successful in making satisfactory improvement, grabbing at anything that someone recommends as promising is understandable. Yet the truth has been well expressed by a well-known writer about foods—Jean Bogert—"behind almost every dietary cult there is at least one person who profits financially by its propaganda."

It is obvious that, while progress has been made over the years, there is still plenty to be done—plenty to challenge a person with the knowledge and a good imagination.

Mr. Chairman, I wish the problem were that simple. If knowledge of what constitutes a proper pattern for most older people's diets were made available soon and IF they would adapt their habits to that knowledge, would that be the answer? Consider all those who live alone or with one other person. How shall they select these foods? How shall they know that those selected are really good and really what they appear to be? Efforts along this line include such splendid legislation as recent improvements in fish-marketing practices, and the Truth-in-Packaging Law. Other general welfare laws would be equally helpful. What is an "all-beef" weiner? Have we a right to know why a cut of meat is so tender? There are many such items which plague everyone, the elderly included. Only Federal legislation that is enforced can find answers to some of these, and, once found, the trouble starts. That, too, seems to be natural—do any of you gentlemen recall having a teacher, who, on the first day of school, put a list of "rules" on the blackboard? If so, you know what happened!

For some time the sizes of packages have been a worry—the multiplicity of these did not add to the convenience of buying—just to the confusion. In many cases, including some food items, improvements have been made. Now for those whose households number one or two, there are calls for smaller packages of many things. Some of this is doubtless warranted. For example, for these homemakers, a pound of coffee, even with the aid of a refrigerator, becomes stale—unless, of course, the person drinks coffee at least three times daily or has frequent guests. It is available in at least one brand in half-pound cans. That is fine—if one does not mind the price. In one comparison, the per-pound price of a one-pound can was 69¢; of two half-pound cans, 98¢. I am not suggesting that this should be changed. After all, while there is less coffee in the small can, the time to pack and seal and perhaps the price of the container is as great for the smaller as for the larger. In many instances, this price differential would hold true. If smaller sizes are really wanted, the price factor should be understood. With frozen fruits and vegetables, pies and some other bakery products, this matter of too large a package is true for the small family. Even with frozen storage at home, a delicious pie would be a bit wearying if eaten six days in succession and would undoubtedly be stale if days were skipped. Still another product is bacon. It, too, may be purchased in half-pound packages at a somewhat higher price. Here, however, if the homemaker divides the slices, separating them with wax paper, and freezes as many slices as will be needed for a meal, frozen storage will take care of staling. It means more work, but we can't have everything! Inquiry from one grocer resulted in the notion that there is a certain amount of preference for smaller quantities of a number of items, but not very much. This may be worth more consideration.

Of far greater importance is the matter of knowing the quality of the product purchased and being able to relate this to price and use. This is an age-old marketing problem and some improvements have been made—a discouraging thing to attempt, but worth keeping on trying. Probably about the best example of this is canned fruits and vegetables. Using grade labels has been tried and has not succeeded well. Yet, consumer-buyers should have some of the advantages insisted upon by institution buyers. The same technique could not be used—the former could not have a number of cans of a product opened to judge their quality! Standards—grade standards—have been promulgated for most of these products by the Bureau of Standards. The grade on the label tells the quality inside the can, and a consumer-buyer can choose one that is suited to her purpose and know that she will not be disappointed. This idea is easily applied to some products, for instance, milk, but very difficult for some others. Nevertheless, both for older folk and for all others, this is a subject, it seems to me, that will bear further investigation.

Mr. Chairman, these last two considerations are put in to show that just good nutritive foods, by themselves, are not the whole answer to the needs of all homemakers—especially the group being emphasized—when selecting foods for their own use. Let us return to the nutrition angle for a moment.

The ideal which you have set for yourselves is to develop "a coordinated program which will assure every United States resident adequate food, medical assistance, and other related basic necessities of life and health."[3] Of course, it does not emphasize older citizens—it means everyone, including this group. And one of your number has put it this way—"Eradicating malnutrition is not

[3] "The Food Gap: Poverty and Malnutrition in the United States," U.S. Government Printing Office, Washington, 1969, p. 39.

charity, but common sense." [4] The ideal is indeed high and the statement true. The means toward these ends must be many and no law or set of laws in themselves can attain the goals. These help to set a standard but by every means at all levels, people of good will and plenty of imagination must share in the attempt to bring these things about. Giving people food without supplying an appreciation of its value in terms of their improved lives; supplying them with money—whether cash or stamps—without finding ways to help them to make wise choices, will not get far. It is truly a long road, but one worth building, whatever the time and effort. A very important aspect of the nutrition problem is education. At the Federal level, a simple, attractive, easily understood pamphlet might be prepared and made available to Governors' Committee, State Commissions on Aging, Social Welfare Agencies, organizations for older people, e.g., Retired Teachers Associations, Associations for Retired Persons and similar groups. Wide distribution of such a pamphlet would undoubtedly make a distinct contribution toward achieving the goal of better health through proper nutrition. This program is one which I feel could be initiated by the members of the Committee through legislative proposals and encouragement of the proper Federal agency. I believe the members of the National Retired Teachers Association and of the American Association of Retired Persons would not only approve the effort, but also like to have whatever part they could in attaining that goal.

The CHAIRMAN. The committee will be adjourned until 10 o'clock tomorrow morning.

(Whereupon, at 3:20 p.m., the committee recessed, to reconvene at 10 a.m., Wednesday, September 10, 1969.)

[4] Ibid., p. 43.

NUTRITION AND HUMAN NEEDS

WEDNESDAY, SEPTEMBER 10, 1969

U.S. SENATE,
SELECT COMMITTEE ON NUTRITION AND HUMAN NEEDS,
Washington, D.C.

The committee met at 10:10 a.m., pursuant to recess, in room 1202, New Senate Office Building, Senator George S. McGovern (chairman) presiding.

Present: Senators McGovern, Ellender, and Kennedy.

Staff members present: Mr. William C. Smith, general counsel; Mr. Gerald S. J. Cassidy, professional staff member; and Mr. William Oriol, general counsel, Special Committee on Aging.

The CHAIRMAN. The committee will be in order.

Our first witness this morning is Mr. John B. Martin. Mr. Martin is the Commissioner on Aging of the Administration on Aging, accompanied by Dr. Marvin Taves, and Mrs. Jeanette Plecovits of that agency.

STATEMENT OF JOHN B. MARTIN, COMMISSIONER OF THE ADMINISTRATION ON AGING; ACCOMPANIED BY DR. MARVIN TAVES, DIRECTOR, RESEARCH AND DEVELOPMENT GRANTS STAFF, ADMINISTRATION ON AGING; AND MRS. JEANETTE PELCOVITS, NUTRITIONIST, ADMINISTRATION ON AGING

Mr. MARTIN. Thank you, Senator. I am accompanied by Dr. Marvin Taves, who is the Director of our Division on Research and Development, and Mrs. Jeannette Pelcovits, who is the nutritionist in the Administration on Aging.

I appreciate the opportunity to appear before your committee. I have a written statement on which my oral testimony will be based, but which I will not read in whole.

I am particularly glad that the committee has recognized the importance to the aging population of the United States of problems of nutrition.

In preparing for this appearance, I asked several questions. What obstacles exist to adequate nutrition for older persons? Second, what do we know scientifically about the incidence of malnutrition among our older citizens? Third, what are the implifications for our national life of such malnutrition? Fourth, what is the Nation presently doing to solve this problem? Fifth, what other actions might we take?

With regard to obstacles, we see five: Low income, lack of mobility, loneliness, emotional stress, and lack of nutrition education.

INADEQUATE INCOME

I think most of us who have studied the problem regard inadequate income as the foremost obstacle to good nutrition. As your committee has already heard, some 40 percent of our older people in this country (roughly 8,000,000) are in the poverty or near-poverty category, and we believe that this imposes a tremendous barrier to consumption of enough foods and the right types of foods.

It is my strong belief, supported by evidence which I shall present in a moment, that millions of our older citizens are victims of inadequite nutrition in varying degrees. For those millions of older citizens, a choice between rent or food often results in the rent being paid and another meal missed.

Even if they have the money for proper food, many older persons are partly or largely immobilized by waning health and vigor and may have difficulty shopping for and preparing proper foods.

The result of this is, that many of them live on foods which are easy to procure and prepare rather than those which provide the best nutrition.

They may skip the preparation of regular meals and nibble on cookies or crackers or other foods which have a high carbohydrate content, but which are low in essential protein, minerals, and vitamins.

Loneliness is another serious obstacle to good nutrition among the elderly. Many nutritionists believe a relationship exists between companionship and the digestive processes. Studies have been made which indicate this is the case, such as, a study by Dr. Pearl Swanson, referred to in my testimony, who observed that in the case of an elderly woman who was suffering a severe negative nitrogen balance, the addition of the companionship of her grandson produced a marked change in utilization, and instead of losing nitrogen, she was now retaining it, even though there had been no change in her diet.

Closely related to isolation and loneliness is emotional stress. These older people are subject to stresses which some of our younger people are not subject to. They have many causes for depression, such as loss of a role in society, the deaths of spouses and friends, deterioriation of physical appearance and health and vigor, recollections of better days, and the knowledge of approaching death. These all contribute to depression and to a resultant lack of appetite and to malnutrition.

INADEQUATE EDUCATION

Another obstacle is inadequate education in proper nutrition. Few Americans over the age of 65 have more than a high school education, and many of those who do have more, have learned little about proper nutrition habits.

So, clearly, we can't focus exclusively on insufficient income as the prime or sole cause for malnutrition among the elderly. Designing public programs to improve nutrition of older persons, we must look at more than monetary needs. I don't minimize the effect of low income, however.

In view of these obstacles to good nutrition, what can we say about the true state of nutrition among the Nation's elderly?

Specific information is limited about the incidence of actual malnutrition among the elderly, but such as we have all points in the same direction. The 1965 Department of Agriculture survey of food consumption in households of the United States, showed that about one-fifth of the diets provided far below the recommended dietary allowance for one or more nutrients, and when you broke it down into age groups, it indicated that women over 65 and men over 75, more often than those younger, had diets short in several essential nutrients.

A limited number of case studies by both academic and government experts confirm the inadequacy of nutrient intake in significant percentages of older people.

A study in Nebraska showed this same thing on the women who were surveyed. Iron, calcium, and vitamin A were consumed at less than satisfactory levels in many of the diets. A food survey by the Department of Agriculture in New York in 1957 sampled social security beneficiaries who maintained their own households and ate most of their meals at home. The survey indicated that about one-fourth of the households had far less than the recommended allowances of one or more nutrients.

A survey in Iowa showed that of those over 65 only one person in 20 was choosing a nutritionally desirable diet. Another Iowa survey produced similar findings, and indicated that changes in food habits of the elderly are related not only to physiological factors but also to psychological and emotional factors.

The National Nutrition Survey now being conducted by the Public Health Service is supported in part by Administration on Aging funds. Preliminary analyses indicate that the majority of older persons reported on to date showed one or more clinical problems usually considered to be related to nutrition. Laboratory findings show more than a third with unacceptable levels of hemaglobin, over a fifth with unacceptable levels of vitamin C, and almost as many with unacceptable levels of serum protein.

Finally, I might comment on the allegation that older persons need less food than younger persons. Nutritionists generally agree that requirements for calories decline from early adulthood, but that requirements for other nutrients are not essentially different.

In other words, older people need less in quantity, but they need more in quality, and the need for more quality food means they often need somewhat more expensive food than they may eat.

So, what are the consequences of malnutrition as far as we can determine? There have been some studies of this in varying forms. The Administration on Aging gave a grant to the Gerentological Society to have nationally recognized experts conduct a review of relevant scientific literature. They produced a monograph, about which some testimony will be given here today. It has not yet been published. It is called Nutrition and Aging. I quote two or three short sentences from that monograph.

These experts report that experiments conducted with adult humans clearly indicate that behavioral and emotional changes can be produced by restricting the intake of specific nutritional components in the diet. It is well established that malnourished adults and children inevitably show come degree of mental disturbance.

The types of symptoms that are known to exist in subclinical forms of specific and general dietary deficiency are loss of appetite, fatigue, irritability, anxiety, loss of recent memory, insomnia, and mild delusional states. Experimental deprivation of several B vitamins has produced severe depression and mental confusion in adult human subjects.

Proteins in particular are of critical necessity in the transmission of nerve impulses.

Turning to the implications for society of malnutrition among older persons, we find that apart from humanitarian considerations, there is undoubtedly a public cost through medicare and medicaid and other publicly supported programs for the health of the elderly, and there is also a heavy public cost in mental health programs. There are good reasons to believe that an investment in improving the nutrition of this age group would be substantially offset by savings in other publicly financed programs.

ADMINISTRATION ON AGING

What are the present efforts to meet the challenge? I won't rehearse the Nation's income maintenance and medical insurance programs, but I would like to refer briefly to the efforts of the Administration on Aging to develop specific nutrition problems for the elderly.

Most important of these efforts has been a program of research and demonstration projects on nutrition of older Americans, conducted under title IV of the act.

The Administration on Aging's purpose in mounting the program, which is only about a year old and has some time to go, was not to feed large numbers of older persons, nor to increase their income, but rather to gather relative data, study the facets of nutrition problems of the elderly, assemble a variety of means to solve the problems and then test them in a number of different settings on a limited scale.

Under this program, there have been some 30 project grants. Projects are now in operation in 17 States and the District of Columbia.

The directors of these projects report that many of the people who participate say that this is the only meal that they get during the day, and many others of them report that this is the "first real meal" they have had in a long, long time.

Since these projects are designed to test a number of approaches, there are great differences among them. They involve take-home meals, delivery of meals, meal companions and friendly visitors for the homebound; in many cases, health and social and referral services are provided. Most offer recreation activities and transportation along with the meals.

In spite of the differences, three basic components exist in all of these projects. First, meals are served in a social setting; we believe that it is very important to provide the sense of belonging and other psychological and social values associated with the pleasures of mealtime and eating with others.

We think that eating alone and preparing meals alone is a pretty unhappy experience; older people just don't prepare or eat the kinds of meals that they should under those circumstances.

Second, there is a nutrition education component in these programs to improve the nutrition of elderly participants, and to enable them to prepare better meals.

The third component is evaluation, to determine the effectiveness of the service, its feasibility and cost.

Meals are planned to meet at least one-third of the daily recommended dietary allowances, and are usually served at noon. In Dallas, Tex., they are prepared in project kitchens. In Chicago, the meals are contracted for. One project in Kentucky meets once a week on Saturday for supper, social activities, and consumer education. In all projects, and this is of some importance, participants pay something for their meals.

The facilities of nutrition programs vary markedly from community to community, depending largely on what is available. In Buffalo, arrangments are made for some elderly to eat their noon meal in homes for the aged; church social halls and recreation centers serve as project sites in Denver; other projects use public housing, schools, and day-care centers.

We estimate that the meals served, about 16,000 a week, are sufficient to provide us data for the studies we are conducting. The number of meals served is not huge, but it is sufficient for the research we are conducting.

We don't yet have systematic data from which to draw final conclusions, but the project directors' reports show that after a short time these people look better, dress better, are more outgoing and in general have a more positive attitude toward life and living.

We have other nutrition programs within the Administration on Aging. Under title III, there are 27 projects developed by the State agencies on aging. The foster grandparent program, while it is not designed specifically to improve the nutrition of the aging, usually does, because the aging who are serving in that program receive a free meal at the place where they serve.

ACTIONS TO BE TAKEN

As to the question then of what actions should be taken: I have not spoken of the food stamp program, and I believe there are opportunities to use this program more imaginatively than we have in the past. The President has made some recommendations in his May 7 message which are certainly worthy of serious and sympathetic consideration of Congress, and I understand that you will be hearing from Secretaries Finch and Hardin on this subject next week, so I am not going to discuss these recommendations except to say that the implementation of the President's proposals would help solve some of the nutritional problems of older persons.

I plan to meet in the near future with Mr. Edward Heckman, new Administrator of the Food and Nutrition Service of the U.S. Department of Agriculture to discuss additional changes in the food stamp program, which would improve its utility to older persons. In particular, the problem here is limited mobility. Many older persons have difficulty establishing their eligibility for stamps, and, in some States, in purchasing stamps.

As we have examined demonstrations conducted under title IV, all indications suggest that it would be highly desirable for the Nation to work out arrangements whereby ambulatory older persons who wish to do so can come together for meals in a group setting, and shut-ins can receive home-delivered meals. Such arrangements will not only assure that older persons receive the proper nutrients, at least as far as these meals are concerned, but will also solve problems of loneliness and isolation.

While I am not ready at this time to suggest the exact form or forms of programs to meet the older person's needs, I believe the Nation ought to be working out ways and means of meeting these needs. We believe our demonstrations are pointing in the direction the Nation should be moving.

I sometimes hear expressed the idea that older persons have little interest in such a program, but the evidence is all to the contrary, and in any event, our only concern is the expansion of opportunity to establish a system for meeting the nutritional needs for the elderly and let those participate who do so.

As an administrator of public programs, I find it most interesting that Congress has seen fit to declare in section 2 of the National School Lunch Act that it is the policy of Congress to safeguard the health and well-being of the Nation's children by the establishment and expansion of nonprofit school lunch programs. I understand participation is now possible for three-quarters of the Nation's elementary and secondary public and private students. Twenty million are actually participating. Over 3 billion lunches were delivered during the last school year, and the Government subsidized 25 percent of the cost of these meals.

As a citizen, I believe that public nutrition programs for children are sound public policy. Obviously, these programs have demonstrated their worth, and few would now think of opposing them. The Nation has been able to develop, support, and expand a system for delivering a social service, in this case a nutritious meal, to 20 million children, a system which is designed to meet the needs of children.

I believe that the question should be thoroughly explored as to whether and how the Nation could initiate a similar program for its older persons who wish to participate in such a program.

My staff has suggested that use of the facilities of the public schools is the main point in the child nutrition program. I am not sure that facilities are as crucial to a nutrition program for older persons. If the will is there, meals can be prepared in central locations, such as high schools or hospitals, which are already preparing them. They can then be transported to satellite facilities where group eating can actually occur. Churches and synagogues are another resource that can be drawn upon.

I believe that the public, including many older persons themselves, do not understand the social utility of group meals for ambulatory older persons and home-delivered meals for shut-ins, and the necessity for developing and supporting such programs. Through hearings such as these, perhaps, the Nation will begin to understand better the needs of its older population.

The CHAIRMAN. Thank you very much, Mr. Martin, for your statement.

Senator Hart of your State is a member of this committee, and he would ordinarily have been here. He is involved in an effort affecting the Public Health Service hospital in Detroit, and he wanted me to extend a personal welcome to you.

Mr. MARTIN. Thank you.

(The prepared statement of Mr. John B. Martin follows:)

PREPARED STATEMENT OF JOHN B. MARTIN, COMMISSIONER, ADMINISTRATION ON AGING, SOCIAL AND REHABILITATION SERVICE, U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Mr. Chairman and Members of the Committee: As the President's Special Assistant for Aging and Commissioner on Aging, I am pleased that this Committee, by scheduling this series of hearings, has recognized the importance to the aging population of the United States of problems of nutrition.

Since taking this office I have been interested to learn of the observations of doctors, nurses, social workers and others working with the aged who report that older people, especially those living alone, appear either not to eat enough or to have nutritionally inadequate diets.

In preparing for this appearance, therefore, I asked several questions:

(1) What obstacles exist to adequate nutrition for older persons? (2) What do we know scientifically about the incidence of malnutrition among our older citizens? (3) What are the implications for our national life of such malnutrition? (4) What is the nation presently doing to solve this problem? and (5) What other actions might we take? My testimony attempts to provide some tentative answers.

OBSTACLES TO PROPER NUTRITION

There seem to be a number of reasons why some of our older citizens are not receiving proper nutrition: low income; lack of mobility; loneliness; emotional stress; and lack of nutrition education.

Most of us regard inadequate income as the foremost obstacle to good nutrition among older persons. Thirty percent of the population who are 65 and over live below the poverty line established for purposes of the Social Security Administration Poverty Index, and another 10 percent have incomes only slightly above the poverty line, making a total of 40 percent of this age group who are in poverty or in near poverty. While there may be some of these older Americans who, for one reason or another, achieve adequate nutrition despite their poverty, we can reasonably conclude that the vast majority of them find poverty an imposing barrier to consumption of enough foods or the right types of foods. It is my strong belief, supported by evidence which I shall present later, that millions of our older citizens are victims of inadequate nutrition in varying degrees. For these millions of older citizens, a choice between rent or food often results in the rent being paid and another meal missed.

Even if they have the money for proper food, many older persons, partly or largely immobilized by waning health and vigor, may have difficulty shopping for and preparing it. Thus, they may find themselves subsisting upon foods which are easy to procure and prepare, rather than upon those which provide the best nutrition. There may be a tendency on the part of such individuals to skip preparation of regular meals and to rely instead on nibbling cookies or crackers from the tin in the cupboard to satisfy hunger when it develops. Such food, while high in energy-providing carbohydrates, is low in essential protein, vitamins, and minerals.

Loneliness is another factor. Many nutritionists and social scientists believe that a relationship exists between companionship and the digestive processes. Showing how loneliness can have a negative effect on nutritional status, Dr. Pearl Swanson, in a recent report, described the case of an elderly woman who ate regular meals that were of a quality suitable for the maintenance of good nutrition. But metabolism experiments showed her to be in severe negative nitrogen balance. She was observed again about two years later. Her grandson had come to live with her. Her day's meals furnished the same amount of protein as they had before, but a marked change in utilization had occurred. Instead of losing nitrogen, she was now retaining it. It appears that companionship and sharing of meals played a vital role in maintaining her nutrition.

Closely related to isolation and loneliness as a cause of malnutrition among the elderly is the emotional stress to which they are particularly susceptible.

We know that depression can cause a loss of appetite and interest in proper food and nutrition. Older persons have many causes for depression, such as loss of a role in society, deaths of spouses and friends, deterioration of physical appearance, health and vigor, recollections of better days, and knowledge of approaching death.

Another obstacle to adequate nutrition for the elderly is inadequate education in proper nutrition. Few Americans over the age of 65 have had more than a high school education. Even those who were better educated may have learned little or nothing about nutrition in school. It is not surprising, therefore, that many older Americans are forced to fall back upon food habits and attitudes handed down from generation to generation or picked up from friends, acquaintances, advertising media, and marketing influences.

Clearly, then, we cannot be focussed exclusively on insufficient income as the "prime" or sole cause of poor nutrition among the elderly. In designing new public programs or restructuring existing programs to improve the nutrition of older persons, we must look at more than monetary needs. I do not minimize the effect of low income, however.

I am reminded of the many elderly who do use their so limited resources to purchase an adequate diet but, by doing so, give up opportunity for continued participation in their community. Who among us would want to choose between milk and our favorite magazine, between day-old bread (which markets sell at a discount) and a bus trip downtown? It is a cruel dilemma for a person to confront when, in order to maintain life, he must give up reasons for living.

STATE OF NUTRITION OF OLDER U.S. ADULTS

In view of these obstacles, what can we say definitely about the true state of nutrition among the nation's elderly.

Specific information is limited about the incidence of actual malnutrition among the elderly.

The results of the 1965 United States Department of Agriculture survey of food consumption of households in the U.S. showed that about one-fifth of the diets provided far below the Recommended Dietary Allowance for one or more nutrients. The results of this survey broken down by age groups indicated that women 65 and over and men 75 years and over, more often than those younger, had diets short in several essential nutrients.

A limited number of case studies by both academic and government experts confirm the inadequacy of nutrient intake of significant percentages of older people.

For example, a study at the University of Nebraska in 1961 showed that, in general, the diets of 32 active healthy women, aged 65–85, provided only two-thirds of the Recommended Dietary Allowances. Iron, Calcium, and Vitamin A were consumed at less than satisfactory levels in many of the diets.

A food consumption survey by The United States Department of Agriculture of older households in Rochester, New York, was conducted in 1957. Those sampled were Social Security beneficiaries who maintained their own households and ate most meals at home. The survey indicated that about one-fourth of the households had food that furnished far less than the recommended allowances of one or more nutrients. Shortages of Calcium and Ascorbic Acid were the most frequent.

In a survey in Iowa of 695 persons, 65 years of age and over, only one person in 20 was choosing a nutritionally desirable diet.

Another survey was made in Iowa of the food intakes of a group of women representing an area probability sample of all women 30 years of age and over in the State at the time of the survey (1959). The study disclosed that the diets of many women over 65 were deficient in one or more nutrients. This study also pointed out that changes in food habits of the elderly are related not only to physiological factors but also to psychological and emotional reactions to changes occurring in their lives.

The National Nutrition Survey now being conducted by the Public Health Service is supported in part by Administration on Aging funds. The Survey will be furnishing additional data shortly on the nutritional status of older people. When these data are available, AoA will share them with this Committee. Hopefully, the Survey will give all of us concerned with the Older American a clearer picture of the problem. Finally, I might comment on the allegation that older persons need less food than younger persons. While the connection between

changes coincident with aging—physiological, psychological, and economic—and the eating habits and nutritional status of older persons needs further exploration, specialists in nutrition generally agree that requirements for calories decline progressively after early adulthood (because of a decline in resting metabolic rate as well as decreased physical activity) but that requirements for other nutrients (protein, vitamins, and minerals) are not essentially different from those in early adulthood.

CONSEQUENCES OF MALNUTRITION

Whatever the actual amount of malnutrition among our older citizens is, and whatever its causes are, I believe that it is not extreme to say that it exacts a heavy price from the individuals it strikes and from society.

For the individual, it can mean impaired physical health and lowered resistance to disease. Even more discomfiting, research has shown it can also exact a toll in impaired mental and psychological health. In connection with a grant from the Administration on Aging the Gerontological Society had nationally recognized experts conduct a review of relevant scientific literature. Their findings are contained in a monograph entitled "Nutrition and Aging," which will be published within the next few months. These experts report that:

> " . . . several experiments conducted with adult humans, clearly indicate that subclinical symptoms, in the form of behavioral and emotional changes, *can be produced* by restricting the intake of specific nutritional components in the diet.
>
> "It is well established that malnourished adults and children inevitably show some degree of mental disturbance.
>
> * * *
>
> "The types of symptoms which are known to exist in subclinical forms of specific and general dietary defficiency are loss of appetite, fatigue, irritability, anxiety, loss of recent memory, insomnia, distractibility and mild delusional states.
>
> * * *
>
> "Experimental deprivation of several B vitamins, over a two month period, has produced severe depression and mental confusion in adult human subjects.
>
> * * *
>
> "Proteins, apparently, are of critical necessity in the transmission of nerve impulses, and protein deficits are found to 'relax both excitation and inhibition' in the nervous system.
>
> * * *
>
> "Both clinical and experimental evidence of close relationship between diet and psychological status is accumulating."
>
> * * *

Turning to the implications for society of malnutrition among older persons for society, we find that, apart from humanitarian considerations and considerations of the quality of our society, there is undoubtedly a public cost through Medicare, Medicaid, and other publicly supported programs for the health and welfare of the elderly. There is also a heavy public cost in mental health programs. There is no data on the extent to which the costs of these programs are increased by malnutrition among older Americans but there are good reasons to believe that an investment in improving the nutrition of this age group would be substantially offset by savings in other publicly financed programs.

PRESENT EFFORTS TO MEET THE CHALLENGE

Given this problem, then, what has been our national response? I will not rehearse the nation's income maintenance and medical insurance programs. You are already quite familiar with them. Instead, let me concentrate on efforts of the Administration on Aging to develop specific nutrition programs for the elderly.

Perhaps the most important of these Older Americans Act efforts has been the program of research and demonstration projects on nutrition of older Americans, conducted under Title IV of the Act. AoA's purpose in mounting this program (which is now slightly more than a year old) was not to feed large numbers

of older persons, nor to augment limited incomes, important as these objectives are. Rather, AoA hoped to gather relevant data, study more closely all facets of nutrition problems of the elderly, assemble a variety of means for solving these problems—some new, many already tried on a limited scale—and test them in a number of different settings.

Under this program, there have been 31 project grants. Projects are now in operation in 17 States and the District of Columbia. Directors of these projects report that many participants say that this is the only meal they get during the day, and many others report that this is the "first real meal" they have had in a long time.

Since these projects are designed to test a number of different approaches, there are great differences among them. Take-home meals are available at the Henry St. Settlement in New York City. Pot luck dinners and week-end dining clubs are being tried out in Detroit, Michigan. Delivery of meals, meal companions and friendly visitors for the homebound are meeting a special need in Roxbury, Massachusetts, as well as in other communities. Health (medical and dental), social and referral services are provided in many cases. Most offer recreation activities and transportation.

Despite differences, there are three components basic to all of these projects. First, meals are served in a social setting. In starting this program, we were guided by our conviction that a sense of belonging and other psychological and social values accrue from the pleasures of mealtime and from eating with others. Indeed, I believe that the opportunities for increased socialization which occur in these projects are as important to the older participants as the nutrients they receive. Second, there is a nutrition education component to help improve the nutrition of elderly participants with reference to meals prepared and eaten on their own. The third component is evaluation to determine the effectiveness of service, its feasibility and cost.

Meals are planned to meet at least one-third of the daily Recommended Dietary Allowances and are usually served at noon. In Dallas, Texas, they are prepared in project kitchens; in Chicago, prepared meals are contracted for. One project in the Northeast region in Kentucky meets once a week on Saturday for supper, social activities, and consumer education. In all projects participants pay something for their meals.

The facilities for nutrition programs vary markedly from community to community and depend largely on what is available. In Buffalo, arrangements have been made for some elderly in the community to eat their noon meal in homes for the aged; church social halls and recreation centers serve as project sites in Denver; other projects are served through senior centers, day care centers, public housing and schools. We estimate that approximately 16,500 meals are served in these projects each week, which we believe is a number large enough to furnish sufficient data for the studies we are conducting. While we do not yet have enough systematic data to draw conclusions, it is interesting to note that project directors report that those served, after participating in these projects for a short time, look better, dress better, communicate more easily, are more outgoing, and in general, have a more positive attitude toward life and living.

Other programs of the Administration on Aging also relate to nutrition.

Under Title III, State agencies on aging have supported 27 projects which deliver balanced meals at least twice a week to a minimum of ten people. We believe that high cost is the major reason that so few of the 1,000 community projects supported under Title III are devoted to meal delivery. State agencies have naturally been reluctant to commit the small annual allotments available to them to such expensive projects which are capable of reaching only a fraction of the State's elderly population. Among the communities in which Title III projects are located are Aberdeen and Sioux Falls, South Dakota; Savannah, Georgia; Galveston, Texas; Holyoke, Massachusetts; New York City and Schnectady, New York; and Decatur and Macon Counties, Illinois.

The Foster Grandparent Program, while not designed to specifically improve the nutrition of older Americans, illustrates how such a program can meet their nutritional needs in several ways. First, it gives low-income elderly men and women an opportunity to earn money to supplement inadequate retirement benefits. Second, in most cases it provides them nutritious meals where they serve. Third, as part of the training they receive in the program, they are provided instruction in nutrition as well as other subjects.

ACTION THAT SHOULD BE TAKEN

Allow me to briefly discuss two different kinds of additional action which seem called for.

I have not yet spoken of the Food Stamp program. I believe that there are opportunities to use this program much more imaginatively than we have in the past. The President, in his May 7, 1969, message to Congress on "Hunger and Malnutrition in America," made some recommendations along this line which are worthy of most serious and sympathetic consideration of Congress. I understand that you have already received some information on the President's proposals in this area and will be hearing from Secretaries Finch and Hardin on this subject next week. For this reason, I shall not discuss these recommendations except to say that the implementation of these proposals would help solve some of the nutritional problems of older persons, as well as those of other age groups.

I also plan to meet in the near future with Mr. Edward Hekman, the new Administrator of the recently created Food and Nutrition Service of the U.S. Department of Agriculture, to discuss additional changes in the Food Stamp program which could improve its utility to older persons.

For example, because of their limited mobility, many older persons have considerable difficulty establishing their eligibility for stamps and, in some States, in purchasing stamps. I believe that we must all try a little bit harder to find ways to lighten such burdens for older persons.

As we have examined demonstrations conducted under Title IV and by others interested in nutrition of the elderly, all indications suggest that it would be highly desirable for the nation to work out arrangements whereby ambulatory older persons who wish to do so can come together for meals in a group setting and shut-ins can receive home delivered meals. Such arrangements will not only assure that older persons receive the proper nutrients, at least as far as these meals are concerned, but will also solve problems of loneliness and isolation. While I am not ready at this time to suggest the exact form or forms which programs to meet the older person's need for group or home delivered meals should take, I believe the nation ought to be working out ways and means of meeting this need. We believe our demonstrations are pointing in the direction the nation should be moving.

I sometimes hear expressed the idea that most older persons have little interest in such a program. All of the evidence we have collected argues otherwise. And, in any event, our only concern is the expansion of opportunity: establish a system for meeting the nutritional needs of the elderly and then let those participate who want to do so. Without such a system, however, there can be no such opportunity.

As an administrator of public programs I find it most interesting that Congress has seen fit to declare in Section 2 of the National School Lunch Act that it is ". . . the policy of Congress, as a measure of national security, to safeguard the health and well-being of the Nation's children and to encourage the domestic consumption of nutritious agricultural commodities and other food, by assisting the States, . . . in providing . . . for the establishment, maintenance, operation, and expansion of non-profit school lunch programs." I understand that participation in school meal programs is now possible for over ¾ of the Nation's elementary and secondary public and private students and that 20 million of these approximately 40 million youngsters are participating. I understand that over 3 billion lunches were delivered during the last school year which encompassed at least 180 school days. I understand that the Federal Government subsidized approximately 25% of the cost of these meals in the form of commodities and funds and that some subsidy has been furnished since 1946. I understand that the Department of Agriculture is now authorized to help school systems purchase equipment necessary for the increased delivery of meals in low-income urban schools.

As a citizen I believe that public nutrition programs for children are sound public policy. Obviously, these programs have demonstrated their worth; few would now think of opposing them. The Nation has been able to develop, support and expand a system for delivering a social service—in this case, a nutritious meal—to 20 million children, a system which is designed to meet the needs of children. I believe that the question should be thoroughly explored as to whether and how the Nation could initiate a similar program for its older persons.

Members of my staff have suggested that the key element in the child nutrition system is the use of the facilities of the public schools for delivering the

service. I am not persuaded that facilities are as crucial to a nutrition program for older persons. If the will is there, meals can be prepared in central locations—high schools, or nursing homes, or hospitals, for example, which are already preparing them—and transported to satellite facilities. Churches and synagogues are another resource which can be drawn upon.

I believe that the public, including many older persons themselves, does not understand the social utility of group meals for ambulatory older persons and home delivered meals for shut-ins and the necessity for developing and supporting such programs. Through hearings, such as these, perhaps the nation will begin to better understand the needs of its older population.

CONCLUSION

I know your Committee is aware of the complexity of the problem of malnutrition in the later years. It can only be solved through comprehensive programs meeting the social, psychological, and physiological needs of older Americans, as well as their economic needs. I am optimistic that shortly we shall be able to do much better than we are now doing, especially with the interest of the dedicated Senators on this Committee.

The CHAIRMAN. Senator Kennedy is a member of the committee, and he is also a member of the Special Committee on Aging.

I understand Senator Kennedy has a statement he wants to make now.

STATEMENT BY HON. EDWARD M. KENNEDY, A U.S. SENATOR FROM THE STATE OF MASSACHUSETTS

Senator KENNEDY. Thank you very much, Mr. Chairman, and I appreciate the opportunity to testify briefly this morning, and I would like to, if I could, summarize generally my testimony, and then perhaps it could be included in its entirety in the record.

I also want to express my appreciation to Mr. Martin for his appearance here today. I hope that I will have an opportunity to remain for the questions, which will come up afterward.

WHITE HOUSE CONFERENCE ON AGING

Just prior to my testimony, I wonder if I can ask an old question which is familiar to Mr. Martin, and one that I have asked on other occasions, and I ask it in a friendly way, but nonetheless with a sense of urgency: Whether there has been any progress made in terms of the White House Conference on the Aging, whether any determination has been made within the administration in fixing and establishing some of the dates for announcements on that?

Mr. MARTIN. The answer is that nothing has been announced yet, Senator, but I think something will be forthcoming shortly.

Senator KENNEDY. Thank you very much, Mr. Martin.

Mr. Chairman, I know that the chairman of the Special Committee on Aging, Senator Williams, testified yesterday and gave some extremely valuable and important information to the members of this committee on the problems of the aging and on nutritional deficiency. As I understand from his testimony, he illustrated in the most dramatic way some of the real deficiencies in the program to provide adequate food and nutritional value to the millions of senior citizens in our country today.

I share in the Special Committee on the Aging a chairmanship of one of the subcommittees on the Labor Committee, which has legislative responsibility for this subject area. I also hold the chairmanship of one of the Subcommittees on the Special Committee on the Aging, that committee has been charged with the Older Americans Act and other legislation.

I would certainly, first of all, want to underscore what I think has been the very splendid and excellent testimony by the distinguished chairman, Senator Williams, in dramatizing the extraordinary problem that our senior citizens have today, and articulating first of all their extraordinary needs in terms of finding adequate food and nutritional value in their diets.

I think it is useful and important for all of us on this committee and in the Senate to be reminded of the tremendous financial squeeze that our seniors have in terms of their fixed incomes, and just as you mentioned yesterday, Mr. Chairman, even the proposed increase for old age assistance of $65 a month is completely inadequate, and those persons who need assistance need it to meet today's high living costs, yet, the plans of the administration are not designed to accomplish that.

Too often the elderly become poor, only after they have become seniors. Not until that time does their plight really become evident to each and every one of us.

After productive and hard-working lives, many of them are forced into isolation and despair. Yet they feel it demeaning to seek assistance. Their needs for special and attentive care are heightened when they suffer the loss of a loved one and feel they are spurned by family.

Thus, they have special needs that can only be met with sympathetic care and attention.

The needs of the aging are serious. Eighty-five percent have some kind of chronic condition, disease, or impairment, 40 percent of them are poor or near poor, and 5 million senior citizens actually fall below the poverty level.

There is also a disturbing mood of alienization among many of them.

A public opinion poll last December found that a high percentage of older people feel left out of things, and have an impression that they cannot contribute anything.

I am convinced that we have arrived at the time to put into operation full-scale services patterned after the models researched by the Administration on Aging and other purposes.

Our present services are woefully inadequate. However, the progress made by the Administration on the Aging and the State agencies in 3½ years of operations has only really been, I believe, a pilot effort when measured against the needs of some 20 million older people. Six thousand older Americans were served in their homes by Home Aid Health Services. Some received meals at home.

The Administration on Aging has contributed to the national nutrition survey. Adults 60 and over constituted 60 percent of the 12,000 studied to determine nutritional deficiencies.

We know that much more has to be done to meet all the needs, and I would say parenthetically, Mr. Chairman, that perhaps there has been no area or phase of our national life and national concern which

has been studied more, researched more, than the problems of the aging. Certainly this is true as well with problems of nutritional deficiency for the aging.

The Administration on Aging programs taught us that the companionship that the seniors enjoy in group meals can help raise their nutritional level marvelously. We know that the demand for sympathetic attention, recreational and medical services can be centered around the meal program. It is past the time, then, that we should launch full-scale meal programs for the aged that can also offer complementary services needed by the aged.

The expanding food stamp delivery to include all of the aged is one guarantee we can make to help insure they will receive adequate nutrition. At the same time, we must make it simple and easy for the aged to obtain food stamps.

I would like to add, Mr. Chairman, that your suggestions, the suggestions of the distinguished Senator from Georgia, Senator Talmadge, I believe, have been useful and important contributions in determining ways that our seniors as well as others can receive the stamps themselves the easy way.

Certainly the problems of our seniors, when we think in terms of transportation to travel within the city, let alone from rural areas to cities to pick up their food stamps, is really most significant, and serves as an inhibition for our seniors to receive the adequate food stamps and other facilities which they, I believe, are entitled to.

Above all, we must eliminate the confusing and irrelevant array of certification procedures, so that the elderly will no longer be denied benefits simply because they are bewildered and unsure of their eligibility.

My efforts to provide better care for our Nation's senior citizens will continue. It is my hope that through these hearings which have been ordered by you, Mr. Chairman, to study aging, will be of great assistance, and that the Nutritional Committee will be informed so that we will better know how to meet those challenges.

I welcome each of the witnesses today. I believe they will add immeasurably to the record about the deficiencies that exist in programs designed to serve our senior citizens. I want to express a word of welcome to each and every one of you. I want to applaud the efforts of this committee and its chairman for looking into the particular problems of our senior citizens. I think there perhaps is no group within our society whose interests are, in too many instances, ignored, and I feel that the focus of these hearings will add enormously to the understanding of the members, not only of this committee, but also to the Senate as well.

I appreciate the opportunity to speak, not only as a member of this committee, but as one who shares some degree of responsibility in the field of development of legislation for our aging citizens.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you very much, Senator Kennedy. I think that is a most helpful view of the problem that the committee is concerned with. Your full text will be made part of the record, as you requested.

(The prepared statement of Hon. Edward M. Kennedy follows:)

PREPARED STATEMENT OF SENATOR EDWARD M. KENNEDY BEFORE SELECT COMMITTEE ON NUTRITION AND HUMAN NEEDS

Mr. Chairman, I am pleased to have a chance this morning to highlight the need to improve upon the care for our nation's 20 million older citizens.

As Chairman of two senate subcommittees concerning the elderly, the Aging Subcommittee of the Labor and Public Welfare Committee and the Federal State and Community Services Subcommittee of the Special Committee on Aging I am deeply committed to the need to improve the services and care available for the elderly.

I have received repeated emphasis from my work with these committees on the aging, that the elderly are indeed the hardest pressed group of Americans in terms of income.

Too often they are forced to rely on fixed incomes from pensions or other sources that are steadily eroded by inflation. Many people in our aged population, receive less than enough money to purchase an adequate diet. Yet, they are also faced with demands for clothing, shelter and medical care. It is clear that any person living with a spouse or living alone, who receives less than $1500 each year cannot be expected to provide himself with all of his needs. Yet, on the Aging Subcommittees, we have received testimony that there are thousands of persons whose incomes are well below the minimum needs for subsistence.

Just as you mentioned yesterday, Mr. Chairman, even the proposed increase for old age assistance to $65.00 per month is completely inadequate. Those persons who need assistance need it to meet today's high living costs. The payments planned by the Administration are not designed to accomplish that.

Too often the elderly become poor only after they have become seniors. After productive, hard-working lives, many of them are forced into isolation and despair because they do not have the income to sustain their needs. Yet, they feel it is demeaning to seek assistance. Their needs for special and attentive care are heightened when they suffer the loss of a loved one, or feel that they are spurned by family. Thus, they have special needs that can be met only with sympathetic care and attention.

Older people have been denied proper services far too long. For too many years, our society has forced the elderly into a kind of quiet isolation where they are often ignored and forgotten. It is amazing that we permit this kind of inhuman treatment to be pressed upon those we love—our own fathers and mothers. It is unbelievably amazing, in this supersonic age of ventures to other bodies in the skies, that we continue to place the needs of our elders on such low levels.

We also have the knowledge to change living conditions for older people, the work of the Administration on Aging in the Department of Health, Education and Welfare provides expert guidance on ways to do that. It is not as if we are ignorant of the needs of the elderly, instead, we have studied and researched their physiological, emotional, and mental and social behavior. Moreover, each of us can cite from personal experience the kind of existence that confronts older persons we know.

At the present time in the United States, out of a population of 203 million approximately 10 percent of our citizens are over age 60. In the Commonwealth of Massachusetts, there are more than 620,000 older citizens constituting more than 11 percent of that state's population.

The needs of the aging are serious. 85 per cent have some kind of chronic condition, disease or impairment 40 per cent of them are poor or near poor. And 5 million senior citizens actually fall below the poverty line. There is also a disturbing mood of alienation among millions of Americans who find that their status and hopes deteriorate when retirement begins. A public opinion poll last December found that a high percentage of older people tend to see themselves as left out of things and have the impression that few think they can contribute anything.

Practically each one of us this morning knows of an elderly person who fits the descriptions I have made. Surely, everyone of us has comtemplated the day when we too may be numbered among the aging population. While wondering perhaps we have also thought about our own fate when that time comes.

As a matter of policy, the programs of the Administration on Aging are designed to seek ways to meet the needs of the Aged, rather than to actually serve the needs for all who demand them. I am convinced that we have arrived at the time to put in operation full scale services patterned after the models researched by the Administration on Aging and others. Our present services are woefully inadequate. They do not pretend to meet the widespread clamor for assistance.

The progress made by the Administration on Aging and the state agencies in 3½ years of operation has only been a pilot effort when measured against the needs of 20 million older people.

* 6000 older Americans were served in their homes by home health aide services:

* 83,000 older Americans received nutritional meals, home delivered to the homebound and in friendly community settings for the healthy:

The Administration on aging has contributed to the National Nutritional Survey. Adults 60 and over constituted 13 per cent of the total sample of 12,000 studied to determine nutritional deficiencies. In addition, approximately, $4 million from the AOA has been invested to test nutrition program techniques that will not only improve diet but also enhance self-sufficiency and bring elderly participants into social contact with others.

Nutritional care and needs for the elderly, which are the principal focus of our interest today, offer the fundamental direction for developing comprehensive programs in meeting the wide ranging demands to serve older people.

We have learned of the tragedy of loneliness and isolation that can accompany old age. We have learned that because of loneliness many of the elderly fail to provide themselves with adequate diets. This has been true even with those who have sufficient income.

Administration on Aging programs have taught us that the companionship that seniors enjoy in group meals can help raise their nutritional level marvellously. We now know that the demanding needs for proper medical attention, recreational services, and skills training can be centered around meal programs. It is past the time then, that we should launch full scale meal programs for the aged that can also offer complementary services that are needed by the aged.

Food assistance, can and should be guaranteed not only for our nation's poor citizens, but for all our older citizens as well. Expanded food stamp delivery to include all of the aged is one guarantee that we can make to help insure that they will receive adequate nutrition. At the same time, we must make it simple and easy for the aged to obtain food stamps.

Above all, we must eliminate the confusing and irrelevant array of certification procedures that confound such assistance, so that the elderly will no longer be denied these benefits simply because they are bewildered and unsure of their eligibility.

We must make it easier for older people to get food stamps. Too often they must use public transportation to travel great distances to the stamp distribution center. That, at least is what the luckier ones can do. Most of the others are not even aware of the location of the center or have no way to get there.

I feel that we must provide assistance through state and local agencies to insure that older people will get the benefits of food stamps when they are eligible.

Today in America there are constant pressures to meet the needs of the poor, the minorities, and the young. There are constant demands to do all that we can to insure equitable treatment for all of our 200 million citizens. Yet, the one group that has consistently been omitted from these pleas has been the aged. I believe we must meet their needs, we must not continue to ignore the proper care of our aged citizens.

In my work with Senator McGovern and my other colleagues on the Nutrition Committee, as well as with those Senators who are working on the Aging Committee, my efforts to provide improved services and better care for our nation's senior citizens who need assistance, will continue. It is my hope that through these hearings, that have been ordered by Senator McGovern, to study the aging and their nutritional needs, the Nutrition Committee will be adequately informed of the changes that must be made. Hopefully, we will also know how to effect those changes.

It is my pleasure to welcome each witness here today. The vital information you have brought with you can be useful for the Nutrition Committee's studies.

If we may rely upon you, your experience and your talents to serve the needs for our older citizens, that should make it easy to provide needed program improvements.

The CHAIRMAN. Mr. Martin, you said that many people receive the only decent meal they receive during the day in these meal services programs.

I understand the Special Committee on Aging has sent questionnaires out to all the 29 project directors, and they have come back with most encouraging reports on the success of those programs. Apparently, it is one of the best efforts we have undertaken in dealing with older people. What concerns me is that at least today it is little more than a pilot project reaching only a handful of people.

Can you tell us whether the administration is thinking in terms of expanding that program? What happens to the millions of people who aren't reached under the present title IV operation?

Mr. MARTIN. At the present time, of course, there are the programs for food distribution, that is, the food stamp and surplus food distribution programs.

The proposal or the suggestion which I have made in my statement that we explore the possibility of expanding group eating programs throughout the country is based upon the preliminary study which we have been making in this service and nutrition program.

We have not yet had an opportunity to finish those programs or to draw a specific proposal with regard to such a nationwide program, but I think we now are beginning to have the basic data from which we can determine what such a program would involve, and how it might well be conducted, and ways in which food could be made available to people who need it in the most efficient way and in a way calculated to reach those who need it most. I think this is about the picture at the moment.

The CHAIRMAN. You would see the present program really, then, as a device to give us some operating experience?

Mr. MARTIN. Yes.

PROBLEMS OF ELDERLY CITIZENS

The CHAIRMAN. And better insight into how we can reach the special problems of elderly citizens.

Mr. MARTIN. That is right. We are learning every day from these projects, and I am sure you will find the returns from your questionnaires most interesting, because we have structured this thing so as to try out different ideas all the way through. Each project is different, and I think that we will be in position to advise as to precisely the kinds of programs that will work best, and, as I say, that will reach people most readily and serve the purpose best of all.

The CHAIRMAN. Mr. Martin, did you see the piece in yesterday's Washington Post under the heading "New Health Plans Put Emphasis on the Young"?

Mr. MARTIN. I think I did see that.

The CHAIRMAN. The thrust of the article was that the administration's initiatives in the health field are aimed at the young. I think all of us would agree that it is important to deal with the problems of the young, but recognizing that the incidence of illness is much

higher among our older citizens, that they do have peculiar problems related partly to their low-income levels, I wonder if you would have any comment on whether the administration is giving sufficient attention to the particular problems of our older citizens?

Mr. MARTIN. I would say on that, Senator, that there has been a good deal of attention, of course, devoted to problems of the young in setting up this Office of Child Development, and the comments in that article that you referred to, I think, relate to some work that was being done in that area.

I don't think—and I base this on conversations with various people in the administration—I don't think that there is any desire on the part of the administration to downgrade the elderly or to pit the elderly against the young.

I can say that there is a great deal of interest at the present time in developing ways in which we can better serve the needs of our older population, and we, of course, in the Administration on Aging are working actively to provide the necessary information on which action can be based.

So that I think it is an erroneous idea, but it has been picked up and repeated over and over again, mostly from the same single source, that the interest is in the young as against the older part of the population. I don't think that this is in fact true.

The CHAIRMAN. Thank you.

Senator Ellender?

Senator ELLENDER. How much money are you now spending for further research?

Mr. MARTIN. Well, in our total demonstration and research program we had a relatively small amount of funds during fiscal year 1969. We had about $3½ million, Senator. Of this amount, $1,812,704 was for nutrition research and demonstrations.

Senator ELLENDER. How many programs do you now have?

Mr. MARTIN. Thirty-one grants have been made for nutrition under title IV.

Senator ELLENDER. Are there any of these programs that have been completed?

Mr. MARTIN. Two projects have been completed. Most of the other projects were started only about a year ago, and they are currently in operation. We are getting interim reports and much of my testimony today is based upon what we have learned to date.

Senator ELLENDER. Has the research in any particular field been completed so that it can be implemented?

Mr. MARTIN. I think it has progressed far enough so that I have been able to make the statements I did in my testimony today regarding the desirability of providing older people with the opportunity for having meals in group settings wherever they want to do so.

This is more than just a matter of the money to buy meals. This is a matter of fact that older people do better and enjoy life more when they can eat with some companionship and eat more nutritious meals than under other circumstances.

Senator ELLENDER. I could testify to that myself.

Mr. MARTIN. I think we all can.

Senator ELLENDER. I have been living alone in this city for 20 years, this coming September 30. I had the great misfortune of losing my wife. I have been living alone, and I know what it is.

Mr. MARTIN. Yes, I am sure.

Senator ELLENDER. How long a period do you expect that you will require before you can submit some plans in order to deal with this?

Mr. MARTIN. I think within the next few months the material which we are gathering will give us the necessary data on which to make even more specific suggestions.

DEMONSTRATION PROJECTS

I might emphasize, Senator, that the projects we have been conducting are demonstration projects. I think if anything of this sort were to be tried, I think it should be tried on a broader scale, but on a pilot basis. I mean on a broad pilot basis.

Senator ELLENDER. That is a good plan, but you can run these pilot programs in the ground. It strikes me that when you operated these pilot programs for a certain length of time and have come to some conclusion, they ought to be presented so that they can be implemented to carry out your plans. The quicker we can get that I think the better off we will be.

Mr. MARTIN. I think we will have the data on which to base a program of any size which the administration and the Congress might feel is desirable.

Senator ELLENDER. When do you anticipate doing that?

Mr. MARTIN. We are gathering the data now, as I have said. I think in the coming months we will have completed our research and will be ready to make whatever suggestions we are asked for to the administration and to Congress.

Senator ELLENDER. Of course, the basis of the administration's request will be your findings.

Mr. MARTIN. That is correct; yes, sir.

Senator ELLENDER. Are you going to pursue that?

Mr. MARTIN. I am going to pursue it; yes, sir.

Senator ELLENDER. I wish you would, because time is growing late in this particular session, and I personally have always been interested in these programs. I am very hopeful that you will submit something succinct and workable so that Congress can do something about it.

The CHAIRMAN. Thank you very much, Mr. Martin. We appreciate your testimony and the appearance of your associates here today. I am sure it will be helpful to our committee.

Our next witness is Mrs. Sandra Howell. Is she present?

STATEMENT OF MRS. SANDRA HOWELL, PROJECT DIRECTOR, GERONTOLOGICAL SOCIETY; ACCOMPANIED BY DR. DOUGLAS HOLMES, DIRECTOR, CENTER FOR COMMUNITY RESEARCH

Mrs. HOWELL. Thank you, Senator.

The CHAIRMAN. We are happy to welcome you to the committee, Mrs. Howell.

Mrs. HOWELL. I have beside me Dr. Douglas Holmes, who is the director of the Center for Community Research in New York City, and one of the Administration on Aging funded programs.

There is an additional statement for him, or from him, that I would like to submit for the record, or, if there is time, ask him to read, because it answers some of Senator Ellender's questions.

I am particularly appreciative of the opportunity to present, along with others during these 3 days, the situation for the Aging American with regard to food and nutrition.

I must say that it has been with some distress that I have followed the reportage of the committee across country seeking some note of awareness that a substantial portion of America's lowest income group, our parents and grandparents, were not very visible.

I speak both as the writer of a research review on nutrition and aging, funded last year by the U.S. Administration on Aging to the Gerontological Society, and as a psychologist in the field of community health, concerned with the problems of creative social intervention.

Let me explain, first, that the Gerontological Society is a professional association peopled by researchers and practitioners who focus on the process of aging. I put it this way because I believe the onus is very much upon those of us between 35 and 55, who contribute most to public policy, to stop running away from problems we ourselves will surely meet, in some measure, when we, too, are "senior citizens."

The prototype of this denial I recognized in my children's pediatrician when he said, one day to me, "How can you sustain a professional interest in the aged and chronically ill without becoming depressed?"

So, let's have at it with regard to what we know about the aging adult, his stresses and the concomitant interactions of his diet and his health (mental and physical).

The monograph I have before me is the product of a multidiscipline research review to which a large number of experts contributed from their own fields. It was conducted on the premise that nutrition programs should be based upon an accurate assessment of the causes of poor nutrition in old age.

Because the causes of poor nutrition in aging adults are more varied and probably more complicated than is the case for any other age group, the solutions, programmatically, are also complex. When poor nutrition exists and persists in the older adult, it serves to further intensify the severity of other conditions which accompany the processes of aging.

By not specifically dealing with the problems of adequate diet in the elderly, the spiral of chronic disease, physical and psychic disability, and ultimate institutionalization is virtually assured.

On the basis of some admittedly crude calculations I have done from research evidence and survey information, it is probably safe to say that 8 million of our 20 million elderly Americans are, at any one time, consuming diets inadequate for optimum health. This calculation is based upon the extreme deficiencies actually picked up for example, by Dr. Schaefer's current surveys, several diet record studies, the income status of central city and rural aged poor, and the incidence of chronic disease among the noninstitutionalized aged.

The particular vulnerability of the aged to poor nutrition is related to the following facts of their lives:

1. Their income situation, as I am sure has been placed repeatedly before Government committees, is one of relative deprivation and becomes more so as aging progresses.

I refer the committee to the March 1969 study for the Senate Committee on Aging by economist Juanita Kreps and others entitled, "Economics of Aging: Toward a Full Share in Abundance."

There is little doubt that the quality of diet is positively correlated with income. Research, as well as the recent experiences of several senatorial families confirms this fact.

2. The aged sustain progressive losses socially, physically, and psychologically to which they variably adapt. The stress produced by these losses, and the frequent isolation which is an accompaniment, results in reduced motivation and capacity to provide food for their own needs.

HAZARDS FOR THE AGED

3. It is estimated that over one-third of the aged live in central city metropolitan areas. The dilapidation and high population density of these environments and the struggle of neighbors to survive, produce hazards for the older person in disproportionate measure.

Two friends of mine recently picked up a 91-year-old woman from an alley in central St. Louis. She had been knocked down and robbed of $16 in broad daylight. She was on her way to purchase food stamps for the month and this was not the first time she had been so wiped out.

Two issues arise from such a visible confrontation with reality; (1) the aged poor are hidden and (2) the aged poor of any color are vulnerable. This is currently being documented through research conducted in Philadelphia by Prof. Donald Kent of Pennsylvania State University.

To be black and to be poor is, of course, double jeopardy. When a 70-year-old black woman is compelled to leave her only weekly protein, stewed chicken backs, because she had sneaked into a vacant apartment to cook them and was caught, as happened silently last spring in this capital city, we are surely dealing with a hidden problem of age, poverty, and nutrition.

4. Social custom and the need for psychological continuity with the past may well lead elderly people to adhere to diets inappropriate to their age or disease states. Neighborhoods in transition and urban renewal may result in the breakup of traditional patterns of food shopping and lead to nutritional crises.

5. Chronic illnesses, which often develop insideously in the aging adult, may reduce the nutrient value of foods. When finally treated, diets prescribed by well-meaning professionals may create severe conflicts for the older person. He may not have the income, understanding, or the motivation to adhere to the diet as given, but too much pride to acknowledge this.

Suffice it to say, we have accumulated a large collection of research facts about the older adult with regard to poor income status, health problems, psychosocial stresses, and life styles. Virtually none of this information is ever demonstrably used in the development of programs presumably designed to meet the needs of the aged.

We know, for example, that mobility is a serious problem for older people and yet we consistently locate food distribution centers beyond easy accessibility.

We know that elderly people tend to have reduced motivation to learn new food habits and rarely apply to themselves what they read, even when they read. And yet professionals—doctors, nurses, and dietitions—persist in handing out written pamphlets on diet (as an aside, between 50 and 70 percent of diabetics do not even follow their written dietary prescriptions). Money is spent to produce and distribute

dietary information without the least bit of evaluation of the effectiveness of such materials or of the time spent by professionals teaching in a home or in a group situation.

As a case in point, this food guide for older folks, produced by the U.S. Department of Agriculture, has never been evaluated. As far as I know, it is used openly and freely just to be handed to older people. I am quite sure it is irrelevant to them, if it is even read.

We strongly suspect that the people drawn into social programs for the aged, which also provide some meals, are the already socialized aged; yet we allocate little time or money to selection of those isolated elderly at greatest risk and in greatest need of food and socialization programs.

We persist in honoring the referrals of the "gatekeepers"—doctors, social workers, and other professionals—without full realization that for most elderly the professional and the agency are a last-resort contact and that preventive intervention requires neighborhood workers.

We cluck our tongues at the horror of an elderly man in a wheelchair whose elderly wife has been dead 3 days before the neighbor who gets their groceries finds the scene; yet we do not seek out these natural contacts in programing services.

It is known that states of physical and social dependency wax and wane with the older adult. We make it inordinately difficult, however, for professionals to provide and the elderly to use, food or health service programs, so that once they are co-opted, there is little incentive to encourage independence, when it becomes again feasible.

Reports of the selection and retention of less needful individuals in "Meals on Wheels" and home care programs attest to this inflexibility.

With these points in mind, I would like to address myself to two major public issues which have evolved from the past years' review of research and programing in nutrition and aging:

PSYCHOLOGY OF THE AGED

First, there are no systematic and continuous mechanisms whereby research information is translated, meaningfully, for the practitioner who works with the aged. It is our experience that programs for the aged or with age components are funded to agencies with little or no assurance that current knowledge about the elderly will be applied.

For example, it is an established fact of psychology that people of all ages learn least from lectures; yet many nutrition programs persist in this method of transmitting dietary information to the elderly.

There is a notable lack of preprogram planning funds, whereby communities and agencies would have time and money to utilize skilled gerontology specialists in program design and selection of target populations.

This is partly a reflection of confusion of objectives in many of our food and nutrition programs. Is the goal of the surplus commodity program to improve the diets of low-income people or to disperse excesses?

If even partially the former, how do we know we are providing foods in a form that will be used and by which segments of the population in need? In response to an explicit request for information from the U.S. Department of Agriculture, 8 months ago, as to the recipients

of surplus commodities, one of our project consultants was told that no data is available on the age or other characteristics of receivers of these goods. There has apparently been no review of regular and occasional receivers or nonreceivers of either surplus commodities or food stamps. There has been no followup research into the use and nonuse by receivers of either commodities or stamps; yet such research would be the only sound basis for mounting nutrition education programs among the poor and disadvantaged aged.

I do not wish to criticize one agency only with regard to utilization data. We literally do not know with any programs, including the segments of medicare, the extent to which the needs of elderly populations are being met.

I believe it is somewhat immoral to develop and publicize 5-day-a-week demonstration group dining programs for elderly recipients to believe that they are. I am not unmindful of the sympathy by which community programers function when they say "How can I turn anyone away," but acts of such sympathy can very readily result in fostering distrust in all Government programs.

In fact, we increasingly hear people say that federally funded service programs just barely get off the ground when they are cut off.

We are in great need of clarifying the goals of research and demonstration programs of all types and of providing adequate funds and professional expertise to assure the use of current knowledge about aging to demonstrate the effectiveness or ineffectiveness of specific interventions.

Coordinated community and State support for those programs whose benefits can be demonstrated will only then be competitively feasible.

This leads me to the second point. If we are to continue to invest in programs of social intervention (food, consumer education, nutrition, and socialization), we must learn, often from the recipients themselves, what is effective and what is not effective. Although it is admittedly difficult to conduct field research because of the many unplanned factors which confound our results, it can and must be done and it is not now done at all.

This so-called impact research requires support from the beginning for an evaluation component in every social intervention program that is conducted. It should not, as is often threatened, involve stealing from the direct service components to pay for research, but consist in firmly committed additional funds.

In conclusion, allow me to specify several major applied research needs in nutrition and aging.

RESEARCH NEEDS IN NUTRITION AND AGING

1. We must actively find those aging adults in actual and potential need of dietary assistance, and to this, Dr. Holmes has very specific experiences from his own program. We now have adequate cues from research in aging as to who these people might be and we need innovative methods of locating them and assisting them before their downward and costly spirals gain momentum.

2. Provide the elderly with better cash incomes to make good food accessible. The major reason that people do not eat well is still that they cannot afford food.

This may mean providing, via subsidization of private industry or local merchants, foods that are palatable and proportionate to the appetites of older adults.

3. We need to adequately fund service and demonstration programs so that researchers who know the facts of human aging can assist community agencies and professionals in sound application and evaluation of both food distribution and behavior modification methods.

4. We must establish continuous mechanisms for translating research in aging for use by practitioners, families, and communities.

Thank you.

The CHAIRMAN. Thank you very much, Mrs. Howell. We appreciate your statement.

Dr. Holmes, did you want to add some observations before we raise questions?

Dr. HOLMES. Well, sir, I prepared this statement, and I think it would be a waste of time, and I know time is at a premium, to read that.

The CHAIRMAN. Perhaps we could insert that in the record and you can make brief observations.

(The prepared statement of Dr. Douglas Holmes follows:)

PREPARED STATEMENT OF DR. DOUGLAS HOLMES

There are approximately 9,000 aged enrolled in programs maintained by our organization. In addition, we currently maintain casefinding, nutrition and social service programs for the aged (supported by the U.S. Administration On Aging), casework counselling and housing relocation programs, and health screening programs for the aged. On the basis of research evaluation accompanying several of these programs, the following facts have emerged with regard to the urban aged.

Many indigent aged are hidden from society. For a variety of reasons they do not receive welfare benefits, or virtually any other form of social service. Due to inadequate finances, nutritional needs cannot be fulfilled.

In urban ghetto areas, the majority of aged interviewed in a recent study were afraid to go into the street. Of a sample of 137 individuals, each had been mugged at least once. As a result, shopping is infrequent—fresh foods are therefore not bought.

Among 452 participants in a nutrition project for the aged, social isolation has been a major problem in over 85% of the cases. This isolation often leads to inadequate nutrition—there is no-one to cook for, to care for.

An intensive door-to-door search for isolated aged, in an area already screened by agencies using more traditional recruitment methods, showed that there were about three "hidden" aged for every person who had become known to existing social/recreational agencies.

The aged themselves constitute a valuable resource in terms not only of the provisions of paraprofessional services, but also in bridging the gap between agency and isolate, between nutrition education and the implementation of learned material. In every program where there exists lines for indigent aides, the number of applicants has greatly exceeded the number of lines available.

The need for innovative casefinding approaches has been cited. Similarly, innovative approaches must be developed for teaching nutrition—in many instances, the lecture approach simply does not work. It is apparent that there is a great need for the creation of teaching techniques which engage the active participation of the learners.

Based upon experience in several programs, it would seem advisable to spend considerable time both in the training of administrative personnel for work with the aged, which requires very specific skills, and in the creation of objective evaluative approaches which then could be used in all projects. Our experience to date underscores the need for ongoing evaluation: often the routine collection of objective data has proved indispensable in guiding and redirecting program elements. This is particularly true in all nutrition education programs.

in which a demonstrable outcome is expected as a direct outgrowth of program participation.

Finally, experience has shown that programs for the aged are deficit operations. This is particularly true in such as nutrition programs, in which there are considerable costs associated with the delivery of services. Despite any efforts to develop local, private support for nutrition programs, it appears most doubtful that such programs can be maintained by most agencies, without major public support. Objective research data validates the utility of such programs; yet their continuation is unlikely within the budgetary frameworks of most private agencies.

In conclusion, the object data we have collected relating to our programs for the aged support both the need and the utility of such programs in reducing the stresses associated with aging. What now is needed is the continuation and expansion of pilot efforts so as to ensure a basic decent standard of living for the aged. Such can be accomplished only through massive programs of public support.

Dr. HOLMES. Our program in New York City, funded by the Administration on Aging, in it there is a strong research component.

Now, of course, the program isn't over, so it isn't fair to say decisively whether it has been a success or a failure.

However, a recent overview of the data we have conducted indicates that, first, people are receiving more adequate nutrition, as might be expected.

Even more important, perhaps, we found that the nutrition program, itself, has proved indispensible in attracting aged who otherwise simply did not receive any social services and could not come to programs.

Accompanying program participation, objective data indicate that the aged are receiving better medical care. There is a higher level of morale among the aged, there is a higher degree of social interaction, which is carried on in addition to the interaction that is carried on as part of the meal program per se.

We find that the traditional methods for locating the elderly are inadequate. If you use all types of advertising, community organization, you skim off the cream of the aged. You get those who, relatively speaking, need the service less.

We found, for instance, in one area that by conducting a very intensive door to door search for aged, using indigenous aged, that we were able to locate relatively great numbers of aged who were completely isolated and completely unknown to social agencies. The ratio was 3 to 1 one in terms of the number in the given area that were known to social agencies as contrasted with the numbers we obtained.

We found that transportation remains a tremendous problem in nutrition programs.

In following up on those who have dropped out of our program, we have found that the difficulties in getting to the meals was the major determinant in the decision to drop out.

Again, I can only in conclusion make a case that we do find that the programs are a success. We do know that most private agencies cannot operate what is essentially a deficit operation without public assistance, and that we must conclude that there should be massive support for the continuation and expansion of the programs.

The CHAIRMAN. Thank you, Dr. Holmes.

Mrs. Howell, in your statement to the committee, you refer to the difficulty of reaching older people with educational materials, pamphlets, radio and television, newspaper columns, and so on.

What is your vrew of the best way of getting necessary information into the hands of older people so that it is effective?

That is, to not only make food available to them, but basic information that they need to take care of themselves?

Mrs. HOWELL. First, Senator, I think one of the things we all need to remind ourselves of is that we are not talking about a homogeneous group, and there are so many different situations within which the aged find themselves that we have to adapt our methods for varieties of situations.

For example, I think that we have not fully explored the problems of the aged person living in multigenerational families, where the interactions between the elderly parents and the middle-aged children may very well include some problems with regard to food and eating.

I think the families in these cases are partly—should be part of the recipients of the educational programs in that kind of a situation.

Experimentation during World War II with foods and food education programs has led social psychologists, at least, to feel that group participation methods, small group participation methods, are far superior when the individuals of any age group have a chance to discuss diet and nutrition in connection with problems that may be more salient to them.

In other words, they may not themselves feel that nutrition and diet is the most urgent issue, so that the nutrition and diet discussions have to be somewhat incorporated with other kinds of things that they do feel are more important in small groups.

The CHAIRMAN. I notice in your statement you say that some 8 million of our elderly citizens have inadequate diets. I guess it is impossible to make any definite estimate as to how many people in this country are suffering from malnutrition. Members of the committee have been using a figure of 15 million that are probably suffering from inadequate diets and malnourishment of one kind or another, some extreme and some not too extreme.

If your estimate is correct, it would mean that over half of the people we have classified as malnourished are older citizens.

Mrs. HOWELL. I covered myself by saying the food calculation, but that is not completely all. It is my impression that we have not adequately explored with the elderly, all adults and the elderly, the area of the subclinical symptoms of inadequate nutrition, which are often behavioral. Depression, irritability, sleeplessness, the kind of things that when the individual comes to the decision are already covered by an overclinical condition, and the behavioral symptoms are not usually related to the fact that the elderly person has been eating sweet rolls and coffee for 6 months straight as their only diet.

I feel that we have to include these as inadequately fed people, and that is where a good part of that 8 million estimate comes from.

The CHAIRMAN. I was impressed with Commissioner Martin's proposal that we consider the possibility of setting up these satellite feeding operations for older people where you take advantage of a central kitchen in a hospital or school or church or synagogue, and as I understand Mr. Martin's proposal, you would have mobile facilities to take the food out from those central kitchens to other centers where people could be fed.

Do you think that is a viable approach to reach people we are presently not getting to, particularly among older citizens?

Mrs. HOWELL. I think it is a viable approach to reaching a large number of people, if the casefinding that goes into building such programs is done appropriately, that is. I think it is an extremely economical approach, and we may have to look toward the less optimum social-psychological approaches in favor of more economical approaches.

The CHAIRMAN. Senator Ellender?

Senator ELLENDER. I presume that you have had quite a bit of experience, judging from your statement. Have you come across any ideal method of taking care of these people?

In other words, I understand you work in New York. I presume that the State, as well as the municipality, or some other sources are aiding with funds, money, and I am wondering if you could tell the committee what would be an ideal plan of providing funds?

I know that is the main problem, and I am sure that all of these programs can't possibly operate unless you have full local cooperation. That is, a contribution from municipal, State, and county levels, and some contribution from the Federal Government.

Have you any idea from your studies, or from some of the plans that you envision, where the cost of this would be distributed among the various local agencies as well as the Federal Government? What would be the ideal method of doing this?

Mrs. HOWELL. I am sorry, Senator Ellender. I am not really in a position to answer that kind of a question, because my role is as an academic researcher, essentially, and though I work in communities with various agencies, I really have done very little in the way of administrative analysis or cost benefit analysis for example. I am sure there are other people who know that area and could do that kind of appraisal.

Senator ELLENDER. I find in many of these programs to which people offer suggestions that there is more research done than action taken after research is completed. That is what happens. You start a program, get a grant to find out how a program would work or could work, and then that is it.

No effort is made to continue it, and make it responsive to do what is intended. I know I authored the school lunch program in 1940, and I am proud of it. It took us a long time to devise ways and means of making this program work, but I found that unless we had complete cooperation at the local level, the program would never work.

As it is now, around $2½ billion is spent yearly, and 25 or 26 percent of that amount is contributed by the Federal Government and the rest of it by the local people. That method has been, in my opinion, very successful. I am just wondering if some ways and means couldn't be found to work this along the same line.

Another thing, I wonder if you have come across any plans to keep the older people occupied, so they have something to do. I think we could go far in ameliorating many of the complaints we hear about loneliness and this and that by devising plans to keep these people occupied, not just sit around and do nothing.

Mrs. HOWELL. I think we have to appreciate that some people when they become old would like to be able to just sit around and do nothing, and we have to not attempt to fit them all into the same mold as activists.

As far as the community organization, I am in complete agreement with you, Senator. I find this in community health services as a particular problem, getting community agencies, each of which have their own separate ax to grind, cooperating in some meaningful way toward single goals.

I think we need to, perhaps, explore in the course of the projects, these demonstration and research projects, what kind of problems the projects are running into with regard to community agencies.

I know of one case, for example, in which a nutrition program originally was set up to be conducted in a public housing project. That would have been a very meaningful location. But here were very serious problems in getting acceptance. I don't think it ever was gotten, from the public housing, the local public housing authority, to have the meals presented in this environment. They even had the space.

Now, obviously, there was some political problem involved, and this whole process, this problem process should have been explored by somebody who knows how to do that and publicized and looked at, and some ways of getting to the agencies involved should have been found at that time.

Dr. Holmes?

Dr. HOLMES. Senator, of course I represent a certain bias, being the representative of a private, nonprofit organization. I do feel, however, that the dissemination of funds for such programs, and the creation of programs well can be developed using existing private and public community resources.

Now, given a specific area, an existing agency, be it private or public, is more knowledgeable about the potential constituency. It is apt to be more accepted by the elderly. It is not a dole line, and it is known by the constituency.

Many of these agencies are multipurpose, multiservice agencies, so that if you can develop a nutrition program in, let's say, a community center, participation in the nutrition program itself has a number of additional tables. They are set up for recreational service and social service, the services that these people need. So, I would opt very strongly in the direction of working with existing public and private organizations in the dissemination of funds and the creation of projects.

With regard to the dollar question you are raising, in other words, we do lovely research, and we have a lovely demonstration program and it is a success and that is the end of it, I can only come back to the point that most private agencies cannot afford to maintain a large-scale deficit operation. This happens with regard to the aging and a number of other programs, for which private and public support is gained. The program proves to be a success, and then comes the end of the project, and you pat yourself on the back and say, "It was marvelous, and people have benefited." At best, you can continue to serve only the same number you have served without the expansion that is indicated, and at worse, you have to discontinue the whole thing.

This is, as we all know, the current pattern in demonstration pilot projects.

Senator ELLENDER. Do you find that localities use a method that has been tried in the pilot program?

Dr. HOLMES. Sir, I can't respond in terms of the nutrition project, but in terms of other projects we have maintained, yes; not always in the degree you would like. We have seen programs for orthopedically handicapped children, the Headstart programs, and many programs that were started on a pilot basis have been expanded as a result of the preliminary finding.

So, there is a valuable payoff in most cases, but it is not as valuable as it would be if funds were available to maintain it on an expanded basis.

Senator ELLENDER. I agree that the programs should be managed at the local level. We are dealing here with a problem nationwide, and in many cases, you don't have those facilities.

It seems to me some plan could be devised whereby a certain sum could be made available from the Federal Government, if necessary, and with particular stress at the local level.

Dr. HOLMES. I think there is no question.

One final point. You asked whether the aged themselves could perform meaningful tasks and activities. I agree with Mrs. Howell that all aged want to or should. However, our experience has indicated unequivocably that there are many aged who want to participate in activities, either paid or unpaid. As a matter of fact, there is a scramble and a fight to participate, and they can do things very well that others cannot do. They can establish contact with the isolated aged. They can aid immeasurably in a number of ways, and I think this is an untapped resource. I hope that something we can do by way of continuation, establishing social self-help groups among the aged—I think it is a vast potential.

Senator ELLENDER. It is my belief, though, that if ways and means can be found in order to have these older folks do something to make them feel they are earning it on their own, that it would have some very salutary effects on them.

The CHAIRMAN. Thank you, Senator Ellender.

Thank you very much for your testimony, Mrs. Howell and Mr. Holmes.

We have three excellent witnesses remaining, and unfortunately, we have a time problem again today because of the memorial service for Senator Dirksen.

It occurs to me that perhaps the best way to handle this is to have the three remaining witnesses come together now as a panel, and perhaps each one in turn could take 5 or 6 minutes to make the most salient points that they would like to make in their prepared statements. We will see that the entire prepared statement is made part of the record so that every member of the committee can read it, but I don't know any other basis on which we can finish by 12 o'clock.

So, if that is agreeable, I would like to call Mrs. Fannin, Mrs. Turpeau, and Mrs. Strouse, and ask each witness in turn to give a brief statement.

I am sorry we have to use this method, but I don't know how else to get through with it.

Mrs. Fannin, would you lead off?

STATEMENT OF MRS. REGINA FANNIN, NORTHEAST KENTUCKY AREA DEVELOPMENT COUNCIL

Mrs. FANNIN. To cut this down into 5 minutes, I don't know how to do it.

I am from the rural area in Kentucky, the northeast area that covers six counties, in the Seventh Congressional District.

We have 42 percent of our people in the low-income group, under $3,000. Of these, 11 percent are elderly, over 65.

Nearly 70 percent of our elderly people——

The CHAIRMAN. If you could, speak a little louder, please.

Mrs. FANNIN. Nearly 70 percent of the people over 65 are in the low-income group, and old age is an important factor in nutrition and in relating to low income.

I have with me a map of our area which I am the director of the project in. This area covers 2,136 square miles.

The CHAIRMAN. Mrs. Fanin, I don't believe any witness has yet given us a description of just how these food programs work for the elderly. We may know generally, but I think it would be very useful if you could just tell us what the format is, how the program is structured, and how it actually operates.

How do you reach the individual person? Just give us as exact a description as you can, how it is carried out. I am not entirely familiar myself with how this program functioned.

Mrs. FANIN. You ask how we contact people.

Within our area, everyone knows everyone else. They may not know the circumstances of that person, or, again, they may. But really, someone in that area, that community, can tell you every other elderly person within the area.

We have a very good grapevine system.

We can get contacts with a person within the neighborhood, and they in turn can get in touch with others and tell us where we can find them, if necessary.

These people are located by elderly people themselves, and are asked if they would like to come to the center.

TRANSPORTATION

This program is described to them, and we provide transportation for them, for those who do not have it, to come to the center in Kentucky. Our project is one meal a week, on Saturdays.

The CHAIRMAN. One meal a week?

Mrs. FANIN. Yes.

The CHAIRMAN. So, in other words, it is a pilot program?

Mrs. FANIN. Yes. It was set up this way because we did not know how well we could overcome the withdrawal of the people, and how many would participate. Our initial project was set up for possibly 30 people per center, and each county was to have one center located within it.

The participation now ranges from the 20's to the 40's in percentage. It would be a lot higher if it were not too far apart for them.

We have some people that are coming 28 to 30 miles one way to participate in the activities on Saturday.

We have one lady, for instance, that walks out of the hollow 1½ miles to a main road, and then she hitchhikes 38 miles to the center.

The CHAIRMAN. What facility serves as the center?

Mrs. FANIN. We are using donated facilities within the county, and in this particular county, it happened to be in the local CAP Agency's branch office. We have a building there.

They come to this center on Saturday, and have their meals and other activities that we have in the center.

We just plan time for socialization for each of them. We have nutrition demonstrations, we have meal preparation, handicraft items, which we found that they desperately need to sell to implement their income.

Now, I do know what a lot of them do with the salary, and they come back to us and want to join a shopping pool to better stretch that dollar and, of course, have a better life.

The CHAIRMAN. Do you see evidence that in addition to getting that one well balanced meal a week that they take the information of the demonstration back home with them to improve the rest of their meals?

Is there evidence that they are serving themselves a more balanced diet the other 6 days a week?

Mrs. FANNIN. With what income they have, yes, they are, because they will come back and tell us how they have implemented that meal, or that idea, in the week past. We have a discussion each week on what they have done in the week past in the way of improvement, in the way of helping to improve their food.

Right now, at this present time, they have some extra things in their garden, but we found out they did not have facilities to do canning. We provided them with those.

They do not have jars to preserve the food in. This is something that we are trying to get some moneys for through the sale of handicrafts.

They don't have transportation. This is a big problem in getting to and from the stores. This is one of the reasons we have formed the shopping pool, so that we could go 1 day and help them make their selections.

We found that many of them have cereals, oatmeal and things like this for their evening meal. They don't cook, a lot of them, because of not having the facilities, being alone and not wanted to cook for themselves, wanting to fix something that is very convenient.

So, if they want cereals, I pointed out the values of one cereal compared with the other, cost comparisons and so forth.

Senator ELLENDER. Judging from the map which you presented to us, the area seems to be quite wide.

How many demonstration places have you in that area?

Mrs. FANNIN. We have within each county one at the present time. There are six counties. We have two in Elliott County, and we have one existing in Greenup County at the present time, with another proposed site.

Senator ELLENDER. How many people of this age come every Saturday?

Mrs. FANNIN. It varies according to the weather and the health of the people. We have had from 20 to 40.

Senator ELLENDER. Do you have repeats?

Mrs. FANNIN. Yes, we do.

Senator ELLENDER. How is that financed?

Mrs. FANNIN. Through the AOA project.

Senator ELLENDER. How many people are employed to carry on the demonstration once a week?

Mrs. FANNIN. We have 12 people currently employed. Three of us are on the local staff. Nine are over 60, and work on a part-time basis.

Senator ELLENDER. Is anything done by the group of people employed on the side in giving this one meal a week? Do they travel around?

Mrs. FANNIN. Yes, they do the outreach for us. They are the messengers for the project.

Senator ELLENDER. Do you feel it has been successful?

Mrs. FANNIN. I most certainly do. It needs to be expanded.

We have people coming to the center that have no income whatsoever, and you may say "How do they exist?"

These people do little odd jobs, what little they can pick up. This one lady cleans houses and things for approximately $20 a month. She comes to our center and participates very actively. She is very influential in getting other people interested in other activities, and in order to pay for her meals, she insists on helping with the dishes.

Senator ELLENDER. Is it your view, gathered from your experience, that the money problem is critical; that is, lack of funds to obtain food?

Mrs. FANNIN. The lack of money is naturally, one of the large factors, but we also have distances involved, which is a large factor, the isolation of the people.

We do have, of course, several counties, some counties are on the food stamp program, and others on the commodity programs. Our elderly cannot participate in these because of the distances to the distribution point, which is sometimes 35 or 40 miles away. You have to pay a taxi at least $5 to pay the trip, if the counties have a taxi, and from the income range, which is very inadequate, it ranges from no income to $210 per month for the entire family.

The average income is about $75, and with this, they just can't pay $10 a month for the transportation to this distribution point, especially for the stamps, because they can purchase the food for less than that.

I feel in order to make food more available, to help eliminate a lot of the hunger, that, really, there should be a combination of both of these programs within each of the counties, and the commodity program first, and then the food stamp program to furnish the fresh fruits, vegetables, and meats that they do not get in the commodities distribution program.

I also feel along the same line that it should be located in several distribution points around the area, and not in one.

This is a very important factor.

(The prepared statement of Mrs. Regina Fannin follows:)

PREPARED STATEMENT OF REGINA FANNIN, PROJECT DIRECTOR, COUNTRY GATHERING PROGRAM, TITLE IV NUTRITION DEMONSTRATION PROJECT FOR THE RURAL ELDERLY IN SIX NORTHEASTERN KENTUCKY COUNTIES

BACKGROUND INFORMATION OF WITNESS

My past experience of working with and for the elderly and my knowledge of the area and the special problems thereof stems from nearly a lifetime of living and teaching in the area; however, for the past five years I have had more contact with a greater number of older adults.

I have worked with the local CAP Agency—the Northeast Kentucky Area Development Council, Inc., of Olive Hill, Kentucky—in several positions:

(a) As a Field Worker, I helped conduct a survey of those 60 and over in Lewis County (3,000 persons interviewed) and worked in the Medicare Alert program in two counties (Lewis and Greenup).

(b) As a Director of the Commodity Distribution Program (in Lewis County) we took the allocated food to the home and conducted demonstrations on better use of the items each month to over 450 families, many of them elderly.

(c) As six county Area Coordinator Social Worker (with personal visits in many homes) also as a guest instructor in nutrition to those persons receiving Food Stamps in two counties.

(d) As Acting Director of the Emergency Food and Medical Program in two counties (with demonstrations in preparation of foods and consumer education instruction), and

(e) In my current position as Director of Country Gathering (reaching 150–175 elderly each week with anticipation of 60 more members).

I offer this résumé of my experience as an indication to the extent of my knowledge of the plight of the rural elderly.

INTRODUCTION

Mr. Chairman, I appreciate this opportunity to talk with this committee concerning the needs of the rural elderly in my area; and, I feel quite certain, these same needs are representative of other areas of our country.

May I begin by explaining briefly a little of the background of the area.

The central offices of the Northeast Kentucky Area Development Council, Inc. are located in Olive Hill (Carter County), Kentucky, and the Council encompasses a six county area namely: Carter, Elliott, Greenup, Lewis, Morgan and Rowan counties—as I have indicated on this map of the state of Kentucky. This is in the Seventh Congressional District. The six counties cover an area of 2,136 square miles and had an estimated population in 1965 of 95,400. The 1960 census figures show that the number of elderly residing here at that time who were 65 or over was 8,152 out of the 93,364 population figure. There were 22,126 families in the area with 10,668 of them with less than $3,000 income. This represents 48.2% of the families. Of this number 24.1% received Old Age Assistance. There were within the area 17,749 persons over age 25 that had less than an 8th grade education (39%). In the state as a whole about 27% of all low-income families had heads of households who were over 65 years of age while only 16% of all families had heads of households who were even over 65. Nearly 70% of Kentucky families with heads of households over 65 were in the low income group.

Old age, then, is a factor related to low income; and in Eastern Kentucky this is even more apparent. As you will note from the map the people are primarily isolated from any urban area that would provide needed services.

PROBLEMS OF RURAL ELDERLY

I am not dealing with statistics—I am dealing with people—my people, rural older adults, ranging in age from 60 to 98. Almost all of them needy. They are faced with new problems every day that only perpetuates their existing ones.

Isolation and remoteness are overwhelming obstacles with which to deal. Many of the participants in my program live off the main roads and up the hollows of their counties. For example, we have a participant that must walk one and one

half miles out of a hollow to the main road and then must hitch hike a ride thirty-eight miles to the center. This, you may feel, is of no cost to her; however, please consider the fact that she must purchase shoes to walk. In declining weather this necessitates her need for outer protective clothing. It involves a day in her life that in later years seems of greater value to many of the elderly.

In the rural isolated areas such as we have, personal isolation and remoteness is linked with transportation problems and distances involved. To rural people an automobile is a necessity of life and not a luxury. It is needed by a person or family to get to and from work (if they have a job), to the store to purchase the necessities of life, to a doctor (if there is one available) and all the other necessary uses usually attributed to a vehicle.

The small rural stores that were within walking distance no longer exist and it is many miles to the nearest store which is often understocked and high in prices. In order to get from their homes to the county seat or the largest town within the county they have to hire someone to transport them or in some counties where taxis are available they have to pay on the average of $5 per trip. Since as the statistics point out the income for our area is low, transportation is held at a minimum because of its high cost. Coupled with this transportation and isolation problems, perpetuated by the low income, is the lack of services available within the area.

There is one hospital within the six county area and the majority of doctors are within this town. Some of the counties have one or two doctors for the total population. There are many services available to the elderly that they are not aware of and could not utilize if they were made aware of them without some assistance. The lifetime habit of fending for themselves is deeply ingrained in the culture of mountainous people. The educational background of the aged person is a great indicator as to his participation in ongoing programs and services available to him.

These problems facing the elderly have been brought out in my contact with participants of this program. May I expand on these for a moment.

(*a*) We have in one of our centers a lady who lives alone and draws Public Assistance. She came to several of the meetings wearing the same dress and ragged tennis shoes. She revealed to some of the ladies that she knew that this was the only wearing apparel that she could wear anywhere other than working. The ladies bought her a bag of used clothing at the next meeting. She had asked us to save the used plastic bags and wrapping materials from our meal preparation. It was some time later before she revealed to us why she desired these articles. Gentlemen, it was to cover the cracks in her house to keep out the cold winter winds. The only convenience she has is electricity. She carries her water, wood and coal (if she saves enough money for coal). She had only one ragged quilt for her bed. Since she has been coming to the center and been involved with the handicraft portion, she has made three quilts for herself. (This material was donated to the project by one of the garment factories in an adjoining county.) This lady does not use the services of the Food Stamp program because she can not afford the outlay of cash. During the summer months, she cares for a garden for a neighbor for one-half of the produce. Under circumstances such as these, I do not feel she is receiving anywhere near a balanced diet except for the one meal a week when she is at the center.

COUNTRY GATHERING

At this point I should like to expound briefly on the project of which I am Director. The Country Gathering program operates with sites located in the area as indicated on the map.

The Country Gathering is a nutrition demonstration Title IV project that provides one meal a week to the participants. The meal is a social setting for a variety of programed activities including Consumer Education, aging problems, recreational activities, handicraft instructions and time for visiting and talking with one to another. At present, we are operating six centers located in five of the counties. They were funded for maximum participation of thirty per center. This varies in different locales with attendance ranging from early twenties to early forties. Our most recent center to be established was funded under this year's program as a special cooperation demonstration between Emergency Food and Medical Program and Country Gathering. This center was established for those of the elderly who receive Food Stamps in Elliott County. Cooperation is in the extent that the Emergency Food and Medical Program

is providing $15 per week raw food cost to supplement the demonstration and meal costs in this one center. The operation of this center differs only from the others in that there is a concentration on food value, cost and nutrition requirements to better utilize their food stamp dollar.

The requirements for participation in Country Gathering are that the person be sixty or over and a resident of the county in which center is located. There is no income restriction but very few of our elderly would be eliminated if such a regulation existed.

We conducted a survey at all our centers (one week) and received the following information from those present: (See attached sheet.) As you may note from comparison of the figures on the following page, not all of the people answered each question.

At the present time we are preparing meals for at least 165 persons each week.

Number of participants in each range

Range of income (per month:)

No income	4
$35 to $58	20
$59 to $78	22
$79 to $92	13
$92 to $210	38

This is total income for the entire family. Some families have children who work living at home but contributes very little, if any, to the household expenses.

When asked, "How many needs transportation to do your grocery shopping, do other shopping or go to the doctor?" we received the following answers.

Needs transportation:

Yes: 132.

No: 48.

When asked, "Are you on a special diet?" we received the following answers.

Special diet:

Yes: 24.

No: 69.

When asked, "Do you have a major illness?" we received the following answers.

Major illness:

Yes: 53.

No: 40.

When asked, "How far do you live from the center?" we received the following answers.

One mile: 21.

More than 1 mile: 59.

During the time the participants spend at the center they have told us many of their problems in obtaining food. As you would probably surmise a large portion of the problems are income related. However, may I quote to you some of their comments. High on this list is the comment, "There is only me and who wants to cook for one". Other high ranking comments include: "I only eat one or two things each day", "This is the only full meal I eat all week", "I just don't have money to buy very much after medicine, rent, etc.", "I have to charge what I buy and pay as I can", "I draw commodities, thats about all I eat, sometimes something from my neighbor's graden", "Cook and eat one or two things a day—I don't have a refrigerator and things spoil that are left over", "I don't have any teeth—can't chew—so I eat potatoes, oatmeal and stuff like that", "My doctor said I was low on iron and gave me this diet, but I can't buy that to eat—I only draw $69 a month", "I received Emergency Food Vouchers twice but they wouldn't let me have them anymore". These are a few of the quotes from the elderly concerning their nutrition. The nutrition aspect is one factor drawing the elderly to participate in this program; however, the greatest number of comments and high on the list of reasons for participating is sociability. The isolated elderly are starved for human contact.

We also conducted a Twenty-Four Hour Recall Diet Survey. From those responding, it was found that two-thirds of them had cereal or oatmeal for an evening meal. The majority had beans and potatoes for their noon meal, some just had coffee for breakfast while others had coffee, egg, gravy and biscuits.

Very few had meat with their meal. Only two of those surveyed drank a fresh fruit juice that day. As is indicated from this survey they were low in protein content, vitamin C and nutrients essential for good health.

The Country Gathering Program has a staff of twelve. Of this number nine are 60 or over. Added to this staff is much needed help of volunteers. Volunteers are used to transport participants to and from the centers and as aides in the kitchens as well as with the scheduled programs. We have two volunteers that are in their 40's, four in their 50's and fourteen who are over 60. The services rendered by these people are a vital part of the success of the program; especially, since the paid workers time has been reduced this year.

Each center has been allowed fifteen hours per week. This includes all activities, such as the outreach work, participation in programs, participant transportation, and the meal preparation and serving. The assistants are paid $2.05 per hour plus fringe benefits and are reimbursed at the rate of $.09 per mile traveled in private automobiles.

Based on the last three months food costs, the average cost per meal is $.55. The cost to the participant that can afford to pay is $.25.

The project also provides take home and home delivered meals. The take home meals are those meals that a member takes home from the center themselves, while the home delivered meals are those meals taken to a shut-in.

In an attempt to offset the cost ratio per meal, I have tried to get the Country Gathering certified from the State Department as an eligible outlet for surplus commodities and I offer my results of this effort as an appendix to my statement.

Problems With Food Stamp and Commodity Programs as Related to the Rural Elderly.

From the many requests we have had from the older persons, requesting assistance in obtaining food stamps or commodities it appears that the programs are not reaching many of the most needy—those unable to travel the distances involved to get to the distribution centers—misunderstanding concerning eligibility and certification and the unnecessarily long and embarrassing process. In the counties that have the Food Stamp Program many cannot participate because of the outlay of cash on a specific day along with the transportation problems. These people must continue to purchase from a fixed income while the prices of their needed services increase; thus, making it more imperative that they receive assistance with food.

Unlike the Food Stamp Program that requires a cash payment to increase the purchasing power of the participant, the Commodity Distribution Program is a free gift to those eligible. However, the variety of items received is not left to the discretion of the participant. For example, in 1965 those persons in our area eligible for commodities received the benefit of twelve items consisting of one-third of their basic food needs. This past year the variety of the surplus items has increased to twenty-eight. A more balanced diet can be arrived at now than could in 1965. However, there is still much room for improvement in this phase of the program. Also better use of an item would be made if a variety of recipes, hints and suggestions were offered during the distribution of the food. For example, many people were not using the flour simply because it was heavy. This problem could be overcome by stating on the package that the flour should be sifted three or four times.

Another factor that prevents many of those eligible from participating in federal programs is simply pride. This they keep while participating in the Country Gathering program.

In helping to solve the transportation problem of the participants in the Food Stamp program, the Northeast Kentucky Area Development Council has brought this problem to the attention of the officials and as a result, in Carter County, office space is being furnished in the agency for that section of the county surrounding the central office.

It is my personal opinion and recommendation that in order to reach more of the needy, eliminate or reduce hunger and offer a better and varied diet to the elderly poor, each county should be allowed the benefits of both of these federal food programs. The Commodity Program to furnish the basic staples and the Food Stamp Program to supplement this with fresh fruit, vegetables, meats and other items not supplied through the Commodity Program.

I should like, if I may, make another suggestion for consideration. That of improving and upgrading Medicare and Medicade to include not only dentures for better nutritional health but eye glasses and hearing aids. Many of the elderly can not see well enough to read the printed material given them and many do not hear what someone else reads to them.

I feel that it is of utmost importance that a program like Country Gathering continue as an outlet for social meetings, nutritional education and meals, as an information center for services, and to provide a way of supplementing the older persons income. Along this same line, I feel that the current program could be made more beneficial to more people by locating small centers in various parts of the counties; by providing transportation for medical purposes and for "shopping pools" to increase their purchasing power; by increasing the number of meals per week and the number of days served; by increasing the number of personnel and the number of hours respectively; and by providing a type of "meals on wheels" idea with a worker to assist those who are confined to their homes so that they might avoid life in an institution. In this last respect please allow me to illustrate the type of case I had in mind.

This lady is 87 years of age, lives alone, and is suffering from crippling arthritis and lives approximately 25 miles from the nearest town (pop. under 2,000). One day last winter I received a call from a neighbor of hers—it seemed she was ill and unable to travel to the doctor. When I arrived she was in bed, the fire out and no wood left to burn, no water in the house and it had been two days since she had eaten. Well, I gathered wood, built the fire, got the water from the well, cooked what little I could find, potato soup, and called a doctor. He could not make a home visit, but would send medicine to her. (He said she had the flu.) I contacted the director of the Commodity program in the county and helped to get her certified and took her issuance to her along with the medicine. She has never really gotten over that bout with the flu and has had to have someone stay with her ever since. She now has a retarded 30 year old girl staying with her and must pay her $60.00 a month plus her meals. This lady's income is $69.00 a month. With the remaining $9.00 she is expected to pay her electric bill, buy food and medicine and hire someone to take her each month to visit the doctor and to pick up her allotment of surplus food. Her life savings are now depleted and she doesn't know how she will survive this winter. This month when I took her commodities to her she said, "I know'd you'd come, you'd bring me food. I jest know'd you wouldn't furget me." All the time she was talking she was hugging me tightly and patting me on the back.

I thank you for the privilege of allowing me to aquaint you with some of the needs of the older adults in my area.

SEPTEMBER 12, 1968.

MR. THOMAS A. LEWIS,
Director, Division of Commodity Distribution,
U.S.D.A. Capitol Annex Building, Frankfort, Ky.

DEAR MR. LEWIS: The Northeast Kentucky Area Development Council, a local Community Action Agency, has had a program called "Country Gathering" funded by the Administration on Aging.

Briefly stated this program brings together low-income persons age 60 and over for a meal once a week to be prepared in local centers of which we will have eighteen for our six county area. What I should like to know is could we be considered an eligible outlet to receive surplus commodity food items to be used in this program?

Sincerely yours,

REGINA FANNIN,
Project Director.

BLUEGRASS OF APPALACHIA,
Olive Hill, Ky., July 25, 1969.

MRS. JEANETTE PELCOVITS,
Research and Development Grants, Department of Health, Education and Welfare, Social and Rehabilitation Service, Washington, D.C.

DEAR MRS. PELCOVITS: Enclosed please find copy of the initial contact with Mr. Thomas A. Lewis, Director, Kentucky Department of Commodity Distribution. Following this letter, we had two extended telephone conversations in which I fully explained Country Gathering and its purposes. During this conversation, he informed me that he would contact the Atlanta Regional office concerning the eligibility of Country Gathering. However, he did say we could use commodity items from local commodity warehouses for demonstration purposes. He did

request that when we conducted these demonstrations, we report to him how many were present and what type of demonstration was conducted.

About two weeks later he called me again and told me he was sorry that my program, as it stood, did not qualify because we did not eliminate the higher income elderly. I explained to him that there were only seven attending our program at that time whose income would disqualify them. He told me at this time that that alone would disqualify Country Gathering.

I have talked with you and Mr. McCreary of the Washington Department of Agriculture concerning this matter several times and today I received a letter from Neill W. Freeman, Jr., Director, Commodity Distribution Division, Washington, D.C., copy of which I am enclosing herewith.

What I should like to know is, if we are equivalent to eight persons why can't we become certified as an eight member family and use the family allocated items which are more items and greater variety of food than is allocated to institutions as is reflected by the enclosed list. This would be enough items to supplement the meal activity in the centers for one week.

Sincerely,

REGINA FANNIN,
Project Director, Country Gathering.

U.S. DEPARTMENT OF AGRICULTURE,
CONSUMER AND MARKETING SERVICE,
Washington, D.C., July 22, 1969.

MRS. REGINA FANNIN,
Northeast Kentucky Area Development Council,
P.O. Box "U,"
Olive Hill, Ky.

DEAR MRS. FANNIN: You will recall that Mr. Donald McCreary of this office promised to inquire into the reason that the "The Country Gathering", your organization's weekly food service program for approximately 175 older persons, had been unsuccessful in obtaining foods donated under the Department's Commodity Distribution Program.

A representative of our Southeast District Office for Consumer Food Programs contacted Mr. Thomas A. Lewis of the State Department of Agriculture in Frankfort, whose agency is responsible for food distribution in Kentucky, regarding this matter. Mr. Lewis had no record or recollection of your application. However, on the basis of information furnished about "The Country Gathering", he believes that the very small amount of assistance for which it would be eligible would not justify his agency's allocating foods to it.

To illustrate this, Mr. Lewis pointed out that serving one meal weekly to 175 persons is really equivalent to serving three meals daily to only eight persons. In this case, as you can see from the attached list of available foods, the quantities which your program could use would be quite negligible. Each commodity is shipped separately every month, and the State agency's policy is not to allocate foods in less than case or carton-sized shipments to individual outlets. Moreover, the agency is unwilling to provide more than one month's supply of food in each shipment so as to avoid the chance of spoilage of perishable items.

While we are most sympathetic to the needs of the elderly persons benefiting from your worthwhile project, we regret that the only advice we can offer is that you increase the number of meals served each week in order to make your participation in the Commodity Distribution Program practicable. We have explained this situation to Mrs. Jeanne Pelcovits of the Administration on Aging, Department of Health, Education, and Welfare, who also informed us about your inability to participate in the program.

Please accept our apology for the delay in providing this information to you and our best wishes for the continued success of your admirable program.

Sincerely,

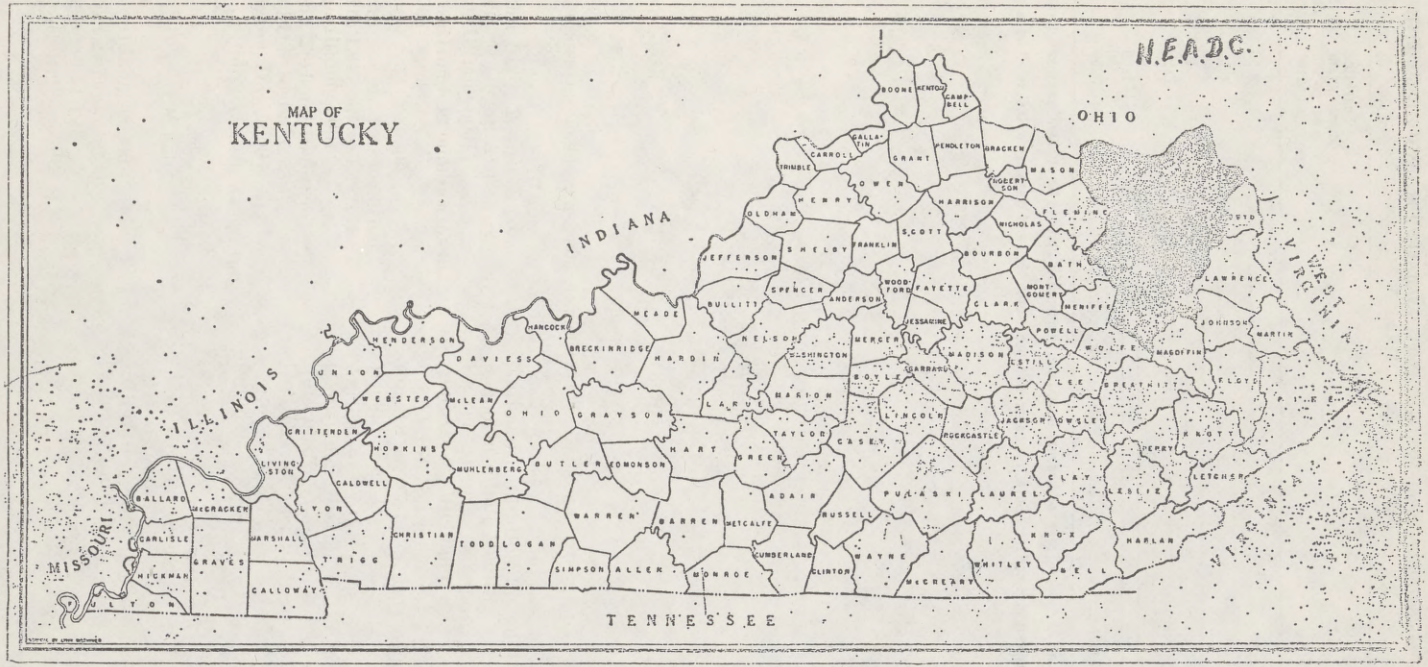
NEILL W. FREEMAN, Jr.,
Director, Commodity Distribution Division.

COMMODITY DISTRIBUTION PROGRAM—DONATED FOODS AVAILABLE FOR INSTITUTIONAL DISTRIBUTION, FISCAL YEAR 1970

Commodity	Suggested monthly rate per person (pounds) [1]	Estimated retail value per person [2]
Beans, dry	0.50	0.10
Bulgur	.50	.10
Butter	1.00	.84
Cornmeal	1.00	.11
Corn grits	.50	.07
Flour	4.00	.46
Lard or shortening	1.00	.27
Nonfat dry milk	1.00	.49
Raisins	1.00	.41
Rice	.50	.10
Rolled wheat or oats	.50	.15

[1] Based on 3 meals daily. All commodities may be ordered in quantities that can be used without waste during a given period.

[2] Retail prices were obtained from Bureau of Labor Statistics, March 1969 and Washington, D.C. retail trade sources.


MAP OF
KENTUCKY
N.E.A.D.C.
OHIO
INDIANA
ILLINOIS
MISSOURI
VIRGINIA
TENNESSEE
BOONE
KENTON
CAMPBELL
GALLATIN
CARROLL
GRANT
PENDLETON
BRACKEN
TRIMBLE
OWEN
HENRY
OLDHAM
SHELBY
FRANKLIN
SCOTT
HARRISON
NICHOLAS
ROBERTSON
MASON
FLEMING
BOURBON
BATH
JEFFERSON
SPENCER
ANDERSON
WOODFORD
FAYETTE
MONTGOMERY
MENIFEE
BULLITT
MEADE
NELSON
WASHINGTON
MERCER
JESSAMINE
CLARK
POWELL
MADISON
ESTILL
WOLFE
MAGOFFIN
BOYLE
GARRARD
LEE
BREATHITT
FLOYD
MARION
LARUE
TAYLOR
CASEY
LINCOLN
JACKSON
OWSLEY
KNOTT
PERRY
HENDERSON
DAVIESS
HANCOCK
BRECKINRIDGE
HARDIN
UNION
WEBSTER
McLEAN
OHIO
GRAYSON
CRITTENDEN
HOPKINS
MUHLENBERG
BUTLER
EDMONSON
HART
GREEN
LIVINGSTON
CALDWELL
LYON
ADAIR
RUSSELL
PULASKI
LAUREL
CLAY
LESLIE
LETCHER
BALLARD
McCRACKEN
CARLISLE
MARSHALL
GRAVES
TRIGG
CHRISTIAN
TODD
LOGAN
WARREN
BARREN
METCALFE
CUMBERLAND
WAYNE
KNOX
HARLAN
HICKMAN
CALLOWAY
SIMPSON
ALLEN
MONROE
CLINTON
McCREARY
WHITLEY
BELL
FULTON

5320

The CHAIRMAN. Mrs. Fanin, maybe we ought to interrupt you momentarily and let Mrs. Turpeau make a brief presentation, and then we will move on to Mrs. Strouse. Perhaps we can come back with additional questions after all three of you have made your statement.

STATEMENT OF MRS. ANNE TURPEAU, MEALS SERVICES PROGRAM, WASHINGTON URBAN LEAGUE

Mrs. TURPEAU. Thank you very much. Our program is an attempt to meet some of the problems about which you have heard this morning. One hundred fifty elderly eat at midday, Monday through Friday, at three sites in the model cities area. One site is in a church, one in a community room of a public housing development, and one in a public recreation center.

Meals are prepared in a local commissary operated by ARA, and are delivered to the sites by truck.

The elderly contribute 25 cents for their meals. These are well-balanced meals providing from one-third to one-half of the daily food requirements.

One of the most interesting aspects of this program is this food delivery service.

What you see before you, Senator, is——

Senator ELLENDER. We are getting fed in captivity.

Mrs. TURPEAU. This is a recently insulated food service which maintains temperatures of both hot and cold foods for several hours. These servers were prepared this morning at 9:15 at the commissary.

Mr. Geiger and I arrived at the building about the same time, and as you can see, they are still piping hot.

This type of service has the advantage of being able to be used in locations which have no proper facilities for food preparation and service.

We are hopeful that during this year and next year that we will be be able to refine the process that we are using and to be able to develop the kind of model which can be adapted in other urban areas.

EFFICIENT FOOD OPERATIONS

We believe that the day is close when nonprofit institutional kitchens in various sections of the city will be able to set up efficient food operations where food can be prepared quickly and well on a production basis, placed in these or similar insulated servers, and delivered to satellite centers.

Also, we believe that we are not far from the time when our public agency, such as Health, Recreation, and Welfare, will be adjusting their budgets to include staff positions and similar food service programs for the elderly.

The food service is but one part of our program. Also provided are health services, nutrition and consumer information, social services, recreation and comradeship.

Next week, the District of Columbia Department of Public Health will begin to give each participant a diagnostic physical examination.

Continuing service will be provided either at the closest public health facility which serves the elderly, or by the enrollee's private physician.

A nurse on the staff of our program facilitates this phase of the program.

The Department of Public Recreation, community organization, and individual volunteers assist in developing leisure activities. A staff nutritionist will develop the nutrition and consumer information programs, and will provide individual counseling.

Each center has an aide, a senior citizen, who assists participants in solving personal problems. They visit the elderly in their homes and keep in touch with them on a day to day basis.

One requirement of participation is that the elderly live within easy walking distance of the site.

In general, participants include older citizens who would be assisted by companionship, and have inadequate food preparation——

Senator ELLENDER. Could you tell us the number you serve?

Mrs. TURPEAU. 150. This is another pilot project to which you referred, and which we see a need to be continued.

Senator ELLENDER. You say it is 25 cents?

Mrs. TURPEAU. Yes. We have a grant from the Administration on Aging. We received $123,000 for a year.

Senator ELLENDER. Where are these meals prepared? Are there kitchens you go to to get this, or are they concentrated in one place?

Mrs. TURPEAU. We are purchasing these from a commercial commissary, ARA, which is located out at the end of Rhode Island Avenue.

When we were developing the proposal for submission to the Administration for the Aging, we had to check throughout the city for institutional kitchens and what the problems are in using these. We believe that we can in time develop the kind of a model which we could use non-profit institutional kitchens and have the food delivered from those sites.

Senator ELLENDER. What is the actual cost of this?

Mrs. TURPEAU. The actual cost is $2, which is very high. One of the things we hope to do is examine the cost status and give a breakdown so that we can see how these prices could be reduced.

One of the things that I suggested in my written statement is perhaps the use of food stamps as legal tender, where a person who actually uses the stamps to buy in a program of this sort, of prepared meals.

SUPPLEMENTAL FOOD PROGRAM

I would like in just the remaining few minutes to say something about the food supplemental program, if I could.

Our understanding of the goal of the supplemental food program is that it would deliver foods to low-income groups vulnerable to malnutrition. The elderly qualify, but they are not now included in its program. Since there appears to be no legislative bar to the inclusion of the elderly in the supplemental food program, we strongly request that the Select Committee on Nutrition and Human Needs, and the Chief Executive urge and direct the Department of Agriculture to expand its eligibility categories to include the elderly, and that Congress appropriate whatever funds are needed for the administration and expansion of this program.

The CHAIRMAN. What would happen to this program, in your judgment, Mrs. Turpeau, if Federal funds are not continued? Would local

support be forthcoming, or is that the end of the program if we don't establish Federal support?

Mrs. TURPEAU. We certainly hope it will not be the end of the program. This is one of the difficulties of a pilot program. We will begin next week to talk with our public agencies about the kind of adjustments they will be able to make in their budgets, so that we might be able to get staff positions covered on a continuing basis, with contributions, perhaps, from the Welfare Department and so forth, so that it could be continued on some basis.

There is possibly Model Cities money that could be made available. But we would hope that eventually this kind of program would be substantially publicly financed.

Senator ELLENDER. How are the recipients selected, at random?

Mrs. TURPEAU. Not exactly. The area in which the centers are located are in poverty areas. Many of the community workers, the senior citizens who are organizing clubs use Outreach workers. The social service agencies serving those communities also refer persons to us.

Senator ELLENDER. How many persons do you have administering this program?

Mrs. TURPEAU. On the staff, there are seven staff positions.

Senator ELLENDER. Is the amount paid to the staff included in the cost of this meal?

Mrs. TURPEAU. No; it is not.

Senator ELLENDER. That is what you pay the——

Mrs. TURPEAU. That is what is paid for the food, and the contribution is deducted from that total cost.

(The prepared statement of Mrs. Turpeau follows:)

PREPARED STATEMENT OF MRS. ANNE B. TURPEAU, ASSOCIATE DIRECTOR, WASHINGTON URBAN LEAGUE

Mr. Chairman, we thank you for the opportunity to speak before this Committee. I am Mrs. Anne Turpeau, Asosciate Director of the Washington Urban League, which is a private, non-profit organization which has served the Washington community as a social service and civil rights agency for a number of years. It is an affiliate of the National Urban League.

We would like to begin by listing a number of recommendations which are developed in this statement. We believe that they can begin to be implemented within the year, through legislative changes, increased appropriations and administrative action. The recommendations are as follows:

1. Establish more neighborhood health and medical facilities which serve the elderly.
2. Allocate more funds to appropriate agencies for the establishment of prepared food service programs in neighborhood settings.
3. Assure that reform in national welfare programs provides increases in benefits to the elderly, increases which are related to rising costs of housing, food, transportation and health care.
4. Change the cost ratio of the food stamp program to provide a higher return in stamps for each dollar spent by those in the lowest income brackets.
5. Allocate additional resources to Community Action Programs which provide outreach services and organizational activities.
6. Authorize the use of food stamps as legal tender in nutrition programs which are sponsored by non-profit organizations.
7. Expand the Supplemental Food Program to include the elderly.
8. Allocate adequate funds for local agencies to administer the Supplemental Food Program.
9. Allow the elderly to use a self-certification method to obtain Supplemental Foods and Food Stamps.
10. Simplify accounting and record-keeping procedures now required by the U.S. Department of Agriculture to be maintained by local sponsoring and participating agencies in the various food assistance programs.

Mr. Chairman, since 1965 the Washington Urban League has administered an anti-poverty center program which geographically is the closest one to the Congress of the United States. The boundaries of the neighborhood development center area begin a few blocks away from the Capitol at Massachusetts Avenue and cover a large portion of the center of the city on both sides of North Capitol Street. It was through the experiences gained by organizing and providing services for the people of this area that we learned first hand of the living problems of the elderly and how these problems are so closely related to nutrition. Out of these experiences, we have developed a comprehensive program to serve 150 elderly in the Model Cities neighborhood, a program called Senior Neighbors and Companions Clubs. We have received a demonstration grant of $123,000 from the Administration on Aging; and in a 12 month period, we will test out a new food delivery system; gather cost data; and seek to improve and maintain the health and well-being of participants through a concerting of services and programs of public and private agencies. Before we describe the operation of our program, we would like to tell some of our findings which provided the rationale for our undertaking a project of this nature.

ISOLATION AS A FACTOR

We are sure that it comes as no news to this Committee that there is a large and growing elderly population in Washington. In some census tracts, we have discovered that elderly are approximately 20 percent of the total population. What may be little known is that approximately 20 percent of the elderly in some census tracts have no source of income. Most of these, of course, are living with relatives or friends and are totally dependent upon them. In one of the urban renewal areas which falls within our neighborhood center boundaries, we have witnessed the human tragedies of elderly relatives forced to be separated from the families who cared for them because housing regulations decreed that the single elderly person was one family unit and not entitled to be accommodated with another family. Others, of course, are alone because of the death of a spouse, because they are the last remaining family members, or because they prefer to live apart from their families. Available information seems to point to the fact that a third of the elderly in poverty neighborhoods are living alone. We have no similar information for more affluent elderly.

This isolation is a factor closely linked with nutrition of the elderly. We have known for years that many elderly living alone often fall into a state of depression and lose all interest in eating and in preparing food. Public health nutritionists and medical staff can recount many instances of older clients who have come into the clinics in a very emaciated condition. They simply had stopped eating. Community workers, especially those in antipoverty programs, are able to tell of trying for weeks and months to gain entrance to an elderly person's dwelling unit and then discovering how close to death he was. We remember the dismay of one of our neighborhood workers at discovering two old ladies whose only food for a whole week had been half-a cake that a neighbor had brought by. Another worker discovered an 80 year old man living alone in what appeared to be an abandoned apartment building in an area being cleared to construct a new school. Everybody in the building had been relocated except him. His only cooking facilities were a hot plate, and the only food he got was when a neighbor remembered to bring him groceries to cook.

The development of neighborhood social and leisure activities for the elderly, participation in organized activities, visits by neighbors all contribute to the feeling of general well being of the elderly. This feeling is reflected in their eating habits, and, therefore, to the maintenance of their health.

ACCESSIBILITY OF HEALTH RESOURCES AS A FACTOR

The area in which the neighborhood center was located contained in 1965 not one public facility in which the elderly could receive diagnostic treatment or continuing health service. There is today one facility within the area—a small clinic staffed by the U.S. Public Health service personnel using space in a building scheduled for urban renewal demolition in approximately a year. The area to which we refer is nine blocks wide and at its largest point, 30 blocks long. Thirty thousand people live in the area, approximately 12 to 15 percent of whom are elderly.

Accessability of health and medical services and facilities is closely linked with the nutrition of the elderly. Older people need continuing and routine health care in convenient neighborhood settings. Experiences with older patients being cared for in the public health facilities in the District of Columbia appear to demonstrate the fairly widespread failure of the elderly to seek health care except on an emergency basis. There are several contributing factors. One is transportation. Distances are often too far to travel. Until very recently almost all oldsters seeking continuing health care in a public facility relied on services at the D.C. General Hospital. For those in the inner, northwest-northeast area, this was three bus transfers away. In addition, the bus fares were an expense item which often could not be borne on a continuing basis. There is also the very real problem of fear—fear of venturing into an unfamiliar neighboorhod where the oldster was not known. Another factor is the lack of sustained outreach programs which would bring the elderly into existing health and medical programs.

THE ECONOMIC FACTOR

Their low economic level is a third factor which accounts for poor nutrition among many elderly. We have already pointed out that about 20 percent of the elderly in poverty neighborhoods are without any source of income. Add to this 20 percent an additional 24 percent who have incomes under $1,000. Said another way, 44 percent of the elderly in poverty neighborhoods are trying to survive in one of the nation's highest cost of living cities on less than $85.00 per month, which is about $20. a week.

Let me use several examples to dramatize what it means to live on less than $20 a week, or below minimum subsistence levels in an urban area.

Mrs. H is 75 year old. She received $51. a month for Social Securtiy. She refuses to apply for old age assistance supplemental benefits because she has been told she must surrender her Insurance policy. She pays $32.50 for a room in an apartment and shares one half the cost of gas and electricity. What money is left over she uses to buy food. Her other needs, including supplemental food, are met by the person with whom she rooms. She is entitled to participate in the food stamp program.

Mr. C—, age 59, lives in a rooming house with 5 to 6 other tenants, all of whom cook in a shared kitchen. He gets $79.90 as disability pay from Social Security. His room costs him $50.90 a month. He has been referred to the Food Stamp program.

Mrs. W— lives in a public housing unit for the elderly and pays $50 for rent. Her Social Security check is $52.00. Out of the remaining $2, she spends 25 cents to buy a money order to send in her rental payment. Her daughter gives her a contribution so that she can receive $18.00 worth of food stamps. She has been assisted to apply for supplemental income from the Department of Welfare.

Mr. and Mrs. H— also live in a housing unit for the elderly. He is 68 and she is 67. Both receive Social Security payments totalling $96.60. Their rent is $55. They are entitled to receive food stamps as well as supplemental income from the Department of Welfare.

Mrs. S— lives in a house alone. She is 61 years old and receives $98 in public assistance. Her rent is $59.50 a month, and she also pays gas, light and water bills. She came into our office to inquire about the food stamp program.

These are not unusual cases, nor are they extreme examples of the conditions under which many of our elderly live.

It is of concern to agencies involved with programs and services to the aged that the Family Assistance Program which the President has outlined contains no specifics about assistance and benefits to the elderly. It will be tragic if the elderly are to be maintained at the present level. We recognize what this will mean to the elderly in the District of Columbia as they try to stretch meager dollars to meet their major budget items—housing, transportation, food, and health. For some time the public housing authority has proposed to do away with its sliding scale based on income and to use flat or fixed rentals in all units. It has recommended rental costs of $50 for units for the elderly. For many elderly living on minimum benefits, this will constitute more than a 25 per cent increase. For some it will mean an extra $20 expenditure. What happens to the 75 year old widow of a veteran—who now pays $30 a month rent and whose annual pension plus interest of her savings total $798. Bus fares and taxicab fares were increased in the District during the past twelve months and the regulatory commission is now considering still another bus fare increase. Transportation can be a major budget item for the elderly who often have to travel by public vehicles

to go to the grocery store, to public health clinics, to their physicians, downtown to public utility companies to pay their bills, and to church. Then, of course, there are the food costs. The Bureau of Labor Statistics announced in July that during the past 12 months, food costs in the District had increased 6.8 per cent. The Department of Welfare's food budget allowance is $25 a month for one adult eating in. The U.S. Department of Agriculture's low cost plan estimates $28 to $35 for a single elderly adult. Whatever figure is arrived at, it is continually being diminished by the soaring food prices.

Average old age assistance benefit in the District is around $90 a month. If the benefits remain the same or nearly the same, what will become of the elderly in a housing market in which even public housing is becoming more costly, in which food costs, transportation and health costs are rising by the month? The sad truth is that the elderly will economize by eating less. It is the only major budget item that they can manipulate. If, for instance, a person allows himself $8 a week for food, and his rent is increased from $42 to $50, he must reduce his food consumption by one fourth. If old age benefits are not increased, the numbers now enrolled on the food stamp program will be reduced because they will no longer be able to afford to purchase the stamps. What all this adds up to is that the incidence of malnutrition and hunger will continue to rise among the elderly and that there will be an increase in disease.

SENIOR NEIGHBORS AND COMPANIONS CLUBS

On August Fourth of this year, the Washington Urban League began the operation of the Senior Neighbors and Companions Clubs. This program is an attempt to meet some of the problems with which we have just dealt. One hundred and fifty elderly people meet at mid-day, Monday through Friday, at three sites in the Model Cities area. One site is in a church, one in the community room of a public housing development, and one in a public recreation center. Meals prepared at a local commissary are delivered to the sites by trucks. The elderly contribute 25 cents daily for their meals. These are well-balanced meals, providing from one third to one half of the daily food requirements. Copies of the menus and a nutritional analysis are appended to this statement .

Food services is but one part of the program. Also provided are health services, nutrition and consumer information, social services, recreation and comradeship. Next week, the Department of Public Health will begin to give each participant a diagnostic physical examination. Continuing service will be provided either at the closest public health facility which serves the elderly or by the enrollees' private physicians. A nurse on the staff facilitates this phase of the program. The Department of Public Recreation, community organizations and individual volunteers assist in developing leisure activities. A staff nutritionist will develop the nutrition and consumer information programs, and will provide individual counseling to the participants. Each center has an aide—a senior citizen—who assists the participants in solving personal problems. They visit the elderly in their homes and keep in touch with them on a day-to-day basis. One of the requirements for participation is that the elderly live within easy walking distance of the sites. In general, participants include any older citizen who would be assisted through companionship activities, who has inadequate food preparation facilities, who lives alone or usually eats alone, whose health problems are not being met, or who has consumer and money problems with which help is needed.

One of the most interesting aspects of the Senior Neighbors Program is the food delivery system. We are using a recently developed insulated food server which maintains temperatures of both hot and cold foods for several hours. It is similar to the compartment trays now used by the airlines. These servers, stacked one on top of another, are delivered in a large plastic bag secured by a wrap-around strap. All refuse is left in the trays; the trays are collected, stacked in their plastic bags, and returned to commissary. This type of service has the advantage of being able to be used in locations which have no proper facilities for food preparation or service. At the conclusion of this statement, we would like to demonstrate this service. We are hopeful that during this year and the next that we will be able to refine the process and to be able to develop the kind of model which can be adapted in other urban areas. We believe the day is close when non-profit institutional kitchens in various sections of a city will be able to set up efficient food preparation operations where food can be prepared quickly and well on a production basis, placed in these or similar insulated servers, and delivered to several satellite sites. Also, we believe we are not far from the time when our public agencies—health, recreation, welfare—

will be adjusting their budgets to include staff positions and contributions to similar food service programs for the elderly.

OTHER FOOD ASSISTANCE PROGRAM

The best available information now seems to indicate that only about ten per cent of the aged poor who are not on welfare in the District and who are eligible to receive food stamps are participating in the food stamp program. Slightly over one-third of those receiving old age assistance are enrolled in the program. Several explanations are given for this limited participation. Many elderly are sensitive to being labeled "poor" and consider it a stigma to receive benefits through a welfare department program. It is inconvenient and unnecessary for persons on fixed incomes to have to recertify every six months about their income. There are not enough outreach programs. Public information often is inappropriate and insufficient. One important bar to participation is the poor cost relationship between the amount spent and the bonus received. The elderly at the lowest income levels must spend more to gain a bonus than the more affluent. Another important bar to participation is the proportionately sizeable outlay which is required to purchase the stamps. Many prefer to hold on to the cash as a hedge against emergencies or unexpected, extra charges. For the difficulties and humiliations encountered, many elderly prefer not to be bothered. We believe that we should try to erase these difficulties and that for however long the food stamp program shall be continued that we should make the necessary legislative or administrative modifications for maximum effectiveness.

Our understanding of the goal of the Supplemental Food Program is that it would deliver foods to low income groups vulnerable to malnutrition. The elderly qualify, yet they are not now included in this program. Only pre-school children and pregnant and lactating women are now being served. Since there appears to be no legislative bar to the inclusion of the elderly in the Supplemental Food Program, we strongly request that this Select Committee on Nutrition and Human Needs and the Chief Executive urge and direct the Department of Agriculture to expand its eligibility categories to include the elderly and that the Congress appropriate whatever funds are necessary to meet this expansion.

The supplemental food package now being distributed to children and mothers in the District of Columbia is generally appropriate for the elderly also. We are advised by the Department of Public Health that some changes could be made on the advice of nutritionists which would improve the package. Sizes of containers and packages can be a problem for the elderly. While a 32 ounce can of meat is fine for a family of four or more, it is too much for a single woman living alone, or a couple without adequate refrigeration. We also are advised that instant milk is much more acceptable for cooking and drinking than the spray-process dry milk now contained in the package.

New methods of distribution should be considered if the operation of the District's Supplemental Food Program were expanded to include the elderly. One of the greatest weaknesses of the District's present program is that only persons attending health clinics can participate. This bars persons, otherwise eligible, who are being cared for in private hospitals and by private physicians. If the elderly are included, then certainly we will want to make sure that any health or medical officer, no matter what his setting, is able to prescribe supplemental foods for an elderly person. To carry this one step further, we do not think that it would violate the spirit or the intention of the present legislation if we permitted the elderly to certify themselves by making a simple declaration that they needed extra food. Also for the elderly, we will want to make sure that prescriptions for food package can be honored at convenient distribution points—at all health centers, at grocery stores, drug stores, and in public housing developments.

To achieve these modifications will require at least two major changes. First, the detailed accounting system now instituted and required to be used by the Department of Agriculture will have to be simplified so that no undue burden will fall on retail stores and private and public institutions which might be willing to serve as distribution points. Second, adequate funds must be available to cover administrative costs of the Supplemental Food Program. We understand that before the Congress now is a supplemental appropriation request from the District to return funds to the budget of the Department of Public Health. Money and resources were shifted from ongoing programs to provide administrative costs for the limited number of distribution points now set up, the warehousing,

and the staff needed. Expansion of the program to the elderly would require new monies for administrative costs.

If we are able to build in greater flexibility in some of our existing food programs, we would create opportunities for linking some of the food programs together to provide for more coverage and participation. For instance, we see no real reason that food stamps could not be used as legal tender in programs such as the Senior Neighbors and Companions Program. The elderly could use their food stamps to pay partially for the prepared meal. This would not only increase the purchasing power of the elderly, but it would provide another equally significant benefit. It would help furnish a solution to the difficult problem of how to provide a permanent subsidy for the continuation of non-profit feeding programs. Looking at another type of food assistance program—food commodities—we believe that with significant simplification of accounting procedures and record keeping, the food commodities programs would be used more widely by non-profit institutions serving the elderly.

The existing food assistance programs which serve the elderly, including the prepared meals program, have an advantage which often is overlooked; that is, the potential for keeping aged people functioning in their own homes for as long as possible. We do not now begin to meet the need for nursing home facilities. Our hospitals are holding elderly patients who could be released if there were some provisions made for feeding them at home. Our homemaker service programs can care for only a fraction of the elderly who need support services. We believe that the interests of our country and the elderly would be better served if we expanded the nutrition programs which can be delivered at home or in the neighborhood settings.

WASHINGTON [redacted]BAN LEAGUE — ARA-HOSPI[redacted] FOOD MANAGEMENT

SENIOR NEIGHBORS & COMPANIONS CLUB

	1st WEEK	2nd WEEK
MONDAY	Blended fruit juice 4 oz. Broiled beef patty 2½ oz. French fries 3 oz. Fresh garden peas 3 oz. Strawberry sherbet 4 oz. Hot rolls 1 Beverage	Cranberry juice cocktail 4 oz. Braised pork steak 4 oz. Parsley boiled potatoes 3 oz. Seasoned green beans 3 oz. Lime gelatin 4 oz. Hot rolls 1 Beverage
TUESDAY	Hot sliced turkey 2½ oz. Parsley boiled new potatoes 3 oz. Buttered kale 3 oz. Fruited gelatin on lettuce 3 oz. Chocolate cake with icing 2½" x 2½" x 2½" Beverage	Beef stew over buttered noodles 5 oz. with 3 oz. noodles Seasoned lima beans 3 oz. Under the Sea salad on lettuce 3 oz. on lettuce leaf Assorted ice cream 4 oz. Corn muffins 1 Beverage
WEDNESDAY	Tomato consomme with saltines 5oz. 2/crax. Broiled pork chops 4 oz. Escalloped potatoes 3 oz. Savory beets 3 oz. Chilled fruit cocktail 4 oz. Dinner rolls 1 Beverage	Beef broth with saltines 5 oz. with 2 crackers Macaroni and cheese casserole 6 oz. Buttered broccoli spears 3 oz. Sliced tomato on lettuce 2 slices on lettuce leaf Apple pie 1 serving Beverage
THURSDAY	Braised beef tips 4 oz. Buttered rice 3 oz. Seasoned brussels sprouts 3 oz. Chive cottage cheese on lettuce 2 oz. on 1 lettuce leaf Peach pie 1 serving Corn bread squares 2½" x 2½" x 2½" Beverage	Chix gumbo soup 5 oz. Broasted chicken with gravy 6 oz. with 2 oz. gravy Whipped potatoes 3 oz. Sugar glazed carrots 3 oz. Chilled purple plums 4 oz. Corn bread squares 2½" x 2½" x 2½" Beverage
FRIDAY	Peper Pot soup with saltines 4 oz. w/2 crackers Broiled flounder/lemon wedge 4 oz. Oven Brown potatoes 3 oz. Buttered spinach 3 oz. Vanilla pudding with topping 4 oz. Beverage	Pineapple orange juice 4 oz. Baked ham with raisin sauce 2½ oz. with 1 oz. sauce Mashed sweet potatoes 3 oz. Savory green peas 3 oz. Yellow layer cake with icing 2½" x 2½" x 2½ Hot rolls 1 Beverage

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WASHINGTON [redacted]BAN LEAGUE — ARA-HOSP[redacted]AL FOOD MANAGEMENT

SENIOR NEIGHBORS & COMPANIONS CLUB

	3rd WEEK	4th WEEK
MONDAY	Braised beef liver with gravy-2½oz. with 2oz. gravy Buttered rice 3 oz. Steamed Okra 3 oz. Sliced tomato on lettuce 2 slices on lettuce Mixed fruit cup 4 oz. Dinner rolls 1 Beverage	Ice cold blended juice 4 oz. Grilled frankfurter 2½ oz. (10-1) Baked beans 3 oz. Savory spinach 3 oz. Strawberry gelatin cubes 4 oz. Corn Bread squares 2½" x 2½" x 1½" Beverage
TUESDAY	Peach nectar 4 oz. Beef cutlet with plain white sauce-3oz. with 2oz. sauce Home fried potatoes 3 oz. Buttered cabbage 3 oz. Assorted sherbet - 4 oz. Beverage	Swiss steak with gravy 4 oz. with 2 oz. gravy Whipped potatoes 3 oz. Buttered lima beans 3 oz. Citrus salad on lettuce with mayonnaise-3 oz. with 1½oz. mayonnaise / Rice pudding 4 oz. Beverage
WEDNESDAY	Hot sliced turkey with gravy 2½oz. with 2oz. gravy Buttered noodles 3 oz. Savory mixed vegetables 3 oz. Pear blush on lettuce-one half on lettuce leaf Butterscotch pudding 4 oz. Beverage	Chilled blended juice 4 oz. Southern Fried chicken 6 oz. Lyonnaise potatoes 3 oz. Buttered sweet peas 3 oz. Assorted sherbet 4 oz. Beverage
THURSDAY	Chilled apple juice 4 oz. Roast Veal 2½ oz. Mashed potatoes 3 oz. Stewed tomatoes 4 oz. Bread Pudding 4 oz. Hot rolls 1 Beverage	Hot sliced corned beef with mustard sauce - 3oz. with 2oz. sauce Parsley boiled potatoes 3 oz. Savory steamed cabbage 3 oz. Tomato aspic on lettuce 3 oz. on lettuce leaf Peach cobbler 4 oz. Corn muffins 1 Beverage
FRIDAY	Vegetable soup with saltines 5 oz. with 2 crackers Fried Haddock with tartar sauce 3 oz. with ½oz. sauce Baked Idaho potatoes - one medium Buttered succotash 3 oz. Shadow layer cake 2½" x 2½" x 1½" Beverage	Corn chowder 5 oz. Fried Filet of Flouder/lemon wedge 4 oz. Hash brown potatoes 3 oz. Savory green beans 3 oz. Pineapple upside cake - 1 serving Hush puppies 1 Beverage

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WASHINGTON [illegible]AN LEAGUE — ARA-HOSPITAL FOOD MANAGEMENT
SENIOR NEIGHBORS & COMPANIONS' CLUB

	5th WEEK	6th WEEK
MONDAY	V-8 vegetable juice 4 oz. Hot sliced turkey with dressing - gravy 2½ oz. with 3 oz. dressing and 2 oz. gravy Buttered kale Chilled Bing Cherries 4 oz. Beverage	Swiss steak with gravy 4 oz. with 2 oz. gravy Buttered noodles 3 oz. Seasoned baby lima beans 3 oz. Sliced Tomato on lettuce 2 slices on lettuce leaf Chilled green gage plums Hot buttered biscuits 1-2 oz. Beverage
TUESDAY	Grapefruit juice 4 oz. Roast pork shoulder with apricot glaze 2½ oz. with 1 oz. glaze Home fried potatoes 3 oz. Seasoned butter beans 3 oz. Yellow layer cake with icing 2½" x 2½" 2½" Corn bread squares 2½" x 2½" x 1½" Beverage	Beef consomme with saltines 5 oz. with crackers Ham loaf with mustard sauce 3 oz. with 1 oz. sauce Buttered whipped potatoes 3 oz. Mexican corn 3 oz. Assorted sherbet 4 oz. Dinner rolls - butter 1 Beverage
WEDNESDAY	Chix rice soup with saltines 6 oz. with 2 crackers Salisbury steak with brown gravy 4 oz. with 2 oz. gravy Baked potato 1 medium Buttered carrots 3 oz. Fruited Lime gelatin 4 oz. Dinner rolls - butter 1 Beverage	Split pea soup 5 oz. Beef biscuit roll with gravy 4 oz. with 1 oz. gravy Buttered rice 3 oz. Stewed tomatoes 3 oz. Spiced applesauce ½ cup Beverage
THURSDAY	Braised veal cutlets with gravy 3 oz. with 2 oz. gravy Buttered rice 3 oz. Steamed okra and tomatoes 3 oz. Pear blush salad on lettuce ½ on lettuce leaf Vanilla ice cream 4 oz. Corn muffins 1	Chilled Pineapple juice 4 oz. Stewed chix and dumplings 5 oz. Savory beets 3 oz. Marinated green bean salad 2 oz. on lettuce leaf Peach cobbler 4 oz. Dinner rolls/butter 1 Beverage
FRIDAY	Mixed fruit juice cocktail 4 oz. Roast beef with gravy 2½oz. with 2 oz. gravy Creamy whipped potatoes 3 oz. Buttered sweet peas with pimentos 3 oz. Chocolate brownie - 1 serving Dinner rolls 1 Beverage	Chilled apricot nectar 4 oz. Fried Perch with tartar sauce 3 oz. with 1 oz. sauce Seasoned broccoli spears 3 oz. Potato salad on lettuce 3 oz. on lettuce leaf Vanilla pudding with whip topping 4 oz. Corn ponds 1 Beverage

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WASHINGTON URBAN LEAGUE SENIOR NEIGHBORS AND COMPANIONS CLUB, NUTRITIONAL ANALYSIS

(By ARA Hospital Food Management)

	Calories	Protein Gm.	Calcium Mg.	Iron Mg.	Vit. A. I.U.	Thiamine Mg.	Ribo-flavin Mg.	Niacin Mg. Equiv.	Ascorbic Acid Mg.
Males (55 to 75 plus): NRC daily dietary allowances	2,400	65.0	0.8	10.0	5,000	1.2	1.7	14.0	60.0
1/3	800	21.7	.27	3.3	1,666	.4	.57	4.7	20.6
1/2	1,200	32.5	.4	5.0	2,500	.6	.85	7.0	30.0
Females (55 to 75 plus): NRC daily dietary allowances	1,700	55.0	.8	10.0	5,000	1.0	1.5	13.0	55.0
1/3	566	18.3	.27	3.3	1,666	.3	.5	4.3	18.3
1/2	850	27.5	.4	5.0	2,500	.5	.75	6.5	27.5
Monday I	901	42.9	.412	3.4	1,145	.726	.883	9.9	66.0
Tuesday I	866	45.0	.519	8.0	9,193	.395	.893	9.1	72.0
Wednesday I	933	50.5	.420	7.2	1,062	1.463	.820	8.9	18.0
Thursday I	1,152	67.9	.460	8.7	2,391	.459	1.143	9.8	94.0
Friday I	976	57.3	.585	5.8	8,496	.401	.951	6.8	38.0

WASHINGTON URBAN LEAGUE, INC.,
Washington, D.C., September 10, 1969.

Hon. GEORGE MCGOVERN,
Senate of the United States,
Washington, D.C.

DEAR SIR: We appreciate very much the opportunity you gave us to testify before the Select Committee on Nutrition and Human Needs. We are hopeful that your hearing will focus the attention of the nation on the many nutritional problems of the elderly and the poor conditions under which so many of them live.

We are not sure whether we made it clear in our testimony about the Senior Neighbors and Companions Clubs Program that the $2.00 cost per meal included all costs of food preparation, raw foods, delivery and the disposable service items. When all of the cost factors are included, we believe that there is not a sharp difference between those costs and the cost incurred in establishing a kitchen, depreciation costs, etc. The collection of the cost data should provide an opportunity for closer comparison.

We would be pleased to have you or members of your staff visit one of the three locations where the project is in operation.

Sincerely yours,

(Mrs.) ANNE B. TURPEAU,
Associate Director.

The CHAIRMAN. Thank you very much, Mrs. Turpeau.

Mrs. Strouse, we will be pleased to hear from you.

STATEMENT OF MRS. SAMUEL STROUSE, MEALS ON WHEELS, INC., BALTIMORE, MD.

Mrs. STROUSE. Meals on wheels is the name applied to a program that delivers nutritious meals to the aged and handicapped who are unable to prepare adequate meals for a number of reasons, either physical incapacity or psychological difficulties, even fear of going into the streets.

Individuals are socially isolated and have no one to assume responsibility for obtaining or preparing food.

Factors determining eligibility for meals on wheels are age, economic need, and disability.

The length of the time of the services given depends on the clients. It may be temporary or permanent.

The underlying objective of this project is to prevent deterioration of the elderly and handicapped and thus enable them to live independently in their homes as long as possible.

It relieves the pressure on the institutions and nursing homes and in turn creates a financial saving for all concerned.

The Baltimore meals on wheels program was initiated in October 1960, with professional guidance given by the nutritionists of the Maryland Home Economics Association.

Questionnaires were sent out, and interviews were had with proper agencies.

Today, meals on wheels is supported by volunteers from community and religious groups. Today, there are seven kitchens throughout Baltimore City and surrounding Baltimore County, with the possibility of an eighth opening this fall.

The project started with 50 volunteers and today is using the services of over 1,500 men and women. The only paid workers are the part-time cooks in the individual kitchens.

As the project expanded, it was necessary to employ a coordinator. The coordinator is responsible for screening the clients, for making regular home visits, for setting up the routes, and so forth.

The individual kitchens have their own committee structure, and they are responsible for financing their own project.

The central intake office, as we call it, is financed by the United Fund. It was started out by being financed by the Older Americans Act.

Senator ELLENDER. Are there any Federal Government funds involved in this?

Mrs. STROUSE. Not at the present moment. The individual kitchens find if they carry a minimum of 50 clients a day they have a minimal expense. We charge a fee of $10 a week to the clients, and they are served a hot and cold meal 5 days a week, Mondays through Fridays, including holidays.

Senator ELLENDER. They are served one hot meal and one cold meal a day for $10?

Mrs. STROUSE. We started out at $6.25, and we had to increase it, unfortunately.

Senator ELLENDER. Could you do this? They have chicken, potatoes, carrots.

Mrs. STROUSE. Our meals have been set up by the nutritionists. We have two cycles, one for hot weather and one for cold weather. They are nutritious meals. Also, great consideration is given to the elderly in view of the fact that they have to be careful of their dentures, and if they have arthritic hands, in opening the different containers.

If the client is unable to pay, then the charge is carried by a public or private agency.

Senator ELLENDER. How many clients do you serve?

Mrs. STROUSE. Three hundred clients a day, and we have a waiting list.

Senator ELLENDER. Is that over the city of Baltimore?

Mrs. STROUSE. The city and the surrounding Baltimore County.

Senator ELLENDER. Are the meals delivered to the recipient?

FRIENDLY VISITOR

Mrs. Strouse. These are all homebound people, and the meals are delivered by volunteers, a driver and a friendly visitor, and the packaging in the kitchen is done by volunteers. Everything is volunteer work, except the part-time cook and our coordinator.

We have found, too, that the most economical way for this project to operate is if it is possible to operate out of an institution, either a hospital or a home for the aged.

Unfortunately, we were only able to have one kitchen operate in this manner, because the buildings, the hospitals, are too crowded.

However, perhaps in the future these plants could be formulated and the Meals on Wheels kitchen included in the new buildings. In operating out of an institution, not only are meals more economical, but we can also get modified diets. We do care for diabetics, low sodiums, if the client has a medical statement.

If it is a severe case, then we are unable to do so.

There are two outstanding reasons for the success of the Baltimore program. One is the quality of the volunteer, who is aware of her responsibilities knows that it goes beyond delivering a meal, but observing the client and seeing if the client needs further services.

If so, she reports back and the proper agency is contacted.

The second reason is the decentralization plan. No more than 100 clients at most can be served from one kitchen, and only in a limited area. Therefore, in opening kitchens and neighborhoods where the need exists, the whole city and county can be served. But even with this broad plan, we still have a waiting list.

Although the Balitmore project will celebrate its 10th year in 1970, we still consider it a pilot project, because there are many unsolved problems.

Incidentally, in 1965, there was a conference held here in Washington by the National Council on Aging. They had made a survey, a 2-year survey, on the delivery of home-delivered meals, and presented many recommendations.

NATIONWIDE ORGANIZATION GREATLY NEEDED

One recommendation in particular was most valuable, but nothing was ever done about it, and it stated, briefly, that there should be a countrywide—there should be a workshop on a national basis on home-delivered meals to bring all of these people together who are involved in these programs in order to exchange ideas, discuss their problems, and their work experience.

At the present time, there is no communication between cities on Meals on Wheels projects. There is no central place to call for assistance, and the Baltimore metropolitan Meals on Wheels committee receives so many inquiries from across the country that an organization manual, which I believe you have, was written to assist these interested communities.

Although the Baltimore group has spent much time researching methods of packaging new types of food, et cetera, this can only be done in a limited manner. Another unsolved problem is the unmet need in rural areas.

Distances are so great that delivery of meals, as it is being done now, is impossible.

The national assistance could be used to open new kitchens, to meet requirements of the health department. The cost for a new kitchen in Baltimore is $8,000. This does not include the capital investment required for the first year of operation before the project becomes fully established.

Although we receive private contributions from private agencies to keep track of the principal purposes of the projects, and we feel we should not be a fundraising group.

Finally, perhaps the greatest unsolved problem is, how long will Meals on Wheels appeal to the volunteer? What procedure can be developed to replace the volunteer when that day arrives?

It is a known fact that commercial delivery and catering services are unsuccessful and are expensive. The importance of the volunteer's visit with the clients must not be ignored.

These are a few of the questions for which there are no answers and might be tagged "The unmet needs of the Meals on Wheels."

Senator ELLENDER. I think this is very informative testimony, Mr. Chairman, and we only have 5 more minutes left until we go to the funeral of Senator Dirksen. I promised to go to that, and I have to leave. I am sorry.

The CHAIRMAN. I want to concur in what Senator Ellender has said. I think all three statements are helpful, and I know the members of the committee will want to read the prepared statements in full.

It is my understanding that this is the first program of this kind to operate anywhere in the country. Is that correct?

Mrs. STROUSE. No, it started in 1954 in Philadelphia, and it was followed in Syracuse, Rochester, and I think Columbus, Ohio. But we do have the largest operation in the country.

The CHAIRMAN. Do you have any knowledge of how many of these are functioning, how many cities have similar programs?

Mrs. STROUSE. Yes, we received a survey from Wisconsin, and there are 56 projects. Twenty-nine have Meals on Wheels programs.

The CHAIRMAN. I notice the manual that you have been kind enough to furnish us. Is there any regular communication among the cities that regularly operate these programs?

Mrs. STROUSE. We do have contact with these cities. After they get started, we lost contact. We have sent out a questionnaire, and some respond and some don't. They work on the basis of the number of volunteers available and the needs of the community. Some may serve three times a week, some serve one hot meal, and others serve 7 days a week.

Some use catering service and volunteers. I know Cleveland works out of St. Luke's Hospital with volunteers.

The CHAIRMAN. Is there any other observation that you ladies would like to make on any other point that has occurred to you that you would like to say for the record?

Mrs. Turpeau?

Mrs. TURPEAU. There is one factor which we feel contributed very much to malnutrition among the elderly or, if not malnutrition, their well-being.

The inaccessibility of medical facilities is an important factor. We were trying to determine with the Department of Public Health how

many elderly could be served if the supplemental food program were extended, and one of the observations was that many of the elderly are not now receiving continuing health care, and it makes a great deal of difference to their general well-being if they are under health care.

One of the problems is, of course, the distances that they must travel to get to a hospital or clinic facility. Until very recently, most of the elderly in the District were cared for at the District of Columbia General Hospital, which for an inner city resident is sometimes three bus transfers away.

Within the past few years the District of Columbia has made some progress toward decentralizing services where the elderly could get care.

This is a need closely linked with nutrition, that they have accessible neighborhood health facilities.

The CHAIRMAN. Mrs. Fannin, do you have anything else?

Mrs. FANNIN. You were asking about the projects, how many people we had participating. We have, like I said, within each center, over 30. The center is established for 30. Our cost per participant is 25 cents. Our meal cost for our food is 55 cents per meal.

Our largest cost in operating the program is for our transportation and other things involved in getting to the people.

We also have take-home packages and home delivery meals for those shut in.

(The prepared statement of Mrs. Samuel S. Strouse follows:)

PREPARED STATEMENT OF MRS. SAMUEL S. STROUSE

May I express my appreciation to this Committee for giving me the privilege of presenting testimony on the Baltimore Meals on Wheels project.

Meals on Wheels is the name applied to a program which delivers nutritious meals to the aged, convalescent and handicapped who are unable to prepare adequate meals for a variety of reasons. These may be physical incapacity or psychological difficulty—e.g. the task of shopping and cooking is overwhelming; or lack of incentive, or fear of going into the streets. The individuals are socially isolated and have no one to assume responsibility for obtaining food or preparing it. Factors determining eligibility for Meals on Wheels service are age, economic need and disability. The length of time the service is given depends on the client; it may be temporary or permanent. The underlying objective of this project is to prevent deterioration of the elderly and handicapped and thus enable them to live independently in their homes as long as possible. It relieves the pressure on institutions and nursing homes and, in turn, creates a financial saving for all concerned.

Meals on Wheels originated in London during the Blitz Bombing of World War II. Today the project is financed by the British Government and annually serves over a million hot meals in London alone. Similar programs exist in many countries throughout the world. In the United States this service began in Philadelphia in 1954. Today there are many Meals on Wheels projects in every section of this country. The size of the project varies depending on the need of the community and the availability of volunteers.

The Baltimore Meals on Wheels program was initiated by the Baltimore Section, National Council of Jewish Women on October 1960 with professional guidance given by the nutritionists of the Maryland Home Economics Association. It is a non-sectarian, non-racial community service. A survey was made to establish this unmet need. Questionnaires and interviews were given to health and welfare agencies, doctors, hospitals and religious groups. After two years of operation the project began to grow rapidly. The Baltimore Presbytery and Lutheran Social Services opened kitchens—this was followed three years later by the Baltimore County Commission on The Aging giving a grant for kitchens in the county areas. Meals on Wheels is now supported by volunteers from

many community and religious groups. Today there are seven kitchens throughout Baltimore City and the surrounding Baltimore County with the possibility of an eighth kitchen opening this fall. The project was started with 50 volunteers; today it uses the services of over a 1,000 men and women. The only paid workers are the part-time cooks in the individual kitchens.

Then as the project expanded, it was apparent that a central office was needed to coordinate the details of the operation. A coordinator and typists were employed. For three years this was funded by the Maryland State Commission on the Aging by means of the older Americans Act. As of today, the Central Intake office is financed by the United Fund, the Associated Jewish Charities and the Associated Catholic Charities. All requests for the service are channeled through the coordinator. It is her duty to screen the applicants for eligibility, to set up the routes for each kitchen, to make home visits at regular intervals and to contact the proper agency for further care of a client if necessary. The coordinator reports regularly to the over-all committee—namely; The Baltimore Metropolitan Meals on Wheels Committee. This Committee directs the policies and administration of the total program. There is representation from each kitchen project, the Health and Welfare agencies and the funding agencies.

The individual kitchen projects have their own committee structure—chairman, vice-chairman, treasurer, secretary, chairman of supplies, chairman of drivers and friendly visitors and chairman of kitchen helpers. Each kitchen project is responsible for its financing—e.g. salary of cook, kitchen supplies and paper supplies. However, when 50 or more clients are served regularly, the cost becomes minimal. Every volunteer receives either on the job training or group training before participating in the program. Every position is important and is backed up with a substitute. There is a Chairman of the Day who must take over any emergency spot and supervise the procedures. Two kitchen helpers package the hot and cold meals from 9:30 until 11:30 a.m. Each route has a driver and "Friendly Visitor" who deliver the meals from 11:30 until 1:00 p.m. The "Friendly Visitor" must report to the Central Intake office any unusual client information occurring on the route. A hot and cold meal is served Mondays through Fridays, including all holidays. It has been found that the clients can receive breakfast and week-end meals from other sources. The cost of the meals to the client is $10.00 a week. If he is unable to pay for the service, then this charge is carried by the public or private welfare agency.

The menus are developed by a committee of city and state nutritionists. Much consideration is given to the elderly clients. Food must not harm their dentures. Containers must be easy to open in case of arthritic hands. Also, the nutritionist developed two cycles of menus—one for the cold season and the second for hot weather. Great care is taken in this area so that there will never be a chance of food poisoning. The meals are carefully balanced and nutritious. The hot meal consists of soup, meat, green vegetables, potato salad, dessert with bread, instant coffee and tea bags. The cold meal includes a juice, sandwich or salad, dessert and a half pint of milk. The service gives modified diets for diabetics and low sodiums. This must have the doctor's approval. Meals on Wheels cannot care for severe cases of this kind.

Clients are requested to purchase certain foods for emergencies—such as blizzards, icy roads, etc. when it is impossible to make deliveries. These foods are kept on a shelf in the home and consist of dried and canned goods. The list was developed by the nutritionists. If a client is unable to obtain these goods, the Meals on Wheels service provides them.

Every kitchen must meet the requirements of the Health Department—in physical set-up and food handling. The kitchens are inspected regularly.

Disposable containers are used for the food. Soup is carried in styrofoam cups; an aluminum divided plate with cover is used for the hot meal. Prior to delivery these plates are stacked in an insulated case. Salads, desserts and such are put into 6 or 8 oz. plastic containers. The cold meal is packed into a brown bag and carried in a large case. The routes are set up so that deliveries will not take more than an hour and a half. This is the limit for keeping the food hot.

There is no doubt that personally prepared food is usually better than institutional food. However, there are advantages in operating out of a hospital or home for the aging. This method has been and is being used by the Council of Jewish Women volunteers who operate from a home for the aging. The food is purchased at cost and is packaged for delivery in a special Meals on Wheels kitchen. This method is the most economical and it is possible to have modified diets when necessary. The institutional hot meal menus are submitted a week

in advance so that the Meals on Wheels kitchen manager may balance the cold supper menus with it. Unfortunately, most of our hospitals and homes for the aging are not able to accommodate a Meals on Wheels kitchen due to lack of space but consideration could be given to this procedure when plans are being formulated for new buildings.

There are two outstanding reasons for the success of the Baltimore Meals on Wheels program—which, at present, is the largest in the United States. One is the quality of the volunteers who are fully aware of the responsibilities they have in working directly with the clients. They know their job goes beyond the packaging and delivery of meals. They know they are helping their community by keeping these individuals in good condition and therefore postpone institutional care. Also—they are aware that their visit with the client could be the only contact he has with the outside world. Although it must be a very brief visit—it can be a meaningful one. The second reason for the success of the Baltimore project is the decentralization plan. No more than a hundred clients can be served from one kitchen and only a limited area can be covered. Therefore, in opening kitchens in neighborhoods where the need exists, the whole city and county can be served. And—even with this broad plan, there is a waiting list. The Baltimore Meals on Wheels is serving 300 clients a day but more kitchens are needed and more volunteers are needed. An important job is being done but the unmet need still exists.

The Baltimore project will celebrate its 10th year in 1970. When it began in 1960, it was considered a pilot project. One may still consider it a pilot project as there are unsolved problems. In 1965 a conference of The National Council on Aging was held in Washington. The Health Committee had spent two years working on a survey of home-delivered meals, and presented many recommendations. One recommendation in particular had inestimable possibilities but nothing was ever done about it. It stated that it recommended to the American Dietitic Association, the Public Health Service and the Public Welfare Administration of of the U.S. Department of Health, Education, and Welfare, and to the National Council on the Aging that they be responsible for organizing and arranging to finance a national workshop on home-delivered meals service to include representatives from operating programs, groups considering beginning programs, councils of health and social agencies, pertinent national health and welfare organizations, professional societies, food industry associations, and other experts as indicated. The purposes would be to share program experience, work on common problems, discuss this report, and make plans for future work together.

At the present time, there is no communication between cities on Meals on Wheels projects. There is no central place to call upon for assistance. The Baltimore Metropolitan Meals on Wheels Committee received so many inquiries from across the country that an organizational manual was written to assist these interested communities. Also, the Baltimore group has spent much time researching methods of packaging, new types of food, etc., but this can be done only in a limited manner. Another unsolved problem is the unmet need in the rural areas. Distances are so great that delivery of meals, as it is being done now, is impossible. Financial assistance is needed to open new kitchens. To meet requirements of the health department, the cost of $8,000 for a complete new kitchen. This does not include the capital investment required for the first year of operation before the project becomes fully established. There is an outlay for food, paper supplies, kitchen utensils and the cook's salary. Up until now, this money has been realized through private contributions and private agencies but it detracts from the principal purpose of the project and volunteer. Fund raising should not be a part of the project.

And, finally, perhaps the greatest unsolved problem is: How long will Meals on Wheels appeal to the volunteer? What procedure can be developed to replace the volunteer when and if that day arrives? It is a known fact that commercial delivery and catering services are unsuccessful and are expensive. The importance of the volunteer's visit with the client must not be ignored. These are a few of the questions for which there have been no answers and might be tagged the unmet needs of the Meals on Wheels project. There is no doubt that Baltimore Meals on Wheels is proud of its accomplishments. It is our earnest hope that it will be possible to continue to serve the communities in an effective manner for as long as Meals on Wheels is needed.

Statistical extract from a meals on wheels kitchen

1968–25,500 meals served, serves 45 clients per day:	
Total expenses	$19,349.96
Total income	$19,163.27
Subsidy by sponsoring agency	186.69
Volunteers used	150
Based on above kitchen, the following figures are accurate:	
Cost of each meal	76 cents
Clients paid for meal	68⅔ cents
Agency subsidized	7⅓ cents
1968—Central intake service:	
Total number of clients served	1,095
Total number of meals served	133,473
Total number of volunteers	1,500
Age range	10 to 96
Over 65	792
Under 65	267
1969—Central intake, Jan. 1, 1969 through July 31, 1969:	
Total number of clients served	720
Total number of meals served	77,273

BUDGET BALTIMORE METROPOLITAN MEALS ON WHEELS, INC. CENTRAL INTAKE SERVICE

Expenditures	Operating budget, 1969	Proposed budget, 1970	Projected budget, 1971
(1) Personnel:			
Full-time coordinator	$8,000	$9,000	$9,300
Part-time secretary	1,680	1,880	2,080
Part-time secretary	1,680	1,880	2,080
Substitute personnel			
Other (part-time secretary)	[1] 2,000	1,880	2,080
(2) Social security	632	700	800
(3) Lutheran Social Service	540	660	672
at 1 day per month at $55 to $56			
Administrative supervision			
Utilities, at $9 per month	108	108	108
Maintenance, at $36 per month	432	432	432
Rent	[2] 1,600	[2] (1,600)	[2] (1,600)
Other (pension for Coordinator)		360	372
(4) Communications:			
Telephone	570	570	600
Postage	175	200	225
(5) Office supplies	325	350	375
(6) Travel and conferences	300	325	350
(7) Miscellaneous		100	150
Registration NCOA			
Photos for publicity			
Total	16,442	18,445	19,624

[1] Bookkeeper.
[2] Rent in kind.

Income	Operating, 1969	Previously projected, 1970	Proposed, 1970	Projected, 1971
Maryland Commission on Aging	$4,942			
Community Chest of Baltimore area	4,175	$6,850	$7,222.50	$7,812
Associated Catholic Charities	2,087	3,425	3,611.25	3,906
Associated Jewish Charities	2,087	3,425	3,611.25	3,906
Baltimore Metropolitan Meals on Wheels	3,500	4,000	4,000.00	4,000
Total	16,791	17,700	18,445.00	19,624

The CHAIRMAN. Thank you very much. We appreciate this testimony.

If there is anyone out here who is hungry, there are lunches here that you are welcome to, I wish I could stay to enjoy them.

We stand adjourned until 10 o'clock tomorrow morning.

(Whereupon, at 12:10 p.m., the committee recessed to reconvene at 10 a.m., Thursday, September 11, 1969.)

NUTRITION AND HUMAN NEEDS

THURSDAY, SEPTEMBER 11, 1969

U.S. SENATE,
SELECT COMMITTEE ON NUTRITION AND HUMAN NEEDS,
Washington, D.C.

The committee met at 10 a.m., pursuant to recess, in room 1202, New Senate Office Building, Senator Claiborne Pell presiding.

Present: Senators Pell and Ellender.

Staff members present: Mr. William C. Smith, general counsel; Mr. Gerald S. J. Cassidy, professional staff member; and Mr. William Oriol, general counsel, Special Committee on Aging.

Senator PELL. The Committee on Hunger, Nutrition, and Problems of the Elderly will come to order.

Senator McGovern is unable to be with us today. I understand the witnesses are from New York, Los Angeles, and from my own State of Rhode Island, who will discuss various problems and programs that are designed to improve the nutritional condition of the aged.

Our first witness today is Miss Patricia Carter of the Hudson Guild, New York City.

STATEMENT OF MISS PATRICIA CARTER, HUDSON GUILD, NEW YORK, N.Y.

Senator PELL. We have a copy of your excellent statement which you submitted ahead of time. We try to restrict ourselves to 5 or 10 minutes. Would you give us a digest of your statement?

(The prepared statement of Miss Patricia G. Carter follows:)

PREPARED STATEMENT OF MISS PATRICIA G. CARTER

We are pleased that this committee has shown concern for the plight of the elderly poor. We will be most happy to help you understand the nutritional problems of older people and to work with you in finding solutions to these problems.

The diets of most older people are very inadequate. Some have called it the "tea and toast" diet and this is a very real description. The reasons why older people have an inadequate nutritional intake are many and we desperately need the most creative people and programs available to help solve the problem of our starving aged.

Older people do not eat well because they do not have enough money. Unless one had an additional pension or large savings (which is rare), an older person is unable to manage on Social Security. The average Social Security benefit for a retired worker is $99 a month, for a retired couple it is $166, and for widows who collect 82½% of their deceased husband's benefit it is $87 a month. The Bureau of Labor Statistics Moderate Budget for a retired couple now costs about $370 a month, over twice the amount of the average retired couple's benefit.

As I am sure you are well aware, the New York State Legislature did a brilliant job of trimming our state's Welfare budget—to the point where older Wel-

fare recepients, along with other poor people have to feed themselves on 66¢ a day. And, New York State is a "more liberal" Welfare state. What in heaven's name are older people doing in "less liberal" states?

I need say nothing about how hard it is to feed one's self on 66¢ a day. Wealthy people of impeccable reputation have tried the diet for a whole week and have told us what it means and feels like. Being a country naturally suspicious of the poor, we did not listen to the poor themselves when they told us that they were hungry. Craig Claiborne, with all his culinary expertise, found it nearly impossible to serve well-tasting, nourishing meals on this amount of money. So—perhaps now we'll believe. Our wealthy friends, however, could look forward to meat, vegetables and fruit one week later. One can bear almost any pain when he knows it is only for a week. But how does an old man and an old lady feel when they know that they will never have enough to eat from the day that they retire until the day they die? To find out that answer, we'll have to ask and we'll have to listen to the elderly poor themselves.

The low wages of the early 1900's, the Depression and sweat shops did not permit older people to save large amounts of money for the future during their peak earning years. Today's high cost of living is insatiably eating up small savings. Chicken and ground meat, two staples of a low budget menu are now out of reach and many of our older citizens can only afford meat once a week or once in two weeks.

It is horrifying to realize that today's high cost of living doesn't permit the ordinary working family large savings and unless we come to grips now to finding the answers to the nutritional problems of the elderly, I can visualize the Senate 20, 40, 50 years from now holding hearings to find out why older people are starving.

Growing older is not easy for anyone. Suddenly, dearly loved husbands and wives are gone, friends are very ill and soon they go, one by one, children are far away building their own lives and now life is very alone and very lonely. Aches and pains are consant companions, eyes don't see as well, ears don't hear as well and minds just can't keep up as in the past.

Perhaps members of this committee saw the CBS Special "Don't Count the Candles," a documentary on aging photographed by Lord Snowden. Two "very successful, very famous" men talked about their aging. One was saddened by the loss of his dear old friends and said that he was fortunate to be surrounded by young people, who in a sense, I suppose, broke the chain of constant loss. The other always craved time alone to create. But he has found that his time alone has lost its significance and now it is often spent aimlessly and without direction. Growing older is not easy for anyone. The elderly poor, without any money to compensate for the losses feel the aging process the hardest.

Consider the effort needed by poor older people to plan meals when there isn't enough money and when one food after another is not allowed by diet restrictions; to shop the specials from store to store when legs are aching with arthritis; to carry groceries home and up flights of stairs when hearts are pounding and breath is short—because budgets won't allow delivery charges; to prepare a very dull, very meager meal; and to sit down to eat—alone! It is very clear to us that the efforts recommended by so-called consumer education specialists to save a few pennies is more than an elderly person can or should invest.

The Hudson Guild is concerned about the nutritional problems of older people and is determined to find solutions to the problems through their sponsorship of the Consumer Education Project, funded under Title III and the C.A.F.E. Food Project, funded under Title IV of the Older American's Act of 1965.

As the Director of the Consumer Education Project I have felt very strongly that we cannot go on rationalizing the low incomes of older people by providing unique ways that they should be able to manage on their miserly incomes without regard to their feelings, their physical capabilities, their needs and to their wants. We spent most of the first two years of our project providing services in the areas of greatest concern to older people trying to add some security to their very insecure lives. I was almost like patching a very weak, very leaky roof. We would patch one area, and another would leak and so on and so on. The leaks developed because Social Security was inadequate as was Welfare, as was Medicaid and Medicare, as were City, State and Federal services and programs. And this could not go on, so we began to develop a Social Action group that could fight for the changes so very necessary in the system that keeps older people in constant poverty.

Food is an area of great concern to older people. The project developed a demonstration hot lunch program to point out the need for an agency such as ours to be concerned and to concentrate on the food problems of older people. The demonstration served as a basis for the much more comprehensive C.A.F.E. food project currently funded at the Hudson Guild-Fulton Senior Citizens Center.

Food also played a very vital part of a Welcome Program for new tenants of a Senior Citizens Housing Project. Realizing that food has always been a means of communication between friends, as well as strangers, and realizing that loneliness and fear can drain a person of the strength needed to meet and to know other people and how it can destroy a person's interest in himself, we planned Welcome Suppers each moving-in day. The new tenants and members of the Senior Citizens Center were guests. What wonderful new friendships were created as the older people talked while sharing a bite to eat and a cup of coffee!

We also organized a Golden Chef's Club for single men. The purpose of the group was to prove that cooking for one can be easy and reasonably enjoyable. The men met 8 times and with the help of a Home Economics teacher, prepared meals composed almost exclusively of convenience foods. Knowing how men liked beef stew, chicken and fish, they were taught to season it, put it in the oven and forget it. The men, most of whom never cooked at home, were most intrigued as they watched soap-flakey looking material mixed with milk being transformed into delicious, fluffy mashed potatoes. Yes, convenience cooking does deplete an already barren budget but we were so sure that most of the men would go without eating, rather than muster the strength necessary to prepare a complete meal that we felt it imperative to use the extra money for convenience foods.

The Hudson Guild has one older person on its staff as a Communicator to do just that—to communicate with older people in a public housing project. Last month our Communicator made 67 calls, 20 of those older people visited could not shop for groceries because of ill-health or age or because of physical handicaps. That is about one third of all the older people calling on our Communicator and that was in the Summer time. When Winter and bad weather come the number jumps to between 35 and 50 people needing this service. Most of the food purchased was TV Dinners or other quick and easy to prepare food. I believe this is proof enough of the numbers of people who find shopping and preparing food a very difficult task.

By far, the most significant program concerned with our hungry older people has been the C.A.F.E. Food Program funded in June, 1968. C.A.F.E., which stands for Cooperative Approach to Food for the Elderly, is one of 26 projects funded nationally through the Administration on Aging to demonstrate the relative values of different ways to prepare and serve meals. The program seeks to serve nutritionally adequate low-cost meals in an attractive and friendly atmosphere. In addition, the older people learn proper nutrition, ways to prepare attractive and delicious meals at low cost and they may discuss individual food problems with the C.A.F.E. Director, a dietitian with considerable experience in hospital diet therapy.

Two years before we were funded, the governing body of the Hudson Guild Fulton Senior Center voted overwhelmingly to apply for C.A.F.E., stating that its demonstration purpose would be to form and organize a coopertaive which would insure the continuation of the meal program after funding is discontinued.

The project staff has just completed giving a series of ten lessons on the basic essentials of organizing and operating a cooperative. The classes have averaged about 20 senior citizens each session. It is hoped that this core group of 20 will assume leadership roles in organizing the coop this year and will take over the program under project supervision in 1971.

When the program began a year ago we were serving 50–55 soup and sandwich lunches each day. The meals were sold for 25¢. A year later the project is serving 120–125 complete hot lunches each day at a cost of 50¢. We estimate that a core group of about 250 participate in the lunch program. About 50 come five days a week, the remainder attend from 1 to 4 times. About 50% of the group are men and 50% women.

A very important component of the project is research which is built into Title IV projects. The project staff interviews all new members of the Center and records a 24-hour diet recall to determine eating patterns before the older people participate in the program. Of those people interviewed we are beginning to see a pattern of regularly skipped meals and non-meat meals. The results are not complete, but if the pattern continues we will have ample evidence to prove that the elderly have inadequate nutritional intake. It appears also that those persons

who participate in the program count on that meal each day and do not eat a complete supper meal. The program sells the entree to take out. About 20% of the program participants take out roast chicken, our most popular menu which is served twice each week.

The most outstanding change which has occurred because of the program besides the increase in members is the atmosphere of congeniality. A year ago the senior citizens dashed in to eat and dashed out. We were very concerned about the lack of communication in the dining room. Today lunch is served leisurely, it is eaten leisurely and people sit and talk over their second cup of coffee. The program has served to enhance relationships and appears to have eased the fear of relating and the terrible loneliness of their lives.

We are very pleased to have the opportunity to demonstrate the positive effects of an adequate nutrition program with the help of Title IV money and we agree that research components are vital to document the problem. We do hope, however, that research does not take precedent over the service aspects of the program and that once the service component is demonstrated programs have budgetary support and are expanded.

We have just scratched the surface and the problems are still very much there.

What can we do—what must we do to relieve this terrible burden of poverty and hunger which lies so heavily on the shoulders of our older citizens?

Social Security, public assistance and income maintenance programs which mean life to the elderly poor cannot continue to be political footballs tossed back and forth between political opponents. We must immediately commit ourselves to finding solutions for providing a more adequate income. It is shocking to realize that increases in Social Security benefits are timed politically without regard to the older people who are living and dying by those benefits.

The cost of food has risen unreasonably. Milk is 30¢ a quart; bread is 39¢ a loaf and eggs range from 59¢ to 71¢ a dozen. If one ate nothing but a loaf of bread, a quart of milk and 1 egg a day, he would be 7½¢ over his 66¢ a day food budget. How then is he to purchase the vegetables, fruits and meats he needs to maintain life? In our neighborhood store, large eggs are sold for 71¢ a dozen and medium eggs for 59¢. I asked the manager why the large difference in price, he replied that it was based on demand. My question again is why the large difference in price? Certainly government can assume the responsibility of investigating prices and begin to offer answers by studying the problem of inflation and defining the causes. New York City has a newly created Mayor's Commission on Inflation and Economic Welfare to do just that. Shouldn't the Federal Government be as concerned with inflation on a national basis?

The donated foods program of the United States Department of Agriculture has failed to recognize the needs of older people. The selection of food is not always appropriate to the nutritional needs of the elderly and does not take consideration of their physical limitations. The packages of food are enormous. The distribution points in New York City are far apart and the method of distribution is crude and callous.

Our neighborhood depot is covered by a 59-block area and services 500 to 600 people a day. If one is lucky, he can get through the line in 2 or 3 hours, if not he must wait the whole day out in the hot sun, the rain and the snow. A quick survey of older people in line revealed that many lived in furnished rooms or hotels without adequate storage facilities and most had to literally drag the food home because they had no money for cab fare.

The donated foods program could be a source of help to the older person if the program's administrators are willing to take a hard look at the kinds of foods and the methods of distribution. We urge smaller food packages for the elderly family, a more effective method of distribution and most of all, a more realistic understanding of the needs of the older population served.

We must place mass feedings programs such as the C.A.F.E. Program high on the priority list. Such programs are one realistic answer to the problems of loneliness, physical limitations and lack of money, the greatest deterrents to adequate nutrition for the elderly. However, in order to be effective food programs for older people must receive as much support from the Federal Government as do school lunches. It is not practical for voluntary agencies such as ours to assume complete responsibility for mass food programs. Our lunch price is 50¢, with raw food costs of 37½¢ and labor costs of 60¢ per meal. Without the assistance of Title IV money, we could not provide nutritionally adequate meals at such reasonable cost.

Currently the wide variety of foods available to school lunch programs through the School Lunch Act are not available to food programs for older people. The

need is great, the cost of adequate programs is high and the development of a Senior Citizens Food Act Program for qualified non-profit groups would be a significant contribution of government.

Senator Hugh Scott of Pennsylvania corresponded with us in April regarding an amendment to the Food Stamp Act, "which would permit food stamps to be accepted under certain circumstances by qualified non-profit groups in exchange for prepared food." We agree with Senator Scott that "such a step is necessary if we are to provide nourishment to the many aged and infirmed who are unable to fend for themselves in either market or kitchen." We would hope however, that income levels included in the amendment would be high enough to permit full and complete utilization by the elderly poor. We cannot permit legislation aimed at helping the poor exclude most of the elderly poor by unreasonably low income levels.

We have told you the very real reasons why older people are starving; we have made some recommendations for change; we are willing to work with you in developing programs, but the responsibility of translating the very desperate needs of our older citizens into concrete legislative action is, gentlemen, entrusted to your hands.

Thank you.

Miss CARTER. We are pleased that this committee has shown concern for the elderly, and we would be most happy to help you understand the nutritional problems of older people——

Senator PELL. Excuse me. If anyone cannot hear, wave your hand. You had better speak up louder, Miss Carter.

Miss CARTER. We will be most happy to help you understand the nutritional problems of older people and to work with you in finding solutions to these problems.

The diets of most older people are very inadequate. Some have called it the "tea and toast" diet and this is a very real description. The reasons why older people have an inadequate nutritional intake are many and we desperately need the most creative people and programs available to help solve the problem of our starving aged.

Older people do not eat well because they do not have enough money. Unless one has an additional pension or large savings (which is rare), an older person is unable to manage on social security. The average social security benefit for a retired worker is $99 a month, for a retired couple it is $166, and for widows who collect 82½ percent of their deceased husband's benefit it is $87 a month. The Bureau of Labor Statistics moderate budget for a retired couple now costs about $370 a month, over twice the amount of the average retired couple's benefit.

66 CENTS A DAY FOR FOOD

As I am sure you are well aware, the New York State Legislature did a brilliant job of trimming our State's welfare budget—to the point where older welfare recipients, along with other other poor people, have to feed themselves on 66 cents a day. And, New York State is a "more liberal" welfare State. What in heaven's name are older people doing in "less liberal" States?

I need to say nothing about how hard it is to feed one's self on 66 cents a day. Wealthy people of impeccable reputation have tried the diet for a whole week and have told us what it means and feels like.

Being a country naturally suspicious of the poor, we did not listen to the poor themselves when they told us that they were hungry. Craig Claiborne, with all his culinary expertise, found it nearly impossible to serve well-tasting, nourishing meals on this amount of money.

So—perhaps now we will believe. Our wealthy friends, however, could look forward to meat, vegetables, and fruit 1 week later. One can bear almost any pain when he knows it is only for a week. But how do an old man and an old lady feel when they know they will never have enough to eat from this day to the day they die? To find out that answer, we will have to ask and we will have to listen to the elderly poor themselves.

It is horrifying to realize that today's high cost of living doesn't permit the ordinary working family large savings and unless we come to grips now to finding the answers to the nutritional problems of the elderly, I can visualize the Senate 20, 40, 50 years from now holding hearings to find out why older people are starving.

Growing older is not easy for anyone. Suddenly, dearly loved husbands and wives are gone, friends are very ill and soon they go, one by one; children are far away building their own lives and now life is very alone and very lonely. Aches and pains are constant companions, eyes don't see as well, ears don't hear as well, and minds just can't keep up as in the past.

"DON'T COUNT THE CANDLES"

Perhaps members of this committee saw the CBS special "Don't Count the Candles," a documentary on aging photographed by Lord Snowden. Two "very successful, very famous" men talked about their aging. One was saddened by the loss of his dear old friends and said that he was fortunate to be surrounded by young people, who in a sense, I suppose, broke the chain of constant loss.

The other always craved time alone to create. But he has found that his time alone has lost its significance and now it is often spent aimlessly and without direction. Growing older is not easy for anyone. The elderly poor, without money to compensate for the losses, feel the aging process the hardest.

Consider the efforts needed by our poor older people to plan meals when there isn't enough money and when one food after another is not allowed by diet restrictions; to shop the specials from store to store when legs are aching with arthritis; to carry groceries home and up flights of stairs when hearts are pounding and breath is short—because budgets won't allow delivery charges; to prepare very dull, very meager meals; and to sit down to eat—alone. It is very clear to us that the efforts recommended by so-called consumer education specialists to save a few pennies is more than an elderly person can or should invest.

The Hudson Guild is concerned about the nutritional problems of older people and is determined to find solutions to the problems through their sponsorship of the consumer education project, funded under title III and the CAFE food project, funded under title IV of the Older American's Act of 1965.

As the director of the consumer education project I have felt very strongly that we cannot go on rationalizing the low incomes of older people by providing unique ways that they should be able to manage on their miserly income without regard to their feelings, their physical capabilities, their needs, and to their wants.

We spent most of the first 2 years of our project providing services in the areas of greatest concern to older people trying to add some

security to their very insecure lives. It was almost like patching a very weak, very leaky roof. We would patch one area, and another would leak and so on and so on. The leaks developed because social security was inadequate, as was welfare, as was medicaid and medicare, as were city, State, and Federal services and programs.

And this could not go on, so we began to develop a social action group that could fight for the changes so very necessary in the system that keeps older people in constant poverty.

Food is an area of great concern to older people. The project developed a demonstration hot lunch program to point out the need for an agency such as ours to be concerned and to concentrate on the food problems of older people. The demonstration served as a basis for the much more comprehensive CAFE food project currently funded at the Hudson Guild—Fulton Senior Citizens Center.

We also organized a Golden Chef's Club for single men. The purpose of the group was to prove that cooking for one can be easy and reasonably enjoyable. The men met eight times and with the help of a home economics teacher, prepared meals composed almost exclusively of convenience foods. Knowing how men liked beef stew, chicken, and fish, they were taught to season it, put it in the oven and forget it. The men, most of whom never cooked at home, were most intrigued as they watched soap-flaky looking material mixed with milk being transformed into delicious, fluffy mashed potatoes. Yes, convenience cooking does deplete an already barren budget but we were so sure that most of the men would go without eating, rather than muster the strength necessary to prepare a complete meal, that we felt it imperative to use the extra money for convenience foods.

The Hudson Guild has one older person on its staff as a communicator to do just that—to communicate with older people in a public housing project. Last month our communicator made 67 calls. Twenty of those older people visited could not shop for groceries because of ill health or age or because of physical handicaps.

That is about one-third of all the older people calling on our communicator and that was in the summertime. When winter and bad weather come, the number jumps to between 35 and 50 people needing this service. Most of the food purchased was TV dinners or other quick and easy to prepare food. I believe this is proof enough to the numbers of people who find shopping and preparing food a very difficult task.

By far, the most significant program concerned with our hungry older people has been the CAFE food program funded in June 1968. CAFE, which stands for cooperative approach to food for the elderly, is one of 26 projects funded nationally through the Administration on Aging to demonstrate the relative values of different ways to prepare and serve meals.

The program seeks to serve nutritionally adequate low-cost meals in an attractive and friendly atmosphere. In addition, the older people learn proper nutrition, ways to prepare attractive and delicious meals at low cost and they may discuss individual food problems with the CAFE director, a dietitian with considerable experience in hospital diet therapy.

Two years before we were funded, the governing body of the Hudson Guild Fulton Senior Center voted overwhelmingly to apply for CAFE, stating that its demonstration purpose would be to form and

organize a cooperative which would insure the continuation of the meal program after funding is discontinued.

The project staff has just completed giving a series of 10 lessons on the basic essentials of organizing and operating a cooperative. The classes have averaged about 20 senior citizens each session. It is hoped that this core group of 20 will assume leadership roles in organizing the co-op this year and will take over the program under project supervision in 1971.

When the program began a year ago we were serving 50 to 55 soup and sandwich lunches each day. The meals were sold for 25 cents. A year later the project is serving 120 to 125 complete hot lunches each day at a cost of 50 cents. We estimate that a core group of about 250 participate in the lunch program. About 50 come 5 days a week; the remainder attend from 1 to 4 times. About 50 percent of the group are men and 50 percent women.

A very important component of the project is research which is built into title IV projects. The project staff interviews all new members of the center and records a 24-hour diet recall to determine eating patterns before the older people participate in the program. Of those people interviewed we are beginning to see a pattern of regularly skipped meals and nonmeat meals. The results are not complete, but if the pattern continues we will have ample evidence to prove that the elderly have inadequate nutritional intake.

It appears also that those persons who participate in the program count on that meal each day and do not eat a complete supper meal. The program sells the entree to take out. About 20 percent of the program participants take out roast chicken, our most popular menu which is served twice each week.

POSITIVE EFFECTS OF AN ADEQUATE NUTRITION PROGRAM

The most outstanding change which has occurred because of the program besides the increase in members is the atmosphere of congeniality. A year ago the senior citizens dashed in to eat and dashed out. We were very concerned about the lack of communication in the dining room. Today lunch is served leisurely, it is eaten leisurely and people sit and talk over their second cup of coffee. The program has served to enhance relationships and appears to have eased the fear of relating and the terrible loneliness of their lives.

We are very pleased to have the opportunity to demonstrate the positive effects of an adequate nutrition program with the help of title IV money and we agree that research components are vital to document the problem. We do hope, however that research does not take precedent over the service aspects of the program and that once the service component is demonstrated programs have budgetary support and are expanded.

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What can we do—what must we do to relieve this terrible burden of poverty and hunger which lies so heavily on the shoulders of our older citizens?

Social security, public assistance, and income maintenance programs which mean life to the elderly poor cannot continue to be political footballs tossed back and forth between political opponents. We must

immediately commit ourselves to finding solutions for providing a more adequate income. It is shocking to realize that increases in social security benefits are timed politically without regard to the older people who are living and dying by those benefits.

The cost of food has risen unreasonably. Milk is 30 cents a quart; bread is 39 cents a loaf and eggs range from 59 cents to 71 cents a dozen. If one ate nothing but a loaf of bread, a quart of milk and one egg a day, he would be 7½ cents over his 66 cents a day food budget. How then is he to purchase the vegetables, fruits, and meats he needs to maintain life?

In our neighborhood store, large eggs are sold for 71 cents a dozen and medium eggs for 59 cents. I asked the manager why the large difference in price, he replied that it was based on demand. My question again is why the large difference in price? Certainly Government can assume the responsibility of investigating prices and begin to offer answers by studying the problem of inflation and defining the causes. New York City has a newly created Mayor's Commission on Inflation and Economic Welfare to do just that. Shouldn't the Federal Government be as concerned with inflation on a national basis?

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We urge smaller food packages for the elderly family, a more effective method of distribution and most of all, a more realistic understanding of the needs of the older population served.

We must place mass feeding programs such as the CAFE program high on the priority list. Such programs are one realistic answer to the problems of loneliness, physical limitations and lack of money, the greatest deterrents to adequate nutrition for the elderly.

However, in order to be effective food programs for older people must receive as much support from the Federal Government as do school lunches. It is not practical for voluntary agencies such as ours to assume complete responsibility for mass food programs. Our lunch price is 50 cents, with raw food costs of 37½ cents and labor costs of 60 cents per meal. Without the assistance of title IV money, we could not provide nutritionally adequate meals at such a reasonable cost.

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grams for older people. The need is great, the cost of adequate programs is high and the development of a Senior Citizens Food Act program for qualified nonprofit groups would be a significant contribution of Government.

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We have told you the very real reasons why older people are starving; we have made some recommendations for change; we are willing to work with you in developing programs, but the responsibility of translating the very desperate needs of our older citizens into concrete legislative action is, gentlemen, entrusted to your hands.

Thank you.

Senator PELL. Thank you very much indeed. I should have said earlier that Senator Javits regrets very much that he is unable to be with us this morning. He would like to express to the committee his great respect and admiration for the Hudson Guild, and for the fine job that both organizations are doing in providing for the needs of the elderly.

He would like to submit for the record biographical sketches and news clippings on the witnesses. They will be put in the record without objection.

SENATOR JAVITS SENDS WELCOME AND COMMENDS HUDSON GUILD AND PROJECT FIND FOR NEW YORK CITY EFFORTS

Senator Javits regrets that he is unable to attend this morning, but he would like to express to the committee his great respect and admiration for the Hudson Guild and Project Find for the fine job that both organizations are doing to better provide for the needs of the elderly in the city of New York. He would like to submit for the record biographical sketches, news clippings, and other data concerning the witnesses and their efforts in the city of New York.

(The material follows:)

To: Senator JACOB JAVITS.
From: PATRICIA G. CARTER.

There are three groups of people in this country in desperate need of help—the children must be given help so that they can grow up to function adequately as adults; the Black Community must be helped to take their rightful place in our society; and the aged must be helped because they do not have the resources to help themselves. Yet these three groups are in competition for the available money. Three groups in desperate need and if one group receives a priority the others suffer. I think it is barbaric to place such little value on the lives of people and to bargain politically with the available money.

There are 20 million people over 60 in this country and each day many more people become 60. We can no longer refuse to recognize older people as a vital

segment of our society. We must delve deeply into all the problems retirement and low incomes bring about and we must make a firm committment to solve these problems on a national scale.

There has been no further action on the White House Conference on Aging which is to take place in 1971. This conference can be a perfect vehicle for dialogue about the new emerging role of older people in our society. If the conference is to be truly effective, money must be appropriated to the states for pre-White House Conferences so that in 1970 older people throughout the country can be heard.

The Model Cities Program is a perfect vehicle for demonstrating food programs and other services so vital to the elderly. They have done little thus far to include projects for older people and must be mandated to do more.

BIOGRAPHICAL SKETCHES

Patricia G. Carter—Director of Consumer Education Project for Older People, Hudson Guild, New York City. The Consumer Education Project is supported by contract with the New York State Office for the Aging under the Older American's Act of 1965.

The original purpose of the project was to help older people spend their money more effectively. We quickly learned, however, that most older people were good shoppers, following all the rules. They did a magnificent job of spending their money—they just did not have enough money to spend.

Education—Home Economist. B.S. Ohio State University, M.A. New York University.

Experience—Was always interested in the problems of low income. Home Economist with the New York City Department of Social Services, teaching homemakers. Home Economics Consultant with the New York City Housing Authority.

Mrs. Sarah Kiesler—Age 72. Member of the Hudson Guild-Fulton Center for 6 years. Served as Secretary of the Fulton Senior Association, which is the governing body of the senior citizens.

Retired in 1959. Employed doing general office work for 20 years.

Retirement income consists of Social Security.

Lives in McCloud Bethune, a public housing project.

Mrs. Keisler lives alone and says that she is struggling to make ends meet. If she did not live in public housing she would not be able to manage. She feels especially concerned about the loneliness older people suffer.

Margaret Lehrfeld—Age 71. Medicaid Coordinator for Project Find.

Retired, was Supervisor in lunchroom at Eastman Kodak in New York City.

Volunteers work for Mt. Carmel Home for the Aged from 1950 with Reverend Mother Bernadette, President of Ladies Auxiliary.

Social Security $93, worked at Project F.I.N.D., earned $38 a week, earned $500 over $1680 and lost 4½ Social Security checks.

Mrs. Lydia Roso—Age 73. Member of Hudson Guild-Fulton Center for 4 years.

Retired in 1967 because of ill health.

Not covered by Social Security and her income consists of Public Assistance.

Mrs. Roso would like to tell the committee what it is like living on public assistance.

[From the New York Sunday News, Oct. 13, 1968]

FIND HELPS SAD SENIOR CITIZENS DISCOVER FRIENDS & FUN IN OLD AGE

(By Sylvia Carter)

When you are old there is nothing much left but time. Time to fill. Sometimes even the braver of Manhattan's senior citizens fill the time with lonesome tears.

But this past summer, a number of oldsters found friends to laugh and kick up their heels with each day, through a project called FIND, financed through the Community Development Agency.

Because of FIND, even the tear a lady in a silly pink hat wipes away after singing an old song is likely to be happier. The initials stand for Friendless, Isolated, Needy, Disabled.

FIND workers have spent the past summer translating those dismal words into FINDing more joyous things. Like friends to chat with every day, music to dance and smile by, roofs for some of the older people who've been turned homeless into the street by hotels, and even a warm snack sometimes.

HAVE WINTER PLANS TOO

Best of all, FIND will be warming up the winter months, on only a slightly limited schedule.

Centered at four locations between 34th and 74th Sts. on Manhattan's West Side, the staff of FIND has interviewed about 2,500, an estimated 10% of the friendless senior citizens in the area, and placed them on its mailing list. And FIND, which has only 23 employes, has reached at least 450 oldsters with concrete help.

Most of FIND's employes are themselves "seniors," and they'll give someone who's being turned out of a Times Square or Rockefeller Center area hotel the courage to move by helping them pack and scrubbing the floor. (That's "going a mile" farther than most welfare workers.)

And to erase afternoon loneliness, there are fun times.

"Oh, we ain't got a barrel of money, we may be ragged and funny," they sang, loudly but dragging a bit, gathered around a table at the basement of St. Luke's Lutheran Church, 308 W. 46th St.

OLD LADIES NEATLY DRESSED

The old ladies were neatly dressed, and a few wore prim, lacy gloves. There were fewer men and some wore sweaters, since the nip of fall was in the air.

From the kitchen came the homey fragrance of potato soup, a special treat for this party.

Mrs. Catherine Davis, of 506 W. 42d St., a little woman in a cute beret, bustled about supervising the soup. She's a former dietitian, who says she's "over 21."

And back in the other room, Mrs. Titine Sire, a visitor from Parkchester, danced about gracefully, whirling filmy peach colored skirts, while her friends sang and snapped their fingers to the tune of "East Side, West Side." And then she read an original poem about autumn. Later a woman with a Sophie Tucker voice arrived to belt out a few, breathlessly asking, "Do I look all right?"

PLAY BINGO AND OTHER GAMES

The seniors also play bingo, bring their fiddles, play cards and games, paint Christmas cards and cheer one another up.

"Don't be sad today," begged Mrs. Stella Trebony, a FIND worker and a senior who lives at 313 W. 47th, of Mrs. Papita Martiez, of 451 West 44th. Mrs. Martiez, a handsome, white-haired woman in a black suit, tried to sing "My Wild Irish Rose." But she still looked sad. "I'm going away a little while, and I'll miss you so, so don't be sad today," continued Mrs. Trebony softly, encouragingly. "Please."

Just down the street at a smaller summer's end bash, at the Episcopal Church of St. Mary the Virgin, 135 W. 46th St., Miss Harriet O'Brien, of 130 W. 46th a round-faced woman with a fresh pink complexion, delightedly shared with friends her bundle of clippings.

ENCOURAGED TO TRY DANCING

"I save things. If we had time, I could show you the most wonderful things," she exclaimed. FIND gave Miss O'Brien the courage to try dancing—but then she's always interested in everything. Her clippings include an announcement that Mayor Lindsay and Marianne Moore would read poetry in Bryant Park July 19 ("I meant to go"), a recipe for Rice-Tomato Salad, an ad that says the latest issue of a national magazine includes a presidential personality test.

At St. Stephen's Episcopal Church, 120 W. 69th St., Abe Tamber, of 25 W. 68th St., talks to everyone about FIND, the good refreshments, the college girl who worked with their group for the summer.

Abe used to sit in the corner, he says, and think sad thoughts. Now he fits in with the new friends he's found.

FUN AROUND A PIANO

In St. Stephen's basement, Miss Ann Young, of 2109 Broadway, plays "I could Have Danced All Night" on the piano in the corner—and in the middle it turns into "Around the World." And she doesn't want to stop playing when it's time for a speech: "Let me make noise just one minute."

The spry FIND members do make noise occasionally: They've picketed for funds for FIND, the promised cut-in-half bus fares for oldsters and help with finding housing relocations. Many seniors in the area live in hotels and, if they didn't move in before 1949, they sometimes get turned out with no word of explanation, let alone a money settlement.

Now, FIND members who have such troubles have friends to worry about them.

They often walk to bus or subway and cross the busy streets alone, but when they arrive at a FIND meeting, they have friends.

NEGOTIATES FOR SPACE

Some friends, like Miss Eugenia Simmons, FIND's housing expert, can even negotiate with the city and hotels for them about the desperate problem of where to live.

But if the St. Stephen's program doesn't receive enough money to continue—FIND is operating under a three-month extension grant—many of the old people it helps won't smile so often.

The winter program will continue, however, daily at St. Mary's for all area senior citizens who can get there, Tuesday and Thursday at Lincoln Square Neighborhood Center, 218 W. 64th St.; at St. Stephen's on Wednesday, and at St. Luke's Tuesdays. Hours are 1–5 p.m. and more information can be obtained from Miss Elizabeth Stecher, FIND director, at 874–0300.

[From the Chelsea (N.Y.) Clinton News, Aug. 31, 1969]

BESS MYERSON GRANT TO KEYNOTE PROJECT FIND CONFERENCE HERE

Mrs. Bess Myerson Grant, Commissioner of the NYC Department of Consumer Affairs, will give the keynote address, "The Senior Citizen as Consumer," at Project FIND's annual conference, 12 Noon to 4:30 PM, Thursday, August 28, 1969 at St. Paul the Apostle Lower Church, 59th Street and 9th Avenue.

Marking Project FIND's second-year anniversary working with seniors on the Lower West Side, the rally is expected to draw 700 Clinton, Lincoln, and Chelsea neighborhood senior citizens.

Chairman of the Conference is Rev. Kevin Sheehan, St. Paul the Apostle Church, who is Chairman pro-tem of the Lower West Side Council on Aging. Featured speaker, in addition to Mrs. Grant, is Mr. William C. Fitch, Executive Director, National Council on the Aging, through which FIND was funded for 15 months, 1967–68.

Following the format established in FIND's two previous area-wide rallies, a public hearing will be held between 2 and 3 p.m., at which community seniors are invited to air their personal problems, questions, and grievances. On the panel will be Mr. Fitch: Mrs. Stella Allen, Director, West Side Office of the Mayor's Office for the Aging; Mr. William R. Goetz, Project Coordinator for Clinton Housing, New York City Housing and Development Administration; and Mrs. Susan Kinoy, Project Director of the Home, Health and Housing Program, Community Council of Greater New York.

According to FIND Director Mrs. Elizabeth Stecher Trebony, FIND's summer staff has worked since July 1st preparing for the conference, through funds from the Community Development Agency of the Human Resources Administration. With summer program funds, about 30 staff members have been added to FIND's year-round staff of 10 persons, including ten senior citizen aides and 14 teen-agers.

The Rally will start with free lunch at Noon, and will include an exhibit of Arts & Crafts produced by neighborhood seniors, under the instruction of Ina Feltenstein, who has also been in charge of a structured program for fourteen Neighborhood Youth Corps youngsters working this summer in FIND's senior program.

Between 3 and 4 p.m., FIND seniors will present entertainment, consisting of short one-act plays performed by community seniors and volunteering actors from among the FIND Neighborhood Youth Corps, and choral and dance numbers. Other organizers of talent and special events in the summer program this year are Eugenia Simmons, Arlene Schissler, Ann Held, and Florence Smith.

Space and facilities for FIND's daily summer program are being donated by the YWCA, 840 8th Avenue; St. Stephen's Episcopal Church, 120 West 69th

Street; Lincoln Square Nighborhood Center, 218 West 64th St., and St. Luke's Lutheran Church, 308 West 46th Street.

Senator PELL. Senator Ellender?

Senator ELLENDER. How long have you been engaged in this work?

Miss CARTER. I am entering the last 3 months of my third year.

Senator ELLENDER. How is it being financed?

Miss CARTER. Through title III of the Older American's Act of 1965. Title III projects are funded, thus the money comes from the Administration on Aging, goes to the local State commissions on aging, and comes to sponsoring organizations.

Senator ELLENDER. Would you consider your project one that would show the way? That is, a project that is more or less experimental?

Miss CARTER. I think it is experimental, and I think only because most programs for the aging are experimental at this point. We haven't been aware of old people up to now. We came into this project with a lot of preconceived notions about what consumer education was, which we took from the ideas of generally accepted consumer education methods.

However, we found that older people knew very well how to spend their money. They walked blocks. They didn't get caught up in credit. They just didn't have the money to spend. This is why I think my particular project is experimental, because it has delved into some of these areas, and I think invalidated some of the preconceived notions we had.

Senator ELLENDER. We have been hearing of many pilot projects with a view to finding some way by which these problems could be handled, and the needs of the elderly taken care of.

We had a program representative here yesterday in the city of Washington, where only 150 recipients were being served.

There were seven people at the head of that, and they bought the food from some local caterer. It cost $2 per meal, and the recipient paid only 25 cents per meal. It was one of these pilot projects, and it is my feeling that this program is costly and does not reach enough people.

Then we had another submitted to us that originated in Baltimore, on a voluntary basis, with no Government funds whatsoever. People volunteered and local people supplied quite a lot of the funds. As I recall, there were 300 recipients, and the cost per meal was only $1.

Now, can you be specific in telling us how many people your outfit takes care of, at what costs, and where does the money come from that is used in order to carry your project through?

Miss CARTER. We charge 50 cents for the meal, and it is a complete hot lunch, with meat, vegetables, bread and butter.

Senator ELLENDER. What does the meal cost you?

Miss CARTER. Thirty-seven and a half cents for raw food costs, and the labor costs are 60 cents a meal. So that is $1 a meal. The purpose has been to develop a cooperative. We hope that the food program would be self-sufficient in a cooperative way.

Senator ELLENDER. That is Federal money?

Miss CARTER. Yes.

Senator ELLENDER. How many persons do you serve?

Miss CARTER. The average served last month was 125.

Senator ELLENDER. How many people were paid a salary in order to do that, to manage this program?

Miss CARTER. We have on our staff one research programer who does all the research connected with the project. We have one nutritionist and we have two part-time clerical people. In the kitchen, we have two part-time cooks.

The rest of the staff is all senior citizens, working part time, and I think they are getting something like $1.65 or $1.75 an hour. They work up until $1,680.

Senator ELLENDER. Could you tell us the cost of administering this program? You mention the part-time people. Are you able to tell us the cost of administering this program to take care of 100 and some-odd people?

Miss CARTER. It is difficult to say.

Senator ELLENDER. You say you have some part time. Could you tell us monthly what it costs?

Miss CARTER. I don't have the figures here, Senator.

Senator ELLENDER. Could you furnish the figures for the record?

Miss CARTER. Yes, I will.

Senator ELLENDER. We have had so many programs submitted to us that it is difficult to tell which is best.

Miss CARTER. I don't think it would be good to judge the program on the basis of cost alone at this point. It is a demonstration project in its first year. There is a research component with it. That cost would not carry on if the program were to go beyond 3 years.

Senator ELLENDER. It is a pilot program, and you expect that those who would follow through on a permanent basis would probably use methods that you have tried.

Miss CARTER. Yes, including the research part of it.

You must also realize that we have gone through the whole business of beginning a new kind of organization or a new kind of business, and we have still doubled our food service in 1 year. We are hoping to double it within the next year using the same staff, and then we must work with the senior citizens to help them organize into the co-op. This is going to take a lot of money during the first 3 years.

Senator ELLENDER What do you mean by co-op?

Miss CARTER. We are a senior citizen center. The people who participate in the program will take out shares, the money would then become the working capital of the program. The older people will become a vital part of the program, in the running of the program and receiving the benefits of the program.

Senator ELLENDER. Would that be one contribution?

Miss CARTER. That would be a very big contribution.

Senator ELLENDER. And the money would be used for purchase of food and so forth.

How much would you require to be paid by the Federal Government under this new plan?

Miss CARTER. At this point—as I said, I am not sure about the figures, but I think at this point the Federal Government is putting in somewhere around $50,000 to $60,000. That includes equipment. We had to reoutfit our kitchen.

Senator ELLENDER. Is that a yearly contribution?

Miss CARTER. I think it is, but I can supply that for you.

(The material follows:)

HEW's Contribution to CAFE, New York City

CAFE (Cooperative Approach to Food for the Elderly), at the Robert Fulton Senior Citizens' Center, 119 Ninth Avenue, Manhattan, is one of twenty-six nationwide nutrition projects currently funded by the Federal Department of Health, Education and Welfare through its Administration on Aging and authorized under Title IV of the Older Americans Act of 1965.

Since there was very little known and almost nothing recorded that dealt with the nutritional needs and habits of the elderly, it was imperative to establish accurately, via research and recording, pertinent data relating to same, and to set up pilot demonstrations that would point to the best ways of dealing with and satisfying these needs.

The unique demonstration objective, of CAFE is to explore fully the possibility of organizing a cooperative composed of senior citizen participants in the program, have them operate it under the supervision of the project director during the third funded year, and thus be ready to carry on the program when Federal funding ends.

The grant from AoA of the first year of CAFE is as follows. (This does not include raw food cost, which comes from the 50¢ meal charge paid by the participants. Nor does it include $8,148 from Grantee for rental space, equipment, utilities, cleaning supplies, and scholarships for those unable to pay).

Personnel	$36,016
Consultant Services	1,000
Research Evaluation	7,500
Equipment: (office, kitchen)	4,181
Supplies: (mechanical maintenance, repairs and parts, office, including postage, uniforms and laundry)	2,180
Travel: Staff	180
Installations: Include wiring, gas, plumbing	800
Educational materials, multiplicating, publication, etc	750
Other expenses: T. & T., insurance, CPA	1,014
Total	53,621

There is no allowance for equipment or installation after the first year, but another part-time secretary has been added to handle the technical work connected with the formulation and publication of a procedural manual.

Personnel includes: Administrative, one full time director; one full time assistant and data recorder; one part time secretary, 25-hour week.

Kitchen, one head cook, 35-hour week; one second cook, 30-hour week; *two kitchen aides, 20-hour week; one pot and dishwasher, 25-hour week.

Dining room, * two aides, 20 hours week; * one porter, 20 hours week.

Food is served cafeteria style, but aides serve trays to the disabled and serve coffee and tea. Volunteers sell tickets, act as hosts, steer the cafeteria line, and deliver meals to the home-bound (avg. 6 each day).

Personnel marked with asterisk (*) above are Senior Citizens receiving $1.83 per hour plus meal. While they have proven themselves to be very reliable and efficient, there is the very real problem, both for them and for administration, of having to replace them when they reach their $1680 earning limit under social security.

At present our relative percentages for raw food cost and labor cost are running about .391 for the former and .609 for the latter. This estimate is based on a daily average of 125 participants. As the number increases, the labor cost diminishes rapidly. Getting established is the critical period.

We estimate that the administrator spends approximately one-fourth of her time directly involved in the supervision of meal preparation and service. In addition there are weekly sessions devoted to "Let's Talk Nutrition", which give practical ways for older people to deal with nutritional problems. The members' interest in these classes is great; from thirty to fifty persons attend each session, which runs from forty-five minutes to one hour.

Modified or therapeutic diet needs are met in the lunch program and individuals are seen privately to help guide them to meet these needs away from the Center.

Of equal importance to the above cold figures is the humanitarian and socially conscious approach to the lot of those who, having spent their working

years contributing to our economy, are now trying to "make it" on from one-half to one-third the amount of income which the Federal Government considers "adequate maintenance".

Senator Ellender, we are much interested in your 25% Federal subsidy for lunch program proposal. It would be a tremendous boost to such a cooperative program as we anticipate. We feel we could handle the 75% adequately.

GERTRUDE WILLETT WAGNER,
Director, CAFE.

Note: Further information about the operation of Project CAFE is available upon request from CAFE, 119 Ninth Avenue, New York, N.Y., 10011.

Miss CARTER. Suppose this were 3 years from now. If we were able to continue to charge 50 cents for meals, this money would provide for the raw food costs. Our food costs would be less if we were able to get surplus food like school lunches do. Older people have difficulty paying our 50-cent cost. We now have a scholarship fund to help these older people. Food stamps used to purchase a prepared meal would help older people unable to pay and would relieve us of some of the expense of a scholarship fund.

Our equipment is here, and if the business does go on, I would assume that the business part, the business of the co-op would pay for most of the labor charges.

Senator ELLENDER. That would be done by subscription?

Miss CARTER. That is right.

Senator ELLENDER. You mentioned a bill presented by Senator Hugh Scott to the food stamp program.

I happen to be chairman of the Committee on Agriculture and Forestry, and we handle the food stamp program. I told Senator Scott that I thought that his proposals should be separate and apart from the food stamp program because it is a different program altogether from what we envisioned. I am wondering, are you familiar with the food stamp program?

Miss CARTER. Not as familiar as I should be, because we don't have it in New York City.

Senator ELLENDER. It is intended to supplement——

Miss CARTER. I understand that.

Senator ELLENDER. Families come in and buy stamps and under the act that is now before the senate it would be possible for persons to put up $3 or $4 and obtain $30 to $40 worth of stamps.

Miss CARTER. That is right.

Senator ELLENDER. There are certain ways and means by which this could be implemented, depending upon the recipient's situation, and I was just wondering how we could handle food stamps in connection with the program that you are now speaking of. Would they be used as money?

Miss CARTER. Yes, used as money.

Senator ELLENDER. Wouldn't it be better to get contributions rather than stamps, because those stamps cost money, you know.

Miss CARTER. Our average social security benefit is $99 a month. Even the 50 cents that we charge for our lunch, as good as it is, is expensive.

The department of welfare in New York City does not provide for 50-cent meals any more. Those budgets were cut heavily this last session.

If they could pay us a food stamp worth 50 cents, the cost of the meal would be less than 50-cent for poor older people.

Senator ELLENDER. What would you do with that stamp?

Miss CARTER. We would refund it the way the store would.

Senator ELLENDER. You would use it to purchase food?

Miss CARTER. Yes, we could.

Senator ELLENDER. Not particularly for the person who is entitled to stamps, but you would put all the stamps into one lot and buy for all the group?

Miss CARTER. That is one possibility, yes.

Senator ELLENDER. It might be well if you could be a little more specific on that. I am sure the chairman will permit you to add to your statement. Because the food stamp bill has been reported to the Senate, and it may come up for consideration within the next 2 or 3 weeks. I am sure that if we could get some concrete evidence indicating that this program would work as you propose, why I am sure that the Senate and Congress will give it consideration.

Miss CARTER. I would be happy to.

(The material follows:)

THE HUDSON GUILD,
New York, N.Y., October 31, 1969.

SELECT COMMITTEE ON NUTRITION AND HUMAN NEEDS,
U.S. Senate, Washington, D.C.

GENTLEMEN: We received your letter of October 21 requesting the following information relating to our testimony before the Committee.

1. Cost of administering food projects for older persons.—Material describing the costs of the Hudson Guild's C.A.F.E. food project funded under Title IV of the Older American's Act of 1965 was enclosed with the corrected transcript. The material discusses the cost of administering the Hudson Guild's food program. We cannot presume to discuss the costs of programs other than our own.

2. Recommendation for amendments to the food stamp program.—As we stated in our testimony, we recommend expansion of the Food Stamp Program to allow disabled, aged and blind persons to purchase prepared meals. An amendment of this kind is most important in view of the difficulties that aged and disabled persons encounter in shopping and preparing food. Please refer again to our testimony before the Committee for a more comprehensive discussion of the problem.

3. Evidence showing that food stamp program would work in New York City.—It is impossible for us to present evidence that the Food Stamp Program would work in the entire City of New York. We can express concern, however, about the relationship of Food Stamps to the Welfare Plan. We cannot approve discontinuing Food Stamps for those below an adequate income level until their total income reaches a realistic standard of living.

We further recommend that Food Stamps be provided to all people below a determined income level without punitive attachments of any kind.

We also feel that the purpose of Food stamps must be to provide a healthful diet for all those in need and that persons using them be given freedom of choice in their use.

It is burdensome to have stamps only available in 50¢ and $2 denominations and that clients would have to accept credit slips instead of change on their stamp purchases. This would certainly discourage clients from purchasing odd-change items when they are cheaper.

The clients ability to fight exploitation by merchants is further limited by this being forced to shop at specified stores.

Sincerely,

PATRICIA G. CARTER,
Director, Consumer Education Project for Older People.

Senator ELLENDER. Is it your view that these programs should be operated more or less on a cooperative basis with the State or the municipality or the county and the Federal Government?

Miss CARTER. Yes, both of our projects have been operating cooperatively with Federal and State funds as well as local funds.

Senator ELLENDER. When you say cooperatively, you mean——

Miss CARTER. In cooperation with the Federal Government and the State government.

Senator ELLENDER. That is all?

Miss CARTER. There is a local contribution, of course, from my agency.

Senator ELLENDER. Is it your view that this program can succeed only if you have cooperation at a local basis?

Miss CARTER. Yes, I do.

Senator ELLENDER. That has been my belief also.

Miss CARTER. For instance, these are individual programs designed by local agencies. If, however, a priority develops such as housing problems of older people or nutrition problems of older people, or health problems, then I certainly would think that if it is discovered that this problem exists for our 19 million older people, or a good portion of them, then I think it should become a federally sponsored and federally directed program.

Senator ELLENDER. I disagree with that, because there is no telling what it would cost, and I doubt that the program would work unless you have complete cooperation at the local level.

Miss CARTER. I agree with that, sir, but I think if we have a national emergency we ought to get together nationally and work on it.

Senator ELLENDER. But these programs cannot operate, cannot make progress, unless the local people want it. You can't depend on "Uncle Sam" doing it all.

Miss CARTER. It is from the local communities that the ideas come.

Senator ELLENDER. I have had quite a lot of experience in this field. I fathered the school lunch bill in 1940, and it was rather difficult in the beginning to get a formula that would work. Through the years, we have improved it so that the local people who work on the program lend assistance, and so do the counties and the State. The program expends about $2¼ billion a year with the Federal Government furnishing about 25 percent of that, and the local people and the recipients——

Miss CARTER. I think you misunderstood me, Senator. Your school lunch program is exactly what I meant as a program being initiated by the Federal Government. The program was initiated on the Federal level all over the country, but even though the Federal Government is contributing, contributions are also made by local and State governments. This is exactly what I meant. Yes, I agree with you on that.

Senator ELLENDER. In any event, such a program would have to be fostered at the local level, and the people at the local level have to be interested in it and show the extent to which they are willing to contribute.

Miss CARTER. Of course.

Senator ELLENDER. And let the Federal Government come in and do its share.

Because of that method of handling it, I told Senator Scott that I doubted that the food stamp program could be so amended as to assist in this aid, unless it is done directly to them, you see, and not used as money.

Miss CARTER. What you are saying is that you would give us the food stamps?

Senator ELLENDER. I mean I had rather do it with money rather than have it a part of the food stamp program, because they are different programs altogether, you see, and I repeat, if you have any suggestions to make as to how the food stamp program could be amended so as to follow through with your suggestion, I would like to get that in the record.

Miss CARTER. Fine. I will get it to you.[1]

Senator ELLENDER. Before you leave, if you ask the secretary of the Agriculture Committee, Mr. Mouser, at room 324 in the Old Senate Office Building, you can get a copy of the report as well as the bill that is now before the Senate. You can see for yourself how this program works, and if you will give us your testimony or any suggestions as to how we could use this program in connection with the project you are advocating, I would be glad to look at it.

Miss CARTER. Thank you.

Senator PELL. Thank you very much, Miss Carter.

I have one other question, and that is in connection with the transportation of surplus food. You said smaller packages would be better. You don't mean less food, but that it should be packaged in smaller quantities?

Miss CARTER. Five or 10 of pounds of flour is impossible to carry. If one were to receive everything, it would be 30 to 40 pounds. That is too heavy to carry. You wouldn't use 10 pounds of flour a month. Yes, we would say smaller quantities of the bulky items, and for the smaller foods we would say smaller packages, but a larger number.

Senator PELL. Thank you very much.

The next witness is Miss Constance McCarthy, chief, Rhode Island Public Health Nutrition Services, who has been in touch with my office for some months regarding the details of Rhode Island deaths from hunger.

I think there are three categories of people who are most aware of the deplorable and dreadful conditions in which our older people live. These people are aware that older people are not able to move around as freely as they could and they don't have the physical strength, or the money fo, public transportation.

These are the three categories: the clergy, the social workers, and the politicians.

These three categories of people are aware, but the public as a whole, is not aware of the fact that so many old people live in real misery and squalor, and I speak with some feeling on that.

I also think the general public is not aware of the fact that malnutrition, while having a long-range effect on the health of the Nation through its effect on children, from the viewpoint of deaths, far more deaths result from malnutrition affecting older people than younger people.

In this connection, I will ask unanimous consent to insert in the record some statistics that show this fact.

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[1] See letter to the Select Committee on Nutrition and Human Needs on p. 5358.

(The material follows:)

RHODE ISLAND PUBLIC HEALTH OFFICIAL REPORTS 22 MALNUTRITION DEATHS IN RHODE ISLAND

Senator Claiborne Pell stated that the report of 22 deaths from malnutrition among elderly in Rhode Island has provided the Senate Select Committee on Nutrition and Human Needs "with shocking evidence of the impact of malnutrition on the aged."

Senator Pell served today as acting chairman of the hearing conducted by the Senate Select Committee on the subject of Malnutrition and the Elderly. Miss Constance McCarthy, Chief of the Rhode Island Public Health Nutrition Services, appeared as a witness. Senator Pell in his remarks noted that national death statistics also indicate that deaths from malnutrition are a more serious problem for the aged than any other age segment of the population.

In his comments Senator Pell said: "After I first learned of those statistics from Rhode Island, I asked the National Center for Health Statistics to provide me with comparative figures for the nation as to the number of persons who have died from causes relating to malnutrition. National mortality statistics prove what the figures from Rhode Island suggest, that as far as the significance of the impact of malnutrition on different segments of the population is concerned, *malnutrition resulting in deaths is a much more serious problem for the aged than it is for young children and infants.*

"In 1966 there were according to the Public Health Service 2,291 recorded deaths from causes related to malnutrition. Seventy-six (76%) of those deaths occurred in persons over the age of 45, 56% of those malnutrition deaths occurred in persons over the age of 65 years of age, and 20% of those deaths occurred in children under the age of four years.

"In 1967 according to the Public Health Service there were 2,155 deaths from causes related to malnutrition. Of those total malnutrition deaths 74% occurred in persons over the age of 45 years, 57% occurred in persons over the age of 65 years of age, and 19% of those deaths occurred in children under the age of 4 years.

"I think that those statistics serve as very cold indicators of the need for the improvement and expansion of food programs which are designed to aid the aged malnourished, and for the consideration of any changes in the Medicare program which might help the aged receive better nutrition counseling and assistance than is now available."

NATIONAL MALNUTRITION DEATHS

	1966	Percentage	1967	Percentage
Total	2,291	0.1 percent of total deaths	2,155	0.1 percent of total deaths.
45 yrs. and over	1,644	76 percent of total malnutrition deaths	1,599	74 percent of total malnutrition deaths.
65 yrs. and over	1,294	56 percent of total malnutrition deaths	1,230	57 percent of total malnutrition deaths.
0 to 4 yrs	470	20 percent of total malnutrition deaths	411	19 percent of total malnutrition deaths.

DEATHS FROM CAUSES RELATING TO MALNUTRITION, UNITED STATES, 1966–67

ICD number	Cause of death	Number of deaths 1966	1967
280	Beriberi	14	8
281	Pellagra	21	13
282	Scurvy		1
283	Active rickets	3	1
284	Late effects of rickets		
285	Osteomalacia	5	4
286.0	Steatorrhea and sprue	26	27
186.1	Vitamin A deficiency		
286.2	Vitamin B deficiency, except beriberi and pellagra	2	4
286.3	Vitamin C deficiency, except scurvy		
286.4	Vitaim D deficiency, except rickets and osteomalacia		
286.5	Malnutrition, unqualified	1,380	1,274
286.6	Kwashiorkor (protein malnutition)	2	11
286.7	Other and multiple deficiency states	150	143
291	Iron deficiency anemias (hypochromic anemias)	123	116
772.0	Nutritional maladjustment without mention immaturity	281	258
772.5	Nutritional maladjustment with immaturity	51	41
788.0	Dehydration	37	39
E926	Lack of care of infants under 1 year of age	16	22
E933	Hunger, thirst, and exposure	180	193
	Total	2,291	2,155

Source: 7th revision of international lists, 1955.

DEATHS FROM ALL CAUSES BY AGE: UNITED STATES, 1966 AND 1967

	1966	1967
Under 1 year	85,516	79,028
1 to 4 years	15,089	13,506
5 to 9 years	9,121	8,809
10 to 14 years	8,012	8,084
15 to 19 years	18,171	18,168
20 to 24 years	18,155	19,538
25 to 29 years	15,742	16,355
30 to 34 years	18,656	18,431
35 to 39 years	28,457	28,382
40 to 44 years	46,379	45,657
45 to 49 years	67,880	68,247
50 to 54 years	97,731	96,794
55 to 59 years	130,681	130,937
60 to 64 years	162,681	163,225
65 to 69 years	202,468	199,615
70 to 74 years	241,367	238,304
75 to 79 years	251,367	250,552
80 to 84 years	219,655	219,117
85 years and over	225,388	227,987
Not stated	633	587
All ages	1,863,149	1,851,323

Note: Causes relating to malnutrition, 1966: 2,291=0.1; 1967: 2,155=0.1.

DEATHS FROM MALNUTRITION, BY AGE: UNITED STATES, 1966 AND 1967

[Special age grouping record (rates)]

Year and cause No.	All ages	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85+	N. S.[1]
1966																					
280	14								2	1	2	1	3	1	2	1		1			
281	21									1	1			1	2	2	2	7	3	2	
282																					
283	3	2	1																		
284																					
285	5													1	1			1	1	1	
286.0	26	4	3		1						2	2	1	3	1	3	3	1	1	1	
286.1																					
286.2	2		1	1																	
286.3																					
286.4																					
286.5	1,380		50	16	6	7	4	2	11	15	31	36	39	68	76	108	160	197	231	320	3
286.6	2	1	1																		
286.7	150	7			1		1	4	4	6	7	8	11	11	14	16	10	15	14	20	1
291	123	9	11		1	2	2		1	2		1	4	5	7	7	17	14	24	16	
772.0	281	281	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
772.5	51	51	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
E88.0	37	1	3	1							1	2	1	1	3	3	3	7	5	6	
E926	16	16	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
7933	180	22	6	1		3	7	5	5	8	8	11	11	17	11	10	11	18	14	12	
Total	2,291	394	76	19	9	12	14	11	23	33	52	61	70	108	117	150	206	261	293	378	4
1967																					
280	8								1	1			1		1	1	1	1		1	
281	13												1	2	1	1	3	1	2	2	
282	1										1										
283	1		1																		
284																					

DEATHS FROM MALNUTRITION, BY AGE: UNITED STATES, 1966 AND 1967—Continued

[Special age grouping record (rates)]

Year and cause No.	All ages	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85+	N. S.[1]
285	4														1		1	1	1		
286.0	27	4						1		2			3	5	4	3	4	1			
286.1																					
286.2	4								1			1			1			1			
286.3																					
286.4																					
286.5	1,274		29	12	6	3	3	7	4	16	16	33	42	61	88	106	129	184	212	321	2
286.6	11	1	2							1	1	1	1					1	2	1	
286.7	143	7	2	2	2			1		4	6	5	9	17	15	9	12	13	23	16	
291	116	13	8				2		1	2	1		1	3	8	7	10	16	24	20	
772.0	258	258	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
772.5	41	41	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
788.0	39		3	1	1								1	1	2	3	1	4	11	11	
E926	22	22	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
E933	193	13	7	1	2	4	5	5	4	8	14	9	16	19	16	14	10	14	16	15	1
Total	2,155	359	52	16	11	7	10	14	11	34	39	49	75	108	137	144	171	237	291	387	3

[1] N.S.—age not specified.

[2] Not applicable.

Senator PELL. The figures in 1966 showed that 2,291 died from malnutrition. Seventy-six percent of those deaths were of people over 45. Only 20 percent of those were children under 4.

So, there is a real sharp impact of malnutrition that is felt by older people. This is a fact not brought out sufficiently, and something of which the American public is not aware.

Please go ahead with your excellent statement. Will you please proceed?

STATEMENT OF MISS CONSTANCE McCARTHY, CHIEF, RHODE ISLAND PUBLIC HEALTH NUTRITION SERVICES

Miss MCCARTHY. Mr. Chairman and members, I appreciate this opportunity to testify.

The handout summarizes deaths in my State having the basic underlying cause of malnutrition for the period between January 1, 1966, and June 30, 1969. This information has been compiled from death certificates. It is presented for your possible later perusal and for the immediate purpose of proffering several of my thoughts relating to it.

Please note that all but one of 22 deaths ultimately attributable to malnutrition occurred in the over-60-year-age group. This is of interest because we know that the aged constitute only one of a number of groups especially vulnerable to nutritional stress. That other high-risk groups such as infants, preschoolers, pregnant women, and adolescents, all with higher nutritional needs, are less vulnerable in my State than the aged may be because they are infants, adolescents, et cetera, for shorter periods of time and there is less time for debilitating social, economic, and disease stresses to interact in a deadly manner with high nutritional stress.

We need to know more about the people represented by the death certificates. What were the social and economic circumstances surrounding their deaths? We have some clue as to their physical health but what was their mental health? Were they oriented to their surroundings and to time? Did they have memory for the immediate past? What was their nutritional knowledge? Were they victims of food fadism as so many of our elderly are?

In our concern about undernutrition, hunger, and malnutrition the statistics in this handout remind us, too, of the folly in forgetting that malnutrition can take the form of overnutrition (obesity) as well.

Senator PELL. This handout will be inserted in the record with the statistics you have submitted.

(The material follows:)

RHODE ISLAND—DEATHS FROM NUTRITIONAL DISEASES

[ICDA 240, 260–269, 277, 278, 280, 281, 633]

Date of death	File No.	Code	Race	Sex	Age	Place of death	Residence	Census tract	Occupation	Marital status	Underlying cause(s) of death	Immediate cause of death	Other significant conditions (contributory)
Mar. 1, 1969	69-01677	269.9	White	Female	74	Warwick	North Kingstown	501	At home	Widowed	Malnutrition	Pheumonia—Acute myocardial infarction	
Apr. 19, 1969	69-02467	268	do	do	67	Warren	Bristol	308	U.S. Rubber	Single	Chronic nephritis; marked emaciation.	Uremia	Multiple sclerosis.
Apr. 26, 1969	69-03097	280	do	do	78	Providence	Providence	022	Housewife	Widowed	Hypochromic anemia.	Acute coronary infarction.	
May 13, 1969	69-03960	281.2	do	Male	68	Woonsocket	Woonsocket	174	Marshall—U.S. district court.	Married	Megaloblastic-type anemia.	Bronchopneumonia.	
May 22, 1969	69-03837	269.0	do	Female	71	Providence	Providence	002	Retail sales-clerk.	Single		Nontropical Sprue with malnutrition.	
May 9, 1968	68-04122	277	do	do	74	South Kingstown.	do	026	At home	do	Obesity, dwarfism.	Bronchopneumonia.	Cancer of uterus, treated; diabetes.
May 22, 1968	68-03975	268	do	do	93	Providence	Cranston	148	Housewife	Widowed		Cachexia	
May 27, 1968	68-04846	269.9	do	do	76	Woonsocket	Woonsocket	173	Milliner	Single	Malnutrition	Terminal bronchopneumonia.	Generalized arteriosclerosis—decubitus ulcers.
Aug. 23, 1968	68-05733	277	do	Male	62	Warren	East Providence.	105	Pressman	Married	Generalized arteriosclerosis; obesity.	Myocardia infarction.	
Sept. 2, 1968	68-06459	269.9	do	do	79	Warwick	Warwick	210	Machinist	Single	Anemia; malnutrition.	Bronchopneumonia.	
Do	68-06710	277	do	Female	72	Pawtucket	Pawtucket	168	At home	Married	Obesity, marked.	Anterior coronary occlusion.	

Jan. 20, 1967	600	286.7	Colored	Male	62	Providence	Providence	002	Cook	Divorced	Wernicke's encephalopathy.			
June 13, 1967	4426	286.5	White	Female	82	Pawtucket	Cumberland	113	Housekeeper	Single	Anemia, hypoproteinemia most probably due to malnutrition.	Bacteremia.		
July 13, 1967	4950	286.5	do	Male	69	Newport	Newport	408	Painter	Widowed	Malnutrition and dehydration.			
July 24, 1967	4990	286.5	do	Female	81	Pascoag	Providence	002	Housewife	do	Cachexia, starvation.	Pneumonitis.		
Dec. 22, 1967	9164	286.5	do	Male	61	Providence	do	008	Not known	Not known	Severe malnutrition.	Extreme emaciation.		
Dec. 29, 1967	8794	286.5	do	Female	86	Cranston	Cranston	137	Sales	Widowed	Malnutrition and dehydration.	Bronchopneumonia.		
Feb. 7, 1966	1140	286.7	do	do	68	Cumberland	Cumberland	114	Housekeeper	Married	Degenerative brain disease (Wernicke's encephalopathy).	Pneumonia, terminal.		
Apr. 26, 1966	3202	286.5	do	Male	74	Providence	Providence	003	Manager	do	Malnutrition and old age.	Probable cardiac arrest.		
June 8, 1966	4321	286.5	do	Female	79	Cranston	Pawtucket	151	Weaver	Widowed	Malnutrition	Bronchopneumonia.	Fracture of left humerus.	
Aug. 23, 1966	6164	286.5	do	do	61	Providence	do	158	Practical nurse.	Married	Malabsorption, severe malnutrition.	Pulmonary edema.		
Nov. 28, 1966	7985	286.5	do	do	49	Warwick	Warwick	214	Housewife	do	Chronic malnutrition; disease of unknown cause.	Acute myocardial failure.	Paget's disease; malabsorption syndrome.	

Miss McCarthy. I am sorry, I don't have sufficient handouts for the audience, but you have them.

Senator Pell. We will have copies made for the press.

Miss McCarthy. In 1960 Rhode Island ranked 39th of the States in total population and was at the median in per capita income. What is the malnutrition-death picture in less affluent States? What is the real picture in Rhode Island? These compilations only hint. How many people at 2 months or at 42 years have been crippled for life by poor nutritional practices? Who else in our State had disease processes such as diabetes or heart disease which were aggravated by failure to follow therapeutic diet regimens?

During the past months I have tried to keep abreast of testimony in the hearings before this committee. While doing so I have been pleased and at the same time concerned—pleased that congressional emphasis is being placed on the shortcomings of existing nutritional programs for the poor—yet concerned by what I feel to this point has been the narrow scope of the hearings. I believe that a good nutritional health program for people of all ages of any economic level has a number of components:

FOLEY-GREEN BILL

The first, of course, is an adequate food provision and food delivery system. Expansion and improvement in the food supply and in the food delivery system seems to have received the most emphasis thus far in these hearings. The Foley-Green bill, presently in committee in the House, to my way of thinking, is a laudable bill which comprehensively deals with the food provision system, considering quality of the diet as well as quantity and availability of foods. Continued emphasis on the food delivery system is especially needed with respect to the aged population, especially the aged poor.

Another component is adequate financing for the basic needs of daily living; i.e., food, shelter and clothing. Much has been said and written about income supplementation and/or adequate welfare payments inside and outside of these hearings. Suffice to reiterate that immediate demands for shelter and clothing must, and always will of necessity, take priority over food, and that inadequacy in one's ability to finance the former is invariably detrimental to one's nutritional state and health.

But there are other components of a nutritional program. One is knowledge of general dietary practices conductive to good health and, when needed, knowledge of specific dietary practices which prevent the progression of personal ill health.

Another is motivation to put this knowledge into practice. Sometimes through fear, loneliness, despair, subconscious desire to forget the future and live only for today, or lack of self-confidence or self-esteem we do not put into practice what we know is best for us in the long run. Food practices are very closely tied to our emotions and thus extremely difficult to change without the motivation imparted by a skilled counselor.

And another component is the physical and mental health which is needed: To care for one's self when one is responsible for managing one's own daily living; to consume a variety of nutritious foods (a depressive psychotic or a person with severe dental disease cannot do

so); to enable the utilization of nutrients from foods (poor physical or mental health can interfere with the absorption and/or utilization of nutrients).

My concern thus far about these hearings is what seems to be the comparatively little emphasis placed on these nutritional goals of knowledge, motivation, and physical and mental health. The interdependence of food and economic programs with social, educational, and health programs cannot be stressed too often.

I would like to offer some recommendations for your consideration—some broad, some narrow in scope, some having special benefits for the elderly.

Let us at the Federal and State level recognize that personal nutritional status is a major health component accordingly place the primary responsibility for nutritional health of the public with Federal and State public health agencies. Education, welfare, agricultural, transportation, construction, social, and financial agencies all have important roles in a truly comprehensive nutritional program, but the Public Health Department must have primary responsibility for planning and coordinating this program.

Let us at the Federal and State level recognize that immediate actions, as well as words, are needed for an effective attack on the problem of malnutrition. For example, why can we not fund grants which are specifically designed to combat malnutrition through the mechanisms of food provision, food delivery, education, and motivation—counseling—and/or health care?

NUTRITIONAL COUNSELING

In my State, Rhode Island, one such project grant-request, regional in scope, carefully conceived over a 4-year period and extensively endorsed by health agencies and professionals, and designed to offer nutritional counseling and education to the poor and the ill, was "approved but not funded" this week.

Why can we not add sufficient nutrition personnel in public health agencies to provide nutritional counseling and education to both the public and those responsible for food service in institutions? Sociologists, psychologists, and medical men all emphasize that the aged are more highly individualistic than the young and that to be effective nutritional and medical care for them must contain individualized and personalized counseling.

Pertinent, of course, to the expansion of public health nutrition staffs are competitive professional salary scales (so often lacking in our States) and sufficient numbers of training programs for both the professional and nonprofessional. You no doubt are aware that in times of severe fiscal restraint, such as now, some States classify physicians, nurses, and sometimes medical social workers as providers of essential health services, but not dietitians or nutritionists.

Why can we not legislate, in each State and territory, the periodic monitoring of the nutritional status of nutritionally stressed groups such as infants, preschool children, pregnant women, adolescents, the poor and the aged, and of groups who lack control over what they eat, such as children or adults in institutions?

Why can we not encourage States, and agencies within States, to establish "death committees" for malnutrition-caused deaths? Why not

conduct tactful but searching investigations into the circumstances surrounding these deaths? Were these deaths preventable by a person, an agency, or society?

Why can we not develop reach-in programs for the aged? With our technology for reaching the moon, we should be able to reach the homebound, the lonely person who lacks stimulus to eat, the physically handicapped person who finds it difficult to prepare meals.

Why can't we, through the massive combined efforts of sociologists, community planners, community volunteers, economists, politicians, and nutritionists devise new feeding and educational programs for meeting the social and nutritional needs of both the homebound aged and those aged who are able to get around?

Why can't we take immediate steps to insure that food products are safe for the health of those who normally consume them—safe not only bacteriologically but safe physiologically?

And finally, why can we not develop new transportation systems specifically designed for the elderly, not only the well elderly but the physically handicapped elderly so that they may have an opportunity for seeking productivity (not necessarily based on financial remuneration), health care, companionship, and/or good food?

PREPARED STATEMENT OF CONSTANCE MCCARTHY

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Knowledge of general dietary practices conducive to good health and, when needed, knowledge of specific dietary practices which prevent the progression of personal ill health.

Motivation to put this knowledge into practice.

Sometimes through fear, loneliness, despair, subconscious desire to forget the future and live only for today, or lack of self-confidence or self-esteem we do not put into practice what we know is best for us in the long run. Food practices are very closely tied to our emotions and thus extremely difficult to change without the motivation imparted by a skilled counselor.

The physical and mental health which is needed:

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I would like to offer some recommendations for your consideration—some broad, some narrow in scope, some having special benefits for the group we are concerned with at this particular session (the elderly).

Let us at the federal and state level recognize that personal nutritional status is a major health component and accordingly place the primary responsibility for nutritional health of the public with federal and state public health agencies. Education, welfare, agricultural, transportation, construction, social, and financial agencies all have important roles in a truly comprehensive nutritional program, but the public health department must have primary responsibility for planning and coordinating this program.

Let us at the federal and state level recognize that immediate actions, as well as words, are needed for an effective attack on the problem of malnutrition. For example, why can we not:

Fund grants, submitted by local, state, and regional agencies, which are specifically designed to combat malnutrition through the mechanisms of food provision, food delivery, education and motivation (counseling), and/or health care?

In my state one such project grant-request, carefully conceived over a four-year period and extensively endorsed by health agencies and professionals, and designed to offer nutritional counseling and education to the poor and the ill, was "approved but not funded" this week.

Add sufficient nutrition personnel in public health agencies to provide nutritional counseling and education to both the public and those responsible for food service in institutions? Sociologists, psychologists, and medical men all emphasize that the aged are more highly individualistic than the young and that to be effective nutritional and medical care for them must contain individualized and personalized counseling.

Pertinent, of course, to the expansion of public health nutrition staffs are competitive professional salary scales (so often lacking in our states) and sufficient numbers of training programs for the professional and nonprofessional. You no doubt are aware that in times of severe fiscal restraint some states

classify physicians, nurses, and sometimes medical social workers as providers of essential health services, but not dietitians or nutritionists.

Legislate, in each state and territory, the periodic monitoring of the nutritional status of nutritionally-stressed groups such as infants, preschool children, pregnant women, adolescents, the poor and the aged, and of groups who lack control over what they eat, such as children or adults in institutions?

Encourage states, and agencies within states, to establish "death committees" for malnutrition-caused deaths? Why not conduct tactful but searching investigations into the circumstances surrounding these deaths? Were these deaths preventable by a person, an agency, or society?

Develop reach-in programs for the aged? With our technology for reaching the moon we should be able to reach the home-bound, the lonely person who lacks stimulus to eat, the physically handicapped person who finds it difficult to prepare meals.

Through the massive combined efforts of sociologists, community planners, community volunteers, economists, politicians, and nutritionists devise new feeding and educational programs for meeting the social and nutritional needs of both the mobile and home-bound aged?

Take immediate steps to insure that food products are safe for the health of those who normally consume them—safe not only bacteriologically but safe physiologically?

And finally, why can we not develop new transportation systems specifically designed for the elderly, not only the well elderly but the physically handicapped elderly so that they may have an opportunity for seeking productivity (not necessarily based on financial remuneration), health care, companionship, and/or good food?

Senator PELL. I thought that was a singularly deep and far-reaching statement. I find myself in full agreement in that the emphasis at our hearings, and the emphasis on the direction we should go should be directed toward nutritional education, as well as the distribution of money and of agricultural products per se.

The problem is one of priorities. As you pointed out, applications are being approved but not funded because the priorities for the improvement in the quality of the life of our people are not considered as important as developments in outer space or developments of the defense budget, and one of the things that is very frustrating to those of us who are concerned with quality of life here in the Congress is that we talk about pennies when it comes to improving the lives of our people, and we talk in dollars when it comes to defense budgets and things of that sort.

The other day we voted half a billion dollars for new airplanes. That kind of money could have eliminated malnutrition, certainly in our older people, and would reach the educational problems that are there.

I was wondering what specific legislative measures you think Congress could take per se, because I was trying to figure out how your statement could be translated into law, into legislation.

Miss MCCARTHY. Well, I did mention the Foley-Green bill. I don't believe it has come to the Senate yet, sir. It doesn't necessarily—I am not playing partisan politics here. It just happens to be the Foley-Green bill, but any bill would be good which would encompass the principles espoused in that bill wherein a ceiling is not placed on the amount of money within a given fiscal year that can be spent—there is some flexibility there—wherein people like the aging who live in boarding homes, who are in nursing homes, who may go to a new school feeding program somewhere, can obtain food stamps and become at least partially self-supporting for the purchase of their food.

This kind of a program is one. Now, this pertains to the food delivery, in making the food available.

Senator PELL. I think you also put your finger on another point in your testimony; namely, that the quality of life is related to nutrition.

When you say 22 people died in Rhode Island from malnutrition these last few years that would indicate, in your view, how many thousands of people are suffering from malnutrition?

Could you hazard a guess?

Miss MCCARTHY. I don't think I could hazard a guess on that, Senator, but as you know, Rhode Island has just about the highest death rate in the country in diabetes and heart disease, and I personally feel that in these conditions which are amenable to good dietary assistance in the therapeutic diet area, I just don't feel that we are doing the job in our particular State in giving these people the assistance they need in managing their special diets.

You asked about legislation. I have some other suggestions that don't necessarily go along with legislation, but I would like to point out again that public health nutritionists in this country are in short supply. They pretty generally are less well paid than some of their public health professional counterparts.

There are a number of Senators on your committee for these hearings whose States do not even—well, there is one Senator whose State does not even have a position funded for any public health nutritionist, and there are other States where the head positions are vacant, and one of the reasons is because of inadequate salary scales.

Now, if in your own States you don't have a public health nutrition staff, anything that is being done for the people in relation to malnutrition and hunger will, of necessity, then, lack this component that may not be the most immediate priority but it will still lack the health, emotional, educational aspect that it should be given.

It will become just making the food available, or delivering the food, whether or not the people eat it after it is put in front of them. This is where it will stop, if you don't have someone to help to motivate, to counsel, to educate. There are some States that have no head public health nutrition person in their State. Some of them are States represented on your committee.

My suggestion is, let's go back to our States and see what the situation is in our own States.

Senator PELL. We are responsible for what happens in our States, but we are responsible for the Federal, also. The other half comes from the local government, and we cannot often translate our wishes into action.

I would like to put into the record a letter that you wrote me last spring on this same subject about deaths from malnutrition in Rhode Island.

(The letter follows:)

DEPARTMENT OF HEALTH.
Providence, R. I., April 17, 1969.

Hon. CLAIBORNE PELL,
U.S. Senator,
Washington, D.C.

DEAR SENATOR PELL: In this résumé I will approach the problem of malnutrition and hunger in Rhode Island from the standpoint of: (1) commenting on presently available data; (2) presenting opinions of professional health work-

ers; (3) commenting on nutrition programs presently in effect in Rhode Island; and (4) commenting on prospective or possible nutrition programs.

Presently Available Data.—No comprehensive survey of nutritional status or of diet-intake in low-income groups has ever been done in Rhode Island. I had hoped that Rhode Island would be included in the present National Nutrition Survey and had personally communicated this desire to Dr. Schaefer. I suspect that Rhode Island was not chosen because of its lack of a four-year medical school and sufficient supporting technical personnel for the survey.

In Rhode Island in 1966 there were 5 deaths from malnutrition, all occurring in people age 45 or over. In 1967 there were 7 such deaths, all occurring in people age 50 or over. I would like to underscore that these were people for whom malnutrition was reported by the physician as the primary cause of death and not just a contributory cause. 1968 figures are not yet totally analyzed but preliminary data indicate that there were 4 such deaths, including 1 "nutritional marasmus". Age analysis on these deaths will not be available for another month yet.

At the Maternity and Infant Care Project at St. Joseph's Hospital data on 143 consecutive admissions of pregnant women to the project show that 10.5 percent had initial hemoglobin levels under 10 gm./100 ml. and 36 percent, under 11 gm./100 ml. The Medical Director of the Project states that in his own private practice no more than 2–3 percent of maternity patients present hemoglobins under 10 gm./100 ml.

A few small diet-intake studies have been done. A health-appraisal study of elderly persons done in 1964–65 by the Providence District Nursing Association indicated that 12% of the study population had nutrition practices classified as "very poor". Diet-intake histories taken at South County Hospital in 1966 revealed that 75% of the children participating in Head Start Programs in that area had inadequate intake of 2 or more nutrients.

I am hopeful that my own Department will soon approach Progress for Providence for permission to extract from their records data which will be pertinent to the problem, such as hemoglobin levels and heights and weights. At the same time I hope that similar data from Health Department-subsidized Well-Child Conferences around the State will be compiled and reviewed.

Opinions of Health Professions.—In canvassing 5 pediatricians working in Progress for Providence neighborhood health centers, I found some disagreement on the severity of the malnutrition problem, but I will do the best I can in summarizing their opinions.

(a) All agreed that very few of their patients are acutely malnourished or starving; none have seen cases of rickets, scurvy, or severe protein or protein-calorie malnutrition.

(b) Two physicians, however, mentioned having a sizeable number of cases of "failure-to-thrive" syndrome. Both hastened to add that they felt that total social and emotional deprivation, rather than food deprivation per se, were major factors involved.

(c) All physicians indicated that they are finding few anemic young children when anemia is defined as a hemoglobin level below 10 gm./100 ml. but that they see sizeable numbers of children who are borderline anemias, i.e. with hemoglobin levels between 10 and 11.5 gm./100 ml. (Please note that hemoglobin levels are late indications of iron-deficiency anemias; a drop in hemoglobin occurs usually after all iron stores are depleted.)

(d) All agreed that with the exception of "failure-to-thrive" syndromes they did not see much growth stunting. However, they qualified their comments in each case with comments about the difficulty of evaluating growth against genetic potential.

(e) One physician said that subacute malnutrition was "rampant as evidenced by borderline anemias and the incidence of infections".

(f) One physician found more "nutrition problems" in an area where few patients are on welfare (Fox Point) than in an area where most patients are on welfare (Upper South Providence). He attributed this to the fact that although they are usually employed after their arrival, the Portuguese immigrants to the Fox Point area come with a high indebtedness (for passage, etc.) or assume high indebtedness soon after their arrival (purchase of property).

My considered opinion, and I sincerely hope I am wrong, may be summarized as follows: I think that starvation or severe hunger in Rhode Island, due to whatever cause, is infrequent but does exist. I think that undernutrition is prevalent in low-income areas and that if a thorough nutritional status survey were done clinical malnutrition resulting from prolonged undernutrition would be

identified here with alarming frequency in population groups subjected to nutritional stress, such as infants and young children, pregnant women, adolescent girls, and the aged. I doubt that clinical malnutrition would be identified as often in other groups not subjected to nutritional stress, such as school age children and non-pregnant adults under 65. I am certain, however, that even in these groups such a survey would show a sizable proportion of people not consuming nutritionally adequate diets and thereby leaving themselves nutritionally vulnerable.

ONGOING NUTRITION PROGRAMS

Food Stamp Program.—Mrs. Leeds told me it was not necessary to comment on the Commodity Distribution Program or the Food Stamp Program because you are already well aware of the problems involved in these programs. I feel, however, a responsibility to comment about the Food Stamp Program even though I have no administrative say about its operation.

I am told that only about 50% of welfare clients eligible for stamps are participating in the program. No survey has been made providing valid data on why people do not use the program. We *do* need to know why. I suspect, and this is only my private opinion, that failure to use the program stems from two sources: (a) the feeling by clients (generally unsubstantiated by studies in other states) that they will have to spend more money on food than they normally do; (b) lack of continuous promotion of the program, after its initial introduction into a community, on the part of welfare workers themselves, probably due to failure to understand its importance.

A third source of failure to use the Food Stamp Program may be introduced when some of our more rural towns begin the program on June 15th, especially if only one bank is continued as the distribution point. If such is the case, people in areas such as Foster will have to travel long distances to get their stamps. I hope we will not, due to this reason, repeat the experience in other states of losing families in the switchover from commodity distribution to food stamps.

I am sure that you are already aware that two towns have recently refused the Food Stamp Program and that one of these presently has no Commodity Distribution Program.

A Food Stamp Nutrition Education Committee, consisting of representatives from agriculture, welfare, health, and education, exists in Rhode Island. Its program is just getting off the ground. Its objectives are: (1) to increase the utilization of food stamps by educating members of health, education, and welfare agencies as to the program's availability and importance and (2) to improve the nutrition of food stamp families by utilizing all appropriate community agencies in teaching principles of nutrition, food budgeting, menu planning, food purchasing and food preparation. The committee will meet next month with home economics teachers throughout the state in order to acquaint them with the program and to enlist their aid in its promotion in their communities. We hope to encourage the home economics teacher to enlist her home economics students in sort of a student corps to publicize the advantages of the program.

School Lunch Program.—In reference to the school lunch program. I would like to refer you to my comments in answer to question 3 in the questionnaire (enclosed) which I filled out in January for the American Dietetic Association's Advisory Committee on Legislation and Public Policy. For further elaboration of the problems involved in this state's school lunch program and for the enumeration of success in the program. I must refer you to Mrs. Elizabeth Angell, State School Lunch Supervisor.

Cooperative Extension Service's Training Program.—The Cooperative Extension Service of the University of Rhode Island has for the past two years been training program aides (homemaker aides) to work for Progress for Providence. Training in nutritional needs, food purchasing, and food preparation has been a significant part of this program. Recently this program has been enlarged by additional Federal funds and more aides are now being trained to work in the Cooperative Extension Service under the supervision of extension home economists. For further information concerning this program please contact Miss Violet Higbee, State Leader in Home Economics Extension Programs.

Public Health Nutrition Program.—As for the Department of Health's nutrition program, at the moment I am covering the entire state and attempting to be program planner, catalyst to other agencies, nutrition consultant to all health agencies such as visiting nurse services, teacher, and nutrition resource for professionals and the public. I will not go into a discussion of the nonavailability of nutrition personnel to Rhode Island at the present state salary scale, although

it is fundamentally pertinent to the subject of malnutrition and hunger in Rhode Island. I will say that I have two nutritionist positions under me: one, vacated four months ago, I am attempting to fill, though unsuccessfully; the other position is frozen and not budgeted for fiscal 1970.

Other Nutrition Programs.—In addition, I see many vital needs for staffing of nutrition positions in other state departments and in private agencies. However, I think you will understand what I mean when I say that staffing of other state departments is beyond my jurisdiction. I do operate more openly in trying to encourage private agencies to increase their nutrition services.

Prospective Nutrition Programs.—One of the prospective nutrition programs, of course, is the new Supplemental Food Program for Low-income Groups Vulnerable to Malnutrition. We do not have this program yet. Agencies have been slow to institute it because of the program's administrative costs. As you know, the Department of Agriculture provides only the food. You might be interested in the enclosed memo which I have prepared at the request of the Medical Directors of Progress for Providence and the Maternity and Infant Care Project, and the Assistant Director of Health Programs in this Department. Unless the state, or the Department of Agriculture, or OEO can support administrative costs, this valuable program, I am afraid, will not reach the people.

Another prospective program for Rhode Island is the state-wide Diet Counseling Service under the auspices of the Nutrition Council of R.I., Inc. This three-year demonstration project which would assign a diet counselor to Progress for Providence's neighborhood health centers for both individual counseling and group teaching in therapeutic and normal nutrition is soon to be reviewed in Washington for possible funding under Regional Medical Programs. For three years we have been trying to get such a diet counseling service established here. Two years ago we were "approved but not funded" by the Public Health Service. This time, the Project is a better Project and we are somewhat more optimistic about its chances. Your interest in funding this badly needed service would be deeply appreciated by many health professionals in Rhode Island. A copy of the Protocol is enclosed.

Finally, I have been reading the reports of the Hearings before your committee and would like to make just two observations: (1) Secretary Cohen's recommendation for a comprehensive food and nutrition policy at the federal level is very badly needed. I've recently seen instances of conflicting information coming here from different federal agencies. Along with a comprehensive policy, closer communication between agencies at the federal level is obviously needed. (2) to my knowledge, no statement has yet come from the federal level regarding the importance of and need for state, county, and local health and welfare agencies seeking and employing more trained nutrition personnel (nutritionists, dietitians, and home economists). Health agencies are being urged by the federal government to extend nutrition personnel through employment of sub-professional people when insufficient professional personnel are available for training and supervision. Recommendations are being made for states to identify nutritional needs of their populations. New programs such as the Supplemental Food Program are being introduced at the federal level. With all of this sudden interest in nutrition there seems to be a tacit implication that present personnel can continue to indefinitely stretch themselves. I believe it was Senator Mondale who commented during the Hearings that historically nutrition programs have seemed to "fall through cracks"; perhaps it is because nutrition programs have themselves been thin and undernourished.

I hope this information, meager as it is, is of some help. I would be glad to meet with you any time at your convenience to discuss nutrition programs and nutritional status in Rhode Island with you in greater detail.

Sincerely yours,

M. CONSTANCE MCCARTHY,
Chief, Public Health Nutrition Services.

Enclosure.

MALNUTRITION CASES CITED IN RHODE ISLAND, DIETS 'ALARMING'

(By Hamilton E. Davis)

WASHINGTON.—Starvation is rare in Rhode Island, but malnutrition occurs with "alarming frequency" among certain groups, according to Miss M. Constance McCarthy, chief of the state's Public Health Nutrition Services.

Miss McCarthy said in a letter to Sen. Claiborne Pell that the evidence available indicates the problem is acute in such groups as infants and young children, pregnant women, adolescent girls, and the aged, which are subject to nutritional stress.

Even among other groups, she said she felt a scientific survey would show a "sizeable proportion of people not consuming nutritionally adequate diets and thereby leaving themselves nutritionally vulnerable."

Miss McCarthy wrote the letter to Mr. Pell last spring, and she will discuss its contents Thursday at a hearing before the Senate's Select Committee on Nutrition and Human Needs. Mr. Pell will chair the hearing.

Among the problems cited by Miss McCarthy in her letter were inadequate utilization of the food stamp program, a lack of funds from the state government for nutritional personnel and conflicting information emanating from federal agencies.

No comprehensive study of the nutritional status has ever been done in Rhode Island, Miss McCarthy said, but there are some figures bearing on the problem.

For example, she said, in 1966 there were five deaths from starvation, all of people over the age of 45. In 1967, there were seven such deaths, all of people over 50. And the tentative figure for 1968, was four deaths from malnutrition.

As for malnutrition, she said that data on 143 consecutive admissions of poor pregnant women at St. Joseph's Hospital showed that 10.5 percent had hemoglobin levels under 10 grams per 100 milliliter of blood, and 36 percent under 11 grams per 100 milliliters.

Anyone with under 10 grams is malnourished; under 11 is a borderline case. The hemoglobin level indicates iron-deficiency anemia.

Miss McCarthy said that some small diet studies have been done. The Providence District Nursing Association reported in 1964–65 that 12 percent of their study population had "very poor" nutritional practices.

And in 1966, diet histories at South County Hospital showed that 75 percent of the children participating in the pre-school Head Start program had an inadequate intake of two or more nutrients.

Miss McCarthy also summarized the opinion she found in a survey of five doctors working in the Progress for Providence health program.

All agreed there was very little actual starvation, she said. But two mentioned a sizeable number of "failure to thrive" cases, although this could have been due to other social factors.

All said that there are "sizeable numbers" of children who are borderline anemia cases, while one doctor said this problem was "rampant."

One doctor, she reported, said that there were more nutrition problems in the Fox Point section of Providence, where few persons are on welfare, than in upper South Providence, where most patients are on welfare.

The doctor attributed this to the fact that although the Portuguese immigrants in Fox Point are usually employed, they come with a high level of indebtedness, possibly because of the cost of passage, or because they purchase property soon after arriving.

A major problem, according to Miss McCarthy, is that only about 50 per cent of the welfare clients eligible for food stamps participate in the program. No study has been made to see why this is so, she said.

But she added her private opinion was that there were two other factors: The feeling by clients that they will have to spend more money on food than they usually do; and a lack of continuous promotion of the program by welfare workers themselves.

Miss McCarthy noted in her letter there are just two nutritionist positions in her department; but that no funds have been budgeted for one of these, and that because of the present salary scale, she has been unable to hire anyone for the second.

"In addition," she said, "I see many vital needs for staffing of nutrition positions in other state departments and in private agencies."

Besides a lack of personnel, the state has provided no funds for the administration of a new federal food program for children and pregnant women, Miss McCarthy said. The Agriculture Department provides only the food.

"Unless the state, or the Department of Agriculture, or OEO (the poverty agency) can support administrative costs," she said, "this valuable program, I am afraid, will not reach the people."

Finally, she said, a comprehensive policy nutrition is needed. No statement has been forthcoming, from the federal government on the importance of more trained-nutritionists for state, county and local agencies.

Health agencies, she continued, are being urged to employ subprofessional personnel, when there are insufficient professional personnel to train them.

"With all of this sudden interest in nutrition there seems to be a tacit implication that present personnel can continue to indefinitely stretch themselves," she said.

Senator PELL. Senator Ellender?

Senator ELLENDER. Can you tell us what Rhode Island has done in order to meet the needs that exist? You pose a lot of questions about what ought to be done. What did Rhode Island do in keeping with your suggestions?

Miss MCCARTHY. We have done practically nothing, sir.

Senator ELLENDER. Don't you think it ought to emanate from the local people, rather than Washington?

Miss MCCARTHY. I think it should.

Senator ELLENDER. Who should be responsible for it?

Miss MCCARTHY. At the minute, no one is responsible, because one agency has not been given the final responsibility for planning and coordinating, and it is even true at the Federal level that this has not happened. There, the Department of Health, Education, and Welfare should have the final responsibility for public health nutrition. This is my personal opinion.

But when you have division of responsibility at the State level and at the local level nothing happens.

Senator ELLENDER. We from the South have always believed that the States ought to do most of this, and I think some of them do.

We have had a food stamp program now for several years. What has Rhode Island done in that respect?

Miss MCCARTHY. Rhode Island has the food stamp plan. We have the food stamp plan statewide in Rhode Island, with the exception of two small towns.

Senator ELLENDER. How is that program working?

Miss MCCARTHY. It is not working as well as we would like to have it working.

Senator ELLENDER. You are familiar with what the plan is, to provide, I think it is 5,300 nutritionists, to work in conjunction with the local people, particularly the Extension Service.

Do you have the Extension Service in Rhode Island?

Miss MCCARTHY. Yes, we do, sir.

Senator ELLENDER. In each county?

Miss MCCARTHY. We don't have counties, per se, in New England. The whole State is covered. We are covered by the Extension Service.

Senator ELLENDER. Is it townships?

Miss MCCARTHY. Yes, we have 20 or 22 townships which make up the State.

Senator PELL. It is 39.

Miss MCCARTHY. I stand corrected. I don't know my own State.

Senator ELLENDER. Does each town have a home economics agent?

Miss MCCARTHY. No, the towns are grouped into regions, and in the total State we have four extension home economists, home demonstration agents, each of whom covers six or seven townships.

Senator ELLENDER. How about the Extension Service?

Miss McCarthy. The Extension Service has two nutrition specialists in the central office.

Senator Ellender. The State could get many more than that if they tried.

Senator Pell. I would be interested in your reaction to this Miss McCarthy. Does it take more than trying? Doesn't it take a lot of State money?

Miss McCarthy. I am not sure about the mechanics of getting the people for the Extension Service. I know more about my own health department than I do that.

Senator Ellender. If Rhode Island provided the money, the Government would match it.

Miss McCarthy. But Rhode Island is even more desperate than the Federal Government.

Senator Ellender. In my State of Louisiana, we have parishes, and we have 64. In some parishes, there are as many as four or five trainees in home economics to help the people.

Now, in the last 3 or 4 months, because of these hearings, the Congress has provided funds so as to make available to the States 5,300 nutritionists so that they can go into the homes and show—

Miss McCarthy. Sir, are these nutritionists, or perhaps people who have been given some basic training in home economics?

Senator Ellender. They are under the home economist and the county agent.

Miss McCarthy. These are people from the local communities who are trained to go back into their homes.

Senator Ellender. Well, each State is entitled to so many, and if you have only four county agents, or regions, or whatever you call it, you could increase that and obtain, probably, enough nutritionists so as to assist in doing what ought to be done in order that people get a balanced diet.

Now, we have been holding hearings for almost a year on this question, and in most instances we found that it was a lack of knowledge on the part of those who cook the meals as to what to give a person for a balanced diet.

We have found a lot of people living on Coca-Colas and potato chips and a little bread or cookies or something like that, which is not conducive to good health. It is my belief from all the testimony we have had so far that the main difficulty is a lack of education on how to cook a balanced meal.

Miss McCarthy. I think this is true. One of my points, though, that I did make was that I believe that your testimony hasn't been broad enough in its scope. The people you have called upon——

Senator Ellender. Anybody who desires to testify can come here and testify, and we have had an abundance of it. The majority of the testimony indicates to the committee that the great trouble is a lack of education among the people as to how to cook a good meal.

Miss McCarthy. Right. I agree with you. I am agreeing with you, sir.

Senator Ellender. To what extent has Rhode Island embraced the school lunch program?

Miss McCarthy. The school lunch program is coming along. I will put it that way.

Senator ELLENDER. It has been on the statute books since 1940.

Miss MCCARTHY. I realize that. We have a good State school lunch program in Rhode Island. When I said it is coming along, I meant the aspect of extending it to a school breakfast feeding program is coming along now.

Senator ELLENDER. Do you have that program in all schools in Rhode Island?

Miss MCCARTHY. We have the school lunch program. Sometimes not State run or supervised. It is sometimes locally run. I believe it is in all schools in the State, with the exception of some of our elementary schools that are in old buildings, and there we have instituted a new packed lunch, "zip lunch" it is called, to try to get lunches into the schools that do not have cooking facilities.

This program started first in the poverty areas, and I believe all elementary schools in the poverty areas now do have a lunch program of sorts. It may not be a hot lunch, or a cooked lunch. It may be a cold lunch, but it is a lunch, a nutritionally balanced lunch.

Senator ELLENDER. I am proud to say that Louisiana led the way with that. I was instrumental in fostering this bill in 1940.

GOOD NUTRITION

If you had done what Louisiana did in 1940—more than that. I was in the legislature in 1924, and up to 1936, and we were the first State in the Union to provide school lunch programs for the needy. Through that, they got good nutrition. Of course, we are not perfect by any means. We came from way down the ladder. But we have available on the statute books now quite a few laws which, if embraced by all States of the Union would go far toward correcting the evils that you are now speaking of about malnutrition.

Malnutrition is a bad thing. There is no doubt about that. You can give a person all the food that he can absorb, and yet he suffers malnutrition, because of the fact that he doesn't have the proper vitamins.

Now, I am not trying to criticize Rhode Island for doing this, that or the other, but I am proud of what we did in Louisiana.

That is why we did it, because we needed it, and it strikes me that Rhode Island needs it now as badly as we did 30 years ago. So, in any event, I wish that your health department would have someone to look into the many opportunities that the Federal Government offers to cure some of the evils.

You made some good points there. You ask good questions, but you don't answer them.

Miss MCCARTHY. I am the only nutritionist in the State health department. Your State has eight, nine, or 10 on their staff.

I would like to point out that in relation to getting many, many more people working in the Extension Service, this is needed, but so often there are health problems that interfere with the good diet that one knows one should eat, that a health scope and a health dimension is needed if we are going to combat malnutrition.

Senator ELLENDER. I agree with that.

Miss MCCARTHY. People trained in extension do not quite have the health scope. They have other strengths, you see, but at the minute, no one agency has the responsibility for planning and co-

ordinating, and if we could work together and extend one another, it would be good.

Senator ELLENDER. You mean in Rhode Island?

Miss MCCARTHY. In Rhode Island, federally and the States as well.

Senator ELLENDER. How many hospitals does Rhode Island have, do you know?

Miss MCCARTHY. We have a State mental institution, a State general hospital, and we have approximately five or six other State hospitals for various aliments, chronic diseases.

Senator ELLENDER. Are those State operated, and anybody in need could go to them without pay?

Miss MCCARTHY. That is correct.

Senator ELLENDER. We have 10 State-operated hospitals in Louisiana, with enough beds to take care of practically all the people.

Do you have any clinics in Rhode Island?

Miss MCCARTHY. Yes, sir. Not too many, but we have some—not State operated. They are private.

Senator ELLENDER. That could be obtained with Federal funds if Rhode Island would make application and become eligible.

We have in Louisiana, in each parish of the State, 64 of them, we have clinics, sometimes as many as three clinics in one parish.

Miss MCCARTHY. Are those clinics staffed by nutritionists or dietitians?

Senator ELLENDER. No, by doctors.

Miss MCCARTHY. How do people get their nutritional help, then?

Senator ELLENDER. They get it from the Extension Service, the housewives in home economics. The housewives are given instructions as to how to cook meals, how to give a balanced diet, and, of course, that is not new. We have new fads in feeding, providing for the various vitamins, and we are going along.

If Rhode Island were to look into the many areas of assistance that they can obtain from the Federal Government, in the school lunch, in home economics, and the Extension Service, and this question of obtaining nutritionists' assistance, it is my belief that you could remedy a lot of the conditions that you are now describing.

I am not saying this by way of criticism. I don't like our Federal Government to be criticized when we do all these things and the States fail to follow through. I agree with you thoroughly that there is a lack of coordination among many of these programs, particularly on the Washington level here.

We have been trying to deal with that for some time, and are very hopeful that under the new administration we might review all that has been done in the hope of trying to coordinate some of these agencies. Because we need it very badly.

I notice here that in the list that you furnished one of the persons who died was 68 years old, and he was marshal of the U.S. district court.

Certainly he must have had a good salary.

Miss MCCARTHY. Yes.

Senator ELLENDER. Enough to sustain him.

Miss MCCARTHY. Not all of those people were low-income people.

Senator ELLENDER. How did it result that he died from malnutrition if he had the money to buy food?

Miss McCarthy. I gave out all my lists, so I would have to look at one to see which particular person this is.

Senator Pell. Megaloblastic anemia.

Senator Ellender. A U.S. marshal gets enough salary, I imagine, to buy enough food. The difficulty probably was that the person didn't have a balanced diet. That was perhaps the cause of the trouble.

I notice here you had one lady, 93 years old. She died of cachexia. How do you pronounce that?

Miss McCarthy. I don't know. I know how to spell it. That is profound malnutrition.

Senator Ellender. A person of 93——

Miss McCarthy. She had to die of something.

Senator Ellender. She died of old age. Most of the people here were above 70, and I presume that most of the difficulty has been caused by the fact that they didn't have a balanced diet.

Miss McCarthy. I think they maybe had inadequate incomes, but also had a lot of other physical conditions, as you can see from the summary of that work, intervening.

Senator Ellender. I certainly agree with you that, in addition to nutrition education, the handmaiden should be proper health care. If you have the facilities to examine people and give them the information desired, it would help a lot, and the purpose of these clinics that we have is just that.

People, particularly married women, go there where they get free advice, and the Government provides the funds, funds that are necessary in order to permit these clinics to be established all over the country. It seems to me that, if those who are in need of that simply try to get the States to match the funds offered by the Federal Government, such clinics could be provided, and also this new program we have of furnishing nutritionists through the Extension Service.

Now, this method of providing nutritionists was advised by this committee 6 or 8 months ago.

EXTENSION SERVICE

We felt that since the Extension Service disseminated knowledge to the farmers on how to grow more feed with the use of fertilizer, they certainly could disseminate information to families on how to cook foods and provide the necessary foods.

It is my belief that such a program will work if only the local communities will cooperate with the U.S. Government.

Senator Pell. Thank you very much.

I would like to make the point here that I think the school lunch program is very good. The question is that we are trying to move into the school breakfast program, and while we think we are ahead of many other States, we have not gone as far as we would like.

The problem with the Extension Service, I think, is that many of these ladies are taught to prepare food and go in to the families, but are not taught the scientific knowledge, which requires a bachelor's degree or master's degree.

Many of the Federal services are on a matching basis, and the financial situation in my State is even in a more difficult status than that of the Federal Government.

You cannot always take advantage of the matching programs, even if we would like to.

Senator ELLENDER. As you know, Senator Pell, we have asked many doctors to appear before us who claim to be nutritionists. We have asked them that, whether or not it is possible to pass a formula for certain areas of the country, and I think they said it could be done. You couldn't devise a formula that would apply to all parts of the United States, but it could be done on a reasonable basis, and after those are prepared, it would be easy for the nutritionists that are selected to disseminate this knowledge to the people in their States.

Senator PELL. Thank you.

Thank you very much indeed, Miss McCarthy, for coming down. You are an excellent witness, and we enjoyed your testimony very much.

(The following material was received for the record:)

COOPERATIVE EXTENSION SERVICE,
UNIVERSITY OF RHODE ISLAND,
Kingston, R.I., September 17, 1969.

Hon. CLAIBORNE D. PELL,
U.S. Senator,
Providence, R. I.

DEAR SENATOR PELL: The report of the hearing of the "Special Committee on Nutrition & Human Needs" (September 11, 1969) is very disturbing to me.

Rhode Island has had a Homemakers' Aide Program since May, 1966, which was primarily to improve the health of our families through better nutrition, food purchasing, budgeting and related homemakers' skills. This was a contract program which the Rhode Island Cooperative Extension Service had with Progress for Providence until August 31, 1969.

When the Federal Expanded Nutrition Education Program started January 1, 1969, we carried both programs until our contract expired August 31, 1969.

We trained 38 aides during the three years of contract programs with Progress for Providence. More than half of these aides have moved on to more lucrative employment or returned to full time care of their own families. Our records shown in Providence:

1967 (12 months) 15 aides served 631 families and made 2268 visits.
1968 (12 months) 15 aides served 573 families and made 4237 visits.
1969 (Av. 3-4/5 mos.) *5 areas were served*—units started at different times:
Providence City started February.
Newport City started March.
South County started March.
Central Falls & Pawtucket started April.
Providence County started June.
In the new program 18 aides served 236 families (957 persons) 606 visits.

Where the larger number of visits was made in 1967 and 1968, many were food stamp visits which were shorter visits than budgeting and nutrition. Therefore, more visits were possible in a day. Also more detailed records have been taken for our nutrition education program.

It would seem as if we have had very poor communications in Rhode Island or the term "nutritionist" was misinterpreted by a witness. We call our nutrition workers Extension Nutrition Aides or sometimes Extension Aides for short. The Progress for Providence aides were called Homemaker Aides.

If the Congressional report of this heading is to be available soon, I would appreciate a copy. If not, would it be too much trouble to have a typed copy?

I am enclosing xerox copies taken from our training staff's annual reports showing some accomplishments. I am sure you will be interested in these.

You will recall talking to one of our Extension Homemakers' groups at Woodbridge Church in Cranston a year ago. We appreciated this very much and hope you will be able to do it again sometime. The ladies really appreciate hearing and knowing our legislators.

Sincerely yours,

VIOLET B. HIGBEE,
Extension Home Economics Leader.

IV

Program Accomplishments of H. Nadine Chafee:

A. Brief report on accomplishments on major objectives in plan of work. In training Homemaker Aides throughout 1968 the following items have been taught to the women. This training included 50 hours of initial training in the new class. Two and a half hours of continued weekly training for all Aids who are working out of their Neighborhood Resource Unit Offices.

1. Home Management
   - a. How to Budget Money
   - b. What is Credit and How to Use It
   - c. How to Budget Time in Homemaking Tasks
   - d. Laundry Methods
   - e. Refinishing & Renewing Furniture
   - f. Pesticides and How to Use Them
   - g. What to Look for in Buying Household Furnishings
2. Clothing
   - a. Hand Sewing
   - b. Use and Care of Sewing Machine
   - c. Basic Sewing—Making a Simple Dress
   - d. Mending—Hand and Machine
   - e. Knitting—basic stitches and making slippers
   - f. Study of Labels and Other Consumer Information
3. Training 10 Neighborhood Workers for Public Assistance (July & Aug.
   - a. Time Management & Cleaning
   - b. Money Management
   - c. Be a Good Shopper (Consumer Shopping)
   - d. Hand Sewing
   - e. Machine Sewing
   - f. Mending

Program Accomplishments of Priscilla H. Dykstra:

A. Brief report on accomplishments on major objectives in plan of work

1. Foods and Nutrition—Main Objectives
   - a. To teach each Homemaker Aide a very elementary group of nutrition lessons during the 100 hour training period which includes (50 hrs. of Foods and Nutrition).
   - b. Choice of kitchen utensils
   - c. Cleanliness—Good Health Habits
   - d. To continue through constant review 2½ hours each week the following general outline:
     1. The Basic 4
        - a. Balanced diet—day, week, month
        - b. Why Eat Breakfast?
     2. Shopping
        - a. Cost of Food at Home Sheets
        - b. Food Stamps (if eligible each Aide must must use Food Stamps)
        - c. Grocery Lists—(Miss Lyman, Home Management Specialist, worked with us to produce a usable grocery list)
     3. Powdered Milk
        - a. As a beverage
        - b. For cooking
     4. Preparation
        - a. Emphasis on Oven Meals (gas is included in the rent in all the Projects)
     5. Records showing findings in each Community
        - a. Malnutrition (hungry children)
        - b. Food Stamps
        - c. Powdered Milk

2. July and August—10 Neighborhood Workers for Public Assistance
   1. Basic 4—Breakfast?—Food Stamps
   2. Milk—Whole, Powdered, Evaporated—Cost—Use
   3. Food Stamps—Mr. Thayer—Mrs. Goldberg
   4. Cost of Food at Home Sheets—review—Powdered Milk
   5. Grocery ads—"What Do You Do"
   6. Detail—Basic 4 using National Dairy Council material
   7. Low-cost menus exchanged—Grocery List

Program Accomplishments:

B. Detailed report of accomplishments on the following:

B 1(a) Minority Groups:

22 Program Aides were with during 1968 but not more than 16 at any one time.
Colored, 14.
White, 8.
6 of these are Portuguese (4 colored and 2 white).
1 Italian.
10 Negro.
5 White.
Families visited, 573.
No. of visits, 4,237.
Estimated Negro, 191.
Estimated White, 382.

In the Housing Projects especially it is very noticeable that we are serving many families of mixed race.

B 1(b) Hard-To-Reach Poor: The Homemaker Aides have continued to work among these individuals and families within the 9 Neighborhood Resource Units. The number of Aides for each area is determined by the number of low-income residents:

Fox Point, 1.
Olneyville-Joslin, 1.
Olneyville-Perry, 1.
Camp, 2.
Smith Hill, 2.
Upper So. Prov., 2.
Lower So. Prov., 2.
West-End Elmwood, 2.
Federal Hill, 3.

Because the Homemaker Aides frequently go on to other work, there are not always the full 16 Aides. Whenever there are six vacancies a new class is recruited and trained.

B1(c) Residents living in low-rent public housing: There are 6 Housing Projects in Providence at this time with the newest one built within the year being the most modern and popular. We also have 2 large Apartment Buildings just for the elderly. Seven Program Aides occupy Apartments in the general Housing Projects and a large percentage of families visited by the Aides dwell in these Projects.

B1(d) Handicapped: Among the referrals that the Homemaker Aides work with are many handicapped. These cases may be wheel chair patients, heart patients, mentally retarded, elderly, alcoholics and blind.

B1(e) Working women (employed outside the home): Our Program Aides, of course, are all working women. Because this is a 20 hour week position the women work during school hours, thus are at home when the children are home. The Aides report few mothers who work outside the home. Rather they report case after case showing lack of knowledge and skills in all phases of homemaking. Their referrals treat the Welfare check as a pay check and the Aides spend most of their time helping these mothers plan workable budgets to include Food Stamps and other necessities.

B1(f) Young Families: The Aides work with a large number of this group, approximately ⅔ of the families visited. These families frequently have no husband or father living in the home. The Aides have many opportunities to work with these individuals and teach them new and better home-

making skills. In reaching the young families, the children can be influenced for good and trained in some of these homemaking skills while still in the impressionable years. Many of the young mothers have had limited schooling and need help with reading and interpreting labels, recipes, budgets, etc. The Aides have tried many ingenious ways to get lessons across to their referrals.

B1(g) Senior Citizens: Each Program Aide has several Senior citizens that are visited weekly. Many are sick, blind, or just generally infirmed. These visits are so appreciated because many are really shut-in. Many have started using Food Stamps even though the bonus seems small—but $2.00 a week extra for food is a great help to one elderly person. The ladies also shop and plan menus. If a referral is able to do more for herself the Aide encourages various hobbies and helps the person to become more interested and aware of her need for good nutrition, a clean home, and general self-improvement. Our files have interesting reports concerning the elderly. There are Senior Citizens and Church Clubs available for those able and interested.

B1(h) Professionals of other agencies: Cooperation is a necessity with other agencies if the Homemaker Aide work is to function well. Referrals do come from the Unit Offices and are found by the various workers in these offices. It is to be noted, however, that the District Nurses, Food Stamp officials, Public Assistance Workers, Welfare Workers, etc., are aware of this program and do make referrals to the Unit Offices. Near the end of 1968, a social worker for Public Assistance was placed in each Unit Office. The Aides have reported that this is a tremendous help for cases can be considered "on the spot" and needs satisfied much quicker. The Specialists, Foods, Clothing and Home Management, from the Cooperative Extension Service at U.R.I. have been most helpful in giving information, time, and suggestions to help carry out the program.

B1(i) Participants in donated and Food Stamp Programs: In our city of Providence all Welfare recipients are automatically eligible for Food Stamps. Homemaker Aides, if eligible are expected to purchase Food Stamps regularly, and they do. There are 12 out of the 22 buying Food Stamps this year due to our Program. The Aides also have done a great service in showing families how valuable Food Stamps are and helping to reinstate families in the Program. At the present time there is an extra incentive for buying Stamps. For the first 2 times purchased they are ½ price, in hopes that by the 3rd issuance there will be sufficient money to start buying Stamps regularly. This has been a boon to so many and they greatly appreciate the whole program. Attached is an actual sample copy of what the girls are doing out in the field, and a letter from Mr. Thayer.

U.S. DEPARTMENT OF AGRICULTURE,
CONSUMER AND MARKETING SERVICE,
Providence, R.I., October 3, 1968.

MRS. PRISCILLA DYKSTRA,
Providence, R.I.

DEAR MRS. DYKSTRA: One of the basic purposes of the Food Stamp Program is "Safeguarding the health of the Nation's low-income families through better nutrition."

The work and training which you and Mrs. Chafee have done with your Homemaker Aides in helping stamp recipients to achieve this basic purpose is truly commendable.

The New York District Office Information Division is much interested in what is going on in Rhode Island, and in the near future would appreciate writing a story extolling the accomplishments of the Homemaker Aides in Rhode Island.

Sincerely yours,

THOMAS J. THAYER,
Officer-in-Charge, Providence, R.I. Field Office.

Senator PELL. Our next witnesses are Mrs. Margaret Lehrfeld, Misses Lydia Roso and Sarah Keisler, of Project Find, New York City. Which one of you would like to lead off?

STATEMENTS OF MISS LYDIA ROSO, MISS SARAH KEISLER, AND MRS. MARGARET LEHRFELD, PROJECT FIND, NEW YORK, N.Y.; ACCOMPANIED BY MISS PATRICIA CARTER

Miss Roso. My last name is spelled with just one "s," Mrs. Roso. I am happy to be here and tell you how I live. Maybe it will help you to understand and maybe you will do something to help us.

My name is Lydia Roso. I am 73 years old. I live in a four-flight walk-up apartment. I cannot carry groceries up. I have to beg someone to help me or sometimes to tip someone.

I have a sore leg, I have arthritis, right knee, and both feet. I walk with pain. I cannot go bargain shopping from food store to other stores to get cheaper prices. I have also two hernias, so I can't carry parcels without being sick on the next day. I also have bad varicose veins. Doctors don't want to operate because of my age.

On account of my poor health and advanced age, I can't work. I did housework cleaning. I wasn't covered by social security. Since July 18, 1967, I couldn't work any more so I am on welfare. My budget from welfare is $156.40 a month. I pay $87.10 rent, which is more than half of my budget for the month. I pay $12 for gas and electricity. I have a telephone so I can call when I am sick. I pay $5.05 for my telephone. I have only $52.25 to pay for medicare, food, shoes, stockings, transportation, laundry, soap, and everything else. So, in the end, I have 66 cents a day for food.

I don't eat good and I lost over 20 pounds in the last year. I have poor nutrition. I feel tired. I buy meat bones so I can make a soup, and I put potatoes and onions in it. Sometimes I buy peas or beans in season. I cannot afford to buy fruits and vegetables, because they are too expensive on my budget. Sometimes I go in bed hungry. I get so tired of fighting for everything. Sometimes I think it is too much to live. You must help me and others like me.

(The prepared statement of Miss Roso follows:)

PREPARED STATEMENT OF LYDIA ROSO

Good Morning. I am happy to be here to tell you how I live—Maybe it will help you to understand and maybe you will do something to help us. My name is Lydia Roso. I am 73 years old.

I live in a 4 flight walk-up apartment. I cannot carry groceries up. I have to beg someone to help me or sometimes tip someone. Because of my sore leg, I have arthritis right knee and both feet, I walk with pain. I cannot go bargain shopping from food store to other store to get cheaper prices. I have also two hernias so can't carry parcels without being sick on next day. I also have bad varicose veins. Doctors don't want to operate because of my age.

On account of my poor health and advanced age, I can't work. I did housework cleaning. I wasn't covered by Social Security. Since 18 July, 1967 I couldn't work any more so I am on welfare. My budget from welfare is $156.40 a month. I pay $87.10 rent, which is more than half of my budget for the month. I pay $12.00 for gas and electricity. I have a telephone so I can call when I am sick. I pay $5.05 for telephone. I have only $52.25 to pay for Medicare, food, shoes, stockings, transportation, laundry, soap and everything else. So in the end I have 66¢ a day for food.

I don't eat good and I lost over 20 pounds in the last year. I have poor nutrition. I feel tired.

I buy slice of beef liver for my protein once a week, also make peanut butter sandwich, buy meat bones and make soup with potatoes and onions. I cook rice and peas and beans when they are cheap and in season. I get sometimes some eggs and cheese. Very little fruit, vegetables and meat, it is expensive on my

budget. Sometimes I go to bed hungry. I get so tired of fighting for everything. Sometimes I think it is too much to live.

You must help me and others like me.

Senator PELL. Next is Miss Sarah Keisler.

Miss KEISLER. Gentlemen, I am going to speak on loneliness, diet, and health.

It is a great privilege to be here and to help you understand the problems elderly people face and how loneliness affects the diet and health of older people.

There are many older people who live alone because their families have gone. They can go for days without speaking to another human being. They become depressed and do not feel like preparing food. Many times they go without eating.

I know a woman who considers toast and tea a meal. Also she stocks up on food which spoils because she does not have the appetite to eat it, because she is so lonely.

The establishment of more food programs like CAFE for older people throughout the city would do much to lessen mental and other illnesses because they would not have to prepare all their meals and because they could eat with other people. We also need more meal delivery service to the homebound who cannot shop and prepare their food. A delivery service would also bring companionship into their homes.

HOT MEALS

The Fulton Center for Senior Citizens of the Hudson Guild which is located at 119 Ninth Avenue, New York City, has kitchen facilities and serves lunches at moderate prices. The menu is usually a hot plate of meat, chicken or fish with vegetables, dessert, salad, and tea or coffee for 50 cents. Some meals are delivered to people living nearby who cannot come to the center. This is done in a small way by volunteers, as we do not have enough money to pay people to deliver meals and to expand the program.

A great benefit would ensue if the food programs were to include some evening meals. Some time ago this dinner idea was tried with great success, many people came. They looked forward to participating in the dinner program twice a week. This had to be dropped for lack of funds.

Gentlemen, we ask you to help carry on this food and CAFE program. We ask you to legislate money to develop more facilities like this because it is cheaper to keep people healthy than to cure them.

Senator PELL. Thank you very much, Miss Keisler.

(The prepared statement of Miss Sarah Keisler follows:)

PREPARED STATEMENT OF SARAH KEISLER

LONELINESS, DIET, AND HEALTH

Gentlemen, it is a great privilege to be here and to help you understand the problems elderly people face and how loneliness affects their diet and their health.

There are many older people who live alone because their families have gone. They can go for days without speaking to another human being. They become depressed and do not feel like preparing food. Many times they go without eating.

I know a woman who considers toast and tea a meal. Also she stocks up on food which spoiled because she did not have the appetite to eat it she was so lonely.

The establishment of more C.A.F.E.'s for older people throughout the city would do much to lessen mental and other illnesses because they would not have to prepare all their meals and because they could eat with people. We also need more meal delivery service to the homebound who cannot shop and prepare their food. A delivery service would also bring companionship into their homes.

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A great benefit would ensue if the food programs were to include some evening meals. Some time ago this dinner idea was tried with great success and many people came. They looked forward to participating in the dinner program twice a week. This had to be dropped for lack of funds.

Gentlemen, we ask you to help carry on this food and C.A.F.E. program. We ask you to legislate money to develop more programs like this because it's cheaper to keep people healthy than to cure them.

Senator PELL. Mrs. Margaret Lehrfeld?

Mrs. LEHRFELD. Senator Pell, members of the committee, ladies and gentlemen: My name is Margaret Lehrfeld. I am a worker with Project FIND, an outreach program for senior citizens on the West Side of Manhattan.

During the past 2 years, the workers of Project FIND have located and helped over 3,000 senior citizens with numerous problems; such as, financial, health, and housing. We have seen hundreds of senior citizens on the borderline of starvation, in New York City.

The following two cases are from the Lincoln Square area: Mr. H., age 81, was born in New York City and lived in the same apartment for 32 years. His only income—social security of $110 a month—his rent $90 a month. In the course of a routine check of the building, a FIND worker discovered Mr. H. and he was referred to the Department of Social Services for help. During the long investigation period, Mr. H. became ill and was taken to a local hospital. Three days later, he died of malnutrition. For months, this elderly man had tried to survive on $20 monthly for both food and utilities.

The next case is Mrs. M., age 78, a regular member of a FIND senior citizens club, collapsed during a regular club meeting. She was rushed to a local hospital. A week later, we received a call from a nun at the hospital asking if we could give Mrs. M. a free hot meal daily, because she was suffering from malnutrition. A month later, Mrs. M. was released from the hospital and has been receiving a bowl of soup and a sandwich daily, except weekends, from the FIND club.

This woman is not entitled to financial assistance from welfare because her social security is $24 in excess of the welfare allowance. She has no savings, and from an income of $127 monthly must pay a monthly rent of $94.60 for a hotel room, plus clothing and food.

Because of my duties at Project FIND, I go to the food surplus department to pick up food for the elderly. The following cases are Mrs. H., 91, and Mrs. P., 82. Both receive surplus food cards. Due to their age and frail condition, they are both unable to go to the food center, which is over a mile from their homes.

As you know, gentlemen, we have had an abundance of rain this year, which further hampered the job. On one occasion, when we went

to pick up the food, a coworker and I stood in the rain in a long line that already had assembled there. When we finally received the food and put it in a heavy-duty shopping bag, we walked up the hill and took shelter in a telephone booth at the curb. After making every effort to hail a taxicab, we finally succeeded. I managed to get one of the shopping bags into the cab, but the other one burst and all the contents of the surplus food, cans and all, rolled all over the wet pavement. This, indeed, was a mess.

However, together with the coworker and the cab driver, we gathered up the cans and so forth and put them in the trunk of the cab. When we reached our destination, the cab driver said, "Gee, I never saw or dreamed there was such conditions existing and heaven itself should open up the gates for you."

Surely there must be a more practical way of distributing food, surplus food, not only for the elderly, but for all that participate in this program.

"LET THEM EAT CAKE"

The problems faced by the elderly poor in this affluent country bring to mind remarks of Marie Antoinette, who, when told that the people were begging for bread, said, "Let them eat cake."

We would hope the represenatives in local and national governments could find some humane solution to the starvation of the elderly in 1969.

Thank you, gentlemen.

Senator PELL. Thank you for your poignant testimony and reactions and thoughts. I wish more of these problems could be handled by legislation. You have made us more aware of it. Thank you for coming here.

Senator Ellender?

Senator ELLENDER. How is Project FIND financed?

Mrs. LEHRFELD. That is a program that is funded by the Federal Government, isn't it?

Miss CARTER. Through the local poverty agency.

Mrs. LEHRFELD. It first took effect on August 28, 1967, and at that time, we were staffed with 32 people who were aides and visited the elderly. We had to locate the oldest people first. We had to go in and out of buildings and find out where the elderly were and find out their problems.

But since that time, we have been reduced, and we haven't been funded enough, so as a result we only have six people covering an area from 34th Street to 72d Street, which is several miles.

Senator ELLENDER. How many do you assist?

Miss CARTER. She doesn't hear you.

Project FIND has visited, since its inception, over 3,000 older people in the neighborhoods.

Senator ELLENDER. How many of those 3,000 actually become recipients?

Miss CARTER. A good many of them are in that neighborhood. It is a very poor neighborhood.

Senator ELLENDER. There was no food involved, was there?

Miss CARTER. Project FIND doesn't have complete kitchen facilities, such as the Hudson Guild has. They have soup and sandwiches for lunch, which is not adequate.

Project FIND was originally funded by the National Council on the Aging with OEO funds. About 11 or 12 projects were funded throughout the country.

Senator ELLENDER. Wait now. The first contract in which you paid 32 people to manage it, how much money was spent?

Miss CARTER. I am not a Project FIND worker. I am a community person. I can get that for you, however.

Senator ELLENDER. Has that project been funded through 1967?

Miss CARTER. Yes. It is now funded through the local community corporation in New York City, the local poverty agency.

Senator ELLENDER. Were any funds furnished by the State or any other local municipality?

Miss CARTER. No, as I understand it. I will have to get you that information, however.

Senator ELLENDER. I wish you would. The money is being spent, and we would like to know for what purpose and what was the aim.

(The material requested follows:)

STATEMENT ABOUT PROJECT FIND, AS REQUESTED BY SENATOR ELLENDER

Twelve Senior Citizen programs under the name "Project FIND" were funded by OEO through the National Council on the Aging commencing August 1967; they were extended in March 1968 through November 1968. Categorized as demonstration programs, their objectives were:

(1) To survey in the homes of the elderly in twelve communities throughout the country to locate the needy and document their needs.

(2) To perform casework referral service and direct service in emergency cases.

(3) To organize senior citizens for self-help and social action.

In the New York City area chosen for Project FIND (a 40-block area on Manhattan's West Side), because of the lack of existing service to elderly people and because the elderly population is so large—numbering 36,000 over the age of 60 or about 30% of the total population, according to a 1965 NYC Planning Commission estimate—the Project has been continued after its demonstration phase from November 1968 to April 1970 with Community Action funds through the Community Development Agency of the NYC Human Resources Administration. The New York City FIND average yearly budget is shown in the following:

Operating budget, September 1967 to October 1968, 12 months—Funded through NCOA

Personnel: Full-time director, 2 caseworkers, 1 secretary, part time—25 senior citizen aides	$86,652
Contract services	1,020
Travel	1,848
Space costs and rentals	3,450
Consumable supplies	1,575
Equipment rent/purchase	1,125
Other costs (telephone, postage, printing, insurance, auditor)	3,755
Total	99,425

Operating budget, March 1969 to April 1970, 12 months—Funded through CDA

Personnel: Full-time director, 1 caseworker, 1 secretary, part time—7 senior citizen aides	42,004
Contract services	410
Travel	1,800
Space costs and rentals	3,452
Consumable supplies	904
Equipment rent/purchase	336
Other costs (telephone, postage, printing, insurance, auditor)	2,844
Total	51,760

FIND Aides, cut from 34 in 1967 to 25 in March of 1968 and then to 7 in January of 1969, together with the Director and two and then one Caseworker, have brought service to about 3,000 needy elderly persons within the past two years. Activities include casework referral service to existing programs (Welfare, Social Security, Medicaid, etc.); seeking out services, finding housing accommodations for the dispossessed; direct service, including escorting disabled persons to doctors, hospitals and clinics, homemaking, shopping and errands performed in emergency situations; and the staffing of three FIND senior clubs, one which meets one day and two which meet two days each week in the fall, winter, and spring (each Club is open everyday in the summer, funded through OEO summer program funds). The Clubs meet in donated space in Church basements. Social action projects are undertaken by Club members, numbering about 700, as well as recreational and educational activities, and light refreshments are served everyday.

Some 2,500 19-page surveys have been completed by NYC FIND Aides. These surveys and the surveys completed by the other eleven Projects are presently being analyzed by the Duke University Computer Center. Data obtained from hand tabulations by NYC FIND workers has been made available to several New York City Departments and has formed the basis for City Planning Commission studies of the West Side.

From the first month the NYC Project FIND was operating, emergency situations have been encountered. As an example, between October 1967 to June 1968 some 1000 elderly persons were evicted from residential hotels with 30-day notices, to make way for construction of office buildings. FIND workers organized the elderly into a group that dramatized the state of the elderly at hearings, that marched in demonstrations, that stood together against mass evictions. As a result, the City brought relocation help to evictees, even though they were not covered by rent control and entitled to assistance.

Since June 1968 the some 55 remaining residential hotels have become overcrowded and rents have skyrocketed. Finally, after a two year struggle to bring protection to elderly persons living in hotels, on September 25, 1969 Mayor Lindsay signed a Law bringing residential hotels under rent stabilization control, ending harassment and rent gouging of low-rent hotel dwellers.

Reprints giving further details of operation and other data about the New York City Project FIND are available upon request from Project FIND, 1966 Broadway, New York N.Y. 10023.

ELIZABETH STECHER TREBONY,
Director, Project FIND.

Senator ELLENDER. These pilot programs are supposed to be carried on to assist the aged. I would like to know what was done with the money sent by the Federal Government. Would you furnish us with that?

Miss CARTER. Yes.

Senator PELL. Thank you very much, ladies, for being here.

Mrs. LEHRFELD. Thank you.

(The prepared statement of Mrs. Lehrfeld follows:)

PREPARED STATEMENT OF MARGARET LEHRFELD

Senator McGovern, Members of the Committee, Ladies and Gentlemen.

My name is Margaret Lehrfeld. I am a worker with "Project FIND", an outreach program for Senior Citizens on the West Side of Manhattan.

During the past two years, the workers of Project FIND have located and helped over 3000 Senior Citizens with numerous problems; such as, financial, health and housing. We have seen hundreds of Senior Citizens on the borderline of starvation, in New York City.

The following two cases are from the Lincoln Square Area:

Mr. H., age 81, was born in New York City and lived in the same apartment for 32 years. His only income—Social Security of $110 a month—his rent $90 a month. In the course of a routine check of the building, a "FIND" worker discovered Mr. H. and he was referred to the Department of Social Services for help. During the long investigation period, Mr. H. became ill and was taken to a local hospital. Three days later, he died of malnutrition. For months, this elderly man had tried to survive on $20 monthly for both food and utilities.

Mrs. M., age 78, a regular member of a "FIND" Senior Citizens Club, collapsed during a regular club meeting. She was rushed to a local hopsital. A week later, we received a call from a nun at the hospital asking if we could give Mrs. M. a free hot meal daily, because she was suffering from malnutrition. A month later, Mrs. M. was released from the hospital and has been receiving a bowl of soup and a sandwich daily, except weekends, from the FIND Club.

This woman is not entitled to financial assistance from Welfare because her Social Security is $2 in excess of the Welfare allowance. She has no savings, and from an income of $127 monthly must pay a monthly rent of $94.60 (hotel), plus clothing and food.

The problems faced by the elderly poor, in this affluent country, bring to mind the remarks of Marie Antoinette who, when told that the people were begging for bread, said "Let them eat cake".

We would hope that our representatives, in local and national governments, can find some humane solutions to the starvation of the elderly in 1969.

Senator PELL. The final witness today is Mrs. Bertha Johnson of the Watts Community Action Committee. You have come the longest distance today.

STATEMENT OF MRS. BERTHA JOHNSON, WATTS LABOR COMMUNITY ACTION COMMITTEE

Mrs. JOHNSON. Senator Pell, while we are waiting for that to be put up, I should like to say it is a pleasure for me to be here today, although it is an accident. Mr. West sends his regrets that he could not make the trip, but he sent me to do the best that I could, and I hope that I will be able to give you today the problems and needs of the senior citizens of the Watts area.

I should like to—can you hear me?

Senator PELL. Yes.

WLCAC

Mrs. JOHNSON. I should like for you to know a little something about the Watts Labor Community Action Committee.

In the summer of 1965, the city of Watts became known throughout the Nation because the riots that took place there symbolized the desperateness felt by minority groups who were trapped within ghettos and who desired to break out of the limitations of that economic and physical trap.

The Watts Labor Community Action Committee was organized early in 1965 and thus was on the scene to begin to find and implement ways and means of helping community residents meet their needs.

In addition, several of the programs are funded federally, while private foundations have also made grants. The funding of the various projects is discussed in each individual program description.

All Watts residents who support WLCAC objectives are invited to join in this effort, into this program.

I should like for you to meet the staff. Ted Watkins, who is the project administrator.

Duane West, who is the senior citizens' director.

And Bertha Johnson, who is senior citizens' coordinator.

While I am there, if you will notice, there is a driver of the little minibus standing by ready to aid the senior citizens in the minibus, which I will tell you a little bit about in just a few minutes.

The senior citizen on the staff is C. Durant Davidson, who is the coordinator. That is one of our senior citizens. That is Mrs. Frances Groves, who is club and WLCAC liaison.

Those are two of the minibuses that carry the senior citizens shopping.

The program, the senior citizens' program, operates within a total WLCAC project started in November 1968, through funding by EYOA. The program now sponsors six clubs with over 600 members.

The program has served senior citizens in the following ways: Forming of clubs for senior citizens provides consumer information, arranging discounts for senior citizens, sponsoring weekly shopping trips out of the area in which they live, sponsoring special events such as parties and picnics and community affairs, sponsoring trips and excursions, and sponsoring weekend retreats.

The problem, while all Watts residents are plagued by problems common to ghettos everywhere, the senior citizens face particular needs. These include a need for adequate transportation because of a separate Watts transportation system, meaning double costs, double time, and inconvenience to travel from the immediate Watts area to the supermarkets.

No supermarket is found in that area. No drugstore is in the Watts area. No place at which to purchase special products needed by senior citizens, such as medicine and health foods.

Inferior products in the little local stores that are scattered around are common, at a very high cost. Some recreation facilities, no opportunity to express and utilize talents, abilities, and life experiences.

Why we do not have supermarkets and so forth in that area?

In the summer of 1965, the city of Watts became known throughout the Nation because of the riots that took place there, symbolizing the desperation felt by minority groups trapped within ghettos and who desired to break out of the limitations of economic and physical handicaps.

The action committee was organized in early 1965, and this was on the scene to begin to find and implement ways and means of helping community residents meet their needs.

WLCAC was organized by trade union members that lived in the Watts area with the encouragement of Watts area staff members of the Institute of Industrial Relations at UCLA, in the belief that their combined labor organization experience and common concern for the community in which they and their families lived could provide the basis for a successful attack on the multiple problems faced by this long-neglected area.

Under the direction of Ted Watkins, WLCAC attacked each problem with an awareness of community needs and a deep concern for youth. WLCAC has been committed to the concept that through help to youth will the foundations be laid to the solutions of the problems of Watts.

In November 1968, the Economic and Youth Opportunities Agency requested that WLCAC sponsor a program for senior citizens in the Greater Watts area. Despite WLCAC's emphasis on youth, the flexibility that had permitted the successful operation of past programs made WLCAC ideally suited to undertake the operation of this community service project.

The problems that have long plagued the Watts community are as troubling to senior citizens as to other residents. The inadequate transportation, the lack of recreational facilities, and the inferior foods available in the markets inflict special problems to the aged, who often had needs for particular health foods and brand names and who were even less able to make use of public transportation. As you can see, the lady's leg is in a steel cast and she cannot get around. The minibus has been successful in carrying people shopping.

It was also recognized that many older individuals possessed talent and ability combined with a lifetime of experience and had few avenues open to express and keep alive their skills.

SENIOR CITIZENS SERVED BY WLCAC

In the program of WLCAC senior citizens benefit from participation in the total program. The variety of services may be seen in the following list of their activities.

Here we have the shopping tour. The lady on my left is 86 years old. She is being assisted by one of the community aides, whose salary is paid by EYOA.

Here, we have a lady who is 75, and her husband is 79. They have been carried into a separate area where they can buy better foods at less cost.

Here we have a lady 79 years old, and a sergeant who is 87, who is being helped by me to select healthful, nutritious food, food that will feed their bodies and give them the energies that they should have, and the food values that they should be looking for in the purchasing of their food.

Here we have the large supermarket that has consented to give these senior citizens a 10-percent discount, which helps their small salaries very much.

After they finish shopping, some of them have a little piggy bank. They put their pennies in it, and they break the little pig, and if they have 37 cents for a meal that is furnished by most of the supermarkets, they sit down and eat a meal with their companion and with friends and with new acquaintances. That is something that is quite enjoyable to them, as you can see.

After they have eaten, they carry their purchases to the little minibus, and it is loaded on by the driver for them to go back to their homes.

Now, at the weekend, we have retreat for the senior citizens—the urban residential educational center, which is funded from the "rehabilitation center," that is about 30 miles from the city of Los Angeles.

It is called Sorghus. We were able to lease it, in order that we might carry the children from the ages of 7 to 21 to learn them different skills.

But they decided to cross the bridge between youth and senior citizens, so they let the senior citizens have the retreat out there.

As you can see, it is a very beautiful location, and they enjoy it tremendously, going out for the weekend. Some of them even spend the weekend out there, and their food is prepared and furnished them by WLCAC staff and their families. It is all volunteer service. All of the cooking is done by volunteers.

The food, of course, is being purchased wholesale by persons who have given us grants.

Here you see them leaving the retreat, very happy, very contented, all the loneliness gone, and they are ready to go another week, talking about what they did the week before, and believe you me, they can talk about it for 2 or 3 months.

Here we have them going on—this is a birthday party. The birthday party, all of the food was furnished by persons in the community—the cake, the punch and the ice cream was all donated so that these people might celebrate their birthdays.

They learn how to play different games and how to utilize time, rather than just sitting, laying, and not saying anything.

That is the man who furnishes the transportation for the senior citizens.

Not only is transportation the major problem in the city of Los Angeles. It is a two-way thing. When we need the buses most, we can't ever get them, because they are being used for other transportation purposes. When the persons who are ill need hospitalization, we have no funds with which to send them to the hospital, or get them there immediately, so we have people who volunteer to take them, if you can reach them by phone. If not, WLCAC immediately dispatches a driver to carry that senior citizen to the hospital.

A lot of times, the driver is out taking care of business for WLCAC that will net them profits.

Also, we have a Century Freeway information office. This is where the freeways come through the homes of the elderly people, and we found that the persons were just coming in offering them a small sum for their property, and we opened up an information office, which is volunteer service, to give out the information, with, I think, two persons on the staff, to give them information.

We are trying to help ourselves. We would feel very little trying to come to you and asking you for help if we haven't done all we could do, and if we hadn't gone as far as we could possibly go.

Here we have a credit union, by which we sell food stamps. The people who are not able to come to the place to get their stamps, we carry them to them. Those that are able to come, they come and that is staffed through EYOA.

Here we have, as I said before, thrift. We don't want them to be dependent, but we want them to be independent, so we learned, then, how to put aside 25 cents a week so that if emergency comes up they will be able to come back and withdraw it, in an emergency.

GROWING GROUNDS

Now, to help these people, we have growing grounds. We plant all types of vegetables, and they are sold to the senior citizens for 5 cents a bunch. If it is a big squash, it is sold to them for 2 cents. If it is beets, they are 5 cents a bunch, whatever they buy, it is 5 cents a bunch.

Here, we have the youngsters working up those fields for the senior citizens and clearing it off. These kids are paid, I think, around $14 a week, with $4 being taken for thrift, learning them how to save. They deposit $4 a week, so when school starts, they will be able to help themselves.

They also help to beautify the community by cleaning the streets, keeping the grass and weeds cut down in front of the senior citizens'

homes, who cannot afford to have hired yardmen to keep their places clean.

After the food is planted, here you see it has grown to where it is ready to be gathered, and sent to the market.

That is corn. The senior citizens are able to buy corn at 10 cents for a half dozen ears.

Here we have other vegetables, as you can see, Texas mustard, 8 cents a bunch, two bunches of collard greens for 19 cents, and so forth and so on, and when the senior citizens go there, they get it for 5 cents a bunch.

Not only are we interested in food, but also in the beautification of the senior citizens' areas in which they live.

We have vest pocket parks so that they may have places to come. They are badly in need of someone to help keep them up other than the children. You can't impose too much work on children. We let them do what they want to, which is very little. They tire easily. But we still feel these senior citizens need a place to come where they can play games and so forth.

Here we have one of our senior citizens trying to do his yard, and we have one lady who is 86 years old trying to keep children to help meet her needs.

There is a vest pocket park.

Not only are we interested in the beautification of where they live, we are also interested in seeing that they get the foods that they should. We have a large poultry ranch. We sell eggs. When eggs are selling at 71 cents in the store, we are selling eggs to the senior citizens for 30 cents a dozen. We also sell chickens that they are selling for 25 cents a pound. They are sold to the senior citizens for 10 cents a pound.

Here you see the chickens. They have to be fed, they have to be taken care of.

As I said, WLCAC is going and doing all it can to help us help ourselves before we ask you so humbly to help us.

WLCAC has two filling stations. They are trying to sell gas in order to learn the young people how to handle business and operate a business, wherein, when they become senior citizens, we hope they will be self-sustaining, and also learning them how to work on the cars and get them back in order so that their mechanics' bill will not be so large.

Here we have a full participation in a parade that was held for, and including, the senior citizens. They had nine cars in there. Don't ask me where they got them from, but when the time for the parade came, they had nine cars out there. They are very proud of WLCAC, that it is helping. They are very thankful and grateful for the help that the Federal Government is giving them to make it possible for them even to do this much. The children are even helping. Those are children who are participating in the parade and the drill corps.

That is a group, federally supported, for the young men, 18 to 21, leading the parade.

Those are young dropouts that we have picked up and trying to interest in making the most of life that they can. That is federally funded, and yet we try very hard to add more to it.

I think we have added and added, until we have added it all up.

As I said, the senior citizens department, these are things that we are trying to do for ourselves.

We also have in-school children that we are trying to help. We are trying to give them jobs that pay quite well for the things that they do, and as I said, these are some of the things that we have done. We have gone to Southgate Shopping Centers for better food. We have gone to Huntington Park area for clothes, we have gone to the Delamo Shopping Centers for insulin and drugs that the senior citizens had to have. We have gone to the Southbay Shopping Center, where the meats are fresher and cheaper. We have gone to the farmers' market, so that they could find some of the things they had so long wished for and were unable to find.

RECREATION

In June and August, we had 12 shopping trips with 300 people participating.

In March, we went to Capistrano. We carried 42 Operation Shut-in senior citizens.

In April, we had a tea with 130 present.

We had a tacky party with 125 present.

We had a birthday party with 25 at the small one, and 95 at the combined birthday party.

We went to the gardens with 56. We had the retreat, we went to Marineland with 52, Busch Gardens with 65, Catalina Island with 167. All of these trips were financed through WLCAC.

I do hope that these films have shown to you the things that we are trying to do to help ourselves, and we are asking you to supplement that that we are short of in getting these senior citizens, and getting them more involved, because there are far more in the Watts area that we have not touched. We are trying to get everybody that we can.

We have Operation Shut-in, we have the rest homes, we have the convalescent homes, we go into all of those with five aides, and these five aides work 5 days a week trying to help these people.

Now, we are asking for your assistance in giving to the senior citizens of Los Angeles better transportation, more food that will keep their bodies healthy and strong, give them an opportunity to go to drugstores and get medicines that they so vitally need.

Thank you very much.

Senator PELL. Mrs. Johnson, thank you for your testimony. You really have shown yourself to be a self-help group.

If there are no further questions, I would like to compliment the ladies of American Dietetic Association, who have been here right through the week. They have given more conscientious attendance than we Senators have. We welcome you here.

Senator Ellender?

Senator ELLENDER. You seem to have a very, very successful program.

How it is presently financed?

Mrs. JOHNSON. Presently financed through unions, through labor, through private grants, and federally funded.

Senator ELLENDER. Have you a breakdown on how much each puts up?

Mrs. JOHNSON. I certainly don't, Senator Ellender, because Mr. West was supposed to come, and I am sure he would have all of that, but he failed to include it in this material.

Senator ELLENDER. If it is possible to give us that information, it might serve as a clue for this committee to make suggestions as to proceeding with these programs along the lines that you have just indicated, because it is my belief that many of these programs could be very successful and very beneficial if more of the people take part themselves and try to help themselves.

Do you know what the Federal Government contributes?

Mrs. JOHNSON. No, but I can get that information.[1]

Senator ELLENDER. If you could get that, we would appreciate it. How many recipients do you have of this program?

Mrs. JOHNSON. I have that information. There are 50 boys 16 years of age and in school—I am sorry. I think I can answer some of your questions.

Also funded by the U.S. Department of Labor, boys must previously have been participants in the CCC program to qualify. They receive $14 per week as a stipend.

Now, that is part of it.

Senator ELLENDER. Do those boys that you speak of attend the CCC camps?

Mrs. JOHNSON. They have 1,500 young people in Sorghus, and those boys must remain from Monday through Friday, and Friday they are brought home and spend the weekend.

Senator ELLENDER. Is there a CCC camp in the neighborhood?

Mrs. JOHNSON. No. We have nothing in the neighborhood. We need badly a senior citizens center.

Senator ELLENDER. I was wondering why it is that no supermarkets are constructed in Watts.

Mrs. JOHNSON. The supermarkets, as you know, during the riots, were burned to the ground.

Senator ELLENDER. And nobody desires to make further investments?

Mrs. JOHNSON. I suppose they don't, because they haven't rebuilt.

Senator ELLENDER. The minibuses that you spoke of, were they purchased from funds that were given by the Federal Government, unions, and——

Mrs. JOHNSON. They were.

Senator ELLENDER. They are all managed and operated from funds?

Mrs. JOHNSON. Federally funded and private grants.

WATTS COMMUNITY INVOLVED

Senator ELLENDER. You spoke of the number of boys. How many other people are involved in this, who get benefits from this operation? You spoke of a lot of senior citizens. How many are involved?

Mrs. JOHNSON. There are at present, since February, there are over 600. At the counting, it was 637. There are six clubs, and we are still organizing clubs, but with five aides, one in the credit union, one staffing the office, leaves us with only four to work in the field.

Senator ELLENDER. You stated that vegetables were sold very cheaply to the elderly. Who raises those vegetables?

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[1] See pp. 5401–5402.

Mrs. JOHNSON. The vegetables are raised by the children who work for this $1.40 an hour, as I told you, and also children——

Senator ELLENDER. I thought you said $14 a week.

Mrs. JOHNSON. Wait just a moment. As you remember, the boys, the CCC boys, and I said there were 50 of them, receive $14 a week.

Now, there is an NYC program for youth 17 through 21. They receive $1.40 per hour.

Senator ELLENDER. It must cost a good deal to raise those vegetables, doesn't it, if you have to pay $1.40 an hour for the workers?

Mrs. JOHNSON. Mr. West would be able to give you all of the information on that, because that comes directly under his supervision. The seeds are donated, the work, as I said, in the fields, even the senior citizens, who have strength enough to get out and do an hour's work or 30 minutes' work, give their time and talent out there in the fields to help cultivate these products.

Senator ELLENDER. What I am trying to elicit from you is information that may lead to the establishment of other projects as you have described to us, and in order to do that, it would be necessary to find out how many people are involved; that is, if you take care of where the source of the money is, and how much money is furnished from all sources to indicate the cost of this program.

If you would have Mr. West furnish that, I am sure that the committee will keep the hearing open for that purpose.

Mrs. JOHNSON. And here is a little something you might be interested in. The Community Cadet Corps is for the children ages 7 through 13. This program is without funding and has been dependent on the WLCAC staff and volunteers to carry out its activities. Through the Community Cadet Corps, 2,000 underpriveleged children went to summer camp in Camp Roberts in 1968, and over 4,500 children and youth attended camp at the Sagasie Rehabilitation Center in the summer of 1968.

That is children who are involved.

Senator ELLENDER. If you would give us more information, as I say, as to the various projects, how they are funded and the cost of them, it may be we could devise some ways and means of spreading around these projects for the benefit of other people located in various parts of the country.

Mrs. JOHNSON. I will be very happy to give you that information.

(The information follows:)

FEDERAL FUNDING, PRIVATE FOUNDATION GRANTS, LOCAL CONTRIBUTIONS, AND ADDITIONAL SUPPORTERS AND DONORS

A. APPLICANT AGENCY

1. Name, Address, Telephone Number.—Watts Labor Community Action Committee, 11401 South Central Avenue, Los Angeles, Calif. 90059—Phone: (213) 564–5945.

2. Name of authorized person to act for the agency.—Mr. Ted Watkins, Project Administrator, 11401 South Central Avenue, Los Angeles, Calif. 90059.

3. Proof of fiscal and program responsibility—WLCAC programs.—

BUSINESS OPERATIONS

Poultry Ranch.
Two Mobil Gas Stations.
Federal Credit Union.
Agriculture and Horticulture Project (232.5 acres).

Arts and Crafts Shop.
Community Beautification Project.
Vest-Pocket Parks (23—10 completed; others in process).
Transportation.
Market.

SUPPORT FACILITIES

Administration Services.
Technical Services.
Enrollee Recruiting Office.
Research Center.
Accounting Office.
Three Enrollee Classroom Buildings.
Automotive Repair.

PERSONNEL

Full-Time Employees, 180.

Funded Programs:

Urban Residential Educational Center	500
Community Cadet Corps (7 to 13)	1,000
Inschool Neighborhood Youth Corps (16 to 18)	300
Out-of-school Neighborhood Youth Corps (16 to 21)	50
Concentrated employment program (adults)	90
Community Elite Corps (16 and 17; boys)	50
Senior citizens	600
Federal credit union	1,500
Total number in programs	4,090

ADVISORY BOARD

Participating unions

Amalgamated Clothing Workers of America.
Amalgamated Meat Cutters & Butcher Workmen of North America, AFL–CIO.
Building Service Employees International Union.
International Brotherhood of Teamsters & Teamsters Joint Council No. 42.
International Longshoremen's & Warehousemen's Union.
Laundry, Dry Cleaning & Dye Workers International Union.
Service and Maintenance Employees Union.
Social Workers Union.
United Auto, Aerospace & Agricultural Implement Workers.
United Rubber Workers of America.

Additional support

Los Angeles County Federal of Labor, AFL–CIO.
Institute of Industrial Relations, UCLA.
United Steelworkers of America.

WLCAC FEDERAL GRANTS, PAST AND CURRENT

Funding source	Department	Contract period	Amount
Department of Labor	NYC	July 5, to Dec. 12, 1966	$64,652.20
Do	OMPER	do	191,665.05
Do	NYC	July 12, 1966 to Aug. 9, 1967	241,370.00
Do	OMPER	Dec. 12, 1966 to June 30, 1967	184,990.00
Do	OMPER	July 1, 1967 to Feb. 28, 1968	339,770.05
EYOA	Summer Crash		52,230.53
Department of Labor [1]	BWTP	Aug. 10, 1967 to June 19, 1970	1,223,510.00
EYOA	NYC—CEP	Sept. 5, 1967 to Dec. 15, 1968	94,724.18
EYOA	K–J—CEP I	Sept. 5, 1967 to Jan. 15, 1969	353,459.57
OEO [1]	Consumer Action	June 27, 1967 to Oct. 30, 1969	260,806.00
Department of Labor	OMPER	Mar. 31, 1968 to June 14, 1969	472,254.00
State of California [1]	Transportation Agency (HUD)	Jan. 6, 1969 to open	70,000.00
EYOA—City of Los Angeles	Summer Crash	June 17, to Oct 13, 1968	75,489.69
Department of Labor [1]	OMPER–UREC	Jan. 1, 1969 to Mar. 31, 1970	2,010,000.00
Do	OMPERCEC	Jan. 1, 1969 to Feb. 28, 1970	119,840.00
EYOA [1]	K–J—CEP II	Jan. 15, to Nov. 30, 1969	305,473.00
Total			6,060,234.27

[1] Active.

PRIVATE FOUNDATION GRANTS

	Received	Committed
Ford Foundation	75,000	300,000
Rockefeller Foundation:		
Para-Medical Program	0	750,000
Agricultural Program	117,861	310,000
State of California: ADA reimbursement	0	200,000

FISCAL RESPONSIBILITY—WLCAC FEDERAL GRANTS

Funding source	Department	Contract period	Amount
Department of Labor	NYC	July 5 to Dec. 12, 1966	$64,562.20
Do	OMPER	July 5 to Dec. 12, 1966	191,665.05
Do	NYC	Dec. 12, 1966 to Aug. 9, 1967	241,370.00
Do	OMPER	Dec. 12, 1966 to June 30, 1967	184,990.00
Do	OMPER	July 1, 1967 to Feb. 28, 1968	339,770.05
EYOA	Summer crash		52,230.53
Department of Labor	BWTP	Aug. 10, 1967 to Sep. 15, 1969	1,108,057.10
EYOA	NYC—CEP	Sep. 5, 1967 to Dec. 15, 1968	94,724.18
EYOA	K–J–CEP	Sep. 5, 1967 to Jan. 15, 1969	353,459.57
OEO	Consumer action	June 27, 1967 to Aug. 31, 1969	260,806.00
Department of Labor	OMPER	Mar. 31, 1968 to June 14, 1969	472,254.00
EYOA—City of Los Angeles	Summer crash	June 17 to Oct. 13, 1968	75,489.69
Department of Labor	OMPER	Jan. 1, 1969 to Mar. 31, 1970	2,010,000.00
Do	OMPER	Jan. 1, 1969 to Oct. 31, 1969	119,840.00
EYOA	K–J—CEP	Jan. 15 to Aug. 31, 1969	305,473.00
Total			5,874,691.37

WLCAC DISBURSEMENTS

Total grants		$5,874,691.37
Disbursements:		
Staff costs	$1,563,588.04	
Enrollee costs	1,423,094.94	
Transportation	71,401.34	
Space costs	123,992,81	
Material and supplies	134,847.31	
Equipment	92,476.77	
Other direct costs	88,862.94	
		3,498,264.15
		2,376,427.22
Cash in bank	352,076.45	
Grant funds receivable	2,024,350.77	2,376,427.22

Enrollee classroom buildings 3

PERSONNEL

Full-time employees 140

FUNDED PROGRAMS

Community Cadet Corps (7 to 13)	1,000
Neighborhood Youth Corps inschool (14 to 15)	300
Neighborhood Youth Corps out of school (17 to 21)	75
Concentrated employment program (adults)	90
Community Elite Corps (boys; 16 to 17)	50
Senior citizens	600
Federal credit union	1,500
Transportation	1,000

LOCAL CONTRIBUTIONS

WLCAC has been helped by many outside agencies. The figures below are indicative of the support received from the larger community.

Southern Pacific Railways refrigerator car	$18,000
Weber Showcase, fixtures for CEC market	60,000
IBM service and equipment:	
Computer time ($80 per hour × 4 hours per week × 52 weeks)	16,640
Equipment	3,000
Forms and keypunching service	2,000
Personnel assistance	5,452
Total	27,092

ADDITIONAL SUPPORTERS AND DONORS

American Beauty Macaroni Company
American Biscuit Company
Anthonys Macaroni Company
Apffel, Edward Company
Armor Paper Products
Bakers & Confectioners Supply
Barbara Ann Baking Company
Ben Cluff Dairy
Blue Seal Bread
Borden Food Company
C & H Sugar Company
California Grocery Trading Co.
California Ranch Fresh Eggs
Hudleson Hall
Mr. Achter
International Paper Company
Interstate Restaurant Supply
Jan-U-Wine Food, Corp.
K G F J Radio Station
Mr. Jim Keenan
Knudsen Dairies
Langendorf Bakeries
Kraft Foods
Laura Scudder
Leslie Spice Island Company
Golden Creme Farms
Golden Grain
Gordon Bread Company
Granny Goose Potato Chips
Haitian Coffee Company
Hamilton Stone Associates, Inc.
H. J. Heinz Company
Milani Foods
Morehouse Foods, Inc.
Morrell & Company
Morton Company
Morton Quality Products
Neutrogena Corporation
George Oliva Company
Olson Brothers, Inc.
Orchids Paper Products
Oscar Mayer & Company
Pakers Bar M Meat Company
Perkings—Kellogg
Henny Penny Eggs
Hi Point
Holland Egg Company
Hormel & Company
Canoga Egg Ranches
Case-Swayne Company, Inc.
Certified Grocers
Goldwell, Hopson & Assoc. Food Brokers
Continental Baking Company
Crown Carton Company
DCA Food Industries, Inc.
Eagle Bakery
Empire Carton Company
Friendship through Sports, Inc.
Globe Packing Company
Lever Brothers
Los Angeles Meat Company
La Colonial Tortilla Company
Lowell Tjaden Corp.
Lowry's Foods, Inc.
Manhattan Brand Food Products
Mark Foods Company
Mid West Pork Products
Perry Egg Company
Oroweat Baking Company
Pillsbury Company
Presto Food Products
Quality Col-Pak
Bud Simonson
Spears Valley Ranches
Southland Produce Company
United Fruit Sales Corp.
United World Films, Inc.
Western Growers Association
Wilson & Company
Potato Sales Company
Metropolitan Hotel
Rath Packing Company
Real McCoy Meat Company (the)
McCormick and Company Inc.
Wholesale Banana Company
Giumarra Brothers
J. Hellman Produce, Inc.
Supreme Brokers, Inc.
Cal-Vita Produce Co., Inc.
Pantry Market
Progressive Produce Company
Selecto Sausage Company
Star-Kist Foods, Inc.
State Educational Surplus Property
United Artist
Western Packers
Wonder Bread
A B C Market Corp.
American Provision Company
Mr. Caplin
Carnation Milk
Mrs. C. Einaudi
Eshom Meat Company
W. Fay Company
Mel Finerman Company Inc.

ADDITIONAL SUPPORTERS AND DONORS—Continued

Illinois California Express Co. Inc.
Shipper Development Co.
Levi Jackson (Mrs.)
Max Kaufman, Incorporated
Consolidated Westgate Co.
Mr. Robert Alameda
Mr. Allen B. Lewis
Mr. E. S. Campion
Mr. H. W. Mann
Mr. Carl Joseph Maggio
Mr. Howard Leach
Mr. H. J. Willis
Mr. Daryl Arnold
Mr. Thomas P. Nunes
Mr. H. E. Crean
Mr. William O. Garin
Mr. Jack T. Baillie
Mr. Richard Musante
Mr. Frank S. Eckel, Jr.
Mr. Ralph Samsel Co.
Mr. Milton J. Auker
Mr. Calvin J. Pepple
Mr. P. C. Mendelson
Mr. George Woo
Mr. Leo A. Meyer
Mr. O. P. Murphy
Mr. Jim Lybrand
Mr. Thomas H. McNamara
Mr. Roy R. Scott
Mr. Roy Cosseboom
Mr. John Derdivanis
Mr. C. W. Bryggman
Mr. Thomas M. Merrill
Lindemann Farms, Incorporated
Morris Cocola Packing Plant
Mr. Walter M. Christensen
Mr. S. V. Christierson
Mr. David E. Myers
Mr. Stewart Sharigian
Mr. E. M. Mallett
Los Angeles Nut House
West Fruit Co.
Mr. Peter A. Stolich
Mr. Paul Couture
Mr. Norman Ward
Mr. Fred S. Andrews
Mr. Livio Mazzie
Mr. Hal Abbate
Adolph's Industrial Foods
Dennis J. Alba Company
A.T.B. Packing Company
V. H. Azhderian and Company
Bruno Dispoto Packing Plant
California Grape
Coca Cola Company (The)
Felbor Food Products
Fisher Flouring Mills Co.
Four S. Bakery
Girazian Fruit Company
Half Moon Fruit & Produce Co.
S. E. Rykoff Company
Philips Poultry Company
Pillsbury Company
Potato Growers Association of Calif.
Quaker Oats
R. J. Reynolds Food, Inc.
Rexall Drug Company
Rockview Dairy
Roscoe Egg Farms
S & W Fine Foods
Santa Monica Sheltered Workshop Inc.
Scott Paper Company
Spreckels Sugar Company
Standard Brands
Starkist Foods, Inc.
Stella Doro
Sun Maid Growers of California
Sun Vista Foods
Sunshine Speciality Products Company
Swift & Company
Mrs. William Tallman
Terry Tuck Roves of California
Thrifty Drug Stores Company
Treesweet
Tropical Preserving Company
Union Maid Bakery
United Artists Corporation
Van De Kamps Bakeries
Vegetable Oil Products Company
Vermont Freight Outlet
Vienna Sausage Mfg. Company
Vita Pakt Citrus Products Co.
Vitex Food Products Company
Weber Baking Company
Western Farms Dairy
Wyler & Company
Zellerback Paper Company
Federal Meat Company
Gem Packing Company
King Meat Packing Company
Angelus Meat Company
Brown-Massie & Associates
Carmelita Choritzo Company
Ever Freez
Fields Distributing Co. Inc.
George Wholesale Meats
Helms Bakeries
Huges Market
National Biscuit Company

THE WATTS LABOR COMMUNITY ACTION COMMITTEE

The face of a community, like the face of man himself, bears many marks: the lines of doubt, the patterns of smiles, and the scars of hurt. The Watts Labor Community Action Committee has dedicated itself to changing the face of Watts, to erasing the scars and smudges from an urban ghetto whose people erupted in despair and frustration only a few years ago in riots that triggered fellow violence all over the United States.

It has been said that Watts is different, that Watts is "not as bad" as the ghettoes of the north and east. Watts' poverty spreads horizontally, not vertically—that is the only difference. The streets of Watts are lined with dilapidated housing, and many of its people are blighted by poverty and ignorance. The Watts Labor Community Action Committee and its project administrator, Ted Watkins, are part of this community, a part that is moving for change.

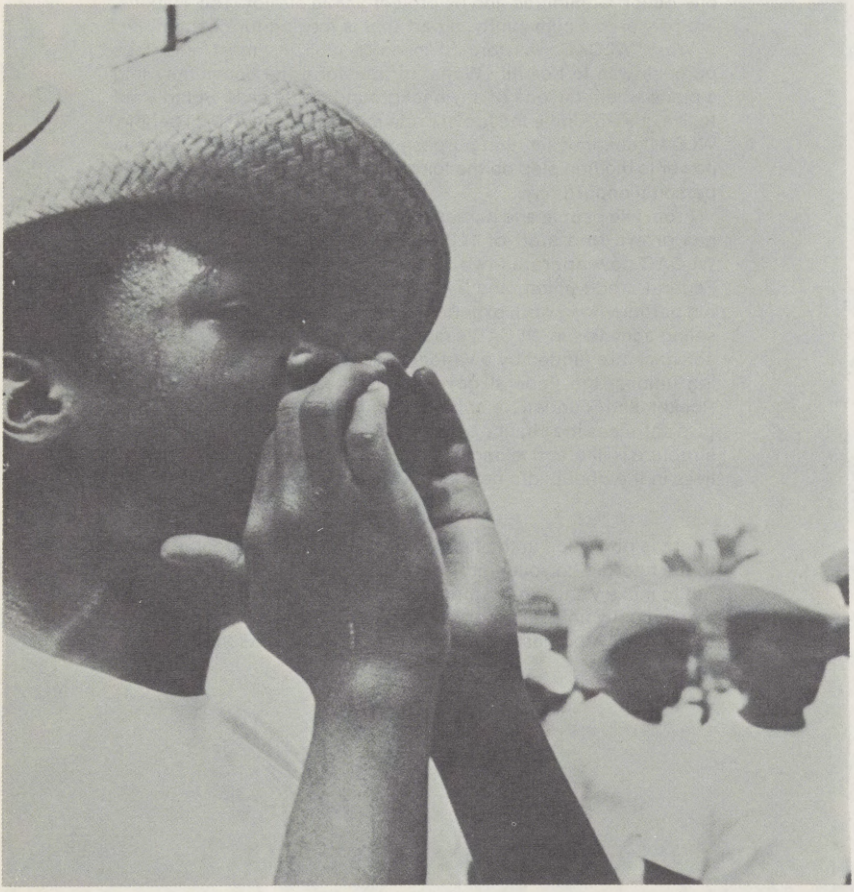
When WLCAC was formed in early 1965, its most ambitious purpose was to beautify Watts, to transform the community into a place where anyone of any background or life style would want to live, and to kindle the fire of pride and self-respect in its people. WLCAC continues in that purpose and in its belief that economic power is the first step on the long road to community stability and personal opportunity.

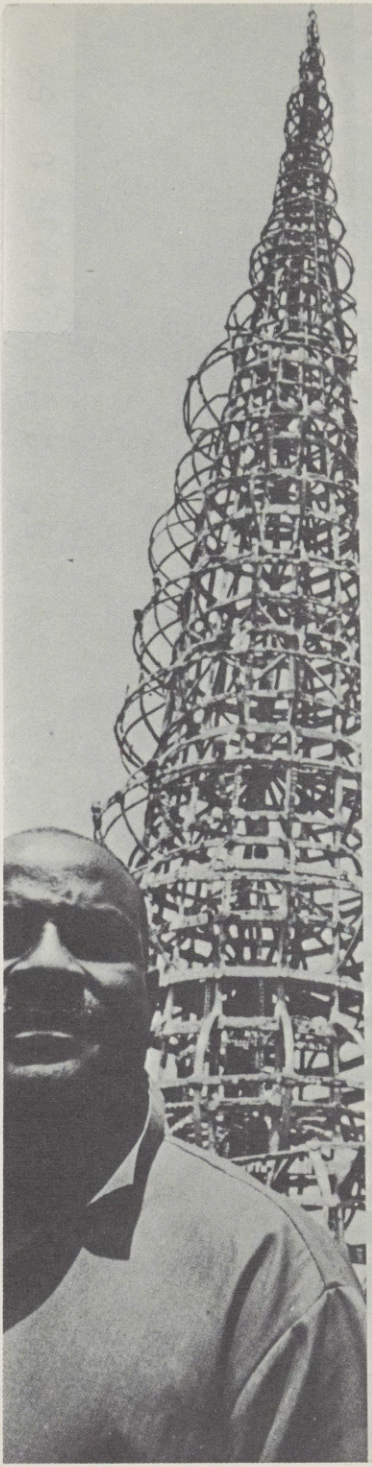
From five people and a treasury of just over five dollars, WLCAC has grown to a staff of 120. Working toward self-sufficiency, WLCAC now operates two service stations, a poultry ranch, a Federal credit union, and a grocery store. Residents young and old participate in work experience, remedial education, and counseling activities in WLCAC's many work-training programs. These activities are funded by a variety of sources, including participating unions, the Federal government, the Ford Foundation, the Rockefeller Foundation, and other agencies. WLCAC's programs give enrollees the chance to see what being a part of the American structure is like, and to begin to lift their sights beyond their narrow lives in the ghetto into new life styles and opportunities.

There is now hope in the face of Watts, because its people aspire to the future. The young are reaching up and the old are reaching out to make Watts an example to the nation and to the world: that a community united can power itself out of despair into hope, and out of a blighted past into a moving, changing present.

WLCAC
Changing...
Moving...
The Lives of a People

Leadership training for 375 NYC youth

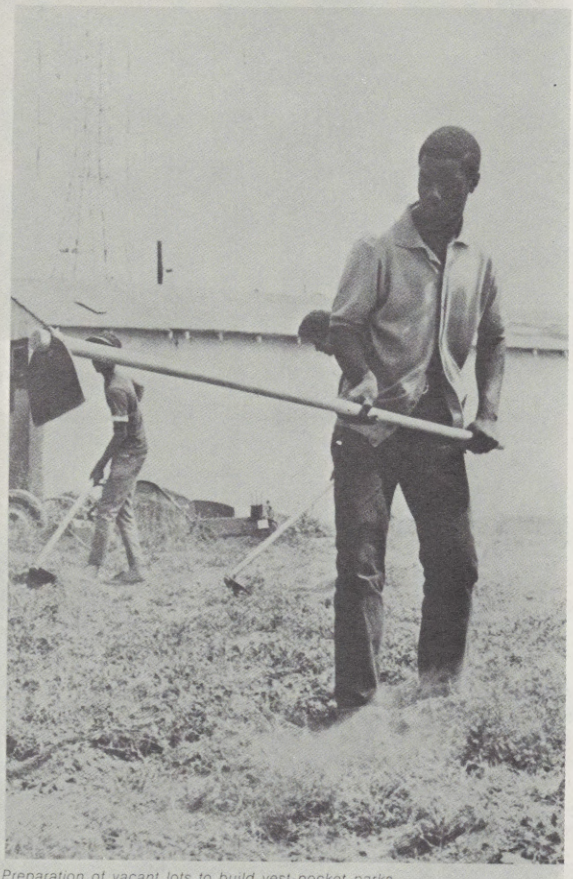




ABOUT TED WATKINS

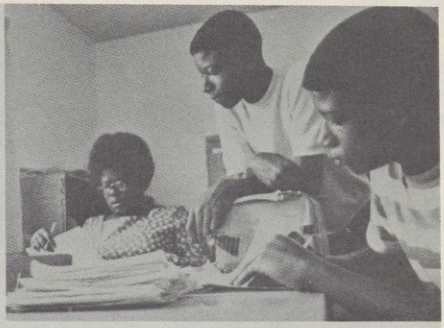
The dynamo behind WLCAC's work is its project administrator, Ted Watkins. Born in Meridian, Mississippi, Watkins began working at seven, moved to California at fifteen, and rose through the union ranks at the Ford Motor Company to become international representative of the UAW. It was the UAW that assigned Ted Watkins full-time to his job as WLCAC's project administrator, but it was Ted Watkins who built WLCAC into what it is today. Whether he is negotiating a proposal with the Federal government, helping one of WLCAC's farm mechanics get a tractor started, or sharing an ice-cream cone with a child, Watkins **is** the people of Watts. He believes in his community, where he has made his home for 20 years, and in its peoples' ability to change their futures. WLCAC is Ted Watkins, a man determined to make the most of every resource and to bring every resource to bear on the problems of Watts and its people.

"We aren't dealing with kids out of work, but out of society . . ."



Preparation of vacant lots to build vest-pocket parks

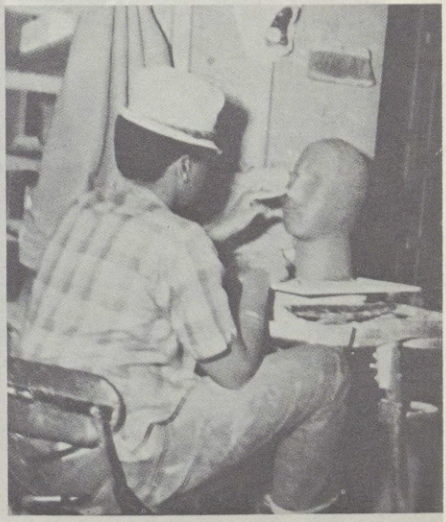
NYC girls' drill team on parade



Recruiting office staff enrolling Watts teenagers

CEC security guard maintains order at youth activities

The Community Cadet Corps — serving hundreds of children 7 to 13



Cultural enrichment for 4,000 Watts youth in summer 1969

PROGRAMS FOR YOUTH

The Watts Labor Community Action Committee has from the beginning committed itself to the youth of Watts, in the belief that by uplifting the outlook and skills of the young, the community will be continually enriched as the young people grow into responsible adulthood.

For children 7 to 13, the Community Cadet Corps offers remedial education and tutoring, work experience, and recreation. The in-school component of the Neighborhood Youth Corps serves youth 14 and 15 years old, and the out-of-school component, youth 17 to 21. The Community Elite Corps serves boys 16 and 17 years old.

All these young people participate in remedial education and counseling, and all are a part of the work-experience program WLCAC offers. They have been a part of community beautification in Watts — they have helped build vest-pocket parks, plant trees along the streets, paint and renovate buildings—all to the betterment of their own city.

The pride in the faces of these youth as they march in cadence to work sites reflects their grasp of a new kind of self-esteem, based on being a part of a community they are helping to change.

"We are trying to preserve the many, not the few — especially the many kids. We are going to see to it that no more of them are lying out there on the street dead..."

THE URBAN RESIDENTIAL EDUCATIONAL CENTER

The Urban Residential Educational Center stretches across 581 foothill acres near the town of Saugus, California, about 40 miles from downtown Los Angeles. Operation of the Center is funded primarily by the U.S. Department of Labor, and this funding is supplemented by grants from the Ford Foundation, the Rockefeller Foundation, participating labor unions, and other private sources.

UREC is part of a dream at WLCAC, a dream of motivating disadvantaged young people to self-improvement and educational advancement in a residential setting removed from the crowding and debilitation of the urban ghettoes from which they come. Students spend five days a week at the Center and return to their homes on weekends, maintaining close ties with family and friends and with their communities.

The Center offers vocational education in business, automobile mechanical and body repair, culinary arts, horticulture, and stationary engineering. A paramedical program is planned to prepare students for the many jobs that will open with the Martin Luther King, Jr. Hospital in South-Central Los Angeles.

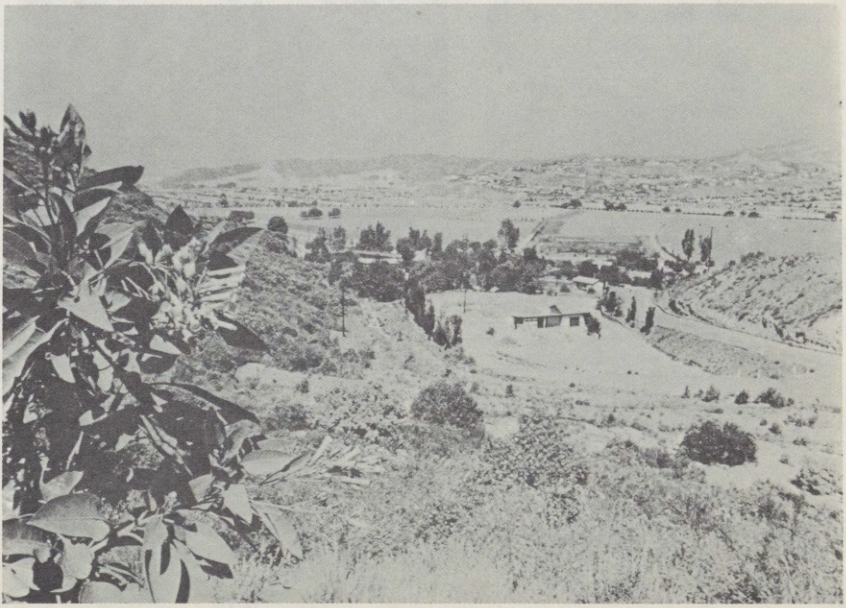
Students at UREC spend the first six months of a one-year program in general work experience, rotating through the vocational shops, general maintenance crews, and construction crews. At the end of this period, students enter the vocational field of their choice for intensive training.

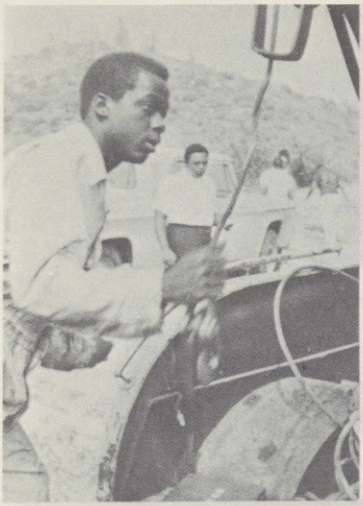
The Los Angeles City Schools have committed themselves to the accreditation of UREC as a part of the City school system, and this commitment is of great significance to students. These youth want their diplomas to be the real thing, and accreditation of UREC as an educational institution will make that possible.

UREC is special because it is a near-city facility operated by a community-based group. Understanding the special needs of its people, WLCAC can serve them best by keeping always in touch with "what's happening." The potential of the site and the program is great, and WLCAC is moving to achieve that potential.

Department of Labor

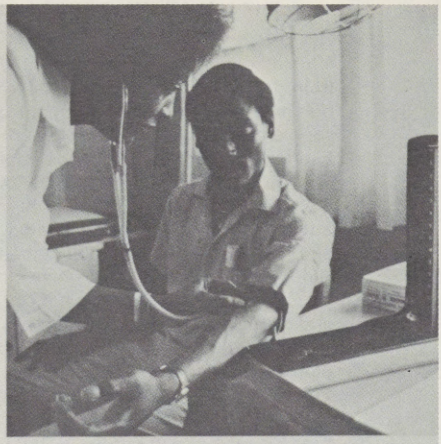
Building an institution near the city



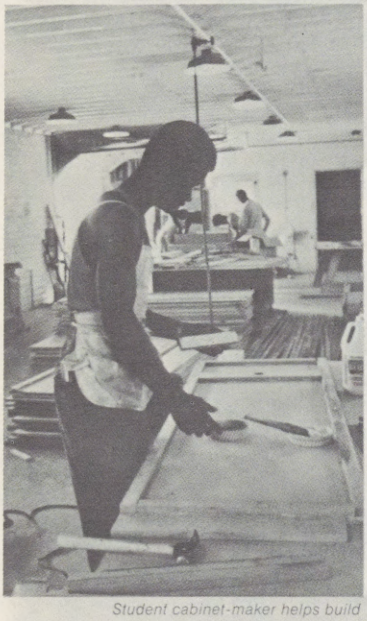


Cullen

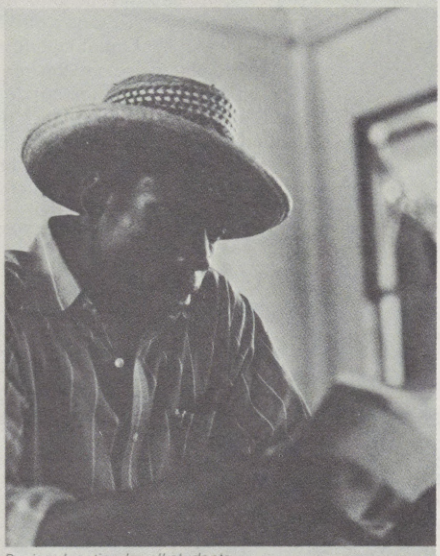
Mechanical and body repair—part of vocational education



Paramedical training for jobs at Martin Luther King Hospital in Watts



Student cabinet-maker helps build dormitory furnishings



Basic education for all students

"... We are involving the whole community."

Keeping up meaningful lives for 600 senior citizens

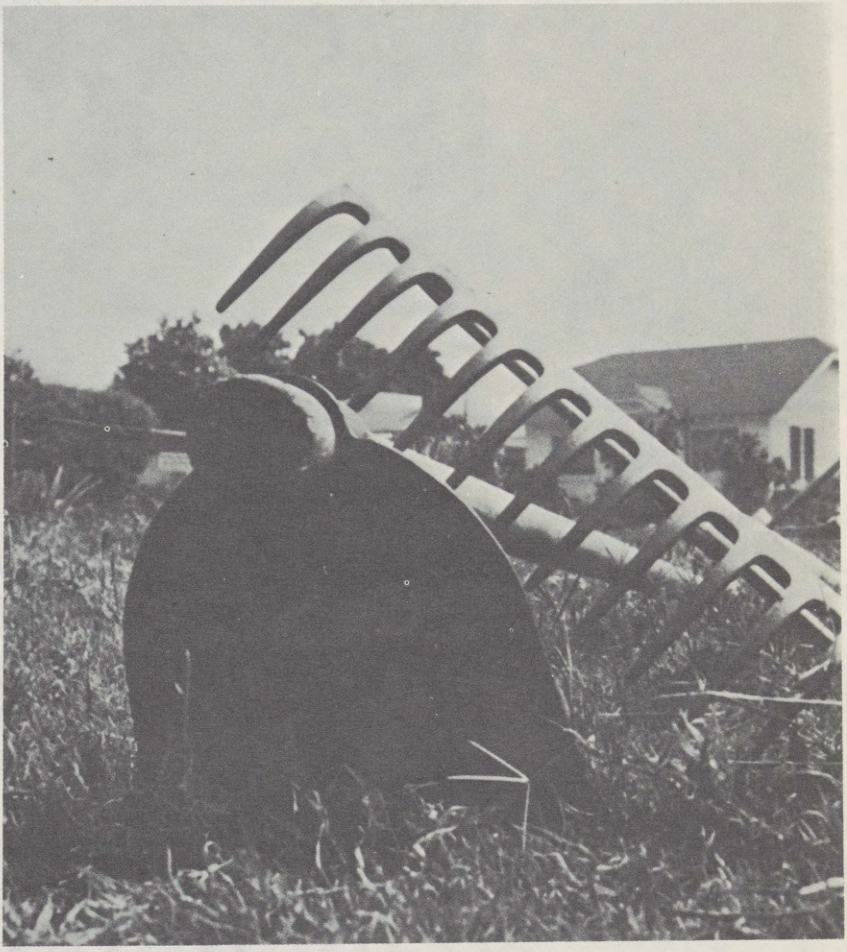
Edward W. Pearson

Concentrated Employment Project gives 75 adult males jobs

Transportation project takes senior citizens on shopping excursions

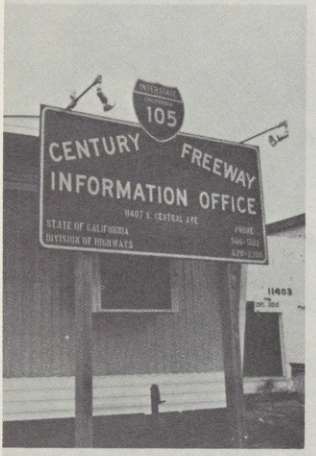
WLCAC
Changing...
Moving...
The Face of a Community

Over 4,000 young people—not afraid to work—help to beautify Watts

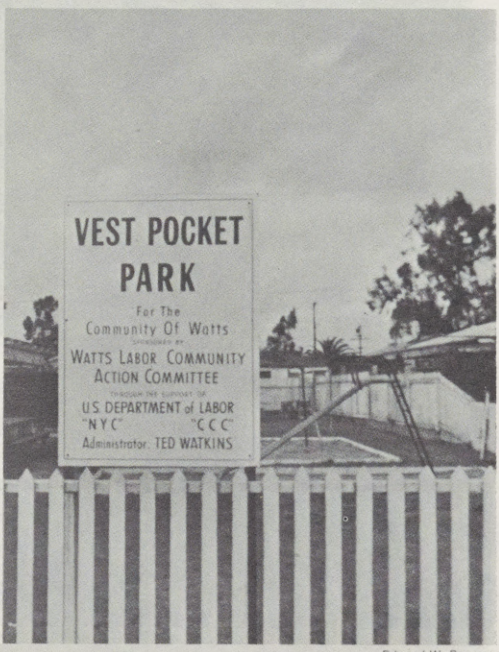


WLCAC's first big community effort—the hospital drive of 1966

A spot of beauty on Central Avenue



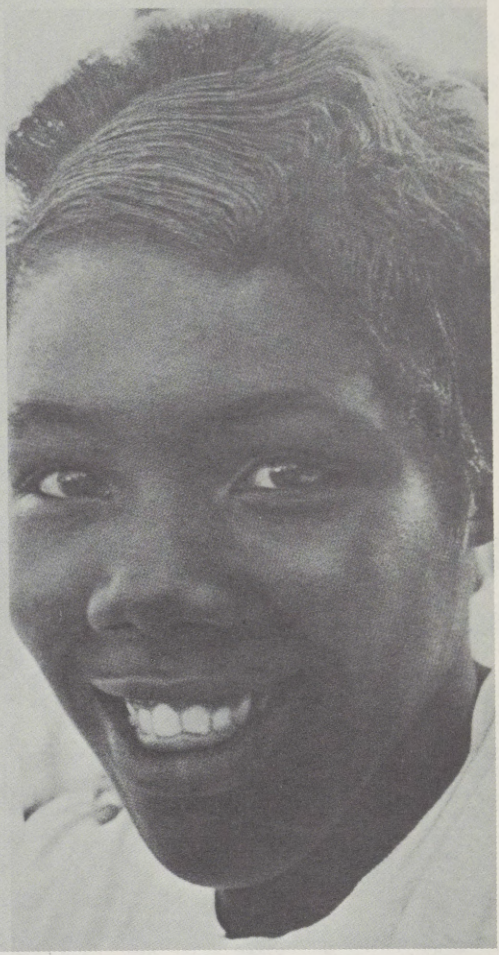
Community residents benefit from WLCAC's work with California Highway Department



A place for community children to play in WLCAC's vest-pocket parks

Edward W. Pearson

"We wanted to do something for the people . . ."



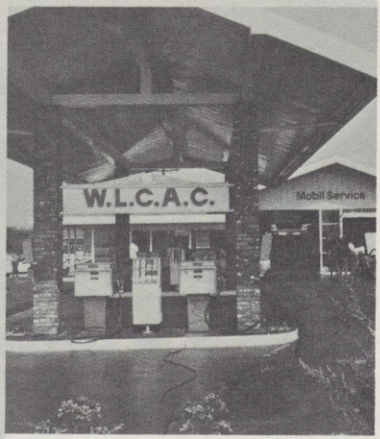
A new life style through self-esteem

"...and to make Watts the kind of community anyone would be proud to live in."

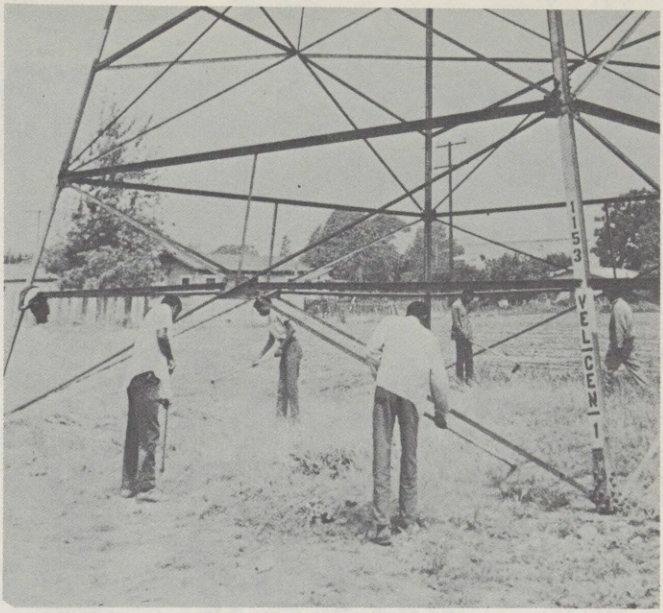
Agriculture — a source of new economic power

Cullen

The first major business development in Watts after 1965



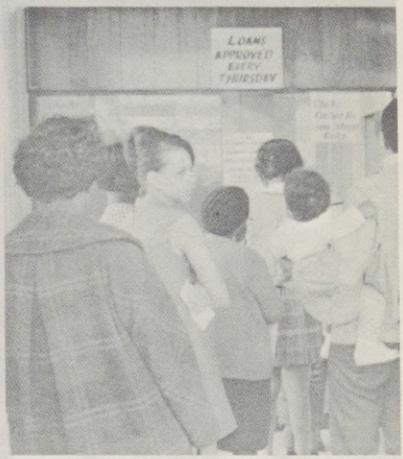
Economic development — at the WLCAC poultry ranch



"... the kids want to be proud of Watts..."

Neighborhood Youth Corps — self-discipline and pride

"The only way people can be proud of their community is by having a part in building it and a part of owning it . . ."



WLCAC's Federal Credit Union serves over 1,500 members

Greater Watts Transportation Project moves young and old

WLCAC
Changing...
Moving...
Through Every Resource

Preparing the land for productivity at Saugus

"We couldn't have done it ourselves. The larger community pitched in and helped us make it happen."

Gift of a refrigerated trailer to Urban Residential Educational Center

The Watts Labor Community Action Committee

Executive Board

Ted Watkins, Chairman
Ellis Bell, Vice-Chairman
Delores McCoy, Financial Secretary
Josephine Whitfield, Corresponding Secretary
Elmer Primm, Treasurer
Rosa Smith, Assistant Treasurer
Wilma Barnes, NYC Liaison
Lehman Copeland, Clarence Dyson, Henry Franklin, Ellsworth Freeman, Joyce Henderson, Reverend Andrew Logan, Ferman Moore, Alice Smith

Advisory Board

Participating Unions: Amalgamated Clothing Workers of America; Amalgamated Meat Cutters & Butcher Workmen of North America, AFL-CIO; Building Service Employees International Union; International Association of Machinists; International Brotherhood of Teamsters and Teamsters Joint Council #42; International Longshoremen's & Warehousemen's Union; International Union of Electrical, Radio & Machine Workers; Laundry, Dry Cleaning & Dye Workers International Union; Service and Maintenance Employees Union; Social Workers Union; United Auto, Aerospace & Agricultural Implement Workers; United Rubber Workers of America.

Additional Support: Los Angeles County Federation of Labor; AFL-CIO; UCLA Institute of Industrial Relations; United Steelworkers of America.

LOS ANGELES FACILITIES

Administration
11401 S. Central

Project Center
10957 S. Central

Credit Union
11325 S. Central

Mobil Stations
10304 S. Central
and
El Segundo and Avalon

Payroll and Accounting
and
Economic Development
8501 S. San Pedro

Classrooms
112th St. and Wadsworth
905 E. 113th St.
11313 S. Central

Transportation
8501 S. San Pedro
11510 S. Central

Grocery Store
88th and Central

Warehouse
11313½ S. Central

Technical Services
11129 S. Central

Editor: Ann M. Cullen
Photography: Roderick R. Young

Senator ELLENDER. Thank you.

Senator PELL. Thank you, Mrs. Johnson, very much.

This concludes this day of hearing.

The committee stands in recess until the call of the Chair.

(Whereupon, at 12:20 p.m., the committee recessed, subject to the call of the Chair.)

APPENDIX

THE FEDERAL EFFORT

MAY 19, 1959.

STAFF MEMORANDUM

Re the Federal effort for the elderly.
To: William C. Smith.
From: Gerry Cassidy.

I. The elderly poor

Ten percent of our population is elderly (over age 65). Of these 20 million older persons, 6 million are poor. Ninety percent of the elderly are white, and approximately 30 percent of them are poor. Approximately 95 percent of the elderly are normally active for their age. Five percent, or 800,000 persons, are homebound at some time, 71 percent live in families, either with spouses or in the household of relatives; while 25 percent, or 5 million persons, live alone. Of those living alone, 60 percent are women.

The Administration on Aging reports that frequently the meal received at their project is the only meal of the day for the 17,341 elderly persons they serve, and that project directors report that the elderly, after participating in the program for a short time, look better, dress better, communicate easier, are more active and in general have a more positive attitude to life and living. AOA states that a primary cause of poor nutrition among the elderly is low incomes.

TABLE II.—FISCAL BREAKDOWN OF THE FEDERAL EFFORT FOR THE ELDERLY

	Fiscal year 1968	Fiscal year 1969
1. AOA title III (meals services)	$205,000	(1)
2. AOA title IV	4,155,000	(1)
(a) Research projects	1,701,661	
(b) Demonstration projects	393,440	
3. OEO emergency food services program	[2] 2,550,000	[2] 4,080,000
(a) Sec. A and B projects	[2] 2,550,000	[2] 4,080,000
4. OEO Senior opportunities services	[2] 450,000	[2] 450,000
5. OEO neighborhood service centers	[2] 187,500	[2] 187,500
Total	7,547,500	[3]

[1] Unavailable.
[2] These are best estimates by OEO as is explained later in this memorandum.
[3] If the figures from AOA title III and AOA title IV are the same or greater for fiscal year 1969, the total figure for 1969 would be $9,077,500.

A. USDA PROGRAMS—EXPENDITURE FOR THE ELDERLY

	Fiscal year 1968	Fiscal year 1969
Food stamps	$54,489,816	$67,500,000
Commodities	48,003,415	65,188,500
Total	102,493,231	132,688,500

These figures are based upon 30% of the poor being elderly, and therefore 30% of the total budget for both programs going to the elderly.

These are not in any case funds spent directly for the elderly, but if we include them in the Federal effort for the poor we have the following totals:

	Fiscal year 1968	Fiscal year 1969
All other programs	$7,547,500	[1] $9,077,500
USDA	102,493,231	132,688,500
Total	110,040,731	139,766,000

[1] If the figures from AOA title III and AOA title IV are the same or greater for fiscal year 1969, the total figure for 1969 would be $9,077,500.

Note: Only the $4,810,000 from AOA title III—meals services ($205,000), AOA title IV ($4,155,000, and OEO senior opportunities service ($450,000) is directly allocated for nutritional programs for the elderly. All other funds merely reach the elderly as part of the general program operation.

III. Administration on Aging, Social and Rehabilitation Service, Department of Health, Education, and Welfare

A. COMMUNITIES IN ACTION FOR OLDER AMERICANS—TITLE III OF THE OLDER AMERICANS ACT

Title III provides for allotment of funds to strengthen state agencies on aging and to enable states to make grants to local public and private non-profit agencies. This includes the *meals services* program, which provides one hot meal a day to the program participants. Meals are planned to meet one-third of the recommended dietary allowances and are usually served daily at noon. Participants are low income persons over age sixty.

1. Meals services program's budget for fiscal year 1968

Seventy-seven percent of funds for meals services is spent in urban counties, and twenty-three percent is spent in rural counties.

Number of projects	44
Number of persons served	17,341
Federal share	$205,000
State share	146,000
Total	351,000

The Federal share for the Meals Services Program is $205,000 or 3 percent of the entire federal share of $7,295,000 from Title III Programs.

NOTE. Figures for FY 1969 will not be available until July 1969.

B. FOOD AND NUTRITION PROJECT GRANTS PROGRAM—TITLE IV OF THE OLDER AMERICANS ACT

Title IV is designed to discover and implement means to improve nutrition services for the aging. Its purpose is to overcome the social problems underlying inadequate diets among older persons. Projects experiment with techniques for nutrition programs that will not only improve diet but also enhance self-esteem and self-sufficiency.

1. Types of projects

In FY 1968 29 projects were funded. Of these, 27 are now in progress, and 2 have been completed; these are: George Washington University nutrition seminar and the development grant project of the Washington, D.C. Urban League. Grants were made to non-profit public and private institutions and organizations serving the needs of the aged.

Projects are either research or demonstration projects.

a. Research projects

Four of the 27 grants went to research projects. i) University of Oklahoma—Study to test the effectiveness of an educational approach to changing dietary habits and social interaction patterns among older persons. ii) Gerontological

Society—Study to produce monographs related to the cultural, social, psychological, and medical implications of the aged to be used by professionals concerned with the care of the elderly.

iii) ENKI Research Institute of California—grant to develop and evaluate systematic data collected from the demonstration projects.

iv) National Nutrition Survey—Title IV contributor to this project as a component of its study.

b. Demonstration projects

Twenty-three grants from Title IV went to demonstration programs. These programs operate nutrition programs demonstrating how to bring wholesome balanced hot meals to older persons who are not eating adequately, through programs at senior centers and other community facilities. Meals are planned to meet one third of the recommended dietary allowances and are usually served at noon. Meals are usually contracted for or prepared in project kitchens. Meals are served from one to six days per week. In all projects participants pay something for their meals.

Nineteen demonstration projects are in urban centers, and four are in rural areas. Projects are in 13 states and in all 9 HEW regions. Participants are low income persons over age 60. The program served 5,000 individuals in FY 1968.

i) Program Components[1]

Nutrition consumer education
Take-home meals for weekends
Potluck dinners
Weekend dining clubs
Delivery of meals (meals on wheels)
Cooperative buying clubs
Shopping clubs
Mobile markets

ii) Evaluation

Gathering of systematic data from demonstration projects to determine the extent to which different approaches may influence the aged and improve their nutrition, as well as to determine the cost of different techniques.

2. Title IV budget for fiscal year 1968[1]

a. All programs: fiscal year 1968, $4,155,000.

b. Research projects program budget for fiscal year 1968:

Number of projects	4
Number of persons served[2]	
Fiscal year 1968	$1,701,661

c. Demonstration projects program budget for fiscal year 1968:

Number of projects	23
Urban	19
Rural	4

[1] Figures for fiscal year 1969 will not be available until July 1969.
[2] This is not a service program.

Number of Persons served 5,000: fiscal year 1968, $393,440.

IV. OEO Programs

A. OEO EMERGENCY FOOD AND MEDICAL SERVICES PROGRAM—SEC. 222 (A) (6) OF THE ECONOMIC OPPORTUNITY ACT OF 1967 AS AMENDED

The purpose of this program is to bring service to persons endangered by malnutrition in order that they may obtain food. There are three classifications of projects. Section "A" Projects—The 244 poorest counties in the nation selected from the USDA Five Factor Index; Section "B" Projects—150 counties selected on the basis of extreme poverty not reflected in the USDA Five Factor Index; Section "C" Projects or Research and Demonstration Programs.

The program is not specifically for the elderly, nor are its three sections, but components of them do operate programs for the elderly, such as meals services.

[1] Of necessity all projects offer transportation.

Also, OEO estimates that probably 30 percent of those served by the Emergency Food and Medical Services Program are elderly. This figure of 30 percent is based on 10 percent of the total population being elderly (over age 60), and 30 percent of the poor being elderly, and that their programs are operated exclusively in the poorest rural areas where an unusually large percentage of the population are older persons left behind in the migration to the cities.

1. *Section "A" and Section "B" Projects* are administered as one program. It is a service program, offering the following variety of services:

Transportation to commodity distribution centers and stamp Centers.
Transportation related to application for commodities or stamps.
Assistance in certification.
Additional personnel for agencies administering food programs.
Outreach.
Nutrition education.
Direct grants of funds to obtain food in case of extreme need.

2. *Section "C" Projects or Research and Demonstration Programs.* The following are examples:

a. *Fortified Food Marketing Programs*—A grant of $400,000 to Pillsbury, Monsanto and Ballantine to study the marketability of fortified food to the poor.

b. *Franchise Development.*—A grant of $350,000 to the Inter-Racial Council on Business Opportunities for the development of minority owned franchises selling fortified foods in poverty areas. Would also provide for packagers, manufacturers, and distributors.

c. *Fortified Food Store Chain.*—A $250,000 grant to the Harlem Model Cities Corp. to develop a "fortified food" store chain locally.

3. OEO Emergency Food and Medical Services Program Budget for fiscal year 1968 and fiscal year 1969 [1]

Fiscal year 1968, $10,000,000.
Fiscal year 1969, $17,000,000.

a. Section "A" and Section "B" Projects Budget:
Fiscal year 1968 $8,500,000, 394 projects; 1 million persons served.
Fiscal year 1969 $13,600,000, 394 projects; 1.2 million persons served.

Note: OEO estimates that 30% of these funds went directly for services for the elderly. Thus the following figures for the elderly:
Fiscal year 1968 $2,550,000.
Elderly persons served—300,000.
Fiscal year 1969 $4,080,000.
Elderly persons served—360,000.

b. Section "C" Projects or Research and Demonstration Programs Budget: [2]
Fiscal year 1968 $1,500,000.
Fiscal year 1969 $3,400,000.

B. OEO SENIOR OPPORTUNITIES SERVICES—SECTION 222(A)(8) OF THE ECONOMIC OPPORTUNITY ACT OF 1967 AS AMENDED

This program operates senior centers, and among its services offers meals services. The program is directed entirely to poor persons over age 65.

1. *Budget:*

[3] Fiscal year 1968, $450,000.
Fiscal year 1969, Unavailable.

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[1] It is expected that the Budget for fiscal year 1970 will be $17,000,000, the same as fiscal year 1969, allowing for no new programs.
[2] This program does not deal with the elderly.
[3] This figure is an estimate by the program director, Irv Itriam, of the amount of money spent for food and food related services for the elderly. He had no estimate of the number of persons served.

C. OEO NEIGHBORHOOD SERVICE CENTERS

These are centers serving the general population of poor people operated by Community Action Agencies.

1. *Budget:*

Fiscal year 1968 $25,000,000—$187,500 of this for elderly.
Fiscal year 1969 $25,000,000—$187,500 of this for elderly.

Note: OEO estimates .03 of this $25,000,000 went to meals service, and that .25 of this .03 or .0075 provided meals services for the elderly. Therefore, $187,500 was spent in fiscal year 1968 and fiscal year 1969 on meals services for the elderly. OEO has no available estimate of the number of persons served.

V. USDA Programs

A. COMMODITY DISTRIBUTION PROGRAM

This program does not deal specifically with the elderly, but does serve a large number of elderly persons.

1. *Budget:*

Fiscal year 1968 $160,011,384—of this $48,003,415 went for the elderly.
Fiscal year 1969 $217,295,000—of this $65,188,500 went for the elderly.

Note: The amounts for the elderly are based upon 30% of the poor being elderly, and thus 30% of funds being for them.

B. FOOD STAMP PROGRAM

This program does not deal specifically with the elderly, but does serve large numbers of elderly persons.

1. *Budget:*

Fiscal year 1968 $181,632,722—of this $54,489,816 went for the elderly.
Fiscal year 1969 $225,000,000—of this $67,500,000 went for the elderly.

Note: The amounts for the elderly are based upon 30% of the poor being elderly, and therefore 30% of funds being for them.

ADMINISTRATION ON AGING

RESEARCH & DEVELOPMENT GRANTS, TITLE IV NUTRITION PROGRAM

(By Jessie S. Gertman and Jeanette Pelcovits)

Americans over 65 similarly require your attention. 5.4 million of them are poor, and even many that are well off do not eat adequately because of loneliness, apathy, physiological limitations and a host of other problems that accompany old age. USDA food assistance programs have, until now, overlooked this target population's particular feeding needs. The Administration on Aging in HEW has, since January 1968, expended some $2,295,000 in 29 demonstration and research project grants under Title IV of the Older Americans Act, for improving nutrition services for the aging. These grants have gone to a variety of community organizations in 19 states and the District of Columbia to perform experiments testing a variety of delivery systems, including the use of public facilities for meal service as well as caterers, mobile markets, neighborhood kitchens, home delivery, and food cooperatives. It is time to move from the demonstration phase to permanent programs. That should be your job unless you wish to abdicate your role. You should seek to replicate the Administration on Aging's successes all over the United States and take special care that your present activities do not neglect improvement of the nutrition of the elderly.

INTRODUCTION

Under Older Americans Act Title IV, Research and Demonstration grant program, initiated a nutrition program at which time Congress appropriated $2 million for FY '68 for a special program to improve nutrition services for the aging.

PROJECTS FUNDED

In FY '68, 29 projects were funded. Twenty-seven now are in progress and two have been completed (George Washington University for a nutrition seminar and a development grant to the Washington, D.C. Urban League). They are located in 17 states and in all 9 regions of the nation.

Grants have been made to non-profit public and private institutions, organizations, and agencies serving the interests of the aging.

PURPOSE

The projects are designed with a particular purpose in mind, to overcome the social problems underlying inadequate diets among older people.

We are testing techniques for nutrition programs that will not only improve diet but also enhance self-esteem and self-sufficiency.

The nutrition of older people is of course influenced by factors common to all ages. But additional, special factors affect the dietary habits of older people.

Studies indicate that the inadequate diets of the elderly cannot be attributed only to limited income or ignorance about what constitutes an adequate diet. Feelings of rejection, lack of incentives for health, loneliness, apathy towards preparing and eating meals alone, limited mobility which may impair the capacity to shop and cook—these and other psychological and physiological changes that occur with aging contribute to a pattern of living which may result in malnutrition.

The Administration on Aging's nutrition program for older Americans takes into account these broader economic, physiological and psychological considerations.

TYPES OF PROJECTS

Research projects

Of the four research projects, a grant was made to the University of Oklahoma for a study to test the effectiveness of an educational approach for changing dietary habits and social interaction patterns among older persons.

A second grant was made to the Geronotological Society to develop monographs related to the cultural, social, psychological and medical implications for nutrition of the aged to be used by professionals concerned with aging.

ENKI Research Institute of California received a grant to develop and evaluate systematic data collected from the demonstration projects.

Title IV contributed to the National Nutrition Survey, National Center for Chronic Diseases, Department of Health, Education, and Welfare.

Demonstration projects

Of the 27 projects now in operation, 23 are demonstrations. Nineteen of the demonstration projects are in urban centers and four in rural areas (Emmett, Idaho; Olive Hill, Kentucky; Walthill, Nebraska; and the Delta region of Mississippi).

The projects differ from community to community and serve a variety of socio-economic and ethnic groups. The poor, the not so poor, elderly living in isolated rural areas and in the crowded inner cities, of all races and ethnic groups.

Settings

The settings for nutrition projects depend almost entirely on what facilities are available in communities.

Many different settings are used for the projects. Both public and private community facilities are represented:

(1) Senior centers are being used in New York, Miami, and Temple, Texas.

(2) Public schools are being used in Los Angeles, Salt Lake City, and Olive Hill, Kentucky.

(3) Homes for the Aged in Erie County (Buffalo), New York are cooperating to provide for community participants to enjoy a noon-day meal at the home.

(4) Private homes located in low income neighborhoods in St. Louis are providing a family style noon meal for six to eight neighbors.

(5) Public housing is providing facilities in Miami, Cincinnati, New York, Detroit, and Temple, Texas.

(6) Departments of Parks and Recreation furnish sites in Detroit.

(7) Church Social halls are being used in Seattle.

(8) Community center facilities are program sites in Emmett, Idaho, Olive Hill, Kentucky, and Dallas.

Staff

Staffing patterns are generally designed to include the professional, volunteer and paid employees, part time and full-time, the elderly and the young. In almost all instances, elderly are employed in the project.

Basic components

The components basic to all the demonstration projects are: (1) meals served in a social setting, (2) nutrition and consumer education, and (3) evaluation.

(1) *A meal in a social setting.* We postulate that a sense of belonging and other psychological and social values accrue from the pleasures of mealtime and from eating with others.

Meals are planned to meet one-third of the Recommended Dietary Allowances and are usually served at noon. They are either prepared in project kitchens or prepared meals are contracted for. The frequency of meals served varies considerably from project to project—meals are served from one to six days a week. In all projects partcipants pay something for their meals.

The facilities for nutrition programs also vary markedly from community to community and depend largely on what is available in the community. Senior centers, homes for the aged, day care centers, public housing, recreation centers, church social facilities and schools—all of these serve as sites.

(2) *Nutrition and Consumer Education.* Modern science shows that we can add years to life and life to years if knowledge about food and nutrition is learned and applied. Among all age groups a contributing cause of malnutrition is ignorance—ignorance about the importance of adequate diet to good health, and ignorance about what constitutes an adequate diet. The widespread misinformation and ignorance about nutrition is reflected, for example, in the fact that upwards of 500 million dollars a year in the U.S. is wasted on the wares of food quacks and charlatans.

That is why, from the beginning, all our projects included a strong component of food and nutrition education planned to meet the specific needs of the elderly. The approach is generally threefold: (1) groups sessions for participants either as informal discussions or structured classes; (2) individual dietary counseling; and (3) in-service training and education of employees.

(3) *Evaluation.* An important element of the nutrition projects is the gathering of systematic data. Uniform data is being collected from the demonstration projects to determine the extent to which different approaches may influence the aged improve their nutrition, as well as to determine the cost of different techniques.

Other components

In addition to the three basic components, other techniques to meet the needs of the elderly are being tested in many projects.

Take home meals for weekends, pot luck dinners, and week-end dining clubs are being tried out in several projects. Delivery of meals, meal companions and friendly visitors for the homebound are meeting a special need in certain communities. Health (medical and dental), social and referral services are provided in many cases. Cooperative buying, shopping clubs, and a mobile market are distinctive features in other projects. Leisure time and recreation activities are common to most. Of necessity, most projects offer transportation of the elderly.

PRELIMINARY FINDINGS

Most of the projects have been in operation less than a year. We do not yet have systematic or conclusive data for generalization. However, some observations from project directors appear significant. Director remark that the meal provided by the project is frequently the only meal of the day and that these are the first "real" meals that many participants have eaten in a long time.

Apart from the immediate dietary contribution, directors have noted that the elderly, after participating in the program for a short time, look better, dress better, communicate easier, are more outgoing, participate in activities eagerly and in general have a more positive attitude to life and living.

These projects will provide us with new knowledge about the variety of settings within which people wish to eat and what systems of inter-personal interaction are fotsered in various settings. Evaluation of the education components will indicate the impact of the program in changing and improving food habits and food patterns, and whether these programs have a lasting effect beyond the life of the demonstration.

CONCLUSION

Hunger and malnutrition among the aging population can only be dealt with through comprehensive programs that meet the social, psychological, and physiological as well as the economic factors which affect their living patterns.

However, widespread participation in programs such as are being demonstrated is contingent upon the economic capability of the elderly to purchase such programs and/or local communities to finance them.

While economic is an inhibiting factor for the low and marginal income population to participation, a program must be deisgned to deal with the complexity of factors which interfere with adequate dietary intake.

The Title IV nurtition program is demonstrating such as approach.

NUTRITION PROGRAMS FOR OLDER AMERICANS,[1] BY JEANETTE PELCOVITS, NUTRITIONIST, RESEARCH AND DEVELOPMENT GRANTS, ADMINISTRATION ON AGING, U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

My assignment this afternoon is to tell you about the Administration on Aging's nutrition program.

HISTORY OF PROGRAM

The Administration on Aging was established by the Older Americans Act of 1965 (P.L. 89–73) "to provide assistance in the development of new or improved programs to help older persons."

The nutrition program under Title IV of the Act began a little more than a year ago when Congress appropriated two million dollars for a special program to improve nutrition services for the aging. Title IV provides direct grants for R&D projects which seek new ways to enhance the quality of life for older Americans.

The nutrition program has 27 projects now in operation; 23 of these are demonstration projects, the remaining 4 are concerned with related research aspects. All 27 projects are designed with a particular purpose in mind—to overcome the social problems underlying inadequate diets among older people.

We are testing techniques for nutrition programs that will not only improve diet but also enhance self-esteem and self-sufficiency.

The nutrition of older people is of course influenced by factors common to all ages. But additional, special factors affect the dietry habits of older people.

Studies indicate that the inadequate diets of the elderly cannot be attributed only to limited income or ignorance about what constitutes an adequate diet. Feelings of rejection, lack of incentives for health, loneliness, apathy towards preparing and eating meals alone, limited mobility which may impair the capacity to shop and cook—these and other psychological and physiological changes that occur with aging contribute to a pattern of living which may result in malnutrition.

The Administration on Aging's nutrition program for older Americans takes into account these broader economic, physiological and psychological considerations.

Grants for nutrition projects until Title IV have been made to non-profit public and private organizations and agencies serving the interests of the aging.

The projects, in 17 states, differ from community to community and serve a variety of socio economic and ethnic groups.

There are three components *basic* to the demonstration projects which I will talk about in a few minutes. First, I want to mention various other features which are being tested and evaluated in many projects.

Take home meals, pot luck dinners, and week-end dining clubs are being tried

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[1] Delivered at Conference of the National Council on the Aging, Shoreham Hotel, Washington, D.C., March 11, 1969.

out in several projects. Delivery of meals, meal companions and friendly visitors for the homebound are meeting a special need in certain communities. Health (medical and dental), social and referral services are provided in many cases. Most offer recreation activities and transportation.

Staffing patterns are generally designed to include the professional, volunteer and paid employees, part time and full time, the elderly and the young. In almost all instances, the elderly are employed in the project.

The components basic to all the demonstration projects which I noted a moment ago, are meals served in a social setting, nutrition education and evaluation.

First, a meal in a social setting. We postulate that a sense of belonging and other psychological and social values accrue from the pleasures of mealtime and from eating with others.

Meals are planned to meet one-third of the Recommended Dietary Allowances and are usually served at noon. They are either prepared in project kitchens or prepared meals are contracted for. The frequency of meals served varies considerably from project to project—meals are served from one to six days a week. In all projects participants pay something for their meals. (Examples given.)

The facilities for nutrition programs also vary markedly from community to community and depend largely on what is available in the community. Senior centers, homes for the aged, day care centers, public housing, recreation centers, church social facilities and schools—all of these serve as sites. (Examples given.)

The second key component is education. Modern science shows that we can add years to life and life to years if knowledge about food and nutrition is learned and applied. Among all age groups a contributing cause of malnutrition is ignorance—ignorance about the importance of adequate diet to good health, and ignorance about what constitutes an adequate diet. The widespread misinformation about food and nutrition is reflected, for example, in the fact that upwards of 500 million dollars a year in the U.S. is wasted on the wares of food quacks and charlatans.

That is why, from the beginning, all our projects included a strong component of food and nutrition education planned to meet the specific needs of the elderly. The approach is generally threefold: (1) group sessions for participants either as informal discussions or structured classes; (2) in-service training and education of employees; and (3) individual dietary counseling.

Evaluation is the third basic component of projects. Its purpose is to determine the effectivness of service, its feasibility and cost.

Most of the projects have been in operation less than a year. We do not yet have systematic or conclusive data for generalization. However, I should like to share with you some observations from project directors which we believe significant. Directors remark that the meal provided by the project is frequently the only meal of the day and that these are the first "real" meals that many participants have eaten in a long time.

Apart from the immediate dietary contribution, directors have noted that the elderly, after participating in the program for a short time, look better, dress better, communicate easier, are more outgoing, participate in activities eagerly and in general have a more positive attitude to life and living. (Examples given.)

To sum up, the nutrition projects for research and demonstration in the field of aging, funded under Title IV of the Older Americans Act, are focusing on the food and nutrition needs of older people. These projects will provide us with new knowledge about the feasibility and acceptability of such programs both by participants and by communities; and with knowledge about ways of providing services so as to cope more effectively with the nutrition problem of the elderly. Hopefully, evaluation of data collected will show the benefits of such efforts for improving dietary habits and social well-being of older Americans.

Food and Nutrition Project Grants

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—SOCIAL AND REHABILITATION SERVICE—ADMINISTRATION ON AGING

President Johnson, in his message on older Americans to the first session of the 90th Congress, called for a program to improve nutrition services for the

aging. Of particular concern is demonstrating how to bring wholesome balanced hot meals to more older people who are not eating adequately, through programs at senior centers and other community arrangements and facilities. The Congress appropriated $2,000,000 for such a program to be administered under the research and development grants authority of Title IV of the Older Americans Act.

The Administration on Aging is prepared to make grants and contracts for selected demonstrations and research projects designed: (a) to develop improved approaches for providing food and nutrition services to older people through senior centers and other organizations and facilities serving the interests of the aging, (b) to measure the relative costs and merits of various approaches, and (c) to increase knowledge about nutritional problems among older persons and potentials for alleviating them through community service programs.

An applicant for a grant must be a public or nonprofit private agency, organization or institution. Contracts may be made with such agency, organization, or institution or with any individual.

Background

In every large community, and in most smaller ones, there are older people whose physical health and personal well-being are threatened by poor nutrition.

Poor nutrition can cause loss of physical vigor, a tendency toward despondency, withdrawal from friends and society; and eventually dependency. Older people will improve and maintain their diets if provided the opportunity and encouragement to do so.

Dietary deficiencies may result from a variety of causes such as (1) poor eating habits and erroneous beliefs about food, (2) inadequate income to purchase necessary foods, (3) inability to plan good meals, make trips to the grocery store and prepare food, (4) insufficient inspiration to prepare a meal to be eaten alone, (5) dental problems, (6) deterioration of appetite or changes in taste perception.

Dr. Robert Monroe, a noted physician has given a prescription to conquer malnutrition: "Equal parts of good food, good cooking, good health, good people to eat with, good places to eat, and good reasons for eating."

Improved approaches and techniques are needed in such areas as providing balanced meals to larger groups, food selection and meal preparation, use of prepared foods, and appropriate packaging for the persons living alone or the person with special dietary needs. Educational programs are needed to provide older persons with information on balanced diets and the preparation and handling of foods. Certain fundamental knowledge is needed to develop more appropriate "food and friendship" programs where older persons congregate.

Criteria for Development and Demonstration Projects

The focus in each project is to be on a feasible system for the delivery of food, services, and pertinent information at reasonable cost to participant and community and on opportunities for friendship.

In all projects supported under this program, the ultimate objective must be to develop new knowledge or test existing knowledge which bears questioning; or to devise, test, and demonstrate improved approaches, methods, or techniques helpful to communities seeking better ways to reduce the incidence of poor nutrition and loneliness among its older citizens.

Particular preference will be given to projects which include each of the following elements to the greatest extent feasible:

(1) Hot balanced meals delivered in or through a senior center in conjunction with another broader program of activities or services to the aging.

(2) Nutritional counseling, education, and information services (e.g. classes conducted by grantee, instructors in home economics in a local school or university also by arrangement with a local utilitities company or other commercial concern) on such matters as marketing; food preparation, handling, and storage; uses of equipment; and budgeting.

(3) Referral and follow-up services responsive to the requirements of individual clients (including identification of need for referral, initiating and reenforcing efforts to develop services not already available in the locality).

(4) Provision for auxiliary services necessary to make it possible for older persons to use food services (e.g. transportation, dental care, counseling on individual dietary requirements).

(5) Utilization and distribution of surplus, donated foods or food stamp programs from the Department of Agriculture when feasible.

(6) Utilization of older persons wherever appropriate in staffing of services.

Settings for Projects

The purposes of this effort could be accomplished by nonprofit organizations or agencies in a variety of physical and social settings. Below are listed some which appear promising:

A. FOR PREPARED MEALS

Senior Centers (and similar programs in such agencies as the YW & YMCA, Salvation Army, Settlement Houses, and public housing with facilities for preparing and/or serving meals): those with adequate kitchen and storage space may prepare meals for serving on location or elsewhere while others may arrange to purchase prepared food from another nonprofit or a commercial institution.

Public schools: school lunch facilities, staff, space, and equipment already available may be adapted and supplemented to serve older persons.

Churches: a hot meal program and allied social or recreational activities may utilize existing space and equipment or adapt these as required.

Restaurants, cafeterias, and drugstore luncheonettes: Organizations of and for older persons may arrange for special hours and prices for meals and meeting space.

Dining Clubs: (a) home dining clubs may use members' homes for preparing and serving hot meals (b) other dining clubs may use restaurants for regularly scheduled meals at special prices and with menus and portions to meet their requirements specified by the club.

B. FOR PURCHASE OF FOOD AND HOME COOKING

Food purchase and transportation club: regularly scheduled marketing trips and/or a food purchasing is arranged for. In some cases, members may pool food money to purchase cooperatively larger economy size items to effect food savings.

Mealtime Companion Corp: Volunteers either (a) purchase food, prepare a meal and dine with a homebound person; or (b) purchase or pick up prepared meals and dine with homebound person; or (c) provide transportation for one or more mealtime companions to a central dining facility where they dine together.

Many projects would combine two or more of these approaches, and possibly others.

In all cases, projects should anticipate that some participants will have other than food and dietary needs. Therefore, provision should be included for referral and follow up to see that dental and other health and social services can be arranged for as a need for them among participants in the food and friendship project.

Potential Research Projects

Research may be supported which promises information pertinent to the purposes of this program. Those studies should seek new knowledge on such matters as (1) dietary needs of different categories of older persons; (2) the significance of different social settings (eating alone versus group eating, for instance) for personal adjustment and adequacy of diet; (3) the meanings of meals and meal associated activities for older persons; (4) improved tools and appliances for food preparation, handling, and storage which promise greater safety and ease in their use by older people; (5) unit costs and benefits of different systems for improving diets and providing appropriate settings for meals and related activities.

Research data may be obtained from the development and demonstration projects supported under this program or from other sources, including projects especially designed to generate the data needed.

Requirements

Applications for grants must be submitted on forms available on request from the Administration on Aging. Applicants must meet all requirements for Title IV projects under the Older Americans Act. Full information is contained in an application for grant kit.

All applications should include (a) a description of the problem to be resolved, the methods and techniques to be used, and the benefits anticipated; (b) provision for evaluating the impact of the particular approach; (c) a description of related services and programs; and (d) written evidence of willingness to cooperate on the part of other agencies when the design involves the utilization of their facilities or services.

Consultation

Technical assistance and consultation in the preparation of the application may be obtained from the Washington staff and regional representatives in the nine D/HEW regional offices located in Boston; New York City; Charlottesville, Virginia; Atlanta; Chicago; Kansas City, Missouri; Dallas; Denver; and San Francisco.

Timetable

Applications for support prior to June 30, 1968 should be submitted to the Administratiton on Aging not later than February 15, April 15, or June 1 for review during the six weeks following each date. Applications may also be submitted after June 30, 1968 for later funding. Review periods for such applications will be announced later.

For application material, please write to:

Research and Development Grants
The Administration on Aging
Room 3446, HEW North Building
330 Independence Avenue
Washington, D.C. 20201

Discrimination Prohibited.—Title VI of the Civil Rights Act of 1964 states: "No person in the United States shall on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance." Projects supported in whole or in part by the Administration on Aging must be operated in compliance with this law.

FOOD AND NUTRITION PROJECT GRANTS—A FRAME OF REFERENCE

ADMINISTRATION ON AGING—SOCIAL AND REHABILITATION SERVICE—U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

FOOD AND NUTRITION PROJECT GRANTS

A. Frame of reference

Inadequate diet and loneliness affect the health and well-being of older people. A nutritionally adequate diet is essentially to physical well-being, and companionship in eating is essential to personal and social well-being. The Administration on Aging is prepared to support a limited number of projects which are directed toward promoting and improving the health and well-being of older persons.

To improve the nutritional status of older people in the U.S.A., we need to examine the social and cultural traditions of the people. In the U.S., as in other cultures, certain eating patterns prevail. Custom dictates the time, place, and social settings appropriate for eating.

The first social relationship in human experience is eating. Furthermore, it is the most persistent occasion of social relationship. The family tends to be representative of the whole culture. They want to and do eat together by spacing eating to provide for mealtime, so that in many families breakfast is before 9:00 a.m., luncheon from 12:00 to 2:00 p.m., and dinner after 6:00 p.m. Most cultures favor the home and household as the primary place and setting for meals. However, alternative settings (i.e., restaurants, private clubs, etc.) may be provided for special groups and occasions. Improving food habits require consideration of established eating practices and patterns of older persons in order to plan programs acceptable to them.

This program is designed to develop, demonstrate, and test improved techniques, methods, and approaches for providing an adequate diet in facilities that afford opportunities for companionship. The approach should recognize the needs of the particular population group to be served.

Problem

While studies have documented the fact that the diets of groups of older people are lacking in some basic nutrients, the extent of the problem is not known. As has been documented, the later years of life are characterized by: (1) economic changes resulting from retirement and greatly reduced income; (2) physiological changes such as loss of teeth, diminished sensitivity of taste and smell, and decreased physical activity; (3) social changes in living patterns, routine, and family composition; and/or (4) psychological changes resulting from the effect of loneliness and anxiety. These changes may be deterrents to motivation for marketing, preparing, and consuming a well-balanced diet. Another obstacle to optimal nutrition among the aged is faulty eating habits of many years' duration.

Techniques will have to be developed which combine the knowledge of dietary needs, the social and cultural function of food habits, and the characteristics of the population. A sound nutrition program implies a knowledge of man and his attitude toward food as well as the social factors influencing his choice of food.

Purpose

The primary purpose of the nutrition program is to design appropriate ways for the delivery of food services which enable older persons to enjoy adequate, palatable meals that supply essential nutrients needed to maintain good health. Purposes that are an integral part of the program are the opportunities for socializing with friends and companions, participation in leisure time activities, consumer and nutrition education and counseling, and assistance in utilizing other community resources.

Objective

The specific objective of the food and nutrition program is to study and demonstrate improved methods of providing appetizing and nutritionally adequate meals in settings conducive to eating and social interaction with peers.

Scope

The scope of the program will be as broad and inclusive as the needs of the aged population are in a community, and the resources and auspices of the program permit.

5.4 MILLION POOR ELDERLY

People to be served

The food and nutrition program will serve persons 60 years of age and over who would benefit from the program.

POPULATION STATISTICS

Of the 20 million older persons, 96 percent are not institutionalized. Approximately 91 percent are active, "normal" aged persons who may be affected by one or more changes previously noted (economic, physiological, social, or psychological). Five percent, or approximately 800,000 persons, are homebound at some time. The homebound may be a single person, or a couple, or one spouse of the couple. Of the non-institutionalized, 71 percent live in families, either with spouses or in the household of relatives; while 25 percent, or approximately five million persons, live alone or with non-relatives. Among the persons living alone, there are three females for every two males. The aged population may be classified as: (1) homebound, or (2) not homebound. Within each category are those who live: (1) alone, or (2) as a couple.

A. THE NON-HOMEBOUND COUPLE

The non-homebound couple living in their own home or in the household of relatives generally will continue established practices of preparing and eating meals at home because they think it is more economical or because of special dietary needs. Services needed by such couples might include the purchase of raw foods, the planning of adequate meals, and the opportunity for dining out on special occasions or under special circumstances. Particularly where the wife is incapacitated, the husband may need instructions in food purchasing, meal preparation, the provision of a delivered main meal, or the provision of transportation to a central facility serving a main meal.

B. THE SINGLE NON-HOMEBOUND

Persons living alone may not have facilities for meal preparation or may lack motivation in preparing or eating a meal alone. Patterns of service may differ for the lone male and female. In our society, it is generally more acceptable for the male to dine out alone but traditionally society frowns upon a woman eating alone in public. Also, men are generally more accustomed to eating out and, therefore, upon retirement will go to a neighborhood restaurant or cafeteria. Women, on the other hand, may have attended church suppers or social luncheons and are, therefore, more comfortable in such settings. Therefore, the services for persons living alone would include various systems of providing prepared meals through voluntary, public, or commercial facilities which would also provide opportunities for companionship and education and counseling on dietary needs.

C. THE HOMEBOUND

For the homebound, particularly the lone person, the primary needs are food and companionship. Therefore, services needed might be an eating companion who would either prepare a meal or purchase prepared meals which would be eaten with the homebound person.

Delivery systems

Different needs may be met with different delivery systems. Several alternate systems are suggested below. The primary criteria for selection of a particular system should include its promise to provide an adequate diet eaten in settings conducive to enjoying the meal and social interaction.

A. *Systems for providing Raw Food.*—A comprehensive program of cooperative purchase of food for meal preparation at home.

1. COOPERATIVE STORE

A cooperative store might be established in an area where there is a high concentration of older people such as a public housing project for the elderly. Participants would organize and operate the cooperative store. The store would be stocked with foods in sizes and portions meeting the needs of a couple or one person family. Weekly menus might be planned and a week's supply of food be made available for purchase by the shopper or delivered to a homebound person who was unable to market but could prepare meals. Consumer education, menu planning, special diet information could also be made available in the store through public information material, group discussions, and individual counseling. The staff would consist of: (1) a cooperative consultant who would assist in establishing the cooperative, developing contacts with wholesalers, and training older persons in the operation of the cooperative; (2) a nutritionist or dietitian who would develop menus, plan the pre-packaged week's supply of food, and provide consumer and nutrition education and counseling; and (3) older persons who would operate the store. The duties of the older persons might be divided so that some would serve as clerks while others would order and pick up the stock. The method and plans for operating the store would be established by a board of directors elected from and by the older persons participating in this program.

2. COOPERATIVE CLUBS

Two types of cooperative clubs may be established either conjointly or singly: (a) a transportation club, and (b) a food purchasing club.

Small groups of individuals might form a club to arrange and purchase group transportation for the purpose of marketing. These groups might establish a contractual arrangement with a taxicab company for regularly scheduled trips. In addition, the club members might pool some of their food money. In this way, they might cooperatively purchase large economy items to effect savings. The group would determine the time, place, and items to be purchased and work out the organizational patterns for the club. Additional activities which could be undertaken by the club might be the formation of similar groups. Staff needed for the cooperative clubs would be a community organizer or community aide who would encourage individuals to organize and to assist them in working out the necessary arrangements.

3. MEALTIME COMPANION CORPS

A mealtime companion corps composed of volunteers might be organized by a voluntary agency or a local civic group. Corps members would be assigned to a homebound person with whom he would share a meal. To serve the varied needs of the homebound, a flexible pattern of service might be established whereby corps members: (1) purchase the food, prepare the meal, and dine with the homebound person; (2) purchase prepared meals from a non-profit or commercial operation and dine with the homebound person; or (3) provide private transportation to take the less incapacitated homebound person to a central dining facility where they can dine together. Staff needed for this program initially might consist of a part-time director who would be responsible for organizing the program, recruiting the volunteers and assigning them to a homebound person. Also, a part-time secretary would be needed to handle phone inquiries and necessary clerical duties. The size of the corps would be determined by the local need for the service. Funds for out-of-pocket expenses of corps members might be provided.

B. *Systems for Providing Prepared Food.*—A prepared meal program might be established in existing public and voluntary nonprofit facilities or by contractual arrangement in commercial establishments.

1. *Non-profit Central Dining.*—A comprehensive program of well-balanced meals, diet information and counseling, and social activities might be established in facilities such as a: (1) public school, (2) church or (3) senior center.

Some non-profit facilities which have the space and, in many instances, the basic equipment needed to operate a meal program are:

A. PUBLIC SCHOOLS

Public schools (and non-profit private schools) operating a school lunch program might be used to serve meals to older persons inasmuch as space, equipment, and staff are available. A major consideration in establishing a meal program in a school is in the scheduling of the mealtime.

B. CHURCHES

Many churches have facilities for meal preparation. Generally these facilities are used only infrequently and may, therefore, be available for meal service for older people. A major consideration in establishing such a program is the reluctance of people of other denominations to participate in programs which may appear to be sectarian. Staff needed in initiating such a program might be a part-time dietitian-nutritionist who would be responsible for menu planning, purchasing food, supervising kitchen staff, and presenting educational programs on diet and nutrition; a part-time cook and one or more assistants who would be responsible for preparing and serving the meals; and a part-time general maintenance person.

C. SENIOR CENTERS

The multi-purpose senior center and golden age clubs in voluntary agencies such as the YM and YWCA, Salvation Army, and settlement houses are developing at a rapid rate in the U.S. Many of these centers and voluntary agencies have facilities which meet the local sanitation and health codes and might prepare meals on the premises. Centers which lack adequate kitchen and storage facilities might arrange to purchase food from commercial enterprises or from non-profit institutions. Staff needs would vary with the type of operation undertaken. Centers planning to prepare meals would have approximately the same type of staff described in the church-operated program. Centers planning to purchase prepared meals from a commercial source might need a part-time dietitian-nutritionist who would be responsible for (a) planning menus to meet the dietary needs of older persons, and (b) developing an education-counseling program in nutrition. Other staff needed would be part-time persons to serve the food and clean the facility.

Meals purchased from a non-profit institution such as a hospital or home for the aged might not require a dietitian on the staff of the center since the aforementioned institutions may employ dietitians in their meal programs. Where a dietitian is not available, a cooperative arrangement might be developed with a health department or other community resource for the assign-

ment of a nutritionist to the center on a scheduled basis to develop an educational-counseling program.

2. *Commercial Facilities.*—Commercial eating places such as restaurants, cafeterias, and drugstore luncheonettes might be encouraged to designate a section of their facilities for older persons. Low cost meal plans might be worked out to insure the nutritional adequacy of diet. The older persons participating in this type of meal program would purchase a meal ticket at a price he could afford. The sponsors of the commercial meal program might be a voluntary agency, a retired persons' organization, or a civic group.

3. *Dining Clubs.*—Dining clubs might be organized by and for older persons. Different approaches which might be developed are:

A. HOME DINING CLUB

The group would (a) meet in the home of a member who would prepare the meal, or (b) the members would rotate on a regularly scheduled plan so that each member would prepare and serve a meal, or (c) the members might order prepared food which would be served in a single member's home or in each member's home on a rotating basis. The program might be sponsored by a voluntary agency. The agency might provide financial assistance and guidance in organizing and operating the program.

B. DINING CLUBS AT COMMERCIAL ESTABLISHMENTS

The club would arrange with one or more commercial establishments to reserve a location where they would meet for luncheon or dinner. The club would meet on a regularly scheduled plan which the members would develop for themselves. Staff assistance might be needed to develop the plan and organize the club as well as to train the club members to take over the operation of the program.

C. CENTRAL DINING ROOM IN PUBLIC HOUSING

Cooperation might be developed with HUD to permit the construction of a central dining room and kitchen in housing projects for the elderly. The local housing authority would arrange to staff and operate the program themselves or arrange to have a commercial establishment prepare and serve the meal.

SUGGESTED FOOD DELIVERY SYSTEMS FOR CATEGORIES OF OLDER PERSONS

	Food delivery systems							
	Raw food				Prepared food			
		Cooperative clubs						
	Cooperative store	Food	Transportation	Eating companion	Central facility	Commercial	Eating companions	Eating clubs
Couples:								
Nonhomebound	X	X	X		X	X		X
Homebound	X		X	X			X	
Single persons:								
Male—nonhomebound	X	X	X		X	X	X	X
Female—nonhomebound	X	X	X		X	X	X	X
Homebound (male and female)	X		X	X			X	

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—SOCIAL AND REHABILITATION SERVICE—ADMINISTRATION ON AGING

Title IV—Research and development grants—Food and nutrition programs

NUTRITION MEMO NO. 1—NOVEMBER 1968

Operation LEAP (Leadership and Education for Advancement of Phoenix)—Phoenix, Arizona.—To demonstrate various ways the nutritional needs of older people in Phoenix can be met and enable the older population to make better use of health, social and welfare services existing in the community. The project also involves determination of the nutritional needs of the aged in Phoenix, includ-

ing a large number in minority groups—Negro, Mexican-American, American Indian, and Oriental—having widely varying food choices and dietary habits.

For further information: Mr. Hirsh Kaplan, Project Director, Operation LEAP, 302 West Washington Street, Phoenix, Arizona 85003.

Los Angeles County Committee on Aging and the Los Angeles Senior Citizens Association—Los Angeles, California.—To demonstrate the feasibility of using public facilities such as public schools and park and recreation facilities to serve meals to older people. Public school facilities in South Los Angeles, East Los Angeles, and Venice are to be used to provide meals and nutrition information and education.

For further information: Miss Peggy Best, Project Director, Los Angeles County Commission on Aging, & The Los Angeles Senior Citizens Association, 5th and Olive Streets, Los Angeles, California 90013.

ENKI Research Institute—Mission Hills, California.—To develop uniform data which will permit comparisons between project procedures and results to determine the techniques and variables which influence the aged to improve their nutritional status.

For further information: Dr. Albert H. Urmer, ENKI Research Institute, 10600 Sepulveda Boulevard, Mission Hills, California 91340.

Curtis Park Community Center, Inc.—Denver, Colorado.—To demonstrate a project which will serve a total of 300 persons per day, six days a week. Meals will be prepared by a local food caterer and delivered to three groups of older people.

For further information: Mrs. Lucille Reed, Curtis Park Community Center, Inc., 2940 Curtis Street, Denver, Colorado 80205.

National Center for Chronic Disease Control, Public Health Service, Department of Health, Education, and Welfare—Washington, D.C.—Participating with other Federal agencies in the National Nutrition Survey.

For further information: Dr. Arnold Schaefer, National Center for Chronic Disease Control, PHS, North Bethesda Office Center, Wall Lane & Rockville Pike, Bethesda, Maryland 20014.

The Neighborly Center, Inc.—St. Petersburg, Florida.—To demonstrate a project designed to develop and test several systems for delivery of adequate meals to single persons and couples 60 years of age and over. The systems are: 1) a portable meals and companionship program for 50 persons; 2) a homemaker-home health aide program to supplement portable meals; 3) a weekly dining club combined with other social activities; 4) a noonday meal to 50 persons in the local day care center; 5) a shopping club, offering transportation and counseling for group shopping; 6) an excursion and meals program; and 7) a consumer education and consultation program, focusing on the importance of proper diet and nutrition to total well-being.

For further information: Miss Shirley J. Courson, The Neighborly Center, Inc., 2350 22nd Avenue South, St. Petersburg, Florida 33712.

Senior Centers of Dade County, Inc.—Miami, Florida.—To demonstrate a program in five senior centers in a large metropolitan area which combines provision of a hot noon meal with activity and educational programs. Take-home meals are available.

For further information: Mr. Glen McKibbin, Senior Centers of Dade County, Inc., 450 S.W. Fifth Street, Miami, Florida 33130.

Western Idaho Community Action Programs, Inc.—Emmett, Idaho.—To demonstrate a program serving daily hot meals to older people in two community action centers in western Idaho. Volunteers will provide transportation for participants and to deliver food to the homebound. Public transportation is not available in this area.

For further information: Mrs. Bettye J. Gill, Director, Western Idaho Community Action Programs, Inc., P.O. Box 37, Emmett, Idaho 83617.

Chicago Commission for Senior Citizens—Chicago, Illinois.—To demonstrate and test techniques and delivery systems for citywide distribution of nutritious meals and services to older people. For demonstration purposes, the city will be divided into three districts, each using a different technique for distribution of meals. Older adults will be employed and trained to coordinate group programs.

For further information: Mr. Robert J. Ahrens, Executive Director, Chicago Commission for Senior Citizens, 203 North Wabash Avenue, Chicago, Illinois 60601.

Northeast Kentucky Development Council, Inc.—Olive Hill, Ky.—To demonstrate the relationship of meals and social activities to total well-being of older

people in isolated mountain communities of Northeast Kentucky. The program of meals and activities will be designed to combat some of the conditions of loneliness that confront the elderly. Six community centers, with 30 participants in each center, will serve as "country gathering places" every Saturday night. Elderly people will direct the center program and serve the meals. Transportation will be made available to participants.

For further information: Mrs. Regina Fannin, Project Director, Northeast Kentucky Area Development Council, Post Office Box U, Olive Hill, Kentucky 41164.

The Ecumenical Center, Inc.—Roxbury, Massachusetts.—To demonstrate a program to combat social isolation and upgrade the health of elderly poor in an urban ghetto, and to study their knowledge, attitudes, and practices regarding nutrition. The program will provide group meals; home delivered meals with meal companions; "Mobile Neighborhood Markets"; nutrition education and counseling. Elderly will be trained to work with elderly. Techniques will be developed to break through barriers of apathy regarding health needs.

For further information: Miss Kathleen McKeehan, Principal Investigator, Roxbury Federation of Neighborhood Centers, Aging Department, 14 John Eliot Square, Roxbury, Massachusetts 02119.

Detroit Department of Parks and Recreation—Detroit, Michigan.—To demonstrate a program of food, nutrition, and services for senior citizens. Program components are: catered meals served in three central city sites; weekend dining clubs for meals and activities; nutrition education and counseling; senior citizen mobile transportation service; and friendly neighbors visiting service for the homebound.

For further information: Miss Margaret A. Hossack, Senior Citizens Program Coordinator, Secretary, Mayor's Department, Council on Aging, Water Board Building, 735 Randolph Street, Detroit, Michigan 48226.

STAR, Inc.—Jackson, Mississippi.—To demonstrate a program to help reduce poor nutrition and lack of socialization among the older rural poor. Meals will be planned, prepared, and served by participants. One meal per day, five days a week will be offered 150 persons—50 persons in each of three rural counties, Leflore, Washington, and Bolivar.

For further information: Mr. Charles L. Stahler, STAR, Inc., 326 East South Street, Jackson, Mississippi 39205.

Grace Hill Settlement House—St. Louis, Missouri.—To demonstrate a Neighborhood Kitchen Meals Program for the Aged, which provides low-cost daily meals. Meals are prepared and served to groups of eight to ten persons in neighborhood private homes.

For further information: Mr. John B. Auten, Principal Investigator, Grace Hill Settlement House, 2600 Hadley Street, St. Louis, Missouri 63106.

Rocky Mountain Development Council, Inc.—Helena, Montana.—To demonstrate methods of providing hot meals to older people. The program will provide low-cost, mid-day dinners to groups of 25 senior citizens in each of three different locations and midday meals to 25 homebound senior citizens. A plan will be developed for serving groups in commercial restaurants.

For further information: Mrs. Wilma Joe Slaughter, Rocky Mountain Development Council, 324 Fuller Avenue, P.O. Box 721, Helena, Montana 59601.

Thurston County Community Action Council—Walthill, Nebraska.—To demonstrate the effect of good nutrition on total health of the aged Indian. Three centers, together serving 150 Omaha and Winnebago Indians and Caucasians will be involved. Two of the facilities will be located in Tribal Housing Authorities. Aides will assist participants with meal planning, food purchasing, and food preparation in their own homes. A cooperative food store will be operated by and for the elderly. Other program components are nutrition and consumer education, and health education.

For further information: Mr. O. W. Campbell, Project Director, Thurston County Community Action Council, P.O. Box 205, Walthill, Nebraska 68067.

Gerontological Society—Clayton, Missouri.—To develop a series of monographs on nutritional practices and programs for the elderly for use by practitioners engaged in providing services for the elderly.

For further information: Dr. Martin Loeb, Director, School of Social Work, University of Wisconsin, Madison, Wisconsin 53706.

Council of Churches of Buffalo, Erie County, and North Tonawanda—Buffalo, New York.—To demonstrate a county-wide, multi-service meals and nutrition program that fits social and dietary needs of the elderly. Dining arrangements

will be made at Homes for the Aged and meals will be delivered to groups at housing projects and to individuals at home. Meal companions will be arranged for the homebound.

For further information: Miss Mary Champlin, Food and Nutrition Services, 1313 Maine Street, Buffalo, New York 14209.

Associated YM-YWHA's of Greater New York—New York, New York.—To demonstrate a nutrition improvement program in a member center of Associated YM-YWHA. The project will provide hot meals at the center, use senior volunteers as caseworkers in finding isolated elderly, establish an information program that relates to good health and adequate nutrition, establish a food buying cooperative, screen older people for current health practices, and make referrals where necessary. Two hundred meals per day, five days a week will be served.

For further information: Dr. Douglas Holmes, Project Director, Associated YM-YWHA's of Greater New York, 33 West 60th Street, New York, New York 10023.

Henry Street Settlement—New York, New York.—To demonstrate a program of low-cost meals, nutrition education, and related consumer education, or older persons living in public housing and its environs. Other social services will be offered. The project also includes meals to the homebound, take-home weekend meals, part-time employment for elderly persons and a cooperative food buying plan. Educational materials and group discussion will be conducted in English and other appropriate languages.

For further information: Mrs. Maria Kron, Program Director, Henry Street Settlement, 265 Henry Street, New York, New York 10002.

Hudson Guild-Fulton Senior Association—New York, New York.—To demonstrate and initiate the project, "Cooperative Approach to Food for the Elderly (CAFE)." The project, located in the Chelsea area of Manhattan, will provide 200 older people with a hot noon dinner five days a week. The project will develop a consumer education program, a cooperative approach to the operation of a food service program, and a cooperative buying of food for home use program.

For further information: Mrs. Gertrude Wagner, Hudson Guild-Fulton Senior Citizens Center, 119—Ninth Avenue, New York, New York 10011.

HUB Services, Inc.—Cincinnati, Ohio.—To demonstrate a project for the elderly in an inner city area in several sites. The program will include home-delivered meals, home dining clubs, visiting service for the homebound and reducing clubs under medical supervision.

For further information: Mrs. Lucille S. Costello, HUB Services, Inc., 1415 Walnut Street, Cincinnati, Ohio 45210.

Office of Urban and Community Development, University of Oklahoma—Tulsa Oklahoma.—To demonstrate the effects of loneliness and absence of social interaction with neighbors on the meal preparation and eating habits of elderly. The project will determine if these habits can be changed and if an improvement in nutritional level can result with educational information.

For further information: Mr. Gerald L. Knutson, Project Director, University of Oklahoma, Tulsa Extension, 315 Court Arcade Building, Tulsa, Oklahoma 74103.

Senior Citiens Foundation of Dallas, Inc. and the Salvation Army—Dallas, Texas.—To demonstrate a food and fellowship program in conjunction with an activity and group work program at a community facility in a low-income area with a high proportion of elderly. The project will evaluate the effectiveness of such a program in drawing elderly back into community life. One hundred elderly will be served one meal a day, five days a week. Transportation will be provided. Dental service and dental evaluation will be set up by the Dallas Dental Public Health Program in connection with the project.

For further information: Dr. Thomas H. Carson, The Senior Citizens Foundation of Dallas, Inc., P.O. Box 64791, Dallas, Texas 75200.

Senior Citizens Activities, Inc.—Temple, Texas.—To demonstrate a "food and friendship" program at two senior centers in a small community designed to improve nutrition and at the same time to attract people to the centers and into their wide range of activities.

For further information: Mrs. Hester Finley, Senior Citizens Activities, Inc., Box 374, Temple, Texas 76501.

First United Methodist Church—Seattle, Washington.—To demonstrate a project designed to combat the problems of loneliness, empty existence and poor health of low income elderly males living alone in the inner-city with a program of good food and fellowship in club facilities of a church. Mid-day meals will be served to 200 persons.

For further information: Mr. Dan Muckey, Seattle First Methodist Church, 423 Marion Street, Seattle, Washington 98104.

Community Service Council—Salt Lake City, Utah.—To demonstrate the feasibility of using community school facilities for senior citizen activities. School facilities will be used to prepare and to serve hot meals to 400 older people. Bus transportation will be provided for participants.

For further information: Jean V. Klas, Community Services Council, 2025 Council Way, Salt Lake City, Utah 84115.

INTRODUCTION

Title III of the Older Americans Act provides for allotment of funds to strengthen State agencies on aging and to enable States to make grants to local public and private non-profit agencies for programs which provide services to older persons, community planning and coordination of programs on behalf of older persons, for demonstration programs; and for training of special personnel to serve older persons.

These tables present national summary data on activities and accomplishments under the Title III program. The information on all tables is for the period of the Federal fiscal year 1968 (July 1, 1967 through June 30, 1968).

This data was compiled by the Older Amercians Services Division, Administration on Aging.

NATIONAL STATISTICAL SUMMARY OF ACTIVITIES UNDER TITLE III OF THE OLDER AMERICANS ACT, FISCAL YEAR 1968—(JULY 1, 1967–JUNE 30, 1968)

TABLE I.—*General summary, title III activities, fiscal year 1968*

Number of states with approved state plans	[1] 49
Number of states with active projects during fiscal year 1968	[1] 44
Total number of active projects	688
Number of older persons served directly	580, 784
Number of older volunteers serving on title III projects	28, 974
Number of projects by primary objective:	
Provision of direct services—projects	491
Community planning—do	[2] 133
Training of special personnel—do	[2] 64
Total	688

[1] 5 State plans were approved late in the fiscal year; projects in these 5 States did not begin prior to July 1, 1968.

[2] Many of these projects also provide some direct services to older persons.

TABLE II.—*Federal, State and local funds obligated to implement title III fiscal year 1968*

I. Funds obligated to administer the State plan:	
Federal	$916, 732
State	1, 433, 881
Subtotal	2, 350, 613
II. Funds obligated for local title III projects:	
Federal	8, 870, 074
State	573, 692
Local	[1] 5, 200, 000
Subtotal	14, 643, 766
Total	16, 994, 379
III. Additional State funds obligated for local projects, other than title III	284, 369
Grand total	17, 278, 748

[1] Estimated amount which includes both cash and in-kind resources.

TABLE III.—*State agency staffing budgeted positions, fiscal year 1968* [1]—*average state agency*

Type of position:	*Number of positions*
Director	1
Program specialist	2
Administrative	1
Total number of professional positions	4

[1] Based on information by 47 States.

TYPE OF STATE AGENCY POSITIONS

Type of position	Number of States with position	Total number of positions
Director	47	47
Deputy director	11	12
Program specialist	33	115½
Planning and research	9	7½
Administrative	20	25½

TABLE IV.—URBAN-RURAL DISTRIBUTION OF OLDER POPULATION, NUMBER SERVED AND FEDERAL COSTS, FISCAL YEAR 1968

	Total, all counties	Urban counties [1]	Rural counties [1]
Population age 65 and over: [2]			
Number	16,775,000	11,694,000	5,081,000
Percent	100	70	30
Older persons served directly:			
Number	581,000	472,000	109,000
Percent	100	81	19
Federal share of project costs:			
Amount	$7,295,000	$5,643,000	$1,652,000
Percent	100	77	23

[1] A county is rural if over 50 percent of its population lives in towns of under 2,500 residents, or if its largest politica subdivision has less than 10,000 residents. All other counties are considered urban.

[2] This population figure is for the 44 States and jurisdictions included in this report which had active projects during fiscal year 1968.

TABLE V.—DISTRIBUTION OF PROJECT COSTS BY ACTIVITY,[1] FISCAL YEAR 1968

Activity	Total cost		Federal share	
	Amount	Percent	Amount	Percen
Direct Services:				
Homemaker/home health aide	$956,000	8	$352,000	5
Home maintenance, visiting, reassurance	705,000	6	444,000	6
Foster home placement	133,000	1	49,000	1
Protective services	106,000	1	68,000	1
Meals services	351,000	3	205,000	3
Health services	547,000	4	320,000	4
Information and referral	1,305,000	11	833,000	11
Employment referral	360,000	3	239,000	3
Transportation	333,000	3	215,000	3
Adult education	408,000	3	275,000	4
Counseling	678,000	6	417,000	6
Recreation/leisure time activities	4,070,000	34	2,462,000	34
Support activities:				
Training	626,000	5	423,000	6
Community planning	1,505,000	12	993,000	13
Total	12,083,000	100	7,295,000	100

[1] Distribution of project costs accrued.

TABLE VI.—*Summary of services which foster independent living,*[1] *fiscal year 1968*

Homemaker/home health aide:	
Number of projects	62
Number of older persons served	6,178
Home maintenance, friendly visiting and telephone reassurance:	
Number of projects	207
Number of older persons served	82,743
Foster home placement:	
Number of projects	17
Number of older persons served	968
Protective services:	
Number of projects	49
Number of older persons served	7,901
Meals services:	
Number of projects	44
Number of older persons served	17,341
Health services:	
Number of projects with service	107
Total number of older persons served	40,114
By screening services	15,330
By other health services	24,784

[1] Most projects provide more than 1 service.

TABLE VII.—*Summary of services which foster active engagement in community life,*[1] *fiscal year 1968*

Information and referral:	
Number of projects	335
Number of inquiries serviced	227,006
Employment referral:	
Number of projects	160
Number of older persons placed in jobs	10,916
Transportation:	
Number of projects	206
Number of older persons served	41,472
Adult education:	
Number of projects	170
Number of older persons served	52,482
Counseling:	
Number of projects	199
Number of older persons served	46,766
Recreation and leisure activities:	
Number of projects	375
Number of older persons served	288,545
Senior volunteer programs:	
Number of projects	493
Number of senior volunteers	28,974

[1] Most projects provide more than 1 service.

TABLE VIII.—*Training of special personnel, fiscal year 1968*

Total number of training projects	64
Total number of persons trained	5,980
Older persons	2,293
All other persons	3,687

Average course length, 63 hours.

TABLE IX.—*Community planning activities, fiscal year 1968*

Size of planning area:	*Projects*
Neighborhood(s)	3
Citywide	18
County or larger	112
Total number of community planning projects	133

Number of persons age 65 and over living in planning area, 4,000,000.

COMMUNITIES IN ACTION FOR OLDER AMERICANS—A REPORT OF PROGRESS UNDER TITLE III OF THE OLDER AMERICANS ACT

Discrimination prohibited.—Title VI of the Civil Rights Act of 1964 states: "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Therefore, the programs covered in this publication must be operated in compliance with this law.

AoA Publication No. 258 ● July 1968

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE ● SOCIAL AND REHABILITATION SERVICE ● ADMINISTRATION ON AGING ● WASHINGTON, D.C.

Foreword

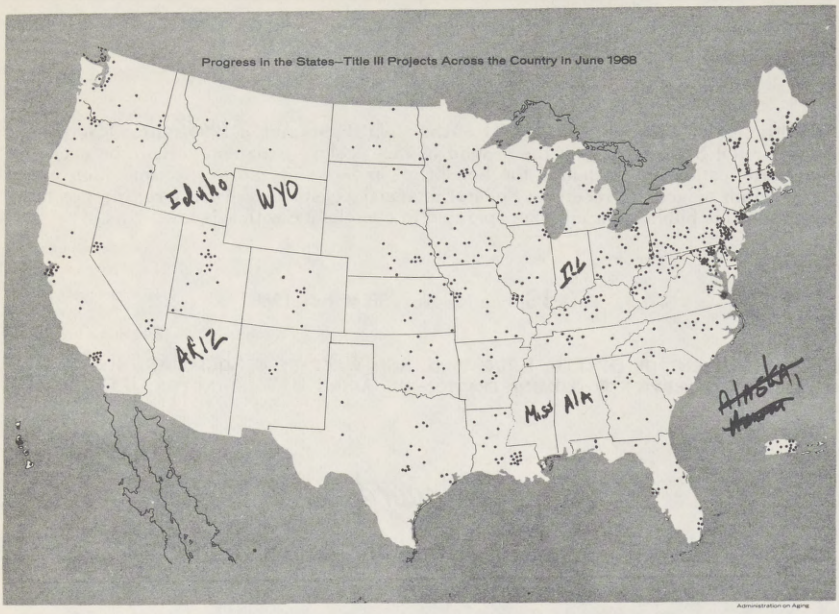
AS A RESULT of the passage of the Older Americans Act in July of 1965, considerable progress has been made toward improving the lives of our millions of older Americans. Much of this progress has been realized under Title III of the Act—through grants to States and communities for a wide variety of service programs in aging.

The purpose of this booklet is to illustrate the many ways in which this progress has come about.

The extent to which this program has been successful is indicative of the tremendous need that exists for services and meaningful opportunities for older persons. More important, it testifies to the willingness and ability of States and communities to develop and implement effective local programs for their older citizens.

William D. Bechill

U.S. Commissioner on Aging


Progress in the States—Title III Projects Across the Country in June 1968
Idaho
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Administration on Aging

Title III of the Older Americans Act

A TOOL FOR COMMUNITY ACTION

ON July 14, 1965, President Lyndon Johnson signed the Older Americans Act into law. Through support made available under Title III of this Act, States and communities have been provided with an important resource for creating services and opportunities for their older citizens.

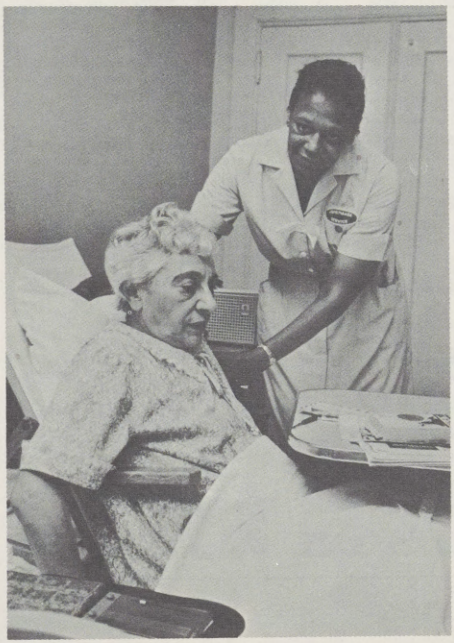
Title III makes Federal funds available to designated State agencies to help communities initiate a wide variety of direct service programs in the neighborhoods and homes where older persons live.

Over 500,000 older Americans in 700 communities have already benefited as a direct result of this program.

State agencies have skillfully used their project grant resources made available under the Act. They have helped communities move swiftly to close gaps in the existing network of services for older people, and to develop new services where none existed.

The primary thrust of the Title III program to date has been to initiate services which provide opportunities for older persons to:

- **maintain independent living in the community**
- **remain actively involved in community life**



Opportunities for Independent Living

THE desire older persons express most frequently is to be able to continue living in their own neighborhood and in their own home. Due to lack of alternative resources or services, many older people suffering unexpected minor ailments, injuries, or emergencies must seek institutional living and, often, hospitalization, when they could remain at home with some help. Independence of the older person can be quickly lost over such situations, and, once lost, is difficult to regain.

FOR EXAMPLE

Mrs. S, a 72-year-old widow, enjoyed the freedom of living alone in her downtown apartment. A recent fall which resulted in a broken arm threatens her ability to live alone and independently care for her own daily needs. She fears that she will have to leave her home.

A community service, which provides a trained homemaker to prepare a hot meal, do some shopping, and give personal care, could permit Mrs. S to remain at home while her injury heals.

Title III is now helping people like Mrs. S remain at home in such periods of crisis. Homemaker services funded under this program are now available to older Americans in over 50 communities around the nation, including such localities as the District of Columbia; Roxbury, Massachusetts; Omaha, Nebraska; and Reading, Pennsylvania.

FOR EXAMPLE

Miss B, 57, and her mother Mrs. B, 83, live together in their small apartment. Mrs. B has been confined to bed for some time and her daughter must remain with her constantly—looking after all the daily household chores. This leaves Miss B with very little chance to develop friends and pursue interests of her own.

Friendly visiting and telephone reassurance services now in operation in over 100 communities—such as Austin, Texas; Providence, Rhode Island; La Grande, Oregon; and Savannah, Georgia—are helping older individuals like Miss B to continue their own activities in the community from time to time.

FOR EXAMPLE

Mr. M, a retired rancher, is anxious to continue living in the home he built in 1922. He is under a doctor's care and is having considerable difficulty reaching the county hospital by himself for twice-weekly treatments.

A community service capable of providing transportation in time of need would relieve many older Americans like Mr. M of unnecessary anxiety.

Through resources made available under Title III, older Americans living in a large number of communities now get transportation help when they need it. If Mr. M had lived in Steamboat Springs, Colorado, for instance, he would have found the FRIENDLY VISITOR AND TRANSPORTATION SERVICE ready to assist him regularly with transportation to the county hospital. Lack of transportation is one of the most pressing problems facing older people.

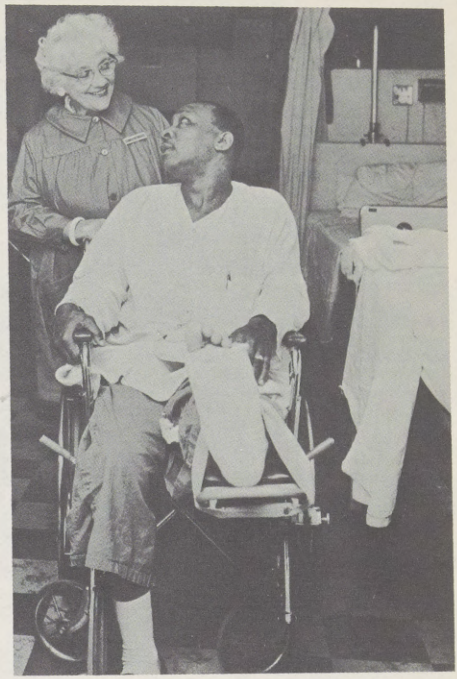
FOR EXAMPLE

Mr. H prefers to live alone. However, he is not adept at preparing wholesome meals for himself, nor can he afford to eat regularly in local restaurants.

Mr. H's plight would not be so serious if he lived in Towson, Maryland; Decatur, Illinois; Richmond, Virginia; or Salt Lake City, Utah. There he would have found a meal service program which would assure him of a hot wholesome meal at least once a day.

Opportunities for Active Involvement in Community Life

OLDER PERSONS are eager to have the opportunity for continued active engagement in the daily life of their community. This means the ability to visit friends and family, engage in educational and recreation programs, and satisfy personal and emotional needs so that life continues to be challenging and worthwhile. Many older persons want, and are able, to make effective contribution to their community and their fellow Americans. Title III is providing thousands of older Americans with such an opportunity.

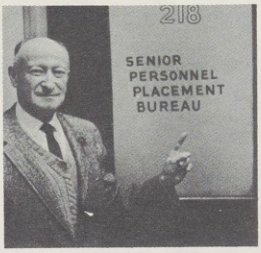


FOR EXAMPLE

Mrs. S, aged 65 and a widow, finds a great deal of free time on her hands now that she has no family to care for. She wants to put this free time to work in serving others in her community.

If Mrs. S resided in Clearwater, Florida; Louisville, Kentucky; or Big Springs, Texas, she would find a ready opportunity to serve other citizens in her community. In over 400 localities, Title III projects are helping thousands of older people serve their communities and their neighbors as friendly visitors, teacher aides, employment counselors, and in a variety of other ways. The only criterion is the desire to serve. The need for such volunteer services is great.

Over 600 individual older persons volunteered for community service activities during the first 15 months of operation in one multipurpose senior center in Lincoln, Nebraska.



FOR EXAMPLE

Mr. B, a retired accountant, is anxious for part-time work to earn a few dollars to augment his pension.

Revere, Massachusetts; Baltimore, Maryland; Columbia, South Carolina; and New York City are but a few of many communities where the skills and talents of older persons like Mr. B are being recognized. For many older people who want to work, Title III is finding opportunities which suit their needs and capabilities.

In one 12-month period, an OVER-60 EMPLOYMENT SERVICE, receiving support under Title III, registered 677 older persons for employment, and placed 620 persons in some 60 different categories of jobs.

FOR EXAMPLE

Reverend W has become concerned about one of his elderly parishioners who has been attempting to live alone in her very large home. After talking with her, he finds that she recognizes her inability to manage her residence, but has been unable to find a place that suits her needs and her resources.

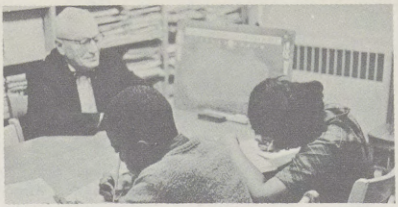
In Tampa, Florida, Reverend W would have called the INFORMATION AND REFERRAL SERVICE FOR OLDER PERSONS for assistance. In Hackensack, New Jersey, he would have found the BERGEN COUNTY CENTER ON AGING ready to help. In Lihue, Hawaii, he could have called the SENIOR CITIZENS INFORMATION CENTER. In any of these programs, as well as in others in over 300 additional communities around the nation, Reverend W would have found assistance in helping his elderly parishioner find a more suitable place to live.

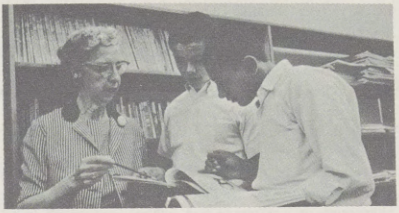
Through such information centers, Title III is helping older persons find assistance and solutions to a wide variety of routine and emergency situations which daily confront older Americans.

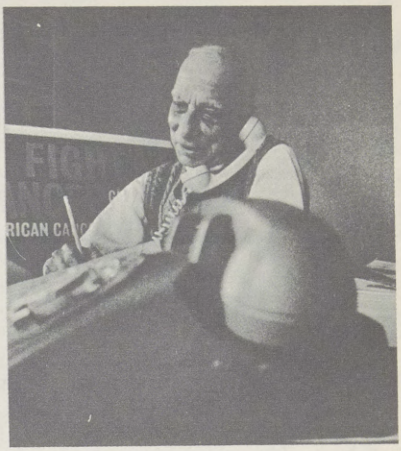
FOR EXAMPLE

Mr. and Mrs. E, having recently moved to a new community, want to make new friends and take an active part in the daily life of the new neighborhood.

In over 250 communities throughout the nation, Title III is providing older people like Mr. and Mrs. E with opportunities to make new friends, to contribute to their community, and to find a variety of services in a centralized location if need should arise. Such programs as the MULTIPURPOSE ACTIVITY CENTER in Hillsboro, Kansas; the SERVICE PROGRAM FOR OLDER CITIZENS in Washington, Iowa; or the SAN FRANCISCO SENIOR CENTER are vitally important in the lives of thousands of older Americans living in those communities. These senior centers are providing older people with a variety of social and recreational opportunities, and a chance to make a worthwhile contribution to others in their community through volunteer activities. But more important, they fill a gap for many persons no longer related to home, family, or work.







THE EXAMPLES used here represent the many ways in which communities are now serving their older citizens. The Title III program is creating a growing network of community services throughout the Nation. These examples also indicate the tremendous need that exists for such services in every community and neighborhood.

Planning Activities

AT the time of the passage of the Older Americans Act, many communities already had developed a clear picture of the needs of the community concerning older persons and were ready to initiate needed service programs. In other communities, however, the service needs were not clearly defined, nor were plans being developed for meeting those needs.

Over 150 communities have utilized the resources available under Title III to organize local community planning organizations as a preliminary step to the provision of direct services. These communities have devoted their efforts to surveying needs, setting priorities, and obtaining local support for the initiation of a direct service program that will meet the service needs of older persons.

The Administration on Aging is confident that a well developed plan of action, including active participation by older persons themselves in deciding how programs should be developed, will result in an even more effective delivery of needed services for older Americans.

Manpower Needs

ANOTHER essential element in the effective delivery of local services is the availability of qualified personnel to provide such services.

Recognizing the tremendous need that exists for trained personnel at the local level to serve older persons, over 60 programs have been initiated under Title III primarily for the purpose of improving the skills of persons working with or on behalf of older Americans. Such training programs have included:

- An experimental program which trains persons aged 50 and over in basic nursing and occupational therapy skills for eventual volunteer service in hospitals and nursing homes.
- A 4-day training workshop for senior center directors at a State university.
- A workshop for food service personnel in nursing homes and homes for the aged.
- A 3-day seminar for nursing home personnel on the psychological aspects of aging.
- A project to recruit and train homemakers and provide employment in serving older persons.

How Title III Works

UNDER Title III, each State designates a single agency to be responsible for the implementation of the Older Americans Program. This agency then prepares a comprehensive plan for the conduct of the State program for approval by the Secretary of Health, Education, and Welfare.

Each fiscal year, the Congress appropriates Federal funds to be made available to States with approved plans. From each State's allotment, 10 percent or $25,000, whichever is greater, is available to pay one-half of the cost of administering the Older Americans Program.

The remainder of the allotment is used by the designated State agencies to make grants to assist communities in implementing priority service and activity programs in aging. These grants may be used to pay up to 75 percent of the cost for the first year, 60 percent for the second year, and 50 percent for the third and final year of project support. States or recipients of such grants make up additional costs.

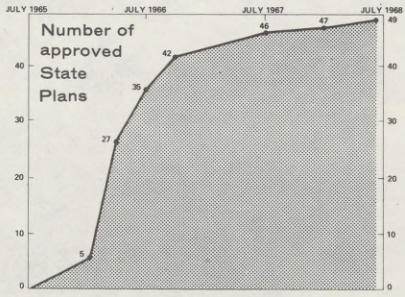
PROGRESS IN THE STATES

WITHIN weeks of the signing of the Older Americans Act in July 1965, plans were under development in a number of States. By Christmas of that first year, five States had their plans approved and had initiated their programs. The first anniversary of the signing of the Act saw 35 States with operational programs.

The number of States now having operational programs totals 49. As a direct result of Title III, these 49 now have a permanent full-time agency charged with:

- the sole responsibility for administering the Older Americans Program
- the authority to coordinate all other State activities on aging relating to this Program
- the initiation of local service programs in accordance with the priorities established by the State

All State agencies designated under the Older Americans Program now have full-time professional leadership and program staff. Where 2 years ago, few States had professional staff on aging, today the average agency staff includes three professional individuals. Proposed amendments to the Older Americans Act would permit States to expand their staff capabilities where needed and add additional staff specialists.



Significant efforts have been devoted to the training of the State agency staff since the passage of the Older Americans Act. Two national conferences for State leaders have been conducted by the Administration on Aging, and another is in the planning stages. Twenty-two training seminars have been conducted for State leaders at regional levels around the Nation. State executives themselves have organized and conducted additional specialized training programs to meet their particular needs. These training programs have played an important part in achieving the present level of success experienced under this Act.

Additional training programs, such as those being supported under Title V of the Older Americans Act, are helping assure a continuous flow of trained manpower to augment the ranks of the present State leaders in the field of aging.

The activities of the designated State agencies under Title III have gone far beyond the initiation and operation of local community programs on aging. For example, individual State agencies have:

- **Helped obtain a State income tax exemption for all older persons living in the State.**
- **Started a State-financed food service program for older persons in public school cafeterias.**
- **Helped obtain legislation to set up a Senior Service Corps as a division of the State agency.**
- **Obtained approval for a State-supported grant program to supplement the Title III resources now available.**

These are but a few of the significant State-level activities conducted by designated State agencies as a result of the Older Americans Act.

Other responsibilities undertaken by the State agencies have included comprehensive long-range planning for aging at the State level, and the coordination of aging program operations between various units of State government and between public and voluntary agency programs concerned with the lives and well-being of older persons.

These program accomplishments are indicative of the tremendous impact that Title III of the Older Americans Act has had on State activities on aging. Furthermore, the degree of financial commitment to this program by State legislatures, the personnel resources that have been made available, and the enthusiasm and unity of effort by the leaders and staff of the designated agencies are positive indicators of the priority that has been placed on this program.

LOOKING AHEAD

THE period since the signing of the Older Americans Act has seen great progress in the development of State and community programs in aging.

The Administration on Aging, created with the signing of the Older Americans Act, has played a significant role in the successful implementation of this program. The central and Regional office staff have been engaged in program leadership and consultative activities with the States and communities on almost a daily basis. Program models, policy manual and fiscal materials, and program assessment guidelines have been developed and are now widely used at the State and community levels.

The first 30 months of operation of the Title III program have dramatically demonstrated the degree to which communities can effectively deliver a variety of needed services for older persons. Yet, much remains to be done. For example, ways must be found to assist communities to:

- **Expand existing services and activities so that a network of effective services are available and accessible on a much broader base to a much greater number of older persons.**
- **Establish linkage between all service resources of the community in order to eliminate overlap and duplication of effort.**
- **Develop services that are responsive to the changing needs of older persons.**
- **Create sound community support for older American programs to assure long-term delivery of needed services.**

SOCIAL SECURITY—IS MORE NEEDED?

[From the Congressional Record, Oct. 8, 1969]

INCREASE OLD-AGE BENEFITS UNDER SOCIAL SECURITY

(Mr. SKUBITZ asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SKUBITZ. Mr. Speaker, almost every day I receive heart-rendering letters from elderly people telling me that they can not make it on their meager social security checks. All their lives they have worked hard to set aside something for their old age. Now that inflation has gobbled up their savings they are forced to depend on their social security check as a means of survival.

For this reason I introduced a measure early this session which increases social security benefits under the old age, survivors, and disability insurance program. In addition, it provides for an automatic adjustment of benefits to increases in the cost of living.

I am delighted that the President has asked for an increase in social security benefits.

However, I do not favor the President's proposal of an across-the-board increase. Any increase given to those now on social security is an outright gift to the recipient—not something earned. Therefore, it seems to me that the increase should be based on need and surely those in the lower category need more consideration than those in the top category. After all, the fellow who gets a minimum $55 a month must pay as much for a loaf of bread or electricity or medicine as one who receives the maximum.

If enacted, my bill would raise the minimum social security benefits from $55 to $80 and would create an actual percentage increase ranging from 45.4 percent for those recipients at the lowest level to 5.6 percent for those at the highest benefit level. The people who would be assisted most by such a change are those at the lowest end of the scale and have the greatest need for increase in their social security payments.

In addition to the present need for greater benefits, the rising cost of living will make further increases necessary in the future. As suggested by the President's proposal, my bill provides for benefits to automatically increase as the cost-of-living index rises. This would be on a percentage basis applying equally to all benefits.

Who pays the bill for any social security increases? The President apparently wants to charge it to those who now pay social security.

I cannot agree with this proposal. In my opinion, the costs should be borne out of the general fund. Can anyone here advance one single reasonable argument to show why one who pays social security should pick up the chit while the President, the Supreme Court Justices, and Members of Congress, who respectively received $100,000, $39,500, and $12,500 salary increases, should go scot-free. Any reason why any person not on social security should go home free?

My bill differs from the President's proposal in that it authorizes a contribution from general funds for the amount of the increased benefits. These would be benefits over and above what the recipients previously contributed to social security. The responsibility for taking up the slack belongs to all of society and should be financed by all segments of our economy—not just those persons paying into the social security fund.

I might add that a recent poll of my district shows that 74 percent of the persons polled favor my proposal of taking funds out of the general funds so that all taxpayers pay their fair share.

One of the most appealing aspects of my social security program is a provision to allow older persons to collect benefits while still earning an income. My bill would raise the present earning limit of $1,680 to a new limit of $1,800. The President's bill calls for this change.

Under the present retirement test, persons who earn more than the exempt amount of $1,680 continue to have $1 in social security benefits withheld for every $1 they receive.

To avoid this, my bill would eliminate this $1 reduction for each $1 earned and replace it with the same reduction for each $2 earned above $3,000. This change increases the incentive to work for older persons who badly need this income to meet today's inflation.

Often our elderly citizens must suffer because of meager incomes, and every rise in the cost of living increases their plight, for this burden hits hardest those who live on a fixed income.

If enacted, my bill would immediately raise the benefits payments to the elderly and would not allow the cost of living to destroy these gains by reducing their purchasing power. Thus, the present and expected future problems of social security recipients can be substantially relieved.

In conclusion, I agree with the administration proposals that the social security benefits should be increased on a cost-of-living basis and that people should be allowed to earn more before losing benefits.

In any event, something should be done as soon as possible. Three out of every ten older persons are living in poverty. Most of them were able to support themselves in decency until they became older.

Unless positive action is taken, these older persons are going to suffer even more. For this reason I feel it is urgent that we make the needed changes in the social security laws.

[From the Congressional Record, Oct. 14, 1969]

Senator Williams of New Jersey Observes How Israel Treats Its Elderly

Mr. JAVITS. Mr. President, a very interesting article about the activities of the Senator from New Jersey (Mr. Williams), in respect of his work in the Special Committee on Aging, of which he is chairman, appeared in the New York Sunday News magazine issue of October 12, 1969. As he is my colleague on the Committee on Labor and Public Welfare, I ask unanimous consent that the article be printed at this point in the Record.

There being no objection, the article was ordered to be printed in the Record, as follows:

How a Young Nation Treats Its Elderly

(By Jack Leahy)

The chairman of the U.S. Senate Committee on Aging, Sen. Harrison A. Williams (D-N.J.), feels that American have a lot to learn from the people of Israel about the respect and services which should be accorded to senior citizens. A country which has a tough enough job creating cropland from desert while being on constant guard against military conquest, Israel somehow finds the resources to care for a rapidly increasing aged population.

"I was deeply moved by what I saw and by what I was told in Israel," says Sen. Williams, who recently attended a United Nations symposium there. "Despite the fact that many elderly immigrants came from many nations to a place which offered them few amenities, there is a cohesiveness among both the old and the young of Israel in terms of their attitudes toward advanced age.

"Israelis seem to think that it is only natural for the elderly to have secure and satisfying lives. What's more, they are willing to contribute to a national effort to achieve that laudable objective."

According to Sen. Williams, the following were among the major items of interest about Israel and the aged which emerged from symposium discussions:

In 1948, those over the age of 65 represented only 3.8% of the Jewish population or 30,000 people. By 1980, these figures will be 8% and 300,000.

First immigrants to arrive in Israel after World War II were mainly young people. Nevertheless, a comprehensive Old Age Insurance program was established and pensions became payable more than a decade ago.

In some respects, U.S. Social Security coverage is inferior to its Israeli counterpart.

A program known as "Hameshaken" (Rehabilitation) has had remarkable success in finding thousands of jobs for people whose employability is limited by age or illness.

The immigrant nature of Israel's aging population poses some unique problems. One survey found that oldsters who came from African and Middle countries tended to segregate themselves from those who came from Europe. This creates difficulties in setting up housing projects and nursing homes for the aged.

The loneliness which seems to be a universal complaint of all older people is apparently even more severe in Israel. In their flight from persecution, a majority of older Israelis lost or were separated from families and friends. In the struggle to survive and make a new life in a foreign land, many were not able to adjust by forming new and lasting friendships.

These and other problems have been taken into consideration, however, by government planners. Their innovations and experiments are worthy of careful analysis by sociologists everywhere, in the view of Sen. Williams.

"We in the United States seem quite often to have a guilt complex about our older population," says the lawmaker. "We think we should do more, but somehow we don't. I didn't sense that feeling among the people of Israel."

To Sen. Williams, the standard bearer of senior spirit in Israel is Golda Meir, the pioneer state's 71-year-old Premier.

"She's as impressive and as young in outlook as the nation she leads." asserts the legislator. "We on the Senate Committee on Aging have found that adjustment to the later years depends very much on the individual, and that there is no norm for aging. Some people feel old and act old in their 50s. Others, like Golda Meir, find something new in each day."

[From the Congressional Record, Oct. 16, 1969]

Senior Citizens Must Not Be Forgotten

HON. JOSEPH G. MINISH OF NEW JERSEY, IN THE HOUSE OF REPRESENTATIVES—THURSDAY, OCTOBER 16, 1969

Mr. MINISH. Mr. Speaker, today a group of my colleagues and I are introducing a measure to amend the Food Stamp Act of 1964, to enable eligible elderly persons to exchange food stamps for meals prepared and served to them by private nonprofit organizations.

This bill is designed to assist elderly persons who would otherwise be eligible for food stamp aid when measured by age, residency, and income requirements, but who are considered ineligible because they do not have cooking facilities in their households. The beneficiaries of this measure, the crippled and infirm, are physically unable to cook for themselves. Very often, the chronically ill and aged cannot shop or prepare food. Under present law, they are denied the use of food stamps. They are most needful of the benefit extended to them by this measure.

The legislation that I am sponsoring, in concert with some of my colleagues, would authorize the Secretary of Agriculture to designate specific church and other nonprofit organizations to accept food stamps in exchange for prepared meals. Although the redemption of the stamps could be made by the charitable organization, the stamps would be issued initially to the eligible individual.

The elderly require proper care and close attention. We certainly cannot permit them to go hungry, and I believe that the measure that I am cosponsoring would minimize such a possibility. I hope that the House of Representatives responds by enacting this legislation.

[From the Congressional Record, Oct. 16, 1969]

Exchange of Food Stamps for Prepared Meals for the Elderly

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. Biester), is recognized for 10 minutes.

Mr. BIESTER. Mr. Speaker, today, along with 78 other Members of Congress, I am introducing legislation which would amend the Food Stamp Act of 1964 to authorize elderly persons to exchange food stamps under certain circumstances for meals prepared and served by nonprofit organizations.

The bill is identical to language contained in the recently passed Senate food stamp bill and was originally sponsored by Senator Hugh Scott, of Pennsylvania. It would extend the benefits of the food stamp program to elderly persons now denied eligibility because they are physically unable to cook for themselves. Under this legislation, nonprofit, charitable organizations would be authorized to accept food stamps in exchange for cooked meals prepared either for home delivery or for consumption in community dining halls.

Under the present law, persons who otherwise meet age, residency and income requirements are not eligible for food stamps if they do not have cooking facilities in their households. If individuals are physically incapacitated or have a chronic illness which makes it impossible to shop or prepare food, and if they have no one to do these things for them, these persons are in effect denied the use of food stamps. We see no reason why these citizens, who are often among the most

isolated and needy in the community, should be denied the benefits which the Food Stamp Act was enacted to provide.

This legislation would amend the Food Stamp Act to meet this problem. It would authorize the Secretary of Agriculture, under regulations carefully prescribed and administered by him, to designate specific church and other nonprofit organizations of a bona fide charitable nature, to accept food stamps in exchange for prepared meals. Although the redemption of these stamps would assist eligible groups in the purchase of food, the stamps themselves would be issued only to individuals who would be the direct beneficiaries of this amendment. By engaging the cooperation of nonprofit, charitable organizations, this proposal would be in keeping with the current trend of relying more heavily on private initiative for solutions to pressing national problems.

In these times of unprecedented economic achievements, the basic goal of "having enough to eat" still remains, for too many Americans, a promise rather than a reality.

[From the Washington Post, July 8, 1969]

THE SENIOR AMERICANS

In a country where youth, sex, speed and beauty are glorified almost to the point of liturgy, it is small wonder that 19 million older people are often kept out of sight and out of touch. A small wonder but a large disgrace.

The Older Americans Act of 1965, and its later amendments, was an attempt at meeting the rights and needs of the elderly, 40 per cent of whom are poor or near-poor. As far as they went, programs generated by the Act were effective: over 1000 community projects were funded through the Title III programs, serving over 660,000 older persons in such things as home health aide services to paid part-time jobs. Nevertheless, in FY 1969, only $1.10 was spent per senior citizen, with $1.41 the appropriation for this year.

In mid-June, the House, led by John Brademas and Ogden Reid, approved an authorization of $62 million for FY '70. Despite this, the Nixon Administration appears determined to stand firm with its niggardly $28.3 million budget request for the program's continuation. It is tempting for politicians to feel that they can get away with short-changing the old: many are too worn or weak to fight back; they have no lobby to speak of and less prospect of an opportunity for future political reprisal.

But the Nation needs the elderly. The Foster Grandparents program alone has used the talents and energy of 4000 older people who, on a small stipend, are matched on a personal basis of service with 8000 orphaned and disturbed children. If this simple idea of matching the leisure time of the old with the special needs of the very young has worked for 4000 old people why can't is be done with 40,000 or 400,000?

The answer, or at least the political answer, is lack of funds. Yet in recruiting the elderly for community projects, massive funds are not necessarily needed. For example, the House Education and Labor Committee adopted the Retired Senior Volunteer Program (called RSVP) which requires only $5 million—money that will be returned many times over in services rendered by the elderly.

The Senate Labor and Public Welfare Committee will shortly consider new amendments to the Older Americans Act, and will likely see the need for an authorization figure equal to the House's $62 million. It is not too late for the Administration to go beyond its $28.3 million sum and begin recognizing that 19 million older Americans have not just rights and needs to be met, but contributions of talent and wisdom to be made.

[From the Pittsburgh (Pa.) Post Gazette, June 25, 1969]

LIVING ON SOCIAL SECURITY—CITY TAX BITE EATING UP RETIRED COOK'S INCOME

Thomas Camp is an 82-year-old Pittsburgher who must pay about half of his Social Security income to insurance, utilities and taxes.

Camp, formerly a cook at the Pick-Roosevelt Hotel, is now confined to his Oakland home as a result of arthritis and a heart condition. Although he hasn't

had a bite of steak for five years ("too expensive"), he remembers well those he would fix in his days as a cook.

His latest financial bind comes from a reassessment of his house on Dunseith Street. His tax bill was increased $70.66 this year to a total of $217.72.

His income, entirely from Social Security, is $121.80 per month. But rising costs are reducing drastically the amount he can spend for food, clothing and other necessities after the fixed bills are paid.

But it's the tax bite that seems to hurt the most, he says.

His house and land, unable to be improved because of his infirmities, was revalued to $3,200 in 1969. It had been assessed at $2,590 from 1944 through 1968.

The assessment on the lot was increased from $990 to $1,000 and the house boosted from $1,600 to $2,200.

They raised my assessment but there weren't any assessors out here, he said. And I sent a letter to the Board of Appeals but they didn't even answer it.

Camp says he is unable to appear personally before the Board of Appeals and has been unable to find someone who would take him to present his case.

He paid $2,900 for his property 24 years ago and total taxes then were only $90 per year, he said.

I don't mind paying my share, he said. But there isn't much left to eat anymore when I get through with the taxes.

[From the New York Times, June 30, 1969]

CITY'S ELDERLY FIGHTING AILMENTS AND ECONOMICS TO SURVIVE

(By Francis X. Clines)

Like most of the elderly people in the city, Mrs. Minnie Harkins is facing a lonely struggle against a haunting paradox—a longer life that is becoming more expensive and difficult to live.

Daily life for the 79-year-old widow begins with leg pains before dawn, followed by morning tea and toast.

Then the dainty, semi-invalid woman is at her window in a Bronx housing project for another day of watching mostly young people pass by and, later when her eyes hurt, praying in bed.

"God loved that bent little Puerto Rican man!" she remarked recently as an old man with a cane returned slowly from his daily walk for a newspaper.

With such limited celebration and a seventh-story perspective on the world, Mrs. Harkins is receiving welfare after retiring as a cook for the J. P. Morgan family. She is uncomplaining and tucked away, like most old people.

While there are one million elderly—defined as aged 65 and over—now in the city and this total is expected to grow to 1.7 million by 1985, government and private specialists concede that examination of the problems of the aged is a relatively unexplored social field.

But they warn that the outlook is for the financial problems of old people to worsen. Already, they say, housing, dietary, and social problems have begun to press in on the elderly poor. These include:

Reductions in medicaid and welfare allocations, along with a reduction of city welfare services that already is causing a storm among the elderly.

An intensification of the housing problem as the elderly try to stay rooted in their old neighborhoods at low rents, while landlords and developers seek a more profitable clientele.

Increasing isolation in neighborhoods where younger residents are of a different background. Such problems are often intertwined.

"SENIOR POWER" ASSERTED

Old people are starting to organize along modern lines, with blue-and-white buttons proclaiming; "Senior Power." They have begun competing for such things as antipoverty funds and political power, winning benefits like the new half-fare for the elderly on the city transit system.

They attend more neighborhood club meetings than ever before, sitting as some of the friendliest audiences in town these days, where a cupped ear is more likely than a shouted interruption.

But these activities have failed to solve the elderly's basic financial problem.

This older generation, the one that had to bear the brunt of the Depression, now is finding still another economic squeeze just as severe, in many ways.

At the same time, decades-old pride is still apparent, for while more than 500,000 of the city's elderly are reported below the official poverty level, only about 10 percent—or 54,000—have applied for available welfare aid.

According to the Special Senate Committee on Aging, the income gap is widening between older and younger Americans. In 1961, the median income of the elderly was 51 percent that of younger families, but by 1967 it was only 46 percent.

"What is happening is that people who were not poor most of their lives are becoming poor in retirement," declared Alice M. Brophy, director of the city's Office for the Aging, one of the newest branches of local government.

SILVER-HAIRED PICKETS

"Old age is a kind of leveler," Miss Brophy added, noting that whites who were richer in earlier years could quickly join nonwhites in the indigency of old age.

The financial problem will increase, according to the forecast of the Senate committee. A couple retiring in 1950 found that the average Social Security payment met half their budget, according to the committee, but today it meets less than one-third of the Bureau of Labor Statistics' recommended "moderate" income for a retired couple of $3,869 annually.

In the competition for limited social-reform funds, the elderly poor traditionally have finished last, according to James J. O'Malley, deputy director of the state Office for the Aging.

In recent days, Mr. O'Malley has been confronted by silver-haired pickets. There was a demonstration in Albany to protest the welfare and Medicaid cuts ordered by the Legislature to balance the budget.

Some aged leaders boycotted the Governor's annual conference on the aging last spring; other old people have marched outside City Hall, and a few have even ventured to take on the younger, louder voices in neighborhood antipoverty programs.

"We had to fight for what was ours," declared Mrs. Elizabeth M. Steicher, director of Project Find, an antipoverty project for the elderly that recently fought off extinction. Elders in the program, which was originally financed directly from Washington at $100,000 for only one year, helped the younger Mrs. Steicher to fight for $51,000 of the city's limited Community Action funds.

AIDES' STAFF REDUCED

Project Find's staff of elderly "home aides" who run errands for shut-ins was severely cut from 32 to 7, but its three senior centers between 34th and 74th Streets are still open with staff workers searching out the neediest cases among the 27,000 elderly who are densely crowded into the Lower West Side.

The group currently is embroiled in one of the city's severest housing problems—the eviction of old people from hotels that are to be renovated for business or other costlier space.

Three hundred old people recently received eviction notices because of plans to enlarge the Port Authority bus terminal at 41st Street and Eighth Avenue, according to Mrs. Steicher.

The project keeps a registry of available hotel space but this is dwindling because of redevelopment, and many of the elderly "are paying desperate rents—more than 60 per cent of their income—not to join the exodus of old people to northern Manhattan," the director explained.

HOTEL RENTS NOT CONTROLLED

Hotel rents are not controlled by the city and, according to Project Find, the rates for old people have increased in the last year from an average range of $23 to $25 a week, to that of $30 to $35.

Even where the elderly can obtain space in a public housing project, the need for the familiar remains.

"This place in the project is the first new thing I've ever had," 79-year-old Percy Pullins said of his housing apartment at Third Avenue and 149th Street in the Bronx.

"But I go back every day to see the boys," Mr. Pullins said of his cronies who hang out near Jimmy's Restaurant at 121st Street and Lenox Avenue in Harlem.

State cutbacks in welfare and Medicaid can only worsen the problems of the elderly, according to Jerry Shroder, director of the Citizens Committee on Aging of the Community Council of Greater New York.

Carfare payments to clinics and allotments for special diets prescribed by physicians have been ruled out, along with telephone allowances. This last item is particularly alarming to elderly living alone in slum neighborhods where the crime rate is high and the telephone comforting.

Currently, in fact, the telephone amounts to a lifeline in a number of special programs in which elderly volunteers call shut-ins each day all over the city simply to check on their health.

Most severely hit would be the "loners"—the elderly who live in hotels and have to eat out. They had been receiving up to $1,444 annually for all their nonrent needs, but the new limit is $840, or $2.30 a day to cover three meals, besides clothing, books and any other needs.

Beyond money, there are supposed to be welfare services for the elderly, but the city Commissioner of Social Services, Jack R. Goldberg, concedes that these have been a "myth."

Under a reorganization plan now being introduced, the Commissioner said he hoped to serve at least 15 per cent of the 54,000 elderly on welfare through the department's new reorganization plan in which caseworkers are no longer to be preoccupied with paper work.

However, the program's implementation thus far in Brooklyn was described as "callous" and "ludicrous" by Martin Morgenstern, president of the caseworkers' union. Only 12 workers, he said, had been assigned to serve 6,000 aged, blind and disabled recipients, and long lines are the result.

Mr. Morgenstern contends that the city's latest attitude is: "You will get your money until you die, but don't bother us for anything else."

Mr. Goldberg says the staff will be increased as needed. Instead of waiting for what the Commissioner describes as "the caseworker who never showed," the elderly now will have to travel to the centers for help or mail a postcard to the centers.

The city terms such procedures "outreach," but one caseworker among the elderly described them as a "kiss-off."

Various self-help groups of the elderly have been organized recently in the city and the trend is toward their forming to gain a greater voice. Charles H. Alvarez, a 70-year-old retired railroad worker, is president of the South Bronx Council for Senior Citizens, a group of 15 local senior clubs.

"Loneliness is the greatest problem," Mr. Alvarez commented. "Most of them don't know anybody now. They've clung to neighborhoods which have changed. And they're afraid to go out at night because of crime."

Making the rounds of the Mott Haven houses, Mr. Alvarez booms out reassurances through triple-locked doors: "It's only me, dear." There have been several cases in which the bodies of old people were found in their apartments, he said, adding: "Such a simple thing as a head-count of these hidden old people would be a marvelous city service."

FRIENDLY VISITORS

For reasons of survival and friendliness, there are now various private "drop-in" programs. The Friendly Visitors, for example, are 60 retirees of the garment workers' union who regularly visit retired garment workers in the city.

Death is a matter of individual philosophy with the elderly, according to Luther Routte, a city social worker who runs a busy senior club in West Brighton, S.I.

Mr. Routte told of one man having a heart attack while playing cards in the center. Some old people fluttered about nervously, others helped Mr. Routte to attempt first aid, but one man, he recalls, engrossed himself in shuffling the cards for the next game.

"Old people are people," he said in summary.

Lawrence Harding, a 63-year-old ship engineer who was forced onto welfare after a crippling fall, disputes the notion that no one, least of all the wrinkled and gray, has to beg in this city. He sometimes enters heavy traffic in his wheelchair so as to beg at a subway station.

Small and gray-haired, Mr. Harding has had an eye removed in a dozen operations. To someone who questioned his needs, he pulled out his undershirt to show fresh, yellowish stains from a gall-bladder operation.

TIMIDITY IS FOUND

"I need bandages," he explained, "and I spent my last $1.50 going to the hospital yesterday for head pains. My welfare worker said extra money would come soon and that's fine. You don't want to pester the welfare and hospital."

Such timidity is one of the roadblocks to organizing the elderly, according to Walter Newburgher, a peppery, 77-year-old retired merchandiser who puts in long days as one of the new breed of elderly activitists. He is vice president of the National Council of Senior Citizens, a three-million-member organization, and president of the Congress of Senior Citizens of Greater New York, which claims 150,000 members.

Mr. Newburgher has a direct line to "Tim"—Dr. Timothy W. Costello, the Deputy Mayor, who is widely praised by the elderly as someone in government who listens and serves more than as a vote harvester.

Dr. Costello is considered instrumental in attaining the half-fare for the elderly. Mr. Newburgher said that this might amount to only small savings but would provide momentum for larger drives for greater Social Security and other benefits.

ONE PROGRAM RUNNING OUT

Of particular concern is the refinancing of the Older Americans Act, a three-year-old program that has helped set up various elderly projects but that is about to run out. Representative Ogden Reid of Westchester is one of the leaders trying to at least double the $28.3-million budgeted by the Administration to continue the program next year.

One important change the Representative is seeking would permit the Government to pay minor expenses, such as carfare and lunch, for thousands of retired professionals who would otherwise be able to volunteer their help to colleagues.

This kind of volunteering already is under way in Project Serve, operated on Staten Island by the Community Service Society. Close to 400 retired persons work there without pay in such activities as "foster grandparents" for children at the Willowbrook State School for Mental Defectives.

They also maintain telephone checks on old people, tutor youngsters, help in nursing homes and conduct comparison shopping for the Mayor's Council on Consumer Affairs.

"As you can see," said Commissioner Brophy of the city Office of the Aging, "tea, ceramics and sympathy are on their way out in this business."

WESTMORELAND COUNTY OFFICE OF THE AGING,
Greensburg, Pa., March 18, 1969.

Re Food stamp surplus foods.

Senator GEORGE MCGOVERN,
Senate Office Building,
Washington, D.C.

DEAR SIR: Dealing with the elderly here in Westmoreland County in the eastern portion of Pennsylvania, has brought a few inadequacies to my attention concerning both the Food Stamp Program and surplus foods. We have converted over from surplus foods here in our County to the Food Stamp Program approximately a year and a half ago. Since that time, I have had the opportunity to view the Food Stamp Program and find that it is not the ultimate for our Senior Citizens. My first point is that should a couple in their 70s or 80s find that it would be to their advantage to have someone else in the home in case of emergencies and consequently invite a relative which we will call, for name's sake, Uncle Pete. We find that Uncle Pete is on a pension of about $180 a month and utilizes that pension for drinking purposes and does not contribute at all to the home and takes his meals in a restaurant. Now we find our older couple in a dilemma. The Food Stamp Program computes the older couple's income along with Uncle Pete's income and as a result the older couple is not eligible for food stamps. They have one of two electives at this point. Either forget about food stamps or ask Uncle Pete to leave and thereby lose some form of security in case of accident in the home. I believe that we should look more realistically at this type of guideline established by the Department of Agriculture and make allowances for our Senior Citizens.

The base figure used on income for food stamps for the elderly is unrealistic. I am referring to that figure that is established what each person must purchase each month in food stamps in order to be eligible for the program. This figure is unrealistic with our Senior Citizens. I find that the idea may be good whereas the person must spend so much of his total income for food in order to insure that this person will receive an adequate diet, but on many occasions the elderly person can not afford to spend 15 or 20 dollars every 2 weeks towards the purchase of food. There are times during the winter months where electric, gas, and coal bills are high and the person just can't spend that money for food stamps. As a result of this they miss buying stamps on two occasions and then are automatically cut off the Food Stamp Program. They in turn must re-apply and go through the application process. I am recommending a graduated type of compulsory purchasing for the elderly whereas the Agriculture Department would automatically cut in half the mandatory purchase figure for our Senior Citizens and then give the Senior Citizens an elective to take any graduation from half the mandatory figure presently used, up to the mandatory figures established on their income so stated now by the Department of Agriculture. If according to the elderly person's income they now must purchase 16 dollars every two weeks, the figure for the elderly could be established at 8 dollars and then the elderly person could have the elective of taking any figure from 8 up to 16 dollars as his food stamp purchase each two weeks. The elderly know their own buying power according to what their monthly income which they are now receiving. This would be a more realistic approach. The same thing as I spoke of for winter holds true of summer when a lot of the elderly have gardens and in turn do not need to spend the set figure each two weeks as established by the Department of Agriculture. As a result of this they are again removed from the Food Stamp Program and must again go through the application procedure.

SUGGESTED PLAN FOR ELDERLY

I am willing to state that no more than 2 to possibly 5 percent of our elderly are utilizing the Food Stamp Program here in our County. I do not have statistics to document this statement, but do sincerely believe that if a survey would be taken of our 38,000 Senior Citizens here in our County aged 65 and over, you would not have a higher percentage than 5 percent.

The tour through the south greatly dramatized the hunger there, but was pointed specifically to the youth and middle-age group. I would like to see your sub-committee point out as to how many of our elderly throughout the U.S. are living on inadequate diets. I would like to suggest that you construct a questionaire concerning the Food Stamp Program, surplus foods and eating habits of our Senior Citizens and then forward this questionaire to the people who are dealing directly with the Senior Citizen, not to State level offices but to those people who can give an honest answer to find out exactly how they see hunger and our Senior Citizen. I am almost assured that you would receive at least a 90 percent response.

I would like to comment that the organizations that do try to alleviate malnutrition and do try to furnish a hot meal to our Senior Citizens find great difficulty in securing surplus foods. I am speaking of those organizations such as senior centers who provide a hot lunch as part of their program and also all the various meals-on-wheels programs. We constantly talk about feeding our starving people, but when the organizations such as I mention try to secure surplus foods to help supplement what they are buying in order to keep the noon meal from around 35 cents to 50 cents, they run into difficulty with each of the States surplus foods offices in securing the food. We ran into the difficulty in Johnstown, Pa. when they tried to secure surplus foods for the Senior Center there. It took the intervention of a State Senator to make sure that the center received surplus foods. I believe that this should be revamped by the Department of Agriculture to make it easier when an organization is trying to feed our elderly, which by all means do live on very limited incomes. I also believe that along with surplus foods the so-called commodity foods (if my term is correct) should be made available to centers and groups feeding our elderly. This would include items such as meat, etc. that is presently provided to our schools and hospitals.

I hope that I have not bored you by my ramblings but do believe that something must be done by the Department of Agriculture to insure that our people receive adequate diets. I would appreciate your comments.

Thank you.

Very truly yours,

WILLIAM T. ZALOT,
Coordinator-Director.

HOW CAN THE AGED BE REACHED?

THE GOLDEN AGE CENTER OF CLEVELAND—ANNUAL REPORT, FEBRUARY 11, 1969

Currently there is vigorous debate about the methods and objectives of some of our established institutions. The church is going through considerable tension between the activists who stress social change and those who believe the church should be inner-directed and worship oriented. The universities have a violent dissenting minority who are demanding more student autonomy and freedom from traditional restraints.

There are similar differences of opinion about the proper roles of community social work agencies, including Golden Age Centers. What services should a senior center provide? Should centers be multi-aged as well as multi-service? Are political activity and the development of social pressure under center sponsorship desirable even at the risk of endangering a tax-exempt status? How much help do you give elderly clients before you encourage dependency and, even if you do, is that bad? When there is so much inner-city tension and competition for the community fund dollar how legitimate is it to spend chest funds to provide recreation for those who are old?

Conformity is not necessarily desirable. You remember the story in Greek mythology about the bed of the robber, Procrustes. He laid his victims on the bed and those guests who were too tall he lopped off and those who were too short he stretched out to make them fit. It doesnt' work too well with institutions. Except in the completely regulated state we should not expect agencies to operate in exactly the same way. In the hundreds of senior centers across the country it is inevitable and good that there is diversity of program. We learn from and are stimulated by each other. What goes on in a center is determined by the wishes of the members, the imagination and energy of the staff and the availability of money . . . all essential ingredients.

This annual report is necessarily brief. We hope it will tell you a little bit about us and our hopes. If you have never visited us, come do so. The pages of a report can never catch the vitality of the real thing.

JAMES H. WOODS,
Executive Director.

1968 income sampling—Golden Age Center members—October 1968

Ansel Road Center:		
69 single persons averaged	cash income per month	$102
21 couples averaged	do	$178
Single persons:		
$90 and under	persons	27
$91 to $125	do	32
$126 to $150	do	7
$151 and over	do	3
Couples:		
$125 and under	couples	4
$126 to $175	do	6
$176 to $225	do	9
$226 and over	do	2
Additional help from family or friends:		
None	persons or couples	72
Occasionally	do	14
Regularly	do	4
Lucia J. Bing Center:		
51 single persons averaged	cash income per month	$108
51 couples averaged	do	$209
$90 and under	persons	14
$91 to $125	do	27
$126 to $150	do	6
$126 to $150	do	6
$151 and over	do	4
Couples:		
$125 and under		None
$126 to $175	couples	4
$176 to $225	do	4
$226 and over	do	4

1968 income sampling—Golden Age Center members—October 1968—Continued

Additional help from family or friends:		
None	persons or couples	53
Occasionally	do	9
Reguarly	do	1
Riverview Center:		
82 Single persons averaged	cash income per month	$118
30 Couples averaged	do	204
Single persons:		
$90 and under	(persons)	16
$91 to $125	do	44
$126 to $150	do	9
$151 and over	do	13
Couples:		
$125 and under	(couples)	1
$126 to $175	do	10
$176 to $225	do	10
$226 and over	do	10
Additional help from family or friends:		
None	(persons or couples)	90
Occasionally	do	14
Regularly	do	8

ERNEST J. BOHN CENTER,
Cleveland, Ohio, February 1, 1969.

Important among the changes this year is our new name. We are now the Ernest J. Bohn Center. Like a new bride, it takes a little time to get used to the strange sound but we are proud to be associated with the name of the man who has done so much for public housing and the elderly.

We have lost three staff members and this is always disturbing in a small agency. Harold Mailman, who served so ably as Program Director, resigned October 7th. Mrs. Sue MacMillan, who was Mr. Mailman's assistant, carried on very well in the absence of a Program Director to the end of 1968 when she resigned. Clarence Huff, our fine custodian, died unexpectedly. Mr. Huff was a quiet gentle man, thoroughly dependable. He served the Center eleven years. All of us miss him.

The primary concern of our members continues to be safety on the streets. This has not improved. The elderly are so vulnerable to those who deal in violence.

Another area of concern is the Center cafeteria. Mrs. Leota Cain, who supervised the cafeteria for four years, first as a volunteer and then at a small salary, resigned at the end of November due to poor health. Miss Florence Levy, recently retired head dietitian of Mt. Sinai Hospital, has volunteered to be our new consultant. Due to the cafeteria being in a separate building from Springbrook and Wade Apartments, the number of members using the cafeteria especially during the winter is small. This has resulted in a financial loss. We are hoping to find ways to increase the patronage, since continuance of the cafeteria is considered important to the members from a health angle.

We regret there is no covered passageway connecting Springbrook and the Center building. In inclement weather residents are kept from participating in Center activities that they enjoy.

We are pleased that the extension program at Wade Apartments continues to do well under the guiding hand of Mrs. Erma Brolin. The grant under Title III of the Older Americans Act enables us to employ a half-time worker there. Wade Apartments residents who find even the short distance to the Center too much for them now have social and craft opportunities under their own roof.

Each month there are program highlights, a party or a special happening. We are pleased when our friends find it possible to provide us with tickets for musical and sporting events. Of great importance are the weekly meetings of the clubs and committees. It is here that our members express themselves and share in the on-going operation of the Center.

People are not alike in the values they seek in a Center. The program must reflect this diversity of interest. Here are some of the special interest groups in 1968: Bridge classes, two cancer bandage groups, flowermaking, ceramics, hortotherapy at Holden Arboretum, hiking, leathercraft, rug hooking, painting, weaving, knitting, ladies chorus, men's glee club, copper enameling. A listing of the Center committees would indicate an equally wide variety.

An agency such as the Center is only as good as the volunteers it attracts. Certainly a small staff cannot do all that is required. Members help a great deal and it is a cardinal rule that no volunteer should perform services that members can do equally well. We cherish those men and women who help us so faithfully and with such great kindness. The halos they wear are bright and shining.

Thanks to: Lucille MacDonald, copper enameling; Elizabeth Alexander, Golden Aiders advisor; Mrs. S. J. Battler, English class; Mabel Baker, English class; Merle Kann, Men's Glee Club; Gertrude Tegge, ladies chorus; Betty Woods, weaving; Mrs. R. C. Hanna, Wade cancer bandage; Mrs. Robert Mathias, Wade cancer bandage; Mrs. Fred Beal, ceramics; Katherine Cole, Center news advisor; Mrs. Henry Dimick, Wade English class; Charles Bruner, transportation; Bert H. Shaffer, transportation; Mrs. Franklin Veatch, transportation; Mrs. Charles Cosnett, transportation; Nicholas Gecsy, transportation; Mr. & Mrs. M. A. Davidson, Mr. and Mrs. Club; Mr. & Mrs. Daniel J. Roth, Mr. and Mrs. Club; Mr. & Mrs. Kenneth Kolt, Mr. and Mrs. Club.

The risk of making a list of those to whom gratitude is due is that someone is omitted. If there is such oversight, we regret it.

The Housing Management office of Springbrook-Wade under Thomas Hannen is always cooperative. It is helpful in a great many ways.

Statistically there has been no great change in our membership during the past year. In common with all centers serving the elderly there is some attrition due to death. New memberships make this up plus a small total increase but they bring with them the same general background. An examination of the membership statistics, listed separately, is interesting.

One of our regrets was our inability to continue our program of family get-togethers started in 1967, due to reduction in staff and our request to the Langley Trust for funds for this purpose being turned down. Therefore, no progress has been made this year in helping to strengthen family ties which would bring special happiness to our Golden Age members.

A very welcome gift was received in late December from the Thomas H. White Charitable Trust for the purpose of buying a pool table. We anticipate this will result in a great deal of pleasure for our men.

THEODORA O. PENNINGTON, CHAIRMAN.
ERNEST J. BOHN, CENTER PROGRAM COMMITTEE.

THE GOLDEN AGE CENTER—CLEVELAND, OHIO

(The members we serve at Ansel Road Center, 1968)

[In percent]

	1966	1967	1968
Age range:			
Under 60 years			3
60 to 69 years	25	23	22
70 to 79 years	54	56	54
80 and over	21	21	21
Place of birth:			
Cleveland	15	12	11
Native American	56	60	62
Foreign born	29	28	27
Marital status:			
Married	31	37	37
Widowed	56	50	47
Single	8	7	9
Divorced	5	6	7
Where members live:			
Springbrook Apartment	50	47	42
Wade Apartment	29	32	30
Community	21	21	28
Type of dwelling:			
Room	2	4	2
Apartment	73	87	82
Own home	25	9	16
Living arrangement:			
Lives with spouse	27	35	37
Lives alone	65	60	54
Lives with friends	2	1	3
Lives with relatives	6	4	6
Nearest relative:			
Children	62	53	54
Brother or sister	17	27	27
Niece or nephew	17	16	12
None	4	4	7
Frequency they see relatives:			
Often	66	71	48
Occasionally	34	29	20
Not at all (no relatives or visitors)			32

	1966	1967	1968
Education:			
No formal education	12	9	8
4 years or less	7	8	8
5 years	4	4	4
6 years	11	7	7
7 years	3	3	4
8 years	23	24	25
9 years	4	5	6
High school, nongraduate	12	7	8
High school graduate	14	25	22
Posthigh school (college, business school, nurses training, etc.)	10	8	8
Religion:			
Protestant	52	60	64
Jewish	28	25	15
Catholic	15	15	15
Other or none	5		5
Clinic attendance:			
Springbrook	33	34	38
Other clinics	56	52	52
No clinic	11	14	10
Source of income:			
Social security	53	55	54
Aid for the aged	6	6	4
Social security and other	25	26	25
Social security and aid for the aged	5	6	7
Other	11	7	10
Negro membership	35	31	35
White membership	65	69	65
Male membership	28	22	23
Fenale membership	72	78	77

Total membership, 451; average daily attendance: 1966, 133; 1967, 135; 1968, 165.

SCHEDULE OF ACTIVITIES FOR ERNEST J. BOHN GOLDEN AGE CENTER - FEBRUARY 1969

Program	Tuesday	Wednesday	Thursday	Friday
9:30 Weaving 3	10:00 Men's Glee Club 4 10:00 Ceramics 4:00 University Social Club Smorgasbord Dinner	9:30 Copper Enameling 5 10:30 Health Committee 1:00 Wed. Golden Aiders Business Meeting "What the Center Means to Me"	9:30 Painting Class 6 9:30 Sewing Class 10:30 Ladies Chorus 1:30 Springbrook Social Club - "Impressionistic Art" - Mr. Alex Dery	10:00 Leathercraft 7 10:00 Catholic Devotions 1:30 Cancer Bandage Group
9:30 Weaving 10 1:30 AMA General Meeting - Speaker - "Aid For The Aged Program"	10:30 Men's Glee Club 11 10:00 Ceramics 1:30 Sequoia Men's Club 1:30 University Social Club - "Geriatrics" - Maribel Haskins - Contribution, Editor of Plain Dealer	9:30 Copper Enameling 12 10:30 Health Committee - Home Nursing Course 1:00 Wed. Golden Aiders - "Refresher on Parliamentary Procedure"	9:30 Painting Class 13 9:30 Sewing Class 0:30 Ladies Chorus 1:30 Springbrook Social Club - Folk Singer, Mr. Allen Beil	10:00 Leathercraft 14 1:30 CENTER VALENTINE PARTY
9:30 Weaving 17 7:45 AMA Bingo Bring a 25¢ Gift	10:00 Men's Glee Club 18 10:00 Ceramics 1:30 University Social Club Film - "Holland"	9:30 Copper Enameling 19 10:30 Health Committee Home Nursing Course 1:00 Golden Aiders Valentine Party 2:00 Haircuts 8:00 Mr. & Mrs. Club Technicolor Film - "Art of Love"	9:30 Painting Class 20 9:30 Sewing Class 10:30 Ladies Chorus 4:00 Springbrook Social Club Box Chicken Supper - Get Ticket	CENTER CLOSED 21 for WASHINGTON'S BIRTHDAY
9:30 Weaving 24 1:30 AMA Executive Committee Meeting	10:80 Men's Glee Club 25 10:00 Ceramics 1:30 University Social Club - Free Bingo for Members 1:30 Sequoia Men's Club	9:30 Copper Enameling 26 10:00 Health Committee Home Nursing Course 1:00 Golden Aiders - Dialogue on Aid For The Aged Program	9:30 painting Class 27 9:30 Sewing Class 10:30 Ladies Chorus 1:30 Springbrook Social Club - Film "Mexico"	10:00 Leathercraft 28 1:30 Cancer Bandage Group

IMPORTANT DATES TO REMEMBER

Feb. 10 - 1:30 AMA General Meeting - Wade Transportation
Feb. 14 - 1:30 Center VALENTINE PARTY - "
Feb. 19 - 8:00 p.m. Mr. & Mrs. Club - Technicolor Film: "The Art of Love" - Dick Van Dyke and Elke Sommers
Feb. 21 - CENTER CLOSED for Washington's Birthday
Feb. 19 - 2:00 p.m. HAIRCUTS

WADE EXTENTION GOLDEN AGE CENTER - FEBRUARY 1969

...day	Tuesday	Wednesday	Thursday	Friday
3	4	5 10:30 Health Committee at Center 1:00 Wednesday Get-Together Club - Service Project and Business Meeting	6 1:30 Thursday Social Club - Business Meeting - Light Music - Thursday Social Club Singing Chorus	7 10:00 Catholic Devotions at Center 1:30 Wade Men's Club Business Meeting
10 1:30 AMA General Meeting - Program, "Aid for the Aged"	11	12 10:30 Health Committee at Center - Home Nursing Course 1:00 Wednesday Get-Together Club - Valentine Luncheon	13 1:00 Thursday Social Club - Entertainmobile Funny Valentines - Valentine Luncheon	14 1:30 CENTER VALENTINE PARTY
17	18	19 10:30 Health Committee at Center - Home Nursing Course 1:00 Wed. Get-Together Club - Birthday Party Film on Project Hope 2:00 Haircuts at Center	20 1:30 Thursday Social Club - Film - "Land of White Alice" - Story of Alaska	21 CENTER CLOSED for Washington's Birthday
24 1:30 AMA Executive Meeting at Center	25	26 10:30 Health Committee at Center - Home Nursing Course 1:00 Wednesday Get-Together Club - Trip to Cleveland Greenhouse	27 1:30 Thursday Social Club - Birthday Party - Violinist will entertain	28 1:30 Wade Men's Club - Trip to Terminal Tower
February 19	8:00 p.m. - Mr. & Mrs. with Dick Van Dyke and Eike Sommer	Club Program at Center -	Technicolor Film, "Art of Love,"	

Casework at Ernest J. Bohn and Lucia J. Bing Centers—1968

The recent unexpected death of our fine caseworker, Mrs. Mildred Carson, prevents this from being her personal report of work accomplished and future hopes. Like so many others who go about their duties with quiet efficiency we realize, in her absence, how much we depended on her. She had excellent judgement, patience and a life-time's accumulation of knowledge that she brought into the service of her clients. Heaven blessed her with a sense of humor as well as compassion. It kept her work from ever becoming drudgery or jaded. Her colleagues, all through her lifetime, were glad to be in her company for she was a "comfortable" person. It was the wish of the Center members and approved by the Center Board of Trustees that a plaque in her honor be placed in the Ernest J. Bohn Center. It will read:

In Memory of Mildred M. Carson, 1896–1969. A beloved staff member of the Golden Age Center. Compassionate and skilled she gave a lifetime of service to older people and all humanity.

Our caseworker is employed 20 hours per week. During this period she serves clients with problems at the two East Side Centers. She supervises the Helping Hands at the Lucia Bing Center and the Friendly Neighbors at Wade Apartments. This is the network of members who agreed to watch for and report personal emergency situations in the two high-rise buildings. The caseworker supervises the two casework aides who are employed 20 hours per week under our Title III program. These fine ladies, who are also Center members, work regularly as friendly visitors to a list of homebound members that numbers from 86 to 105 men and women.

Casework situations are frequently time-consuming. Each of our three Centers should have a full-time caseworker. Those who are in the closing years of life, who have no responsible family, need and deserve the services of a caseworker who has time to listen and to help. The elderly suffer and die quietly and, consequently, neglect is often their portion. The Center will continue to remind those who have the power to meet these needs through adequate funding that a community and a people are judged by how they treat their aged.

James H. Woods,
Executive Director.

ANNUAL REPORT FOR 1968, ERNEST J. BOHN CENTER

SOME ACTION AND PRELIMINARY FINDINGS ON THE TITLE IV FRONT

Since May 15, 1967, the Project has been giving high priority to facilitating a supportive emphatic social work role toward two socially isolated groups of older persons not generally served effectively by senior centers. The three year grant under the Older American Act has two components that run simultaneously: 1) involvement of a group of institutionalized geriatric patients in the activities of a senior center, and 2) the development of a special social and cultural milieu, in three separate centers, for retired men living in public housing.

Our staff capability has been expanded this year with the hiring of four college students part-time to work with the hospital patients, to bolster the center club activities, and to develop and evaluate program statistics.

State hospital-senior center program

It is generally accepted that many older people in mental hospitals may be fruitfully returned to the community. We wanted to test a program of community reintegration *during* institutionalization in the hope that the geriatric patient could begin to develop positive community experiences. One hypothesis was that the best place to develop and to reinforce social skills was within the normal setting of a community agency rather than in a mental hospital.

Our method was to expose 24 patients to the center programs for one year and to repeat the experiment with a new group in each of the following two years. From the experiences of the first two years of the program we have been able to modify our approach and deal more effectively with the State Hospital's new emphasis on outward movement of patients and with the preparation of the patients themselves for such an experience.

Subjective findings

Since the beginning of the project, we have had 65 patient participants. While changes in State Hospital organization have made it difficult to objectively evaluate the effect on these first participants, there is subjective evidence that regular group sessions at the Center may provide the geriatric patient with the opportunity for socialization that will be the basis for re-entering the community. The low-pressure center environment gives the patient a sense of membership in a social group; it does not "put him on the spot." Therefore, emotional growth in the geriatric patient may have been promoted.

As a corollary result, the program has shown the hospital staff that there is a very real possibility of involving the patients in activities outside the hospital confines. This is in contrast to the old notion that "only hospitals could care for mental patients."

Retirement as a new social institution

For many men, retirement poses three basic problems: 1) the difficulty of assimilating the attitude of sociability natural to women, 2) the loss of status identity, and 3) the loss of peer group affiliations. The problem of finding a suitable substitute membership group produces a visible strain for many men. Thus, retirement, as a transition between societal engagement and disengagement, may significantly affect psychology and morale.

The retired men—still pioneering

The development of a special milieu for retired men in public housing has been carried forward through the establishment of men's clubs in each of the three senior centers:

The Sequoia Men's Club with 40 members.
The Bing Center Men's Social Club with 25 members.
The South East Brotherhood Club of Riverview with 25 members.

Program

Each group is unique in its program, abilities, and membership composition. An effort has been made to give progressive and varied program experiences to the group members in an attempt to develop their own capabilities and interests. It is hoped that the conflict, controversy, and confrontation of group activities, rather than presenting barriers to social involvement, will become challenges to face and to enjoy.

The range of activities currently being carried out by the three groups compares favorably with programs serving this age group throughout the country.

Aside from business and organizational meetings, club activities involve musical performances, special speakers, movies, tours and recreational activities such as pool, fishing, and shuffleboard.

After the early efforts to form a cohesive group by emphasizing masculine activities, we have begun to involve the men in general center activities such as trips, picnics and holiday dinners.

Conclusions

The Title IV project has 1) increased our understanding of the situation of geriatric mental patients and allowed us to modify our approach to their rehabilitation; and 2) has fostered the development and growth of programs that involve retired men in public housing in community endeavors.

EDWARD J. WOJNIAK,
ACSW, Director of the Title IV Project.

ANNUAL REPORT FOR 1968, LUCIA BING GOLDEN AGE CENTER

VIGNETTES OF PROGRESS

The impact and importance of new faces, new programs and new projects embrace a wide range of meaning for different members, volunteers, staff and friends associated with the Lucia J. Bing Golden Age Center.

Nancy Mathias, who joined our program staff in September, feels that there is something very special about the Bing Center Spirit that is contagious. This spirit is radiated by the members and volunteers through what she calls "their sense of otherness".

Program committee teams

When a group of dynamic, concerned, resourceful community volunteers decide to be a team and team up to do a job the job gets done! Our Program Committee got off to a new start in January 1968 when Laurie Getz, Chairman, recruited eight new members for the Program Committee, placing each of them in a responsible leadership position, according to their interests and skills.

Any possible anxiety was eliminated through a four hour orientation session at which time the volunteers met 30 live-wire Center Members parading their clubs, arts and crafts and other interest projects in a passing review.

Nine program teams composed of two committee members work in the following areas: Clubs and Classes, Volunteer Recruitment, Cafeteria, Men's Work, Special Activities, Fund Raising, Membership, Health and Center Beautification. Each team reviews and studies in depth its given area and undergirds its development. At our Committee Meetings the combined report of the teams give a comprehensive picture of what is being done in fulfilling the needs of our members. Every phase of our program is marked with the influence and leadership of one or several of our program teams.

The Council of Elders Initiates New Programs

The Council of Elders Assembly, which is the membership organization that includes all Center Members and meets in assembly the first Monday of each month, is in full knowledge of the Center Program through the work of its Executive Committee.

The Executive Committee seldom misses the opportunity to experiment with new ideas. Three of the new program events projected by the Council in 1968 are as follows:

FOCUS ON MEN AND ACCENT ON WOMEN

March was designated for emphasis on men's activities and April for women. In addition to parties and trips, 30 women lunched with ten professional women who work in the neighborhood and learned more about their jobs. One group attended a City Council Meeting after being briefed by the councilman and another group visited the Half-Way House.

PROGRAM PLANNING RETREATS

Program Committee members transported and entertained in their homes the new Executive Committees of our Council and Clubs, and accomplished the planning of a three month program calendar.

FOLIAGE TOUR FOR MEMBERS 90 YEARS AND OVER

This Autumnal Tour was taken in September and included a stop for lunch at the Lancer's Steak House. This will be an annual event and will be scheduled for later in the fall.

The faithful attendance of 22 Executive Committee Members, including all Committee Chairmen and Club Presidents who accept a variety of assignments makes the Council the vanguard of progress.

Through Clubs and Classes more than 250 Center Members experience the "in-group" fellowship. These members who come to Bing week after week are the public relation agents for our interest groups and mass activities as well as participants. This year some 35 men of Bing organized themselves into the Bing Men's Social Club with the help of a program specialist for men.

The innovation for clubs this year was the Program Planning Retreats. In May all the clubs participated in a joint Program Brainstorming Session sponsored by the Club and Class Team. This enabled each club to make a more effective use of its Program Planning Retreat. New places were proposed for trips; new party themes were presented; new ideas for educational programs, fund raising events and community service projects were suggested.

In place of the usual Card Party and Bake Sale for raising club funds the Thursday Social Club is selling Mayer's Greeting Cards and the Get Together Club is taking orders for Betty Kitchen Candy. The Good Will Club engaged the Junior League Puppet Show for the children at the Bessie Metzenbaum Receiving Home, took gifts and refreshments and enjoyed the show with the children. This is indeed a new kind of community service project.

We remember with great delight the success of the Center Arts and Crafts show that opened with a pop concert attracting over 150 members and friends to see what had been accomplished in Basketry, Enameling, Rug Hooking, Creative Hand Crafts, Leathercraft and Liquid Embroidery. Our Club and Class Team was responsible for planning and promoting this event.

New faces in old places

Our seven social clubs continue to fill the need for friendship, leadership and various kinds of program involvement for many members with the help of resourceful volunteer advisors.

We are very fortunate in having the volunteer help of Miss Ruth Lichty, Mrs. Paul Lytle Jr., and Mrs. Willard Hirsh. Cindy Lytle, advisor to our Center News is a mother and housewife interested in drama and newspaper work. She came to us through the Junior League Provisional Program. Ruth Lichty, the advisor to the Good Will Club is a retired school teacher who knows how to help people to help themselves. Sallie Hirsh, advisor to the Old Timers Club is a registered nurse.

When a new advisor comes to work with a club new things begin to happen for each advisor brings a new face, a new personality, a host of new friends and many new program resources.

The future looks bright around us

As if touched by a magic wand the community around Lucia Bing Center is being transformed into mansions and castles right before our very eyes. Two years ago the eyesore tumbled down shacks and heaped debris on the east side of east 30th street was scooped up and hauled away, making room for the Metzenbaum Children's Receiving Center and the Teachers' Credit Union.

This year St. Phillips Church not only lights the northeast corner but also stands as a beacon of inter-faith cooperation administering to many of our Center Members. The Jane Addams Vocational High School is now completed and the principal, Miss Mary Martin, has made several visits to our Center and has opened the door for our Golden Agers to make use of their school of cosmetology.

Our attention is now being attracted to the Cleveland Community College building program. It seems quite possible that we could have an avenue of mutual exchange through this institution, such as providing opportunities for Social Studies students interested in working and learning about Senior Citizens and also students who wish to do volunteer work.

It is our hope that the "little stories" drawn from the annals of last year do justice in expressing some measure of appreciation for the hard work and splen-

did cooperation of our Center Members, Volunteers and Staff who kept Bing in the running in 1968.

LOIS REEVES,
Program Director.
MRS. CHARLES GETZ,
Chairman, Program Committee.

LUCIA BING GOLDEN AGE CENTER - ACTIVITIES FEBRUARY 1969

THINGS TO NOTE ESPECIALLY: -
February 5th - Trip to Colony Theatre for "Finian's Rainbow"
$1.75 admission and transportation.
February 26th Old Timers Club - 1:00 Flea Market & Card Party
February 11th- Men's Club Chicken Dinner at Center - $1.00.
February 14th Men's Trip - Grotto Circus

9:30 Basketry & Can'g 10:30 Men's Club 11:30 CAFETERIA 1:30 Merry Makers 1:30 Good Will Club 2:30 SNACK BAR 3:00 COUNCIL OF ELDERS Mr.Troy James,Speaker	3	10:00 News Staff 10:00 Men's Chorus 11:30 CAFETERIA 2:30 SNACK BAR	4	10:30 Poetry Class 11:30 CAFETERIA 1:00 Theatre Party 2:30 SNACK BAR 2:00 HAIR CUTS-FREE	5
11:30 CAFETERIA 1:00 Thursday Social 1:30 Get Together 2:30 SNACK BAR	6	9:30 Liquid Embr. 11:30 CAFETERIA 1:00 Golden Age Chor 1:30 Friendship Cir. 1:30 German Club 2:30 SNACK BAR	7		
9:30 Basketry & Can'g 10:30 Men's Club 11:30 CAFETERIA 1:30 Merry Makers 1:30 Good Will Club 2:30 SNACK BAR	10	10:00 News Staff 10:00 Men's Chorus 11:30 CAFETERIA 2:30 SNACK BAR	11	10:30 Poetry Class 11:30 CAFETERIA 1:30 Old Timers 2:30 SNACK BAR	12
11:30 CAFETERIA 1:00 Thursday Social 1:30 Get To-gether 2:30 SNACK BAR	13	9:30 Liquid Embr. 11:30 CAFETERIA 1:00 Card Club 1:00 Golden Age Ch. 1:30 Friendship Cir. 2:30 SNACK BAR	14		
9:30 Basketry & Can'g 10:30 Men's Club 11:30 CAFETERIA 1:30 Merry Makers 1:30 Good Will Club 2:30 SNACK BAR	17	10:00 News Staff 10:00 Men's Chorus 11:30 CAFETERIA 2:30 SNACK BAR	18	10:30 Poetry Class 11:30 CAFETERIA 1:30 Old Timers 2:30 SNACK BAR	19
11:30 CAFETERIA 1:00 Thursday Social 1:30 Get Together 2:30 SNACK BAR	20	9:30 Liquid Embr. 11:30 CAFETERIA 1:00 Card Club 1:00 Golden Age Chor 1:30 Friendship Cir. 1:30 German Club	21		
9:30 Basketry & Can'g 10:30 Men's Club 11:30 CAFETERIA 1:30 Merry Makers 1:30 Good Will Club 2:30 SNACK BAR	24	10:00 News Staff 10:00 Men's Chorus 11:30 CAFETERIA 2:30 SNACK BAR	25	10:30 Poetry Class 11:30 CAFETERIA 1:30 Old Timers 2:30 SNACK BAR	26
11:30 CAFETERIA 1:00 Thursday Social 1:30 Get To-gether 2:30 SNACK BAR	27	9:30 Liquid Embr. 11:30 CAFETERIA 1:00 Card Club 1:00 Golden Age Chr. 2:30 SNACK BAR 3:00 4th Fri.MOVIE	28		

THE GOLDEN AGE CENTER - CLEVELAND, OHIO

THE MEMBERS WE SERVE
AT LUCIA J BING CENTER

AGE RANGE	1966	1967	1968
60-64 years	6%	6⅕%	7%
65-69 years	9%	14%	12%
70-74 years	24%	24⅕%	23%
75-79 years	27%	26⅕%	30%
80-84 years	19%	18%	18%
85-89 years	11%	7%	8%
90 years and over	4%	3⅕%	2%

PLACE OF BIRTH			
Native born	80%	78 %	78%
Foreign born	20%	22 %	22%

MARITAL STATUS			
Married	35%	32%	30%
Widowed	54%	57%	61%
Single	7%	6%	7%
Divorced	4%	5%	2%

TYPE OF DWELLING			
Furnished room	1%	12%	2%
Apartment	76%	73⅕%	76%
Own Home	23%	14⅕%	22%

LIVING ARRANGEMENTS			
Lives with spouse	45%	36%	29⅕%
Lives alone	45%	44%	56%
Lives with friends	2%	5%	2⅕%
Lives with relatives	8%	15%	12%

EDUCATION			
4 years	1%	7%	12%
5 years	6%	6%	6%
6 years	11%	10%	9%
7 years	6%	6%	5%
8 years	27%	28%	27%
High School, non-grad	19%	20%	18%
High School Grad	19%	16%	16%
Post High School nurses trng etc	5% 6%	1% 5%	1% 5%

Male Membership	130	129	83
Female Membership	328	397	255

NEAREST RELATIVE	1966	1967	1968
Children	55%	48%	61%
Brother or Sister	21%	26%	23%
Niece or nephew	8%	7%	7%
None	8%	6%	4%
Other	12%	12%	5%

FREQUENCY THEY SEE RELATIVES			
Often	66%	53%	65%
Occasionally	24%	44%	33%
Never	10%	3%	2%

RELIGION			
Protestant	61%	60%	77%
Catholic	25%	20⅕%	19%
Jewish	6%	12⅕%	2%
Other or none	8%	7%	2%

WHERE MEMBERS LIVE			
In Center Building	36%	37⅕%	44%
In other units, Cedar	20%	28%	26%
In other neighborhoods	44%	34⅕%	30%

SOURCE OF INCOME			
Social Security	41%	52%	76%
Aid for the Aged	5%	9%	5%
Other	9%	7%	5%
Soc Security & other	17%	16%	4%
Soc.Sec & Aid for A	7%	7%	3%
No information	21%	9%	7%

SEX OF MEMBERS			
Male	28.4%	28%	24%
Female	28%	72%	76%

RACE OF MEMBERS			
Negro	25¼%	30%	30%
White	793/4%	70%	70%

AVERAGE ATTENDANCE			
Per Day	215	198	165

RIVERVIEW CENTER 1968

As Riverview completes its fifth year of operation, the membership association is recognizing those people who have had continuous membership for this period. Out of the 642 January enrollment 332 members will have five-year certificates to add to their charter membership cards. This evidence of loyal support and personal satisfaction in the program of the center is pleasing to note. There are small incidents almost daily which indicate that the agency does offer a congenial way of life to many individuals.

The passing of time is reflected in the increase by 15% of members in their 70's and 5% in their 80's with a corresponding decrease by 20% of members in their 60's. About the same number of members each year are residents of Riverview, and the proportion of those affiliated with the center to the total resident population is constant in spite of changes which occur from year to year.

Two couples celebrated their golden wedding anniversaries in 1968, bringing to 18 the number of couples here who have passed this milestone. The membership recognized these couples at the New Year's Eve party with many expressions of goodwill.

The Riverview Members Association took up matters of current interest at its monthly meetings and participated in conferences for senior citizens locally and statewide. They sponsored a Club Leadership Institute in February in which club officers from other groups in the city discussed along with center officers the problems of club management, finances and program events.

In the spring the association laid plans to participate along with other local agencies in a neighborhood street fair; unfortunately this event was rained out.

In March two representatives from the membership association attended the Workshop for Leaders in Columbus, and in May a dozen members went to the Governor's Conference on Aging at the capitol. The association was planning to send a delegation to the Fall Meeting of the Ohio Association of Senior Centers, but the projected conference did not take place.

There have been major staff changes at Riverview this year with consequent dislocations. The manager, assistant manager and maintenance superintendent of the estate were transferred in August. The membership sponsored a reception for these good friends, and subsequently they have greeted and welcomed their successors when the transition was accomplished. The Residents Committee staffed by the center is continuing its invaluable service as a liaison between the residents, the center and the management.

In the center staff the loss of a long-time program assistant caused some disruption and curtailment of activity, but most of the members have been patient and helpful in the interim. Our former leader was given a farewell party and was warmly welcomed on her return visit to the Anniversary Meeting of the membership association. The summer student fortunately was able to carry on in regular activities and to enliven the summertime program. After completing her work at Riverview she was a counselor at the Camp Cleveland Golden Age Camp.

We are glad to have Miss Linda Lerner, a graduate of Ohio State University and a resident of North Olmsted, as program assistant now. In her quiet efficient way and perceptive approach she is making a place for herself among the whole membership.

The Annual Bazaar at Riverview was held late in December, and at the suggestion of the planning committee the proceeds will be used toward the purchase of window curtains for the main meeting room.

The cafeteria is doing well because of the good meals planned and prepared by the cook, Mrs. Newburn. Over the year 1968 the daily attendance has averaged 64. The service of many members who man the cafeteria and snack bar is gratefully acknowledged. Without their faithful assistance there could be no cafeteria, which is such a boon to the members. Unfortunately there are not enough who are able and willing to donate their efforts to this important service.

The Helping Hands program is another service which has suffered because of lack of sustained leadership and because some members do not want to assume the responsibility for helping others. With the assistance of the Advisory Committee the group may be able to function as it should in the near future.

The Riverview Advisory Program Committee has worked more on an individual basis than as a group. Members have acted as advisors to the Health Education Committee, the Hungarian Circle, the Lady Bird Society, the Sunday Open House, and the Library, and one is our most regular Friendly Visitor.

The committee planned the important Recognition Party for center-member volunteers. They held a small party for the non-member volunteers who lead

the Ladies Chorus, the Men's Glee Club, the Bridge Class, and the Organ Class. One of the committee has completed arrangements which resulted in four appearances which reflect credit on the work of the center. Throughout the month of October there was an exhibit of handcrafts from the Golden Age Center on display at the Women's City Club. The Riverview Ladies Chorus performed before the Woman's Association of Old Stone Church, at a December luncheon at the Women's City Club, and at the Christmas Party of the Live Long and Like It Club. The committee sponsored the formal opening of the Riverview Library in the spring, and the advisor has arranged a series of book reviews which is being presented for the membership.

The men at Riverview are not more numerous, but they are much more in evidence and are becoming articulate. The Game Room with the fine pool table is a busy center throughout the week. A new men's group has been formed here through Mr. Wojniak's stimulation.

1968 must have been the year of the flowers. The summer Craftmobile instructor from the City Recreation Department taught members to make tissue flowers, and a spectacular set was prepared as decorations for the annual all-center picnic. The Cleveland Board of Education provided a teacher for the popular Flower Arranging Class this fall, and for the first time Riverview participated in the Hortitherapy Project at Holden Arboretum.

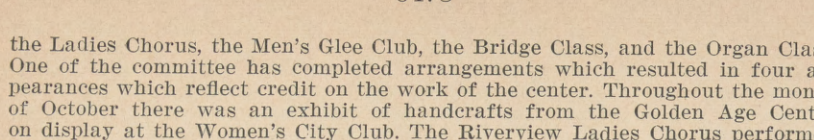
Everyone is enthusiastic about these classes and looks forward to their resumption in the spring.

Our caseworker from Family Service Bureau could not be assigned to us after April because of their own staff shortage, but she has continued with certain cases in her own caseload, and she has been most generous to act as a consultant on problem situations which arise. To achieve the aim of independent living requires ancillary services and systematic help for individuals. It is unnecessary to point out that the need is greater as the membership grows older.

In the program of group activity also there is need for leadership which brings warm personal attention to individuals. Volunteers who will be club advisors are being sought. Leaders for interest groups are needed for the discussion group, a home sewing class, the News staff, a book club, a dramatic group, a needlework class, a painting class and a copper enameling class. We need the stimulation of outside contacts in order to halt the introversive trend which is developing and to have impact on the west side older population that we should be reaching.

MISS VIRDA L. STEWART
Chairman, Program Committee.
JEANNETTE LEISK,
Program Director.

ACTIVITIES FOR RIVERVIEW GOLDEN AGE CENTER FEBRUARY - 1969

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
				
10:00 Ladies Chorus 10:00 Flower Arranging 1:30 Twin Towers Club 1:30 Cheerful Circle	3 10:00 Brokatears Reh. 10:00 Men's Glee Club 10:30 Round Table 1:30 Hungarian Circle 1:30 Bridge Club 2:00 Men's Club	4 9:30 Pixit Shop 9:30 Quilting Club 10:30 Braided Rug Class 11:30 Quilters Lunch 1:30 Skylark Club 5:00 Organ Class	5 9:30 Quilting Club 10:30 NEWS Staff 1:30 Riverview Members Association	6 10:30 Courtest Committee 1:30 TRAVEL HOUR
10:00 Ladies Chorus 10:00 Flower Arranging 10:30 Health Education Committee 1:30 Cheerful Circle 2:00 Twin Towers CARD PARTY	10 10:00 Brokatears Reh. 10:00 Men's Glee Club 10:30 Round Table 12:00 GAC Annual Meeting 1:00 Dancing 1:30 Bridge Club 2:00 Men's Club	11 9:30 Fixit Shop 9:30 Quilting Club 10:30 Braided Rug Class 1:30 Lady Bird Society Anniversary Meeting 2:00 S.E.Brotherhood Films 5:00 Organ Class	12 9:30 Quilting Club 10:30 NEWS Staff 1:30 Rivercrest Club	13 10:30 Hospitality and Refreshment Committee 10:30 RMA Program Committee 1:30 Pinochle Club
10:00 Ladies Chorus 10:00 Flower Arranging 10:30 Residents Committee 1:30 Twin Towers Club 1:30 Cheerful Circle	17 10:00 Brokatears Reh. 10:00 Men's Glee Club 10:30 Round Table 1:30 Hungarian Circle 1:30 Bridge Club 2:00 Men's Club 3:15 Cafeteria Social	18 9:30 Fixit Shop 9:30 Quilting Club 10:30 Braided Rug Class 1:30 Skylark Club 2:00 HAIRCUTS 5:00 Organ Class	19 9:30 Quilting Club 10:30 NEWS Staff 1:30 Rivercrest Club	20 CENTER CLOSED ALL DAY WASHINGTON'S BIRTHDAY HOLIDAY 7:30 Movies
10:00 Ladies Chorus 10:00 Flower Arranging 1:30 Twin Towers Club 1:30 Cheerful Circle	24 10:00 Brokatears Reh. 10:00 Men's Glee Club 10:30 Round Table 1:00 Dancing 1:30 Bridge Club 2:00 Men's Club	25 9:30 Fixit Shop 9:30 Quilting Club 10:30 Braided Rug Class 1:30 Lady Bird Society 1:30 OPEN HEALTH MEET 2:00 S.E.Brotherhood 5:00 Organ Class	26 9:30 Quilting Club 10:30 NEWS Staff 12:00 GAC Board Meeting at Riverview 1:30 Rivercrest Club	27 10:30 RMA Executive Committee 1:30 Pinochle Club

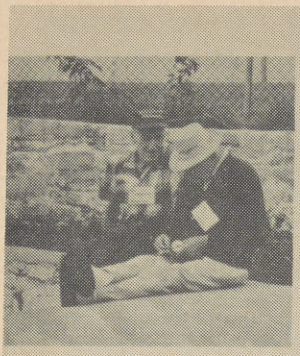
THE GOLDEN AGE CENTER - CLEVELAND, OHIO

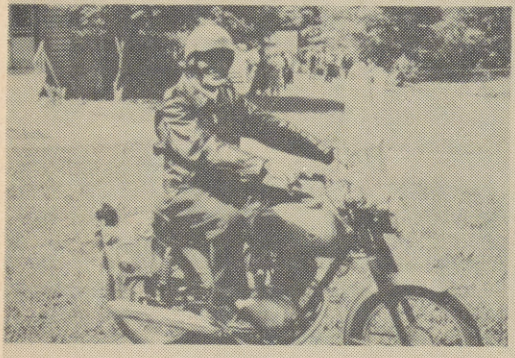
THE MEMBERS WE SERVE

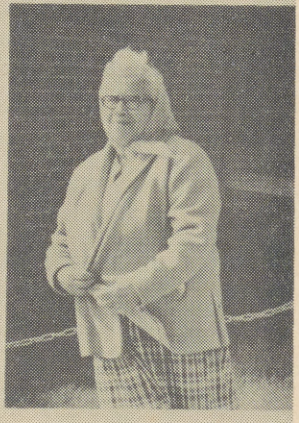
AT RIVERVIEW CENTER

AGE RANGE	1966	1967	1968
60 - 69 Years	32%	27%	20%
70 - 79 Years	54	58	64
80 Years and over	14	15	16
PLACE OF BIRTH			
Native born	73%	74%	79%
Foreign born	27	26	21
MARITAL STATUS			
Married	24%	24%	21%
Widowed	64	61	67
Single	9	9	7
Divorced	3	6	5
TYPE OF DWELLING			
Furnished room	1%	1%	-
Apartment	86	84	86
Own Home	13	15	14
LIVING ARRANGEMENTS			
Living with spouse	24%	24%	21%
Lives alone	69	68	72
Lives with relative	7	8	7
EDUCATION			
4 Years	7%	4%	5%
5 Years	4	4	3
6 Years	12	12	9
7 Years	5	6	6
8 Years	36	39	37
Highschool, Non-grad.	14	14	21
Highschool grad	13	12	11
Post highschool (college, business school, nurses training, etc.)	9	9	8
Member Other Center	1%	1%	.5%
Member Other Club	9	9	9.5

NEAREST RELATIVE	1966	1967	1968
Children	71%	71%	70%
Brother or sister	16	16	16
Niece or nephew	8	7	6
None	5	6	8
FREQUENCY THEY SEE RELATIVES			
Often	86%	85%	84%
Occasionally	12	14	15
Never	2	1	1
RELIGION			
Protestant	60%	57%	57%
Catholic	36	39	40
Jewish	1	1	1
Other or none	3	3	2
WHERE MEMBERS LIVE			
In Center building	66%	65%	70%
Outside building	34	35	30
CLINIC ATTENDANCE			
Riverview Clinic		55%	62%
Other Clinic	15%	16	17
No Clinic Attendance		29	21
SOURCE OF INCOME			
Social Security	42%	40%	31%
Aid for Aged	2	2	1
Other	8	7	6
Social Security and Other	46	47	59
Social Security and Aid for Aged	2	4	3
White Membership	97%	97%	97%
Negro Membership	3	3	3
Male Membership	160	152	165
Female Membership	561	573	575
Aver. Daily Attend.	320	317	351







THE GOLDEN AGE CENTER OF CLEVELAND

(INCORPORATED 1954)

ERNEST J. BOHN CENTER
1667 Ansel Road, Cleveland, Ohio 44106
231-2733

LUCIA J. BING CENTER
3320 E. 30th Street, Cleveland, Ohio 44115
781-0643

RIVERVIEW CENTER
3791 W. 25th Street, Cleveland, Ohio 44113
781-7236

WATTS LABOR COMMUNITY ACTION COMMITTEE SENIOR CITIZENS, 1969

(By Pat Hilton)

STAFF:

Ted Watkins, Project Administrator
Duane West, Senior Citizens Director
Mrs. Bertha Johnson, Senior Citizens Coordinator

SENIOR CITIZENS STAFF:

C. Durant Davidson, Coordinator
Mrs. Georgia Taylor, Federal Credit Union Assistant
Mrs. Eusebia Small, Public Relations
Mrs. Elizabeth Hunt, Clubs and Recreation
Mrs. Julia Green, Recreation and Community Relations
Mrs. France Groves, Club and WLCAC Liaison

PROGRAM: The Senior Citizens Program operates within the total WLCAC project. Started in November, 1968 through funding by EYOA, the program now sponsors six clubs with over six hundred members.

The program has served senior citizens in the following ways:

Forming of clubs for senior citizens
Providing consumer information
Arranging discounts for senior citizens
Sponsoring weekly buying trips out of the area
Sponsoring special events, such as parties and picnics
Sponsoring trips and excursions
Sponsoring weekend retreats

THE PROBLEM: While all Watts residents are plagued by problems common to ghettoes everywhere, the senior citizens face particular needs. These include:

Inadequate transportation because of a separate Watts transportation system, meaning double cost, time, and inconvenience to travel from the immediate Watts area.
No supermarkets in the area.
No drugstores in the area.
No place at which to purchase special products needed by senior citizens, such as medicine and health foods.
Inferior products in stores at higher prices.
No recreation facilities.
No opportunity to express and utilize talents, abilities and lifetime experience.

BACKGROUND

In the summer of 1965, the city of Watts became known throughout the nation because the riots that took place there symbolized the desperateness felt by minority groups who were trapped within ghettos and who desired to break out of the limitations of that economic and physical trap.

The Watts Labor Community Action Committee was organized early in 1965 and thus was on the scene to begin to find and implement ways and means of helping community residents meet their needs. WLCAC was organized by trade unionists living in the Watts area, with the encouragement of staff members of the Institute of Industrial Relations at UCLA, in the belief that their combined labor organization experience and common concern for the community in which they and their families lived could provide the basis for a successful attack on the multiple problems faced by this long-neglected area.

Under the direction of Ted Watkins, WLCAC attacked each problem with an awareness of community needs and a deep concern for youth. WLCAC has been committed to the concept that through help to youth will the foundations be laid to the solutions of the problems of Watts.

In November 1968, the Economic and Youth Opportunities Agency requested that WLCAC sponsor a program for senior citizens in the Greater Watts area. Despite WLCAC's emphasis on youth, the flexibility that had permitted the successful operation of past programs made WLCAC ideally suited to undertake the operation of this community service program.

The problems that have long plagued the Watts community are as troubling to senior citizens as to other residents. The inadequate transportation, the lack of recreational facilities, and the inferior foods available in the markets inflict special problems to the aged, who often had needs for particular health foods and brand names and who were even less able to make use of public transportation.

It was also recognized that many older individuals possessed talent and ability combined with a lifetime of experience and had few avenues open to express and keep alive their skills.

NUTRITION: The WLCAC program has helped to meet the nutritional needs of senior citizens in the following ways:

Arranging for special meals to be served to fifty senior citizens who need special diets.

Providing transportation for these senior citizens to the meal clinic.

Arranging outlets for senior citizens to buy fresh vegetables.

Arranging for discounts for senior citizens in local markets.

Sponsoring shopping trips in order that senior citizens may buy groceries and medicines wisely and economically.

TOTAL WLCAC PROGRAM: The senior citizens benefit from participation in the total WLCAC program. The variety of WLCAC's services may be seen in the following list of their activities.

Business Operations:

Poultry Ranch
Mobil Gas Stations (2)
Federal Credit Union
Agriculture and Horticulture Project (232.5 acres)
Arts and Crafts Shop
Community Beautification Project
Vest-pocket Parks (23—10 completed, others in progress)
Greater Watts Transportation Project (mini-buses)

Support Facilities:

Administration Services
Enrollee Recruiting Office
Research Center
Accounting Office
Enrollee Classroom Buildings (3)
Technical Services Office

Personnel: Fulltime employees	120
Funded Programs:	
Community Cadet Corps (7–13)	1,000
In-school Neighborhood Youth Corps (16–18)	250
Out-of-school Neighborhood Youth Corps (16–21)	75
Concentrated Employment Program (adults)	75
Community Elite Corps (boys 16–17)	50
Senior Citizens	600
Federal Credit Union	1,000
1969 Summer Job Program (14–17)	1,300
Total number of persons served in the community	122,000

ORGANIZATION MANUAL FOR MEALS ON WHEELS

Compiled and written by the following members of the Baltimore Metropolitan Meals on Wheels, Inc.: Mrs. Grace R. Best, Mrs. Eleanor W. McCarl, Mrs. Peggy F. Sheeler, Miss Dora Smith, Mrs. Beatrice E. Strouse, October 1967. Meals on Wheels, Inc., 509 Park Avenue, Baltimore, Md. 21201.

The Baltimore Metropolitan Meals on Wheels, Inc., expresses its appreciation to the Maryland Commission on the Aging for contributing its services by printing and collating this manual.

SKELETON ORGANIZATION SCHEDULE:

1. a. Survey the need for a Meals on Wheels program.
   b. Ascertain availability of volunteers.
2. Organize Steering Committee.
3. Establish ways and means for financing.
4. Locate kitchen and receive approval of Health Department.
5. Recruit volunteers.
6. Train Steering Committee.
7. Employ part-time cook.
8. Develop menus.
9. Buy necessary kitchen equipment, packaging supplies, and food.
10. Set up publicity.
11. Set up routes.
12. Organize Coordinating Committee.
13. Training rally for volunteers.

INTRODUCTION

Meals on Wheels is the name applied to a program which delivers nutritious meals to the aged, convalescent, and handicapped who are unable to prepare adequate meals for a variety of reasons. These may be; physical incapacity or psychological difficulty—e.g., the task of shopping and cooking is overwhelming; or lack of incentive, or fear of crossing the streets. The individuals are socially isolated and have no one to assume responsibility for obtaining food and preparing it. Factors determining selection for Meals on Wheels service are age, economic need, and disability. The length of time the service is given depends on the client; it may be temporary or permanent.

Meals on Wheels originated in London, England during World War II. The British Red Cross Society and the Women's Voluntary Service served meals to the elderly who had been bombed out of their homes during the Blitz. Today, Meals on Wheels, financed by the British Government, serves over a million hot meals a year in London. Similar programs exist in Australia, New Zealand, Sweden, India, Israel, Barbados and throughout the British Isles. In the United States this service was begun in Philadelphia in 1954. Today there are many Meals on Wheels projects in every section of this country.

The underlying objective of this project is to prevent deterioration of the elderly and handicapped and thus enable them to live independently in their own homes as long as possible. It relieves the pressure on institutions and nursing homes and in turn, creates a financial saving for all concerned.

It is hoped this manual will provide stimulation and encouragement to groups so that Meals on Wheels may be organized in areas wherever the need exists.

PRELIMINARY PROCEDURES

Before a Meals on Wheels program is organized, the need should be verified. This can be accomplished by a survey of the health and welfare agencies, social service departments in hospitals, doctors, and religious groups in the community. Personal interviews and/or questionnaires to agencies and individuals will answer the question. Affirmative responses can serve as referral sources for the start of the project.

The questionnaire should state the purpose of the project and the criteria for acceptance of clients, as well as pose the detailed questions about possible clients. Suggested criteria for the survey are:

1. Inability to leave home frequently enough to eat at a restaurant regularly.
2. Inability to shop for food or unable to cook meals even though raw food is available.
3. No one to market and/or prepare meals regularly.

4. Without proper cooking facilities and unable to acquire them.
5. Ability to feed one's self, set out table utensils and wash them.
6. Able to pay minimum fee.
7. No communicable disease and not mentally disturbed.

After the need has been ascertained, a suitable kitchen should be located and availability of volunteers surveyed. (Procedures for these areas are discussed in detail—Page 16 and Page 8.)

At this point, the Steering Committee should meet frequently in order to become familiar with its duties.

Meals on Wheels functions in a variety of ways, although basically its purpose and procedures remain the same. A hot dinner and a cold supper (served at the same time) delivered five days a week—Mondays through Fridays between the hours of 11:30 and 1:00—is the recommended schedule. Clients should be able to take care of themselves over the week-ends. Deliveries are to be made on all holidays. However, some projects provide one hot meal a day and/or serve only three times a week, according to their abilities.

The most economical and satisfactory operation is serving clients from an institution, i.e., hospital or home for the aging.

This source enables clients to have modified diets when necessary. If this is not possible, a church kitchen within the area being serviced is satisfactory. The kitchen must have the approval of the Health Department. Use of a caterer or commercial food service is expensive and unsatisfactory.

It is advisable to limit each service project within reasonable distances from the kitchen. No more than an hour and a half should be required to complete deliveries on any route. Ten stops is the desirable number per route. However, when there is more than one person served per stop, this can result in more than ten individuals being served on a route.

Decentralization of service avoids a waiting list. A second kitchen may be opened in a neighborhood providing the service, which has not been covered.

COMMITTEE STRUCTURE

The basic structure for a Meals on Wheels Program is the same for any size project.

The Steering Committee is composed of volunteers responsible for the entire operation. Each member has a specific job to perform. The Committee meets regularly to evaluate the program, discuss problems, and lay future plans. The Steering Committee is comprised of the following individuals:

Project Chairman:
- a. Is responsible for the over-all operations.
- b. Keeps in constant touch with the various chairmen of the project.
- c. Keeps the records on the clients—in the absence of a Central Intake Coordinator.
- d. Schedules the Chairman of the Day.
- e. Alerts volunteers and cooks to any emergency cancelling service; and contacts radio and TV stations to broadcast spots concerning emergency.
- f. Presides at Steering Committee meetings.
- g. Arranges for annual audit of financial records.

Vice-Chairman:
- a. Substitutes for the Project Chairman when necessary.
- b. Stays available for emergencies.
- c. Serves as over-all Chairman of Volunteers.

Treasurer:
- a. Is responsible for complete fiscal operation.
- b. Maintains detailed financial records.
- c. Reports at committee meetings.

Secretary:
- a. Records the minutes of the meetings.
- b. Handles correspondence.
- c. Mails notices for meetings.
- d. Sends letters of welcome to new volunteers.
- e. Keeps list of volunteers up to date.

Chairman of drivers and friendly visitors:
- a. Sets up schedule for daily teams.
- b. Obtains substitutes.
- c. Stays available for emergency situations.
- d. Works closely with Project Vice-Chairman.

Chairman of packagers: Same duties as Chairman of Drivers and Friendly Visitors.

Chairman of paper supplies:

a. Purchases and maintains running inventory of paper supplies.
b. Checks supplies regularly.
c. Spot checks supplies for quality.
d. Researches for new products and lower costs.

Chairman of food supplies: Same duties as Chairman of Paper Supplies, but pertaining to food and related materials.

Chairman of publicity:

a. Contacts newspapers, radio, and television.
b. Plans for feature newspaper article, radio and TV spots on the opening of the project.
c. Assists Project Chairman in contacting radio and TV in an emergency situation.

Publicity must be controlled, and used only when new clients can be accepted, to avoid enrolling more clients than project is able to serve.

Chairman of the day: Each member of the Steering Committee serves once a week as Chairman of the Day. This person substitutes in any emergency—assists in the kitchen and/or goes on route. She is responsible for the loading of cars and giving special instructions to the teams. This has particular significance for the Monday Chairman, as the client's fees are collected by the volunteers on Monday for the coming week. Receipts are given to clients upon payment. The monies are turned over to Treasurer after the Project Chairman has recorded the payments in her books. The Chairman of the Day reports to the Project Chairman any unusual occurrences involving either clients or volunteers.

The Chairman of the Day stays on duty in the kitchen until all the routes have returned.

The STEERING COMMITTEE should be organized as soon as the decision has been reached to have a Meals on Wheels program.

Coordinating committee: No Meals on Wheels program can operate effectively without the services of a Coordinating Committee. This committee is composed to the following:

Health and Welfare Representatives
Public Health Nursing Service
Instructive Visiting Nurses Association
State Dietetic Association
Home Economics Association
State Nutritionist
City Nutritionist
Chairman and Vice-Chairman of each participating Meals on Wheel Project.
Coordinator for the total project.

Consultants and Specialists may be asked to attend meetings for guidance to the Committee.

The Coordinating Committee serves in an advisory capacity. It adopts policies and procedures for the whole program. For example: the Committee sets the fees for the clients; develops and reviews menus at regular intervals; and surveys the needs for additional kitchens and volunteers. It does not become involved with the detailed mechanics or fiscal responsibility of the individual projects. By-laws should be adopted to serve as guide lines. The Coordinating Committee should meet at least four times a year.

VOLUNTEER—TRAINING AND RECRUITMENT

Every volunteer must receive training before working on meals on wheels.

The strength and effectiveness of the program depends on the quality of the volunteers' performance. Both men and women may serve. They should be:

In good physical condition
Dependable
Prompt
Cheerful
Cooperative
Observant
Tactful
Able to follow instructions
Considerate of clients and fellow workers.

A volunteer may work more than one day a week and in more than one classification. Two Packagers are used each day—9:30 until 11:30—in each kitchen. They should have dexterity and speed in order to operate a production line. A Driver and a Friendly Visitor together deliver the meals on each route between the hours of 11:30 and 1:00. A route should ALWAYS have two persons working it. Every job must be backed with a substitute. For a five day delivery schedule, ten Packagers with at least five substitutes are necessary per kitchen; five Drivers and five Friendly Visitors with ten substitutes are essential for each route.

An "Eskimo Squad" should be organized to serve in inclement weather. This group is called upon in emergencies. They should have no fear of driving in snow, ice or heavy rains.

RECRUITMENT OF VOLUNTEERS:

1. Contact and involve civic, philanthropic, and religious organizations. Speak enthusiastically with the expectation of enlisting a sufficient number for a route.
2. Use newspaper publicity.
3. Arrange for TV and radio announcements.
4. Encourage word of mouth discussions about Meals on Wheels at social gatherings.
5. Urge volunteers to interest their friends.

Note: Teachers, students, and senior scouts may be available during vacation periods. Retired men and women usually rate highly in dependability—men as drivers and women as drivers and packagers.

Group training: Hold a training rally for all volunteers (with friends invited) two or three weeks before meal deliveries are to begin. Arrange for samples of food packaging to be on display.

Suggested program for rally:

Part I: Project Chairman presides:

Welcomes volunteers and gives explanation of Meals on Wheels.
Introduces the following speakers:
Representative from the Commission on Aging.
Representative from Health Department—food handling.
Instructive Visiting Nurse Director or Social Worker—the attitude and approach of volunteer to client.
Nutritionist—food values and menu planning.

Part II: Divide volunteers into two groups—Packagers and Route workers—in order to receive specialized training. The training can be given by the Chairman of each particular group. At the close of the meeting, schedules are established for the routes and the kitchen. It is advisable to give a refresher course annually.

On-the-job training: Volunteers enrolling after the training rally should receive guidance from the Chairman of Packagers or Chairman of Drivers and Friendly Visitors. A volunteer for a route position should ride the route and receive detailed instruction from experienced volunteers before qualifying as a regular worker. A letter of welcome with an enclosure of "Helpful Hints to Volunteers" should be mailed by the Secretary to every new worker.

Helpful hints to volunteers:

Be prompt. You are working on a tight schedule. Hot meals must be hot and cold meals must be cold when delivered!
Do not wear slacks (except in snowy weather) or shorts either in the kitchen or on routes.
Do not wear excessive jewelry or hats.
Wear comfortable and sensible shoes.
If you are unable to serve, call your Chairman either the evening before or as early as possible in the morning.
Whenever you know you will be unavailable for your assignment, notify your Chairman as far in advance as possible.

Helpful hints to packagers: Packagers work under the supervision of the Chairman of the Day, from 9:30 until 11:30 a.m. An assembly line system is used.

1. Wear a hair net.[1]
2. Wash hands before starting work.[1]
3. Wear apron.

Footnote 1 on next page.

4. Do not smoke during preparation of food.[1]
5. Be efficient and unobtrusive.
6. Take personal pride and interest in your work.

Helpful hints to drivers and friendly visitors: Working period is from 11:30 a.m. until 1:30 p.m.

1. Keep a map of the city in your car and always have a full tank of gasoline.
2. Arrive at least five minutes early and drive car to loading area. Announce your arrival to the kitchen.
3. Make certain emergency phone number is shown on either route sheet or clip board.
4. Do not tilt the insulated cases or hot plates. Keep them level at all times.
5. Carry all food containers on back seat of car—*Never In Trunk!*
6. Handle soup cups with care.
7. Do not remove hot food plate from case until ready for delivery.
8. Always use the Meals on Wheels signs in the car windows. This allows parking in otherwise restricted zones and incidentally is good publicity.
9. Driver may accompany Friendly Visitor to call on client. Be sure car is locked when left unattended.
10. Take magazines and flowers (from your garden) to the client when possible. Do not give any other gifts to clients—even if requested.
11. Be cheerful and friendly. DO NOT RUSH VISIT.
12. Do not give any advice or information to clients. Report requests to Chairman who will make the follow-up.
13. Friendly Visitors collect weekly fees from clients every Monday. Each client must be given a dated receipt, upon payment. (It is advisable to adopt a policy for clients who are unable to pay or become delinquent.)
14. Write client's comments and Friendly Visitor's observations on route sheet, dated and signed by the volunteer in each instance.
15. Report any physical or mental change of client to Project Chairman.
16. Return all equipment to kitchen immediately after completion of deliveries.
17. Handle all equipment with care. It is expensive!

Clients enjoy special attention on holidays. Appropriate paper napkins can be used. Holidays can be recognized by including in the supper bag such trifles as a flag for the Fourth of July, a valentine on the fourteenth of February, a small Christmas tree, etc.

A client's birthday may be observed by having the route team sing "Happy Birthday" and presenting a lighted candle on a cup cake.

GUIDE FOR INTAKE SERVICE

I. Each Meals on Wheels client should be on record with an existing health agency responsible for home care. The Coordinator should consult regularly with the agency responsible for home care in the community, usually the Health Department or Welfare Agency:

1. To determine criteria for client acceptance, flexible enough to meet the needs of the area, such as:
   a. Age
   b. Handicap
   c. Hospital convalescence
   d. Inability to go out to purchase food
   e. No regular help available
2. To arrange for applicants to be screened at a central location, possibly by one of the agencies with a responsible person designated for the purpose. Each applicant should be considered on an individual basis. Clients that cancel may need service again; therefore records should be kept for several years.

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[1] NOTE.—Health Department regulations.

NOTE.—When opportunity allows, it is helpful to have Packagers ride the route to meet clients, notifying Chairman in advance.

II. An accepted applicant should be informed as follows by the person who did the screening:

1. Hours for meal service (11:30 a.m. to 1:00 p.m.).
2. Service days (Monday through Friday).
3. Cost for Service.
4. Arrangements for payment.
5. Food needs for breakfast and week-end.
   (to be provided by client).
6. What to do during weather emergency.
   (Emergency food—see Appendix E).
7. Types of meals to expect and limitations of the service, particularly regarding individual preferences and special diets.
8. Urge clients to be checked regularly by physician.

III. Other responsibilities of the Intake Service are:

A. Route planning:

1. Obtain detailed map of area to be served (Arrow Street Guide).
2. Plan each route for a delivery time of not more than 1½ hours to insure hot meals being served hot.
3. Assign number of clients per route in accord with distance between clients—congested row house area—10 clients, single homes, suburban area—7 to 8 clients.
4. If apartment building, note floor and number of apartment.
5. Make no changes without consulting person who screens clients and Project Chairman.
6. When screening clients, determine, in addition to address, main street closest to the address; if one-way, which direction.
7. Type on route sheets, in addition to names and addresses of clients, phone number of the kitchen and the phone number of person responsible for screening clients and planning routes.

For Example: Call kitchen in the event of flat tire or uncertain of how to reach an address. Call screening person in the event of client emergency.

B. Referral Service: Frequently, it is a question of time before the needs of the client go beyond Meals on Wheels service; therefore it is wise to become acquainted with and prepared to call on other existing community resources, such as homemaker service, nursing home facilities, or domestic services.

C. Home Visiting: If applicants are screened by telephone there may be doubt as to need; therefore home visits by Coordinator should be made periodically. Volunteers should report any physical or mental change in clients to Project Chairman who, in turn, confers with Coordinator. Home visits can be planned by Coordinator after reviewing all clients records at the project kitchens with the Chairman, timed to coincide with the return of volunteers on routes to benefit from their observations. A copy of the report of each home visit should be attached to the client's record and a copy sent to Project Chairman.

(See Appendix for copies of appropriate forms.)

Job description and qualifications for coordinator of central intake service responsiiblity:

1. Cooperates with the Project Chairman and the Chairman of the Coordinating Committee Meals on Wheels, in planning the activities involved in the Central Intake Service and promoting the service in the Community.
2. Is responsible for accepting and screening applicants in accordance with criteria established by the Coordinating Committee.
3. Maintains regular and adequate communications with the chairman of each participating project relative to route assignments, cancellations and changes.
4. Maintains a folder on each recipient of home delivered meals, incorporating detailed information that might be applicable to providing a meaningful service.
5. Attends each meeting of the Coordinating Committee and submits a current report of the on-going activities.
6. Assists volunteers in evaluating complaints and is responsible for referrals to the appropriate person or agencies who can assist in resolving problems.

7. Establishes a planned schedule of home visiting to determine need for meal service to evaluate the need for supplementary services that might be appropriate and make necessary referrals.
8. Supervises Central Intake Service secretarial work.
9. Cooperates with the Coordinating Committee in planning continuing training program for volunteers providing meal service.
10. Maintains statistical records of service.
11. Visits project kitchens to discuss the needs of each.
12. Records requests for service according to geographic location to aid in future planning of kitchens.

Qualifications:

1. Professional training in public health nursing, medical social work or foods and nutrition.
2. General knowledge of community health organizations, resources, current social and economic problems.
3. Some knowledge of the needs of older people and methods of working with them.
4. Ability to maintain cooperative relationships with associates and the community.
5. Pleasing personality and neat appearance.
6. Tact and sense of humor.

KITCHEN REQUIREMENTS

A kitchen suitable for a Meals on Wheels project is one large enough for necessary operations and with adequate storage space for size of project, suitably equipped and free from conflicting activities during hours when food must be prepared, packaged, and dispatched. The physical arrangement of windows, doors and plumbing must allow efficient working areas. The most likely prospects for Meals on Wheels are those already established in churches. It will save time and effort and facilitate progress to take food control people from the local public health department along on initial visits for selection of kitchen. At this time, any necessary relocation or replacement of equipment and remodeling for efficient operation to meet standards of safety and sanitation can be discussed jointly with the kitchen owners.

Thought might be given to purchasing food from a hospital, or an extended care facility, then packaging and dispatching from an adjoining area. This would require less equipment than the standard kitchen. Equipment would be needed to keep hot food hot and cold food cold. Counter space should be available for separate hot and cold food assembly lines, as well as storage space for packaging supplies; insulated metal or styrofoam chests for transporting hot food; boxes for carrying cold food; and small baskets to make deliveries.

One advantage in purchase of food from an institution (with qualified dietetic supervision) is the availability of special diets. (See page 19 entitled "Special or Modified Diets".)

KITCHEN EQUIPMENT

A kitchen which would lend itself to Meals on Wheels and meet health department requirements would include the following large equipment:

1. Range. Approved hood vented to outside air.
2. Approved refrigeration for perishables, including freezer space.
3. Approved preparation table.
4. Three-compartment sink with integral drain boards to wash, rinse and sanitize utensils.
5. Separate hand washing facilities in the food preparation area.
6. Easily cleanable walls, floors, and ceiling.

Approved commercial type equipment is preferred for large scale operations. However, some household type equipment in good working order, such as ranges and large refrigerators, can sometimes be used in smaller operations. This is, of course, subject to health department approval, as is location of equipment. The aim is to arrange equipment conveniently and safely for efficient operation. One rule to be observed is allowing a minimum of 30 inches between the range and preparation surfaces.

Adequate wiring with convenient electrical outlets is necessary; fire department regulation must be checked and complied with.

Pots, pans, cutlery, and cooking spoons and forks should be of an easily cleaned material such as stainless steel or aluminum; of a weight that will stand up under heavy usage; and preferably of standard institutional sizes.

However, if a family-size stove or refrigerator is used, care must be taken that utensils will fit on or into them.

DEVELOPMENT OF MENUS

In developing any menus, nutritional needs of the clients are met and consideration given to cultural and regional preferences, availability of food, attractive appearance, flavor combinations, variety of texture and color, and cost. Probable physical limitations of the clients should be remembered. Two sets of cycle menus may be considered. One is based on plentiful foods that are relatively economical, and is supported by suggested market orders for meat and quantity recipes. The other uses some more expensive foods and might require some financial supplementation to meet expenses. Copies of these materials are included in the Appendix on pages F. seq.

Since many of the clients are ill, it is important that the food provide at least adequate amounts of the various nutrients for health and well-being. According to the 1965 report of the Health Committee of the National Council on Aging, each delivered meal should furnish one third of the daily allowances of essential nutrients as recommended by the Food and Nutrition Board, National Research Council. Therefore, the daily food pattern should include ⅔ of the recommended daily allowances when two meals a day are served. Menus should be checked against the following daily food pattern.

Amounts are expressed in ready-to-serve food, e.g. 4 oz. cooked, boneless, lean meat, poultry, fish, cheese, eggs, should be served daily. If main dish is in casserole, at least two ounces of one or a combination of these proteins should be included—the day's balance coming from the other meal.

DAILY FOOD PATTERN

This pattern menu should be used as a guide.

Food	Amount to meet ⅔ of daily food needs	Noon meal	Supper meal
Meat, poultry, fish, cheese, eggs	4 ounces (daily)	2 ounces	2 ounces.
Milk	½ pint (daily)	½ pint	
Vegetables and fruit total as follows	1½ cups (total daily).		
Dark green or deep yellow vegetable	½ cup at least 3 times a week.	½ cup at least 3 times a week.	
Citrus fruit or citrus fruit juice (or equivalent)	½ cup (daily)		½ cup.
Other fruit or vegetable	½ cup (daily)	½ cup (additional ½ cup when green or yellow vegetable not used).	
Bread	4 slices	2 slices	2 slices.
Margarine or butter	1 tablespoon	½ tablespoon	½ tablespoon.

Additional calories may be provided by jelly, jam, salad dressing, sweet buns, cookies, pastries, and methods of cooking; e.g., frying with additional fat instead of broiling, will alter calories content.

It is assumed that breakfast and week-end foods may be procured from another source. It may be necessary to give guidance as to what a simple adequate breakfast is or what simple adequate week-end food is, and how it can be acquired.

SPECIAL OR MODIFIED DIETS

Meals on Wheels are not equipped and staffed to prepare special diets. It is not possible to prepare diets for individuals whose sodium intake is restricted. For mild diabetics, at the physician's request, sugar is omitted from the food packages as are drinks, cookies and all foods to which sugar has been added. Fresh fruits or fruits canned without sugar are substituted for desserts sweetened with sugar.

If food for Meals on Wheels could be purchased at a local hospital which has a trained dietitian to supervise food service, special diet requests from the physicians may be met. Any request for special or modified normal diet (as mild diabetic) must be made in written form. (See Appendix D) In order to serve special diets, services of a trained dietitian would be necessary to see that the

medical prescription is accurately carried out. To accomplish this, the dietitian should write appropriate menus, develop standardized recipes, supervise preparation (to assure that forbidden ingredients are not added) and oversee packaging (to insure accurate measurements, inclusion of prescribed foods and exclusion of all others).

If it is determined that special or modified diets can be served, they should be put in a bag appropriately color keyed with name of client written on it—different from normal diets to avoid mistakes. Name of client should be written on the lid of the hot plate.

PURCHASE AND PREPARATION OF FOOD

Experience in group feeding has shown the desirability of planning and folfollowing cycle menus. These may be done seasonally and permit repetition infrequently from the point of view of the client; yet through repetition the kitchen can benefit from previous experience. Buying plan used at first run of cycle can be reused when it comes around again and saves time and effort. It is well to consult a dietitian or nutritionist on major changes in the menu or to create new ones. (See Appendix—Development of Menus)

It is often possible to predict in advance any necessary major or minor changes in the menu. When any change is necessary, it is desirable that whoever makes such changes have a good working knowledge of foods and nutrition. Responsibility for menu changes rests with the Project Chairman, or replacement when she is unavailable—never the cook. The Project Chairman should make decisions about menu changes after weighing alternatives and judge whether professional guidance is needed. Advice and guidance may be secured from such local resource people as nutritionists, dietitians working in hospitals or dietary consultants, home economics trained people working in extension service, gas and electric companies, dairy councils or teachers in the schools.

The Chairman of Food Supplies should check menus and buy food in such quantity as can be conveniently stored and used within a time that quality does not deteriorate. In large operations it is desirable to purchase from wholesale houses; in small projects buy in whole or part from retail sources. It is important to buy quality suited to the purpose; e.g., a prime or choice meat which is more expensive and has much fat is not necessary for making a good stew, nor are Fresh Fancy, or Grade AA eggs necessary for baking. Another factor to be considered is ease of service. For example, a boned rolled roast makes more easily sliced and uniform portions than one with bone in and saves the cook's time.

EMERGENCY FOOD LIST

An emergency food list should be distributed to clients for use during emergencies which prevent the delivery of meals. (See Appendix E)

FOOD HANDLING

Proof of negative findings on chest X-rays are desirable for the main food handler or cook and, indeed, are required by most health departments. Volunteers who work with food should observe good personal hygiene.

QUALIFICATIONS OF THE COOK

The cook is the only paid kitchen employee. She is engaged by the Steering Committee and works under the sole direction of the Project Chairman. She must abide by standards set by the Health Department and nutritional advisers. (The dietitian should periodically visit the kitchen to check menus and procedures.) The cook must prepare the same food for all clients; Meals on Wheels cannot cater to individual preferences. She must not alter menus without the Project Chairman's consent.

Qualifications for the cook include:

(*a*) ability to work with volunteers
(*b*) understanding of Meals on Wheels program
(*c*) willingness to follow orders
(*d*) cleanliness
(*e*) dependability

Notes: Refer to Purchase and Preparation of Food.

PACKAGING

Foods are distributed in disposable-type packages for convenience and conformity to health department standards. A compartmented type aluminum plate with crimped-on lid, sturdy plastic cups and bowls with fitted covers have been found satisfactory. Milk is bought and served in ½ pint cartons. Hot foods are served, sealed and dispatched immediately or kept in the oven until the last moment before dispatching. Hot plates and soup are put into insulated metal or styrofoam chests to keep hot during delivery. Foods which need refrigeration are put into styrofoam chests or baskets with a flat, plastic, fluid-filled container which can be frozen and refrozen. (This may be purchased at any store which sells picnic supplies—See Appendix I). Foods which do not require high or low temperatures to preserve them, such as tea, instant coffee, jelly, bread, cookies, may be packaged in sandwich bags. Small baskets are used to make deliveries to the individual client.

It is suggested that paper supplies be researched constantly for better quality and lower cost. Different size cups are: 6 oz. for juice; 8 oz. *squat* size for desserts and salads; 10 oz. for soups. A styrofoam plastic cup with plastic snap-on lid has proven satisfactory in all these sizes. (See Appendix I)

STORAGE OF PACKAGING MATERIALS

Storage should be at least 10 inches off the floor to facilitate cleaning and prevent infestation. Metal erector type shelving is preferable. It is desirable to purchase and store no more than three weeks' supply of packaging material at a time. (This is less than the time required for insect incubation or mouse gestation.) Merchandise should be rotated on a "first in—first out" basis.

FINANCIAL INFORMATION

The figures shown on these statements are based on established costs for 25 clients, five days a week service.

I. Capital investment

Initial costs will vary, depending on the equipment already available in the kitchen. The following estimated figures are for a kitchen requiring complete equipment.

Freezer	$300–$800
Stove and vent	500–1,000
Refrigerator	300–500
Work tables (stainless steel)	100
3-compartment sink (stainless steel)	300
Handwash basin	25
Storage shelves	150
Salad maker	20
Electric knife	20
Institutional can opener	20
Pots and pans	100
Small utensils	50
Insulated containers* (each)	4
Carrying baskets* (each)	3
Car signs* (each)	4
Paper products	150
Food (initial inventory)	250
Cook's salary (per week)	50

*1 required for each route.

$3,000 to $3,500 will equip a kitchen.

II. Operating expense items

Food products.
Paper products.
Towel and apron rental.
Rent and utilities.
Telephone.
Salary and Social Security for cook.
Salary for substitute cook.
Insurance for volunteers and clients (Protection against food poisoning).
Petty Cash.
Costs per client:

Food	$1.00
Paper Products	.15
Overhead	.60
Per day per client	$1.75
Cost per week per client	$8.75
Cost per week for 25 clients	$218.75

III. Income

A client pays $1.50 a day or $7.50 per week. For new projects, it is recommended that the fee be set at $10.00 per week to meet rising costs. A project serving 40 or more clients a day should break even on cost.

IV. Ways and means

If financial subsidies are needed, they can be sought from sponsoring agencies; grants from Federal funds (such as City or State Commission on Aging) or private foundations; gifts from individuals, civic groups, memorials, etc. Often churches will provide rent-free equipped kitchens. As an alternative, prepared food can be purchased from established hospital kitchens.

MEALS ON WHEELS: CALL 727–6089 OR WRITE 509 PARK AVE., BALTIMORE, MD., 21201

Cards printed with phone number and address of Intake Service for each client in case of emergency.

SERVICE KITCHEN_____

APPLICATIONS FOR MEALS ON WHEELS SERVICE

Name of Client_____ Age_____
Address_____ Telephone_____
Source of Referral_____
Represented by_____
Approximate time service required_____
Reasons for service_____
Name of relative or friend_____ Telephone_____
Physician's name_____ Telephone_____
Referred to other Agency_____

Home visit_____

Date Received_____ Can Pay_____
Date Service Began_____ Diet_____
Service Cancelled_____
Reopened_____

MEALS ON WHEELS

Route Sheet

DRIVERS—PLEASE RETURN TO KITCHEN IMMEDIATELY AFTER COMPLETING ROUTE—THANKS

Kitchen_____

Route No._____ Week of_____

In event of emergency in the home call 727-6089; if busy, have Operator break in on line.

Name	Address	Remarks

CLIENT'S NAME_____
ADDRESS _____
DIAGNOSIS _____

MEMORANDUM TO: COORDINATOR, MEALS ON WHEELS
Central Intake Service
509 Park Avenue
Baltimore, Maryland 21201

FROM: _____ M.D.

I am aware that the person named above is receiving home delivered meals as supplied by the Meals on Wheels projects in the Baltimore Metropolitan area. This recipient is a patient of mine and is under my medical care.

I have given this patient some instruction as to the choice of foods that meet his needs. He (or she) understands and I feel that his (or her) needs can be met by foods served by the Meals on Wheels projects. I am aware that therapeutic diets are really not possible in this kind of food service. However, I believe my patient will benefit by receiving your service, with the simple modifications available.

(signed) _____
DATE _____

VOLUNTEERS:

1. Please distribute the emergency food list to all clients and explain to them why it is necessary.
2. Have client, or a relative, purchase the foods, place them on a shelf for emergency use.
3. If client totally unable to purchase or have someone purchase the items, give name to Chairman of the Day to give to Project Chairman.
4. Check back to be sure client has done this; if necessary ask to see where stored, to be sure.
5. Each Kitchen is responsible for seeing that this is done; only if absolutely necessary, purchase for client.
6. New applicants to Meals on Wheels will understand that securing these foods is one of the requirements.

EMERGENCY FOOD LIST

CLIENTS:

Be prepared to feed yourself for several days if streets and roads are blocked. Keep some of the following on hand and use them if an emergency arises:

Canned citrus or tomato juice or dried juice such as *Tang*.
Whole or skimmed dried milk or evaporated milk.
Canned or dried soups.
Canned meat or fish.
Instant cereal or ready to eat cereal.

Canned vegetables such as tomatoes, peas, corn.
Dried fruits, such as prunes, figs, dates.
Peanut butter.
Crackers, jam, jelly or marmalade.
Instant coffee, tea, chocolate or cocoa (such as Quik).

(See committee files for examples of hot and cold meals for an 8-week period, Monday through Friday and daily.)

OPERATION: LOAVES AND FISHES

A Model Community Action Program to Provide Nutritious Low-Cost Meals to the Elderly prepared by The National Council on the Aging Under the Provisions of Contact OEO–79 for the Community Action Program Office of Economic Opportunity

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THE GOALS

The major purpose of this project is to provide nutritious meals and foodstuffs at low cost to older persons living on marginal or poverty level incomes. Meals will be prepared so that they may be eaten where purchased, or packaged so they may be carried home or delivered to the homebound when necessary. In addition to providing meals, the project will seek to stretch the limited incomes of the elderly through implementation of surplus food programs, food stamp plans, and the development of marketing, home economics and related consumer education. Social action in connection with matters of consumer concern and protection will be encouraged. The project will provide employment opportunities for residents of the community being served, including the elderly, as well as opportunities for volunteer services by those who can afford to give of their time. Intensive community relations and case finding will be undertaken to insure maximum utilization of the program by the elderly.

THE RATIONALE

For most older Americans, the remaining years of life are characterized by markedly reduced incomes, increased incidence of disability, separation from friends and family, widowhood, changes in familiar routines and living patterns, loneliness and anxiety. To this widely known list, and in large measure because of it, needs to be added another less well-known characteristic of aging: nutritionally inadequate diet.

Nationwide statistics indicating generally high levels of pre-capita food consumption by Americans mask the frequency with which low-income families, and particularly older families, subsist on diets whose nutritive content is insufficient to support good health. New evidence of this condition was reported in February 1965 by the Agricultural Research Service of the U.S. Department of Agriculture in its study. Food Consumption and Dietary Levels of Older Households in Rochester, New York. This report, based on a sampling of older individuals living in the households of Old Age and Survivors Insurance beneficiaries who were predominantly in lower income groups, showed that less than half of the households' diets provided sufficient nutrients and calories to insure well-being. The study found that the older the homemaker and the lower the family income, the less apt the family was to meet recommended standards of nutrition in their diets. Poor diets were two-and-a-half times as numerous for the older families whose incomes fell below $1,000 a year per person, as for those with higher income.

Similar studies over the years have brought comparable results. Since 1948 a periodic resurvey of an aging population in San Mateo, California, has shown that while on the average the different age groups studied seemed to enjoy a diet that met minimal dietary standards, the trend was downward with age and sharply so after age 75. A 1956 study of 100 Bostonians age 65 and older disclosed that 25% had diets including less than 75% of the recommended allowances for calories, riboflavin, iron and ascorbic acid. Forty percent of a group of elderly persons surveyed in Westchester County, New York, had diets low

in several nutrients. Only one in twenty among 695 elderly persons interviewed in Linn County, Iowa, was found to have a nutritionally adequate diet.

The Linn County study highlighted, too, the widespread ignorance and misinformation which plays a part in bringing about the poor diets of the elderly. The nutritionists who studied the eating habits of that population found that 38% did not receive sufficient protein, 57% did not receive sufficient amounts of Vitamin A and C, and 79% did not receive sufficient calcium. Yet, 98% of the group evaluated their diets as either very good or good. The Rochester, San Mateo and Westchester studies also found that from 35% to 40% of the elderly surveyed were taking vitamins, minerals or other food supplements, often when they were not needed. Often, too, the supplements they were taking were not providing the specific nutrient their diet lacked. The purchase of unnecessary or poorly chosen nutrients were diverting funds that might have been more effectively spent for better food.

The significance of a nutritionally adequate diet was emphasized by Dr. Pearl Swanson, Professor of Nutrition, at Iowa State University, in a series of articles, Adequacy in Old Age, the Role of Nutrition, that appeared in the November and December 1964 issues of the Journal of Home Economics. She wrote:

> "When food does not provide adequate amounts of the essential nutrients over a period of time, alterations occur in the composition of the fluids bathing all tissues in the body. Eventually there comes a time when the cells no longer can adjust to the alterations and a train of changes occur that are reflected in the outward appearance of the individual, his behavior, his demeanor, his activity, his mental state, and his social and emotional reactions. It is significant that changes induced by poor nutrition are characteristic of those we associate with aging.
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> "Ongoing metabolic processes demand that all essential nutrients be present simultaneously in the fluids nourishing the cells. The omission of even one nutrient makes it impossible for the body to maintain the sense, continuity and orderliness of its life activities."

Clinical studies indicate that except for calories, the older person generally requires about the same amount of each essential nutrient as the young individual. Furthermore, the elderly react positively to dietary improvement for they retain the capacity to build new body tissue and to mineralize their bones when their diets include the required nutrients in adequate quantities, provided they do not suffer from specific diseases which inhibit these body processes. Great numbers of older people, particularly those who live in poverty, or on its fringes, do not, however, receive sufficient quotas of the foods that provide the needed nourishment their systems could utilize. Providing nutritionally adequate diets, therefore, becomes an important weapon in combating health problems in the elderly, supporting emotional stability, extending work capacities and maintaining life. This project will seek to provide such adequate diets.

In order to be effective, the project plan will need to take into account the economic, social, emotional, physiological and educational factors that tend to increase poor nutrition among the elderly. Many of the aging have been poor all their lives. Many others have become poor or are quickly on the way toward meeting the definition of poor because their aging and retirement were accompanied by a sharp reduction in their incomes. Studies by the Department of Agriculture have shown that a greater proportion of the reduced incomes of the elderly is spent on food than is spent by younger groups in the population. The resultant allocation for the older family's market basket is often inadequate to purchase the right kinds and qualities of food.

The shopping process itself is often a great burden on the older homemaker. The elderly consumer may find it just too taxing physically to shop for good buys or to walk the few blocks to purchase where prices may be cheaper. Old residents have long established relationships with local shopkeepers who extend credit more easily and they have, therefore, been found more inclined to trade in their neighborhood though the quality of food available may be poorer, the choices limited and more costly. Food packaging is aimed at the large family unit and it becomes an apparent extravagance to purchase the "large economy size" for a one or two person family carefully husbanding this month's social security payment, and, therefore, reluctant to invest in more than is needed for immediate consumption. All these factors characteristically tend to cause the poor, and particularly the older poor, to pay more for less.

The social and psychological tones of food and mealtimes are significant to people in all stages of life, the feeding infant in its mother's arms, the family gathered around the table for the evening meal, the adults' sociable drink, and the lonely repast of a suddenly isolated widow. With no one else to cook for and no one to socialize with at the meal, the single householder often loses interest in meal preparation, develops loss of appetite, and pays little attention to matters of nutrition and diet. Often the older householder finds it just too much trouble to prepare a meal and either eats fitfully all day or goes to a local cafeteria or restaurant to eat whatever is available at the lowest possible cost. Anxiety and worry may cause undereating or overeating, both resulting in poor nutrition.

Older people living with younger family members at times report they find the food unappealing because it is different from their accustomed diet, or they just don't like it, or think it won't agree with them. Loss of appetite, reduction of food intake, and even the inability to absorb available nutrients have been observed stemming from changes in older people's living arrangements, family situations and emotional frame of mind.

Physiological reasons abound, too, for the poor nutrition of many older people. Changes in the gastro-intestinal tract and in the secretion of digestive juices affect the diet and nutrition of the aging. Loss of teeth or the use of poor or no dentures impair mastication and digestion. Then too, illness and the resulting loss of strength may prevent the older person from preparing adequate meals, causing a spiral of malnutrition and further illness. Throughout the country communities find themselves confronted with the need to institutionalize the older person who is ill, and alone with no one to shop or to prepare a meal for him.

Lifelong patterns of food biases, habits, fads, misinformation also affect the diets of the elderly. Limited consumer skills and little modern knowledge about nutrition, food preparation and flexibility of food choices also play their part in bringing about the poor nutrition so rife among the aging who are poor.

Few attempts have been made to deal with the special nutritional needs of the elderly. While food and educational material are available in some communities through the federal food stamp and surplus food programs, little has been done to reach the elderly to maximize their use of these programs. Probably the most significant attempts to reach older people with food programs have so far been made by senior centers.

Growing numbers of senior centers serve an inexpensive light lunch to their members. Often this consists only of a sandwich, coffee and cake. Some serve a hot noonday meal periodically, a few on a daily basis. Rarely are these meals supervised by trained dietitians or nutritionists. Typically, they are prepared by volunteers or the center staff. These meals are subsidized or use surplus foods provided by the local public welfare departments. Center directors report increased attendance on meal days and during the hours when meals are served. The members come both for the low cost meal and the sociability of the occasion.

Surveys in a few senior centers have substantiated previously cited information relating to the eating habits of the elderly and have shown that many older men and women, particularly those living alone, pay very little attention to the planning of well balanced meals, that limited incomes prevent the purchase of an adequate variety and quality of foods, and that many older people have limited knowledge of the kinds of foods that can provide an economical, yet healthful, meal.

The National Council on the Aging believes that it is appropriate for the Community Action Program of the Office of Economic Opportunity to encourage the development of projects to provide low-cost meals for the elderly. Such programs could be located in a senior center or other similar facility which older people are apt to use and which have positive community connotations. There, as a minimum, a low cost noonday meal which includes a substantial portion of the essential daily requirements for a balanced diet, could be offered at moderate cost. The project could also make available additional food to be carried home for later use, or delivered to those unable to come to the center. Quantity purchases of foodstuffs, the use of surplus foods, the housing of the project in an existing facility combine to make the price of the meals much cheaper than if the individual had to purchase them on his own. The good nutritional quality of what is offered can be assured through the professional supervision of the planning and preparation of the meals.

From a central kitchen facility meals could be delivered to other locations such as housing projects, community centers, churches or other senior centers. A meals-on-wheels service of food packaged and delivered to the home of the chronically ill or disabled could make use of the same kitchen facility. Such

a program would, furthermore, relieve the participants of much of the burden of shopping and food preparation while providing the proper meals in a friendly atmosphere conducive to stimulating the positive social climate for the enjoyment of the food. Educational programs could be introduced to train participants to get the most value for their consumer dollars, and to expand the use by individuals of surplus food and food stamp plans. Social work, dental and medical referrals of individuals requiring such referrals could help deal with problems that stand in the way of their benefitting from the nutritional program.

In all phases of such a program older people and younger people could be employed so that their earnings would help ease some of their economic problems. Hopefully, in the course of serving their community, some of them could move out of the ranks of the most deprived.

SPONSORSHIP

Operation Loaves and Fishes can be implemented as a Community Action Program by an existing voluntary or public agency which expands its present services to undertake this function, or by a voluntary agency organized for just this purpose. A senior center, a public housing agency, a community or settlement house, a church, a voluntary hospital or nursing home, an educational facility, a residence or home for the aged, a public health or welfare agency are among those institutions or agencies that might find this an appropriate undertaking. In some communities several agencies might cooperate in the operation and sponsorship of the project. A church might, for example, make its kitchen or social hall available, while another agency takes responsibility for overall supervision of the project.

The responsible committee or the Board of Directors of this project needs to include ample representation from among the elderly poor residing in the area to be served, as well as representatives from the most appropriate health, welfare, social service, and educational agencies. The involvement in all levels of the program of appropriate representatives of the elderly from the project's target area will help assure that it meets their needs as they see them and enhance its self-help aspects. Local representatives of the Community Action Program, the clergy, public welfare, public health, visiting nurse association, the Department of Agriculture's County Agent, the council of social agencies, the Social Security Administration, catering and food service industries, the medical society and the local business and labor groups should be among those included in the highest policy-making and advisory committees of the project to help it operate most effectively and help it maintain broad community support and understanding.

The involvement in the project of the community's service organizations, women's groups, professional business, and union groups can provide a useful channel to sources of volunteers, including retired people, with various skills, who can make a contribution to the success of the project.

STAFF

It will be the policy of this project to hire as much of its staff as is possible from among the poor in the community in order to enable them to benefit directly from the employment opportunities created by the project. Older people will be hired wherever possible, younger people will be hired to do the tasks requiring strength or skills not available among the elderly. Part-time work schedules will be used to conserve the work capacities of older employees and to provide the greatest number of jobs possible in order to supplement the incomes of larger numbers of people. Those able and desiring to work full-time may be permitted to do so.

Depending on the scope of the project, the number of people served, and the size of the community, the following jobs will need to be filled by the people from the community: secretary, clerk, typist, bookkeeper, cook and kitchen aide, dining room aide, cashier, porter, driver and community aides. In a small community more than one job may be done by the same person; in some places many different people will be needed to do each task.

Where training is necessary to prepare people for the jobs they are to do, through classroom and/or on-the-job training, the employees will be paid for time spent in training.

Volunteers skilled in jobs that need to be filled, or interested in the goals of the project, will be part of the staff. Many may need to be reimbursed for out-

of-pocket expenses, cost of travel, etc. Volunteers with skills as teachers, group leaders, cooks, writers, publicists, nutritionists, public health nurses, social workers, and community organizers can be especially valuable.

The full-time paid professional staff of the project will be confined to the project director, and, if they are not available from among the volunteers or from cooperating agencies, a dietitian and head chef. A large project may also utilize a social worker, and/or a public health nurse to round out the staff.

Prior to hiring and training staff, steps should be taken to consult the local or county sanitarian to assure that adequate sanitation and health standards are achieved and maintained by the project in every phase of its work. Other health and sanitation guidelines should be sought by the project leadership through consultation with the local health department. The health department will also provide information on local regulations and ordinances regarding food establishments and food handling, and guidance regarding equipment and procedures which would enable the project to maintain the highest health standards.

SITE

The site of the project should be in the area in which the elderly poor live. Since the major focus of the project is to provide a noon-hour meal, the place where the meal is served should be located so that it can be reached by the people for whom it is prepared. It should be readily accessible to public transportation for those unable to walk the distance to the dining room. It is most important that the dining room be located in a facility that has pleasant positive connotations in the community and is looked upon with favor by the people who use it.

Sufficient space for an efficient and safe kitchen and dining area are also primary considerations in the choice of a site. The kitchen where the food is prepared does not, however, have to be located in the same building as the dining room. While this presents some logistical problems it also provides the possibility of using a central kitchen to prepare meals which are then distributed to several dining locations. This may prove to be the most efficient way of providing the service in rural areas. For example, a senior center with a large kitchen may serve meals in the center, but may also be able to prepare and deliver additional meals for sale in other centers, churches, housing developments or elsewhere. The kitchens of hospitals or of schools of culinary trades, home economics, hotel management or of Job Corps Camps are among other possible community facilities for the preparation and packaging of meals.

Ideally, the dining rooms or adjacent rooms should be available for social gatherings, meetings, classes and discussions, before or after mealtimes. Office space will also be needed to house the project staff and for interviews with individuals who have problems or seek consultation.

Sufficient space should also be available for the sale of packaged meals to be taken home for use by others or for a second meal. If the program chooses to develop a surplus food plan to serve those in the community who are eligible for surplus foods but are unable to arrange to pick them up, space will be needed to store the packages of food until they are delivered or picked up.

Garage and parking space may also be required if the program uses trucks for the delivery of food to satellite dining rooms or for home delivery of meals or foodstuffs.

EQUIPMENT

The equipment required to implement this project depends on how much of the model is to be put into operation, whether the project staff will prepare the meals or purchase them from other facilities, the number of people to be served, and the size of the community. A small project might find it can operate out of an existing community house or church kitchen normally used for occasional luncheons or evening socials. A project seeking to feed large numbers of people would obviously require a large efficient commercial type kitchen.

In designing the layout of the kitchen and dining room, consideration needs to be given, too, to the age and characteristics of the staff and program participants. Shelves should be at heights conveniently located for older people. Ample light and ventilation should be assured, and safety and accident prevention built into the facility to the extent possible.

The use of attractive dishes, furniture and equipment to minimize the institutional nature of the program is recommended to enhance the social and psychological aspects of the program. Disposable dishes may, however, be used for carry-out or delivered meals.

Generally, consideration should be given, when purchasing new equipment, to mobile commissary and cafeteria type equipment which permit flexibility of layout and portability of equipment and food to other locations. New developments in disposable packaging and shipping containers provide practical means of transporting and serving foods that can be kept hot or cold enroute, as required, while minimizing the need for pick-up and rewashing. Specially equipped trucks and station wagons may be required though many mobile temperature-conserving containers now exist that can be carried in an automobile. If a carry out meal program is planned, large freezers should be considered in planning the equipment.

It is recommended that local groups consult suppliers and manufacturers of institutional equipment, as well as representatives of the food and catering industries. The presence of such representatives on the project board will facilitate such consultation and help make the latest methods and techniques of mass food preparation, as well as the latest developments in the food industry, available to the project.

Some guidelines for equipment appear in the appendix. Others can be found in *Food Service Sanitation Manual*, P.H.S. Publication No. 934, published by the Public Health Service, U.S. Department of Health, Education, and Welfare, in 1962, and in *Home Delivered Meals for the Ill, Handicapped and Elderly*, a project report of The National Council on the Aging, published in May 1965. As noted earlier, local health officials should be consulted regarding local ordinances that affect equipment and sanitation in food programs.

THE PROGRAM

Operation Loaves and Fishes involves the implementation and coordination of several different, though integrated, program areas. The Project reaches out to the elderly and seeks to bring them to the service offered, or, where appropriate, bring the service to them. It requires aggressive case finding and recruiting of staff and clients; imaginative preparation and service of low-cost, nutritious meals; making available and using community resources, and establishing effective educational and social action programs.

1. *Recruiting and Training of Staff.*—The different tasks to be performed by the project staff make possible the recruiting of individuals of varying skills and past training and experience. Since not all phases of the program need to be implemented simultaneously, staff recruiting and training can be undertaken in stages.

Volunteers, board members and the professional staff may undertake a door-to-door publicity campaign to get well acquainted with the area and to seek out leaders and possible staff members. Announcements at senior centers, neighborhood social, fraternal organizations and churches, signs in public assistance, unemployment insurance and social security offices, referrals by board members, social agencies, newspaper stories and ads, may all bring job applicants. Applicants need to be interviewed and assigned to those areas of work which are most appropriate for them and consistent with the needs of the project. Women with experience in preparation of meals for senior centers, churches, etc., may be particularly appropriate for kitchen aide jobs. Those with organizational abilities, outgoing personalities, sensitivity to the needs of others, may be assigned as community aides.

Training programs for kitchen staff may include basic food preparation techniques, concepts of nutrition, use of equipment, understanding of safety precautions and procedures in case of accident, the role of personal hygiene and sanitation in food handling, understanding of the overall program and its place in meeting needs of the elderly. Reference should be made to the booklet *Training Program for Supervised Food Service Worker*, published by the Division of Vocational and Technical Education, Office of Education of the U.S. Department of Health, Education, and Welfare, for a suggested curriculum for the training program.

Training programs for the community aides and dining room aides should deal with the needs of the elderly, techniques for approaching people and establishing positive relationships, the role of the friendly visitor, some basic concepts of good nutrition, diet and marketing, how to offer help or information in different situations.

Periodic conferences of staff once the program is under way should provide continuing training and aim at giving greater responsibility for the operation of the program to people from the community.

2. *Informing Older People About the Program.*—The task of informing older people about the services offered by Operation: Loaves and Fishes, requires the use of various case finding and publicity techniques. Under the direction of the project director or, if one is on the staff, of the social worker, the trained community aides undertake a systematic door-to-door canvass of the area in which the elderly live. They seek to talk with family members in each home or apartment to inform them of the existence of the new service and encourage its use. They leave behind a printed leaflet giving further information about the program and inviting people to visit the dining room. Names and addresses of those interested in attending classes or discussions regarding diet and nutrition or of those interested in meals delivered to their homes are turned over to the director of the survey for later follow-up.

The community aide also makes visits to organizations, institutions, parks, and community "hangouts" of older people. They distribute leaflets about the new service and talk to individuals and groups about it. They seek invitations to address senior centers, churches, tenant organizations, neighborhood social clubs, unions and fraternal groups where older people might be contacted or where family members might be able to get information for their relatives. Visits are made, too, to hospitals, nursing homes, public and voluntary agencies, medical societies and other professional organizations in the helping professions, to seek referrals to the program.

The recruiting functions of the community aides may end at some stage in the project at which time they can work as friendly visitors or dining room aides. The project may, on the other hand, wish to expand to other areas and send them to new communities to recruit diners for satellite dining rooms to be supplied from the central kitchen. In rural areas recruiters may have to depend on the phone and auto to make contact.

The intensive case finding program is backed up by the project's community relations program.

3. *Reaching Out to the Total Community.*—The community relations function may be an appropriate responsibility of an experienced volunteer or of a paid member of the staff. The public information media should be kept informed of the project's goals, its progress and its achievements. Press releases should be prepared and feature stories written that describe the poverty of older people and the place of the project in dealing with it; the needs for consumer and nutrition information and the services available through the project. Such information can help provide a positive climate in the community for long-range support of the project as well as for its immediate programs. It can provide support and understanding for its self-help and social action efforts and be a source of referrals.

Leaflets, posters, letters for mass mailings may be required at various stages of the project and these may be prepared by the project staff and distributed throughout the community by the community aides.

Nutrition and the physical, emotional and environmental conditions of the elderly are closely related. The closest possible ties should, therefore, be maintained with community agencies and services whose area of specialization have a direct bearing on the project's goals. It is the special responsibility of the project director and the board to establish constructive working relations with these and other community agencies to maintain an exchange of referrals, skills and consultation. Cooperative efforts should aim at orientation of the project staff to services of other agencies by representatives of those other agencies. Also to be sought are periodic visits to the project by representatives of other agencies to describe their services, to accept referrals and minimize intake delays. The project in turn should make its staff available to other services for orientation and for consumer and nutrition counseling of their clients.

4. *Preparation and Service of Meals.*—The planning and preparation of meals for the project is the particular responsibility of the project's dietitian or nutritionist. This requires a highly skilled individual who is fully informed of the latest trends in the profession and who is in touch with developments in commercial and miltary food preparation. The kitchen and dining rooms reflect the fact that the preparation and service of food need to take into account the social as well as the nutritional needs of older people.

In general, meals should provide maximum quantities of nutrients required daily in keeping with the recommendations of the Food and Nutrition Board of the National Academy of Sciences. Since the project is a communal feeding program, attempts should be made to prepare meals which will have maximum

value to the greatest number of people and yet provide for individual needs to the extent possible. In one center, for example, it was found most useful to prepare meals with a minimum of seasoning while providing a choice of condiments on the tables so that each person could season the food to his own taste and needs. If the project attracts a large number of diners or finds many in the community requiring similar special diets it may be possible to accommodate them. Some typical menus are to be found in the appendix.

Variety of menus should reflect not only foods purchased or made available through community resources, but also new ways of preparing familiar foods. The diets and eating habits of the diners, their nationality, regional and ethnic preferences should be taken into account in preparing menus. The addition on each tray of a small favor, perhaps made by a committee of diners or by an arts and crafts group in one of the centers served by the project can give a festive touch to a holiday meal or to any other meal.

When planning the quantity of food to be cooked consideration should be given to the preparation of additional servings which can be frozen. These frozen meals can be used at a later date to provide an alternate dish or can be sold as a carry home meal to provide a different second meal for someone who ate lunch in the dining room.

The dining room aides are responsible for the social aspects of the dining room. They welcome diners and create a warm friendly atmosphere. They assist with seating and if needed with a tray. They are sensitive to the needs of the diners and to their comments about the menus and the program. They encourage the diners to join the classes or discussions.

The aides, and committees of diners, meet regularly with the dietitian and the chief chef to help plan menus, special festive meals and to discuss ways of improving the service. Similar meetings with the community aides who make regular friendly visits to those receiving home delivery of meals inform the project's professional staff about reactions—both good and bad—to that service. This is the way too for the project's leadership to be kept informed of the community aides experiences in their door-to-door canvass, the reaction of people contacted and the obstacles that arise in extending the service.

In addition to the meals provided for eating in the project's dining room, the project should undertake the packaging of a carry-out meal. As indicated earlier, such a meal can be taken out for someone unable to come to the dining room or can be taken home as a second meal for later use by a diner. It also provides meals for those who object to communal eating and prefer to eat in their own home or with a small group of friends in privacy. The carry-out meal also provides those who eat in the dining room a second nutritious meal which they might otherwise not bother to prepare for themselves. It also permits for the easy preparation of a meal for a guest. The use for this purpose of packaged and frozen meals prepared from foods cooked in addition to those required for the day's meals has already been noted.

The sale of carry-out meals may form the basis for experimenting with the sale at low costs of other foodstuffs prepared or purchased in large quantities by the project. The sale of bread and cakes baked by the project cooks, or of milk, canned fruit juices or other foodstuffs for which there is a demand can be the beginning of cooperative buying and thereby of reduced cost to the consumers using the project. The development of such consumer self-help projects is another responsibility of the community aides working with the project director or social worker.

Most of the meals provided by Operation Loaves and Fishes are for ambulatory older adults. Another related service that can be developed by using the same kitchen and outreach staff could serve elderly people unable to prepare their own meals and unable, too, to come to the central dining facility. This kind of program often referred to as a "Meals-on-Wheels" service would deliver the prepared meal to the home of the older person.

Since people requiring this service are typically more seriously disabled or restrained by other circumstances from leaving their homes to come to the project's dining rooms, the health and social conditions affecting their diets are often more complex than those of other participants in the program. Careful screening and follow-up services are, therefore, required to assure that the provision of meals in the home is, in fact, the most appropriate solution to their needs.

In development of a Meals-On-Wheels program careful study should be given to the guidelines developed by The National Council on the Aging in its project report, *Home Delivered Meals for the Ill, Handicapped and Elderly*, published

as a supplement to the May 1965, American Journal of Public Health, and available from The National Council on the Aging.

The community aides who contact those apparently eligibile for the meals-on-wheels service should refer their cases to the public health nurse or the social worker for evaluation. Referrals for such a program can also come from doctors, visiting nurses, hospitals, other agencies and the public at large. Those who are included in the program should receive regular visits from the trained community aides to provide further contacts with the program and to make available a periodic social visit, which could include such help as is needed with shopping, a phone call to a relative, getting a prescription renewed or just chatting, as well as evaluation of the appropriations of the service.

5. *Establishing Educational Programs.* Responsibility for developing the project's educational phases are assigned to the project director or by him to the social worker, the dietitian, or if one is available, to the public health nurse. Outside resources in the community should be utilized to bring in the kind of expertise needed for the particular program.

The content of the educational programs should reflect the major emphasis of the project on food, nutrition, marketing techniques and appropriate consumer information. Priority of subject matter and the format should be determined in consultation with the program participants and the staff aides. Instruction may be given in the dining rooms before or after meals or at other times, through formal classes, informal discussions or by demonstrations. Groups might be taken on trips through stores to learn how to shop carefully, demonstrations might be given in the homes of program participants or in neighborhood stores.

Special emphasis in the educational phase of the program, and in other phases of the program too, needs to be given to reaching the older people among the minority populations in the area. Educational materials may have to be prepared, and classes conducted, in languages other than English to reach these groups.

The community aides and the dining room aides both serve as aides in the educational phase of the program, recruiting participants, assisting in the classes and where feasible giving the instruction itself.

Among the topics that might be covered in the educational programs are the following:

—the relationship between food and health
—high nutrition, low cost foods
—improving appetites through eye appeal
—who really needs vitamin pills
—how to shop and cook for a one or two person family
—know your weights and measures
—your dentures and your food

This list just suggests a few of the topics that might be part of the program. In addition personal or group attention might be provided by the nutritionist to help those who are overweight or underweight to cope with their problems.

The educational programs will in themselves not add income to the poor, but they can help them conserve and get more value for their dollars, and improve their diets and their health.

6. *Social Action and Self-Help Programs.*—The social action and self-help programs undertaken by the project aim at stretching consumer dollars, by using the combined purchasing power of the elderly as well as their power as citizens. These programs also provide a significant training ground for the development of local leadership. Both the educational and self-help aspects of the program may include elderly persons who are not using the program's dining facilities but who can be served by and who can serve in these phases of the project.

The content of the social action program should be developed in consultation with the staff aides and with committees of the diners. They may be an outgrowth of the educational programs or of matters of concern to the community. They may aim at making available benefits or foodstuffs provided by the federal or state governments but not available in the local community. They may relate to organizing cooperative purchase for the program's participants.

One goal of the program might be implementing, in the local area, the United States Department of Agriculture Federal Direct Food Distribution Program, or as it is better known, the surplus food program. Under this plan the federal government makes available through the states a wide variety of agricultural food products. The program requires state and local implementation. Recipients of the food need not be receiving public assistance to be eligible, but present regulations require that they meet income qualifications of local and state

agencies, usually public welfare agencies. In many states persons receiving social security, or public assistance and others, would be eligible to receive these products. They are available too to many non-profit programs serving the needy.

The social action, self-help aspects of the program might include a survey of those eligible for surplus foods, an organized campaign for implementation of the plan in the community and assistance for those eligible in signing up and getting the foodstuffs when they become available. For those older people who find the carfare too expensive or the travel too difficult to pick up the food at a central depot, the project could undertake to pick up the food on their behalf and deliver it to the project office, the dining room or their homes.

In a growing number of communities the Department of Agriculture is making available, again, through state and local public welfare departments, food stamps which can be purchased for less than their face value and then exchanged in local stores for food. This program provides greater flexibility of food purchases than the surplus food plan. Working for the implementation of this program in the community is another appropriate social action goal for the project staff and the community aides.

The project's staff might also undertake studies with the participation of committees from the community, of mass purchasing co-ops or clubs to purchase meats, fruits, vegetables and canned goods directly from wholesalers or producers groups such as the National Farmers Union.

The successful development of the educational and self-help programs may establish the foundation for much broader consumer educational and action programs. These are discussed under the heading Possible Next Steps.

7. *Evaluating the Project's Effect.*—It is important to record and document the project's accomplishments, its strengths and weaknesses, through statistical and case history data. Careful plans for such documentation need to be laid, in the earliest stages of the project in order to provide sufficient base data for comparison with later results. For example, careful interviews should be sought with diners in the early stages of the program to determine the nature of the meals they ate, and at what cost, prior to and after the establishment of the project.

Studies should be made of the nutritional health and economic changes effected by the project, the numbers served, their economic circumstances, their reactions to the program, the number hired by the project, the improvements the program made in their diets and incomes, the results of the project's educational and self-help programs. These and other areas of study should be considered from the program's beginning in order to assure the gathering of appropriate and sufficient data.

The gathering of this data should, however, be carefully undertaken so as not to impose on those interviewed and, thereby, make them reluctant to continue to use the project. The project's major purpose is to serve, and its study, while most significant, should not be conducted in such a way as to interfere with the rendering of its service.

FINANCING AND BUDGET

The National Council on the Aging believes that Operation Loaves and Fishes is a sound and appropriate Community Action Program which could be financed under the terms of the Economic Opportunity Act. In addition, income to operate the project could come in food from other government programs, in services from other community agencies, and in funds from individuals paying for their meals.

The price of the meals needs to be kept low enough to minimize the difficulty of older people to pay for them from their limited incomes. It is recommended, however, that fees be charged to all individuals except, that in the judgment of the project staff an individual's fee may be reduced to a token payment where necessary. Whenever feasible meals should be paid for in advance and identical meal checks issued. These checks could be turned in when paying for any one of the project's meals. The most appropriate arrangement for payment should be developed by the local program. Typical fees charged for meals in senior centers range from 25 cents to 50 cents.

Where diners receive public assistance, contact should be made with the local public assistance program to increase food allowances if necessary to enable individuals to participate in the program and pay the cost of the meal. Similar arrangements should be sought in the case of meals delivered to the home.

While no single budget can be projected for Operation Loaves and Fishes, which will prove universally applicable, the following guidelines are offered in regard to staff and budget with the understanding that they will have to

be modified to meet local conditions and the size and scope of the project actually implemented, as well as the extent to which the project shares the facilities, services and guidance of an existing agency which will provide many of the budget items and personnel as part of its and the community's contribution toward the cost of the project:

Personnel

Project Director
Dietitian
Community Organizer or Public Health Nurse
Food Service Supervisor
Chief Chef
Baker
Kitchen Aides
Dining Room Aides
Community Aides
Cashiers
Secretary
Clerk Typist
Bookkeeper
Driver
Drivers Helper
Janitor-Porter

Most of the above jobs can be filled on a part-time basis by older people from the community. While a large program may need to fill each job and have several people in the different job categories, a small project may have one person doing several of the tasks. In most situations it is expected that the executive staff will be shared with a sponsoring agency. In computing personnel cost, approximately 10% should be added for fringe benefits, workmen's compensation, social security, and similar coverage.

Equipment

Executive Desks
Interview Desks
Typewriter Desks
Executive Chair
Secretary Chair
Side Chairs
File Cabinet
Typewriter
Adding Machine
Mimeograph Machine
Motion Picture Projector
Blackboard
Kitchen and Dining Room Equipment (see appendix II)

Much of the equipment for the office, kitchen and dining rooms can usually be rented or borrowed from existing agencies. Where new equipment is required, it should be noted that the cost items for most equipment required for an efficient kitchen are non-recurring since the equipment will not have to be replaced for many years.

Operating Expenses

Cost of Food, Rent, Utilities, Telephone.
Insurance, Liability, Compensation, extra auto liability for community aides and meal deliverers.
Travel and out-of-pocket expenses of Volunteers and Staff Carfare for community aides, parking fees, etc.
Postage, printing, posters, leaflets educational material.
Consumable Supplies, Office, Kitchen, Dining Room, Janitorial Supplies.
Contingency Funds for special needs of diners.
Truck Rental, Gas and Oil.

Income

Payment for meals.
Donated commodities.
Donated Services, Staff and Facilities.
Funds from local agencies or organizations.
Funds from Community Action Program.

Timetable for Establishing Operation: Loaves and Fishes

1. Verify the need for the service in the community.

a. Contact the senior centers; canvass low income housing areas to determine response; check with the visiting nurse association and council of social agencies.

b. Find out where older people are getting their meals, visit local cafeterias, diners, etc. Check with owners of boarding houses, hotels, building superintendents; talk to the older people.

c. Look up prior studies, if any, of nutrition and diet in the community, discuss with local medical society, health department.

2. Determine the appropriate sponsorship of the project.

a. Decide on structure and sponsorship; part of an ongoing agency or a new agency which will set up a new committee and project, or a joint undertaking by several organizations.

b. Recruit Board and/or Committee Members, emphasize the participation on the board and on committees of older people from the area to be served.

c. Elect officers, set up committees, delegate responsibility; recruiting staff, contacting other agencies, public relations, determine area in which project will be started, locating space.

d. Agree on scope of project and develop budget; determine what funds, facilities, services and staff can be made available from the community; determine availability of Department of Agriculture commodities through the state agency for the project and for individuals; seek funds from the local Office of Economic Opportunity.

3. Tool up for opening the service.

a. Hire professional staff; seek those with applicable experience and interest in achieving the project's goals.

b. Locate office space and kitchen and dining facilities in the area to be served.

c. Acquire furniture and equipment; if a new kitchen is to be set up work closely with the local health department and sanitarian as well as professionals in catering and industrial kitchen industry in planning the facility and the equipment to be ordered.

d. Set up procedures and records for the project and for gathering information about its achievements.

4. Start Recruiting and Training of Staff.

a. Through contacts from senior centers, from canvass of the community and referrals by other agencies seek out volunteer and paid staff to fill out the table of organization, develop and implement training programs in the project's headquarters or in another facility.

5. Launch the project.

a. Send community aides out to the neighborhood to start informing the residents about the service; distribute publicity to press and other media; make contact with other agencies.

b. Open dining facility; start informal contact with the diners through the staff and the dining room aides.

c. Organize committees of diners to meet with staff regarding project; start developing classes and other educational components of project.

6. Operation of project.

a. Extend community contacts and publicity.
b. Maintain dining program.
c. Intensify educational program.
d. Develop satellite dining facilities if needed.
e. Explore need for meals on wheels and implement if needed.
f. Undertake consumer projects.
g. Evaluate project.
h. Modify and add to program based on experience and evaluation.

POSSIBLE NEXT STEPS

Operation: Loaves and Fishes confines itself to providing meals and foodstuffs and to developing educational and social action programs related to food and nutrition. It provides the basis, however, for a much more extensive educational and action program relating to all aspects of consumer interest beyond those dealing with food. Teaching the older consumer how to protect and stretch his food dollars leads easily to teaching him how to stretch his other dollars as well. Consequently the leadership of the project might wish to consider the possibility of moving into another phase of the project once its first goals have been achieved, that is the development of a major consumer protective education and action plan.

In this phase of the program, community aides might be taught to chair meetings, and lead discussions on topics such as marketing, weights and measures,

consumer credit, installment sales, dangers of fraudulent sales techniques, etc. Specialists from other agencies, the local Better Business Bureau, and government bureaus concerned with consumer protection could also be involved in the project.

Social action programs stemming from such an expanded program could also begin to deal with money-saving devices relating to areas other than food. The community might decide to organize any one of the following programs through the project:

—A comparison shopping service with regular reports to the diners and the rest of the community.
—Meetings of committees with shopkeepers regarding complaints about prices, quality, weights, etc.
—Meetings with chains or lower price stores about moving into the community.
—Affiliation with low-cost mail order drug and pharmaceutical programs for the elderly such as that developed by the National Council of Senior Citizens or the American Association of Retired Persons, both of Washington, D.C.
—Local discount programs for drugs, eyeglasses, hearing aids, furniture, clothes, groceries.
—Funeral and burial societies or arrangements for low-cost funerals and burials with local undertakers.
—Discounts for theaters, concerts, and public places of amusement and recreation.
—Reduced carfare during non-rush hours on the community mass travel facilities.
—A consumer clinic to offer counseling and guidance to individuals requesting advice or faced with a consumer problem.

These services could provide a new dimension to the total program, link up with other agencies and services and expand its benefits to the people of the community, young as well as old.

Appendix I

Ten Typical Menus of Meals Served in a Senior Center
Average Cost Per Meal to the Diners 35–40¢

1. Ham and Scalloped Potatoes
Grated Carrot and Raisin Salad
Chocolate Pudding

2. Fish Squares
Macaroni and Cheese
Spinach
Sliced Tomatoes
Strawberry Jello

3. Beef-A-Roni
Whole Kernel Corn
Apple Sauce
Ice Cream with Chocolate Sauce

4. Meat Loaf
Browned Potatoes
Sliced Carrots
Tossed Vegetable Salad
Raisin Cake with Sauce

5. Baked Fish
Cheese-Rice
Stewed Tomatoes
Lettuce Wedge
Apricots

6. Grilled Franks with Cheese
Baked Beans
Tossed Green Salad
Bread Pudding

7. Liver and Onions
Rice
Buttered Carrots with Pimento
Sliced Cucumbers
Ice Cream

8. Spaghetti and Meat Sauce
Spinach
Cole Slaw
Canned Fruit

9. Fresh Perch Fillet
Parsley Noodles
Collard Greens
Sliced Tomatoes
Plums

10. Hamburgers
French Fried Potatoes
Harvard Beets
Cole Slaw
Rice Pudding

Appendix II

SOME FOOD PREPARATION AND SERVICE EQUIPMENT

Quantities and Sizes Required Depend on Number of Diners to be Served

Stainless Silverware
China or Plastic Dishes
Napkin Holders
Salt and Pepper Shakers
Ash Trays
Dippers and Dishers
Measures
Measuring Cups, Spoons
Scoops
Funnels
Spatulas
Basting Spoon
Pancake Turners
Slotted Turners
Mixing Bowls
Double Broilers
Skillets
Saucepans
Fry Pans
Baking Pans, Sheets
Roast Pans
Colanders
Dish Pans
Wire Whips
Icing Grates
Flour Sifter
Beaters
Scrapers
Rolling Pins
Chopping Bowls
Strainers
Butcher Block
Tongs
Can Openers
Knives
Mashers
Platform Scale
Kitchen Scales
Food Slicers
Dish Racks
Vegetable Peeler
Food Carriers
Ingredient Bins
Dish Washers
Bake Oven
Open Top Range
Preparation Tables
Bakers Tables
Work Tables
Bakers Sink
Work Sink, Pot Sink
Walk-in Cooler
Freezer, Refrigerator
Coffee Urns
Serving Units
Hot Food Units
Tray Dispensers
Food Conveyors
Serving Counters
Garbage Cans
Tray Carts
Dish Carts
Tables
Chairs

Appendix III

SOME SUGGESTED RESOURCES FOR INFORMATION ON FOOD, NUTRITION, AND MEAL PREPARATION

American Dietic Association
620 North Michigan Avenue
Chicago, Illinois 60611

American Home Economics Assn.
1600 20th Street, N.W.
Washington, D.C. 20009

American Hospital Association
840 North Lake Shore Drive
Chicago, Illinois 60611

American National Red Cross
17th and D Streets, N.W.
Washington, D.C. 20006

American Public Health Assn., Inc.
1790 Broadway
New York, New York 10019

National Dairy Council
111 Canal Street
Chicago, Illinois 60606

National Farmers Union
1575 Sherman Street
Denver, Colorado 80201

National Sanitation Foundation
School of Public Health
University of Michigan
Ann Arbor, Michigan

U.S. Army Headquarters Film Library
U.S. Department of Agriculture
Washington, D.C. 20250

Agricultural Marketing Service
(Consumer Distributor Division)
Agricultural Research Service
U.S. Department of Health, Education, and Welfare

Public Health Service
Washington, D.C. 20201

Visiting Nurse Associations
State Health Agency; Local or County Health Departments
Hospital Dietary Departments
Colleges and Universities

Appendix IV

Some Suggested Resources for Consumer Information and Services

Adult Education Association of the U.S.A.
743 North Wabash Avenue
Chicago, Illinois 60611

AFL–CIO
Department of Community Services
815 16th Street, N.W.
Washington, D.C. 20009

American Association of Retired Persons
DuPont Circle Building
Washington, D.C. 20036

American Bar Association
1155 East Sixtieth Street
Chicago, Illinois 60637

Consumers Union
256 Washington Street
Mount Vernon, New York

Cooperative League of the U.S., Inc.
56 East Van Buren Street
Chicago, Illinois 60605

CUNA International
P.O. Box 431
Madison, Wisconsin 53701
(for information regarding Credit Unions)

Federal Trade Commission
Washington, D.C. 20580

National Better Business Bureau
230 Park Avenue
New York, New York 10017

National Council of Senior Citizens
1627 K. Street, N.W.
Washington, D.C. 20006

President's Committee on Consumer Interests
Executive Office of the President
Washington, D.C. 20506

U.S. Department of Agriculture
Washington, D.C. 20250
Farmers Home Administration
Federal Extension Service
Office of Information

U.S. Department of Health, Education, and Welfare
Washington, D.C. 20201
Social Security Administration
Bureau of Federal Credit Unions
Food and Drug Administration
Office of Education

Food for the Body—Food for the Soul

(By Lucille H. Reed, R.N., B.S.)

(Project Director, SAM'S (Service a Meal to Seniors) Project, Sponsored by Curtis Park Community Center, Inc., a United Way Agency, Denver, Colo.)

His name was Bill, an ordinary name for an ordinary man. There was nothing about him that was particularly outstanding. He was about seventy years old, a small, dark man, quiet . . . easy to ignore. He was inclined to be forgetful and to wander, and, as he had no family, somehow he found himself committed to the State Hospital. The staff at this institution, realizing he did not need its specialized care, placed him in a nursing home. I was one of the nurses who felt this was best for Bill, and then I, too, promptly forgot him. Bill probably never had his name in the newspaper until the day he died when he made the front page. The article was explicit. Bill had wandered off, walked into an old abandoned building, and decided to take a nap. While he was sleeping, the old building was demolished, and his body was carried to the dump, one leg grotesquely dangling over the edge of the truck.

Who was at fault, the State Hospital, or the nursing home, or Bill himself? Perhaps all three a little bit . . . or perhaps no one was to blame. The simple, glaring fact is that no one *really* cared!

Most tragic of all is the truth we must face, that *Bill himself* did not care. He had lost his drive, his enthusiasm for living, his faith in himself. In a sense, he was dead long before the building was demolished.

While Bill's death was somewhat out of the ordinary, his apathy is typical of literally hundreds of our older citizens today. And it is this apathy, this lack of self-will, this terrible, grinding feeling of uselessness, that is the nemesis of the Geriatric Nurse today. This is what makes rehabilitation of the aged more difficult. . . This is why ministers do not struggle in evangelism of the aged. . . This is why social workers view with dismay families facing this problem. . . This is why employers turn away their heads. . . This is the albatross around the neck of *every* professional person engaged in the field of aging.

To add to the enigma, no one seems to know what this peculiar phenomenon of the aged *really* is. There are many, many theories and names applied to this problem. Elaine and Bill Cummings call it "disengagement". (1) Others refer to it as "alienation", or "rejection", or "withdrawal". . . Perhaps all these terms could be synthesized in the phrase, "the loneliness of the soul".

Let us explore this a bit further. Most of us have suffered from a type of loneliness for brief periods in our lifetimes; a period when we experienced an estrangement from the world about us. Perhaps it has been after an illness, a loss of a beloved person, or boredom with our role in life. We have been able to pull out of these periods by a change in environment, or because we realized that self-pity was useless, that we had work to do, and people who were depending on us. With the aged person, the desolation continues because, you see, many times there is no one to care for, no job to do, and no change of environment is possible. What started as depression grows into surrender of the will to care, and finally becomes "loneliness of the soul."

Please understand that in no way is the physical side of aging to be minimized. The premise here is that the biological insults which torment the aging person are even more difficult to treat when the person simply does not care about himself anymore.

This author cannot presume to know all the intricacies that are involved in this complex syndrome. The purpose here is to tell you how a Federal Demonstration Grant is being used to prevent this tendency, and to indicate some ways the concepts and methods learned could be applied to a more clinical situation.

A year ago last January the SAM'S (Serve A Meal To Seniors) project was nothing but a mere idea, a dream, in the minds of two friends. One was a woman who had commercial food experience, and the other was a registered nurse who had experience in nursing homes and a state mental hospital. Both were deeply concerned about the problems of the aged, especially the loneliness and waste of human resources of this group. The avenue through which they chose to approach this was a program of hot, nourishing meals, served in an atmosphere designed to increase social interest.

Armed with determination and an idea, they approached the Federal Government offices of the Administration of Aging, and were advised which type grant would be best for their idea. Then they began to talk with people who were involved in the field of aging, telling of their plan, asking for support and help. For two months, they worked twelve to fourteen hours a day developing their idea. (Bear in mind, that they had nothing to go on but their own belief in the need, and their solution for it.) A social agency was approached to sponsor the grant, and because the agency was cognizent of the problem and was willing to risk the time and effort to solve it, the forms were filled out, all twenty-one pages with eighteen copies, and the five-pound package was mailed Air-mail, Special Delivery to Washington, D.C. It is doubtful that anyone except the authors and the agency really expected Washington to fund the project. But on March 26, a telegram was sent by Colorado's two senators, announcing that the grant had been accepted. Now SAM'S (Serve A Meal To Seniors) project was official as a Demonstration Grant, Title IV of the Older Americans Act of 1965, Administration on Aging, Department of Health, Education, and Welfare. $69,638 was awarded to the Curtis Park Community Center, Inc., a United Way Agency, for the first year funding, beginning May 1, 1968, through April 31, 1969, with funds earmarked for a two year continuation. The idea the dream, had been taken out of the realm of the impossible, and was now a reality.

Simply stated, this is the way the program operates. The SAM'S staff negotiates food costs with commercial food suppliers. The food is prepared in bulk form, and placed in portable insulated carriers which maintain temperatures for at least three hours. These containers are transported to the serving locations by SAM'S half-ton van. The food is then served cafeteria style by senior employees. Disposable paper service is used to eliminate extra work, and to meet all public health laws. The program's goal is to serve one hundred and fifty persons at lunch, and one hundred and fifty persons at supper in two different locations, a total of three hundred persons a day, six days a week, excluding Saturdays.

SAM'S appears all over Metropolitan Denver, with locations selected that would be beneficial either to the greatest number of seniors, or where a dire need is evident. The program locations include a beautiful, landmark church in the heart of town near the Capitol Hill area which a recent study (2) indicates has an unusually high population of persons over sixty-five, a Salvation Army Community Center in the Negro ghetto, a forty year old tavern in a deteriorating lower downtown section marked for Urban Renewal, and a suburban

church in an area where seniors live independently in their own homes. Senior housing will be added which will complete our schedule of two meals, six days a week. Plans are also under way to develop a home-bound service, involving many senior volunteers.

SAM'S is financed through two sources. Salaries and equipment are paid from the federal grant. Food costs are covered by the sixty cents charge made for the meals. One of the strong features of the program is the fact that it is not a give-away scheme, nor is the price charged a mere token gesture. The food costs are met entirely by the seniors themselves. There is no stigma of charity, but instead an offer of dignity and self-respect to the participants.

More than forty persons are employed by SAM'S. Only five are under the age of sixty-five years, and those are administrative and office staff. In actuality, the program is run almost entirely by seniors who work part-time as ticket-sellers, food-servers, custodians, and hostesses. This enables maximum utilization of senior's skills, and makes the program theirs in a very real sense.

A most unique advisory board, composed entirely of community-minded seniors guides the activities of the program. They are kept fully informed on progress, problems, budgets, and key personnel. This group makes recommendations concerning the program to the Curtis Park Board of Directors. When the federal grant period ends, the members of this board will be fully prepared to step in as a Board of directors. These seniors ask probing questions, are highly involved, and dedicated to the goals of SAM'S. They are neither afraid to criticize, nor are they sparing in their praise. The creativity and practicality of this group must certainly be one of the most valuable assets of the program. They are unique because they guide professionals, instead of the professionals guiding them. This puts a heavy burden of responsibility on their shoulders. They welcome it. They are proving that seniors can still make important decisions, manage large sums of money, and serve the community.

When contemplating SAM'S, emphasis was placed upon the benefits that would be derived by the senior participants, but an unsuspected bonus has been the effectiveness of our senior employees. They range in age from sixty-five to eighty-seven years of age, with most in their seventies. These are not unusual people. They are typical of the senior population. One woman suffers from chronic asthma; another is diabetic; one is a controlled epileptic; several of the employees have various types of cardiac problems, arthritis, and so forth. Yet all have been able to pass state health requirements for food handlers. These people have come from widely divergent backgrounds. One man has a college degree; another a second grade education. They are retired school teachers, nurses, and homemakers and office workers. Yet, all enjoy their work and their friendships at SAM'S. Our employees dress with care, smile a great deal, and show a tremendous interest in the participants. They exhibit a sense of pride, of proved usefulness, of creativity and enthusiasm. They feel a part of an adventure, something new, and important. They have maintained their dignity, and demonstrated that they are a valuable segment of the population. Not one of our employees has been late, or missed a day of work except when they were hospitalized. They are respected by their peers. The idea of employing seniors has, in fact, proved a problem in only one area; we have more qualified applicants than positions.

One lady who attended SAM'S for the first time said, "I've been cooking for myself for so long, that today my stomach thinks it is Christmas!" This comment is typical of many we receive each day. The demonstration is too young to present any hard statistical facts, but there is evidence that the program is having an impact, which is seen in subtle changes. Some seniors who have lived in virtual isolation for many years now regularly socialize with one another, and very cautiously appear to be caring what happens to the other. One gray-visaged gentleman at first made a practice of coming late so he could avoid conversing with anyone. Now he arrives early, laughs readily, and his cheeks are actually ruddy.

Another attended for several weeks, disheveled, dirty, and unshaven—as though daring us to reject him. When we demonstrated our conviction that it is not enough to merely touch a person to show concern, but that you must sit by him and recognize him as an equal, he gradually regained some of his self-esteem. Now he appears clean, and always freshly shaved. How could statistics convey the depth of feeling in the comment made by one lady who said, "I thank the Good Father for SAM'S. It is a godsend for me." This woman's hands shake so badly that she could not play cards until she found a card-holder, and she had not eaten in public for years. We see a general revitalization

of socialability and talents; men enjoy chess for the first time in twenty years, play cards and dominoes again, and even the piano. They show a personal interest in how the grant works, and frequently demand that we prove the sixty cents covers the cost of the food. There have been amazingly few complaints about the quality of the meals. Whether this is because our food is actually as superior as we believe it to be, or because the seniors are so committed to the program is a moot point. What is significant is that this is an absolute reversal of the situation in an institution.

There is one recurrent quality of the senior citizen that we have seen in the members of the Senior Advisory Board, the employees, and the participants. The fact that it is so prevalent suggests that a greater understanding on our part could help us make deep inroads against the onset of "loneliness of the soul." This quality is the almost urgent desire seniors have to make their own decisions, to maintain their independence. Our program is working partly because we depend on the seniors, offer no give-away, and respect their decisions. We have learned not to cajole when a senior says he can afford only two tickets a week, because this is his decision. It is an outward manifestation of his determination to pay his own bills, do without if necessary, and put something away against future troubled times. Several of our employees have moved to better living quarters "closer to work" to save carfare. The one desire we hear expressed over and over again is, "I hope I can keep on managing my own affairs," "I hope I won't have to depend on my children." If SAM's demonstrates anything, it surely must be this need for independence.

Now the question arises, how can the concepts learned in a "social-nutrition" program such as SAM's be applied to a more clinical situation? Dr. Robert W. Davis, a clinical psychologist, states in a recent article, "A crucial issue in nursing care is the patient's continuing struggle to maintain his independency."

In order to help the aged in this struggle, nurses must first of all endeavor to understand their other patients in a more realistic way. When a greater comprehension of the problems is reached, a change in some of the clinical methods will follow. This plea for understanding places a burden on nurses in general, and in particular, on nursing educators, and nurses working in nursing homes.

Nursing educators, perhaps it is time to re-evaluate your school to see if enough emphasis is placed on the senior citizen and his accompanying problems, as well as the study of geriatrics. Is it possible to expose your students to seniors who are still active in the community—*before* showing them the senile and the helpless?

One of the highlights of the Social Gerontology class at Denver University is the annual senior's panel, when five or six seniors tell of their lives to students. In every community there are intelligent, articulate older persons who would feel honored to talk to nursing students and thus increase the knowledge of the students.

Could we better utilize the expertise of recreation directors and social workers in the field of aging, and not leave all the teaching to our own profession?

Nurses in nursing homes, are there ways you could increase the decision-making of your patients? Since the institution is really in existence to serve the patients, could a council of patients have a voice in the administration? Do your patients *really* understand the problems you face with staffing and organization of nursing care? Are routines such as mealtimes set-up for the convenience of the staff or the patients? Do the seniors in the community know of your concern for them? Senior centers would be happy to welcome you. One of the greatest problems you face is the well-known fear of nursing homes. Couldn't this apprehension be greatly reduced if seniors met you and could see you as a warm, human being who cares, instead of some kind of Sarah Camp? Could you schedule visits to senior clubs in your area for members of your staff as a type of in-service training? Are you willing to try to convince your administrators that this kind of activity is the best public relations your institution could possibly have?

Members of the nursing profession, unless you work in a very specialized field, most likely you will have some contact with the geriatric patient. Do you really understand their fears, or do you think you must treat them as if they were children in their second childhood? Do you offer pity to the "poor old souls," or do you offer respect and dignity? Do you challenge them to keep alert, to read the newspapers, to help decide their own fate? Or have you such a beautifully organized ward that you eliminate any extra time that seniors need?

If you have an idea that you think might help improve the health of *any* individual, either in the community or in an institution, don't hide it—pursue it! Develop your idea and see if you can convince somebody to try it. You are blessed

with an excellent body of knowledge, and a dedication. Add some determination and creativity, and you can't help but succeed. Yes, there are some who will call you a non-conformist, or a trouble-maker, or an idealist—but what do names matter if your idea works and someone's health is improved? After all, isn't that the basic aim of our profession?

Some may ask, "but is a project like SAM'S *really* nursing?" The answer has to be yes. It is a different, changing role in a world which won't stand still.

Outside the hospital walls there is a need for nurses every bit as great as inside—a need for understanding, for compassion, for involvement—an exciting, demanding need. This is the challenge we face—both you and I. Can we ignore it?

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FOOD FOR THE BODY—FOOD FOR THE SOUL—SUMMARY

The apathy, lack of self-will and self-esteem shown by many senior citizens presents a difficult clinical problem. The author describes this state of mind as a depression which grows into a surrender of the will to care, and finally becomes "loneliness of the soul." The SAM'S (Serve A Meal To Seniors) project attempts to fight this problem by an innovative food program, funded by the Federal government as a three year demonstration grant. Meals are offered at a low price, served in a manner to increase the social interest of the participants. Seniors make up the largest part of the employees and help direct the program as well. The project demonstrates the striking desire of senior citizens to make their own decisions, and remain independent.

Suggestions are made to nursing educators, nurses in nursing homes, and others, of ways that this independence can be maintained. The paper is a plea to nurses for a better understanding of the senior citizen, and a challenge to develop new ideas and become more involved.

A Study of Dietary Consultation Services

The Challenge of Nursing Home Food Service[1]

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AS NURSING HOMES and homes for the aged become more important as a resource in the care of the chronically ill and aged, the kinds and quality of food service provided by them is of growing importance. In 1960, 8174 persons in Indiana were cared for in 410 nursing homes and homes for the aged licensed by the State Board of Health. Only three of the 410 homes were known to use the services of a qualified dietitian. Two of the three were affiliated with hospitals, and one home employed a dietitian on a part-time basis. For the remaining 407 homes, the only professional assistance in nutrition available was offered by the nutrition consultants of the Indiana State Board of Health and one local health department. The nutritionists conducted yearly educational meetings for the nursing home personnel and supplied consultation and educational literature on request. There was no follow-up or evaluation of these services.

When nutrition consultation and educational programs in food service were offered to the nursing home personnel, some administrators of homes commented that public health workers and dietitians "were not practical" and "did not understand the nursing homes' problems in caring for the aged." Public health workers and administrators agreed that there were special problems in nursing home food services due to idiosyncrasies of long-term and often senile patients and budgets limited by low fees in homes caring for welfare recipients.

In reviewing menus submitted as part of the annual survey of the homes requesting licensure renewal, it was found that diets served to patients were generally low in protein, vitamin A, and ascorbic acid. Suppers were particularly poor, frequently lacking a protein food and a serving of a fruit or vegetable. The surveys further showed that therapeutic diets prescribed by physicians often were not served as ordered; unappealing food combinations, overcooked vegetables, and unattractive tray service were common. A need for improved food sanitation practices was also noted. Although the state licensing regulations require a dining facility away from the patients' bedsides, only a few homes provided such an area. In many of the homes, kitchens with family-size equipment were being used for quantity food preparation. An untrained, poorly paid employee often prepared and served three meals a day, six and even seven days a week.

With this background, the Division of Nutrition of the Indiana State Board of Health undertook a twelve-month study with two primary objectives:

(a) To determine if observable improvements could be made in nursing home food services by providing professional consultation on a continuing and more intensive basis.

(b) To acquaint the nutritionists with the basic problems of food service in nursing homes and to give them an opportunity to apply their professional knowledge to solving some of these problems.

How the Consultation Service Was Offered

A written announcement of the availability of regularly scheduled consultation was offered to 352 licensed homes in areas served by a nutritionist in the State Board of Health or local health depart-

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TABLE 1 Amount of service given to homes

SIZE OF HOME	NUMBER OF HOMES	VISITS	HOURS SPENT		
			Preparation	Consultation	Total
Proprietary Homes					
19 beds or less	2	8	9	24	33
20 to 29 beds	4	36	43	89	132
30 beds or more	3	20	32	89	121
Average per home	—	7	9	22	32
Average per visit	—	—	1+	3	5
Total	9	64	84	202	286
Non-Profit Homes					
19 beds or less	0	0	0	0	0
20 to 29 beds	0	0	0	0	0
30 beds or more	2	22	15	75	90
Average per home	—	11	8	38	45
Average per visit	—	—	>1	3	4
Total	2	22	15	75	90

ment. Enclosed with the announcement was an application on which administrators willing to devote time to working with the consultant could request the service. The administrator was asked to state the size of the home, his problems with food service, and his estimate of the adequacy of kitchen facilities and food service personnel.

On receipt of the completed application, the nutritionist in the area made an appointment to visit the home at the convenience of the administrator. The initial visit was made to meet the staff, see the facilities, observe existing food service, and assess the administrator's understanding of the service.

The nutritionists recorded observations at the initial and successive visits on a detailed "Worksheet for Consultation" which listed the many individual items that contribute to quality food service for the long-term patient in a nursing home. The worksheet identified the minimum standards in Indiana's nursing home licensing regulations (1) and provided space where the nutritionist could establish a goal for the individual home on each item. Goals were based on: needs of the patients or potential patients; present equipment and facilities; staff; and budget. After each visit, she recorded the time spent in the home, the time spent preparing for the visit, suggestions offered, staff participating, methods used, resource materials used, plans for the next visit, and so on.

Seven nutritionists provided consultation. Three assisted one home each and four, two homes each. Eighty-six visits were made, and a total of 376 hr. service was provided, exclusive of travel time, but including the time spent both in actual consultation and preparation. The amount of service to individual homes is shown in Table 1.

Homes Participating

As shown in Table 2, sixteen administrators returned the application and were offered nutrition

TABLE 2 Response to survey by type of homes

TYPE OF HOME	NUMBER SENT ANNOUNCEMENTS	NUMBER RETURNING APPLICATION	NUMBER UTILIZING CONSULTATION
All homes	352	16	11
Proprietary homes	331	14	9
19 beds or less	199	3	2
20-29 beds	84	7	4
30 beds or more	48	4	3
Non-profit homes	21	2	2
19 beds or less	4	0	0
20-29 beds	1	0	0
30 beds or more	16	2	2

consultation. Five homes were dropped from the group because: one home was sold after the first visit; one home changed managers after the second visit and the new manager did not desire the consultation; one administrator was repeatedly unavailable for the initial conference; and two administrators did not wish consultation.

Eleven homes continued consultation with at least three visits. Ten were licensed, and one non-profit home was working toward licensure. All homes cared for both ambulatory and bedfast patients.

Eight homes were remodeled family residences, one a former county home, one a remodeled school building, and one a remodeled apartment house with a newly constructed wing. Three of the smaller homes used home-type kitchen equipment. Six homes had institutional ranges, but other equipment was home type. Both non-profit homes had institutional, heavy-duty kitchen equipment. Only one administrator considered the kitchen facilities inadequate, although the nutritionists believed the workers in four homes were handicapped by lack of sufficient and appropriate equipment and work area.

Five of the eleven homes employed a professional nurse; one employed a licensed practical nurse; and five had no trained nursing staff. In five homes, the administrator or manager was reponsible for food service; in three, this responsibility was completely delegated to the cook; in three, responsibility was divided, in two instances between administrator and cook, and in the other, between administrator and the licensed practical nurse. Menus were planned in three homes by a professional nurse; in one home, the licensed practical nurse assisted the administrator in menu planning; for seven homes, the menus were planned by a person with no academic or vocational training in nutrition. The quality of menus planned by the professional or practical nurses and the non-technical persons were comparable.

What Consultation Accomplished

Provision of regularly scheduled dietary consultation to these eleven homes showed that improvements in food service can be achieved when the administrator and staff work effectively with the consultant.

In ten homes, the nutritionists felt that their working relationships with administrator and staff were generally good, and they were satisfied that they made reasonable accomplishments within the allotted time. However, in one home, despite fifteen visits, the nutritionist felt rapport was never established and there was little observable improvement.

On the application, administrators had listed the aspects of food service in which they desired help. Additional areas of need were recognized by the nutritionists and in several instances, the nutritionist assisted the administrator to develop the insight to recognize these aspects of food service which needed improvement. In aspects of food service which were of concern to the nutritionist but not to the staff, there were limited changes in food service as shown in Table 3.

Menu Planning

In all of the homes, improvement in the menus was the most significant accomplishment. Five administrators requested help with menu planning. For nine homes, this had first priority in the work plan of the nutrition consultant. This was the only area in which one administrator desired consultation.

At the beginning of the study, menus were being planned one week in advance in six homes. The staff in two of these set aside a specified time for planning menus. As a result of nutrition consultation, the other four homes scheduled a routine day for menu planning. Of the five homes where there was no advance menu planning, the consultant succeeded in establishing this practice in four. Although the consultants were able to help the staff of the latter four homes to do advance menu planning, in only two were they able to make this a scheduled routine. In the home where advanced menu planning was not inaugurated, the cook said that she could not take the time to write menus because she had insufficient kitchen personnel. The use of a cycle menu was suggested to several of the persons planning the menus as one way to simplify the procedure.

TABLE 3 Progress noted by nutritionist in aspects of food service

ASPECTS OF FOOD SERVICE	HOMES RECEIVING CONSULTATION IN THIS ASPECT	ASSISTANCE INITIALLY REQUESTED			NEED INITIALLY RECOGNIZED ONLY BY NUTRITIONIST		
		Much	Some	None	Much	Some	None
Planning menus	11	5			4	1	1
Planning and serving therapeutic diets	9	2		1	1	3	2
Methods of food preparation and use of standardized recipes	10	1			2	7	
Serving of meals (tray and table service)	9		1	1	4		3
Scheduling meal hours	2					2	
Food purchasing and food cost accounting	7	1	1			2	3
Food service sanitation	5				2	3	
Food storage	5	1				4	
Equipment	1		1				
Total.....		10	3	2	13	22	9

When menus were first evaluated for nutritional adequacy, the food groups which provide protein, vitamin A, and ascorbic acid were most often low. These deficiencies were overcome through consultation, except in the home where rapport was poor.

In five homes, the menus when first evaluated were usually attractive in variety, combinations of flavor, texture, and color. In five of the other six homes, staff members were helped to improve the attractiveness of the menus.

In the three homes where menus had not been dated for the week served, staff were doing this at the end of the study. Posting the menu in a convenient place in the kitchen for easy use by the staff was already a practice in seven homes and easily started in three; one administrator who did the cooking herself, saw no need to post the menu.

Therapeutic Diets

Improvement in the planning and serving of the therapeutic diets was listed by the nutritionist as a priority in the nine homes serving such diets. Initially only one home had acceptable written orders from the physicians for therapeutic diets. Well written dietary orders were later obtained in three more homes, two of which employed professional nurses. Five administrators reported that the physicians would not take the time to write appropriate orders. This was a major obstacle in assisting personnel to provide therapeutic diets. By the time of the final evaluation, these diets were planned and served as ordered in three of the nine homes.

In eight homes, copies of the *Indiana Diet Manual* (2) were available when the nutritionists started consultation, but in none was it being used. Staffs in five homes were given some assistance in its uses.

Food Preparation

The third interest of the nutritionists, but of less concern to administrators, was food preparation. Some help with methods of preparation and use of recipes was offered in ten homes. Many of the cooks said that they did not need recipes for foods they had prepared over a period of time. Two cooks used recipes at the beginning of consultation, but only one had quantity recipes suitable to the size of the home. In four homes, appropriately sized recipes

were provided and the administrators were assisted to see the advantages of using recipes.

In four homes, suggestions were offered to improve vegetable cookery; however, one cook did not change her methods. Another was taught to season vegetables with salt and butter or margarine in preparing regular diets. Raw vegetables were usually properly prepared. By the end of the study, all ten homes prepared meat properly, four having been helped with methods of meat cookery. All cooks prepared food of a consistency suitable for the patients' ability to chew.

Meal Service

Five homes had either an acceptable dining room or suitable tables in a lounge area to serve ambulatory patients. In four others, the nutritionist influenced the administrator to provide a dining area away from the patients' bedrooms. In these four homes, a positive attitude of staff had to be cultivated to encourage and assist patients to use the new dining facility. When centralized dining was started, patients commented favorably about the innovation. The staff, too, found it easier to serve food at the proper temperature in the dining room.

The nutritionists, believing that the appearance of the tray can contribute to the patient's feeling of self-esteem and stimulate a lagging appetite, were concerned about the tray service observed. Workers stated that many of the patients were too senile to appreciate attractive, well appointed trays. In four homes, patients were served on divided plastic plate-trays, which administrators said they used for two reasons: (a) they were unbreakable and (b) their use reduced dishwashing. Some assistance was given in improving the appearance of these trays. However, the number of sections per tray was not sufficient for a varied menu, and foods frequently spilled from one section to the other as the tray was carried. Trays served to patients did not usually provide a knife, napkin, or the usual condiments, such as salt, pepper, or sugar. However, in all homes, patients were served the beverage or kind of bread they preferred.

Little improvement in the appearance of the trays was noted. This was a low priority in the work plans of the nutritionists, and most of the staffs did not want help with tray service. This was one area where personnel felt that their experience in working with the aged outweighed the nutritionists' professional training. Several stated that providing the patient with a table knife would be hazardous, and they could not be convinced otherwise.

Meal hours frequently are a concern in nursing homes. Seven homes already met the standard that there be no more than 14 hr. between supper and breakfast. One home was helped to establish an acceptable meal schedule. In three others, insufficient staff prevented proper scheduling. In four, a bedtime snack was routinely served to all patients, and in one home this practice was started as a result of the consultation.

Other Areas of Consultation

Other areas of interest varied widely with the administrators, cooks, and the nutritionists. While all the administrators felt that they had adequate food service staff, the consultants considered that only four homes employed sufficient personnel to give effective service. One administrator was persuaded to hire adequate staff and to improve scheduling. Of the five homes where no change in staffing was noted, in only one had the nutritionist made a concerted effort to improve staffing. However, this administrator said that his budget would not include additional staff even though the food service suffered.

None of the administrators had written job descriptions; only one posted a work schedule. The only formal staff training offered in any of the homes, either prior to or during consultation, was a 6-hr. sanitation program for food handlers conducted in one home. Employees in seven homes were encouraged and did attend nutrition workshops conducted in their areas.

Eight homes had sufficient small equipment; one administrator was helped in purchasing needed small equipment. The kitchen and dining areas were clean in six homes at the time of the initial visit. Housekeeping was improved in two more of the homes before the conclusion of the study. Acceptable dishwashing procedures were followed in four homes and in two homes help was given to improve dishwashing practices. In seven homes, the storerooms for non-perishable foods were well kept. Three homes accepted suggestions to store food on shelves off the floor and to store staples in metal cans with tight-fitting lids.

Few administrators kept records or knew how much they were spending for food. Three were shown how to base their food purchases on the planned menus, one was given help in purchasing food in the most economical units, and three were encouraged to check the quality and quantity of deliveries. One administrator who already kept some food purchase records asked for help in food cost record keeping.

What Consultation Meant to the Administrators

A follow-up evaluation form was sent to the administrators of the eleven homes; nine completed it. The majority, including the one with whom rapport was poor, reported that the nutritionist has given them "much help" or "some help" in the major areas of food service which were of concern. As shown in

TABLE 4 Value of consultation in aspects of food service specified by administrators

ASPECTS OF FOOD SERVICE	HOMES RECEIVING CONSULTATION IN THIS ASPECT	ASSISTANCE INITIALLY REQUESTED			NEED INITIALLY ONLY RECOGNIZED BY NUTRITIONIST		
		Much	Some	None	Much	Some	None
Planning menus	11	5			3		
Planning and serving therapeutic diets	9	2			6		
Methods of food preparation and use of standardized recipes	10				6	2	
Serving of meals (tray and table service)	9		1	1	4	1	2
Scheduling meal hours	2				5	2	1
Food purchasing and food cost accounting	7	2			3	2	
Food service sanitation	5				5		
Food storage	5	1			2	2	
Equipment	1	(not included on evaluation form)					
Total.....		10	1	1	34	9	3

Table 4, the administrators stated that they had received much assistance, not only in the aspects of food service where they originally had requested help but also in areas where the need had been first recognized only by the nutritionist. Eight administrators said that they would like the continued help of the nutrition consultant. Three replied that they would like the service of a part-time dietitian, even if on a fee basis.

Some of the comments regarding the value of consultation were:

We now have more variety of foods and improved "special" diets. This was a tremendous help to us.

* * * *

Practical menu suggestions; worked with us to set up a more efficient serving routine. Instituted table service which has been a big success. Helped us coordinate the preparation of "special" and regular diets.

* * * *

Keep our menus as they should be, also a "special" diet for a diabetic. She helped us so much in feeding our patients a balanced meal.

* * * *

Services of nutrition consultant very much appreciated.

* * * *

All of the help the last year has been wonderful. I could not write you all the little and big things they have done for us.

* * * *

We were delighted with the help. It has provided many insights and changes in our set up.

When people reach the age of living in a nursing home, you cannot change their eating habits too much. There is no use cooking some foods that you know will end in the garbage.

* * * *

I couldn't begin to make a list of all the things the nutritionist helped us with. However, she teaches for an institution of 50 beds or more. I'm afraid she doesn't realize how well we know our patients—their likes and dislikes, what they can tolerate and where they may be restricted. I'm sure she thought our trays were skimpy. I'm sure she thought we didn't use enough variety.

Most of the administrators showed sincere appreciation for the service. Many concepts of patient care accepted by professional workers as essential to the well-being of the chronically ill and aged were new to the persons operating the nursing homes. Many of the basic tools for efficient business management, such as written records, job descriptions, and work schedules, were not considered important, and much more consultation would be required to establish these practices.

Outcome of This Study

This study offered intensive dietary consultation to eleven nursing homes. It was quickly apparent that, to achieve and maintain a higher level of nutritional standards and food service in these nursing homes, continuing consultation from a professionally qualified nutritionist or dietitian is desirable on a regularly scheduled basis. With the many demands of a varied program, the consultants found that they could offer only limited service to a small number of homes. To meet more adequate dietary consultation to facilities caring for the chronically ill and aged, other resources must be sought.

To provide this service in Indiana, a program is under way to recruit interested members of the Indiana Dietetic Association for part-time consultation to facilities in their own communities on a fee basis. Nutritionists of the State Board of Health will offer the benefit of their experiences to orient these dietitians to the special problems of facilities caring for the chronically ill and aged. An orientation and continuing education program is planned for the dietitians. By using available dietitians, more homes might obtain dietary consultation. It is hoped that administrators of nursing homes and homes for the aged might recognize their need for professional assistance with food service. Although many facilities do not need and are not able to employ a full-time, qualified dietitian, they could effectively and economically use such a part-time person.

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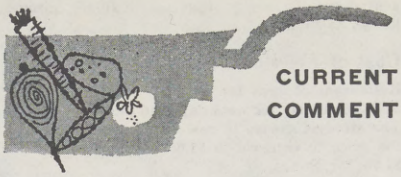

Home-Delivered Meals for the Aged and Handicapped[1]

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CENSUS FIGURES indicate that a relatively small number of our older persons live in institutions. Even among those who were eighty-five years and older, slightly more than 90 per cent were living independently or with their families or friends at the time of interview for the 1950 census (1). Many citizens over sixty-five years of age are unable to prepare adequate meals because of insufficient income and/or disability. There are additional younger handicapped persons who experience equal difficulty in procuring well balanced meals. They include both the permanently handicapped, as well as individuals temporarily incapacitated by mental or physical disability. Signs of malnutrition are frequently observed among older persons and the chronically ill. Goodman states: "The character of nutrition throughout life is the principal environmental factor determining longevity. Well fed individuals are less subject to almost every type of pathology than malnourished ones" (2). Improvement in nutritional status brings about some dramatic recoveries from physical or mental illness. A service to provide adequate, palatable meals to aged and handicapped persons is both a therapeutic and a preventive health measure.

Development of Early Programs

"Meals on Wheels" began in England in 1939 when the Women's Voluntary Service received its first improvised mobile canteen. Specially designed models were soon available to deliver hot noon meals to the aged and thousands of others who had lost their means of preparing meals during the blitz. Today the service in England is under the jurisdiction of local governments and subsidized by them. Meals are prepared by government restaurants and delivered by volunteers of the WVS or the Red Cross. In one area, recipients of the service can receive up to five meals a week (3).

Philadelphia was the first city in the United States to organize a "Meals on Wheels" service. Initiated in 1954, it was modeled on the English plan. However, meals are prepared in a "red feather" settlement house. The program is supervised by settlement house staff, but volunteers are used as much as possible for delivery five days a week of a hot and a cold meal to forty or more aged and handicapped clients in the surrounding area.

The service with which we are most familiar is Meals on Wheels for Columbus Aged and Handicapped, Incorporated, organized in 1956. This program will be described in detail. Recently, a contract was made by the New York State Department of Health for a three-year demonstration project to be administered by the Visiting Nurse Service in Rochester, New York. It is now under way. Many other cities have made inquiries about existing programs and indicated intentions of organizing similar plans. It is possible that some of these are now in operation.

How Columbus Began

The Columbus Meals on Wheels program was first conceived by Mrs. Carl G. Jackson. Her own aged mother, residing in a distant city, had benefited from an arrangement with a local restaurant for delivery to her of a tasty, hot meal every day. This so impressed Mrs. Jackson that she promoted the idea of a delivery service of hot meals to aged and handicapped persons living in Columbus in their own homes who would not otherwise receive adequately balanced meals. Being President of the Columbus Women's Club, she inspired the support of many energetic club women.

After months of discussion and planning, it became evident that this was a project that could not be dwarfed by other club projects. It had to be organized as an independent agency with people of many disciplines participating in its policy making. Early in 1956 Mrs. Jackson gathered together a group of interested persons representing the clergy, legal, medical, dietetic, and social work professions, as well as business, civic, and community service agencies to form an organization. Some became trustees of Meals on Wheels, Inc.; others agreed to serve as an advisory board. A state charter as a non-profit organization was obtained in November. Mrs. Jackson is serving as the President of the organization.

Exploration was then begun of practical methods of providing meals.

The Community Nutrition Section of the Columbus Dietetic Association prepared a three-week cycle menu for a dinner meal, lunch of sandwich and fresh

[1]Presented at the 41st Annual Meeting of The American Dietetic Association in Philadelphia, on October 22, 1958.

fruit, and between-meal snack of canned fruit juice. This food plan was used in estimating the cost and practicality of four proposed methods of operation as follows:

(a) Renting and equipping a kitchen in a suitable location, preparing food with one paid worker and volunteers, and delivery of the food to clients by volunteers.

(b) Part-time use of a kitchen of a church or community agency to prepare and deliver food as in method (a) above.

(c) Purchasing food, prepared and packaged according to general specifications, from a restaurant, with delivery by volunteers.

(d) Purchasing food from a restaurant as in method (c), but with delivery of meals by a paid driver during the week and by volunteers on Saturdays and Sundays.

The cost of methods (a) and (d) seemed to exceed funds available, and there was evidence that it might be difficult to maintain the staff of volunteers for method (b) over a long period of time. It was decided that method (c) would be used for a trial period, and service was begun to five recipients in April 1957.

Policies

Before delivery of meals was begun, it was necessary to determine policies in regard to eligibility, referral, and payments by recipients. Briefly, these were adopted as follows:

ELIGIBILITY: Any person is eligible who is unable to prepare his own meals because of a physical or mental disability, the absence of cooking facilities, or inability to shop or carry on normal activities.

REFERRAL: Applicants must be referred by a social welfare or health agency or investigated to determine need if they are to receive meals at less than cost to Meals on Wheels.

PAYMENT: Recipients must pay a week or more in advance and according to one of three methods: *Plan A*—public assistance recipients who pay up to 80 cents daily and other needy who pay some portion of the cost; *Plan B*—non-indigent, elderly, or handicapped recipients who pay $2 daily; and *Plan C*—hospital patients returning to their homes who need the service temporarily until recovery pay $2 daily, unless they can qualify for Plan A.

Financing

Funds to pay the costs of meal preparation and delivery to Plan A recipients and to pay general operating expenses are obtained by: (a) contributions of members of Meals on Wheels; (b) contributions from interested community groups; (c) fund-raising activities such as dinners, benefit bridge parties, and sales of holiday items; (d) contributions of interested individuals; and (e) funds raised or contributed by small organized auxiliary groups known as "Wheels."

Cost of Food and Delivery

Restaurant charges for the daily meal unit began at $1.40 per day for week days and $1.65 on Sunday. The steady increase in raw food costs has caused the price to increase to $1.65 for week days and $1.75 for Sunday.

Costs of delivery by the paid driver have varied somewhat as the size and location of the case load has changed and as contracts have been worked out with new drivers. It is estimated that delivery costs are almost 50 cents per person per day.

Except on Sundays, delivery of meals is usually made in the late afternoon. The meals are picked up at about 4:30 P.M. at the restaurant. A generous manufacturer has donated to Meals on Wheels a small heating unit which fits into the back of an automobile or station wagon for keeping the hot foods hot. Cold foods, including the milk cartons, are stored in a refrigerated unit, which has also been donated.

Changes in Procedure

Many changes have been made in procedures during the eighteen months of operation by Meals on Wheels. It was thought by some at first that charges for the food might be too high and by others that they were too low. A nutrition consultant of the Ohio Department of Health prepared raw food cost estimates of the menus for one week and found them to be a little under 80 cents per day, which is the minimum figure now paid by recipients.

The restaurant manager suggested the addition of a sweet roll daily to go with the fruit juice for a light breakfast. Nutrition consultants thought it preferable to add an extra half-pint of milk each day and alternate the sweet roll with individual packages of prepared cereal for the breakfast meal. The latter plan is now in effect.

Late afternoon delivery of meals encountered difficulties because of heavy city traffic between 4 to 6 P.M. The first restaurant used opened late in the day and could not have meals ready for delivery before 4:00 P.M. In addition, it was not centrally located. It was decided to change to another restaurant to obtain meals for early afternoon delivery and at a central location. This change was not successful, because the second restaurant gave larger servings of fewer items; did not cook vegetables in the old-fashioned way to which most older people are accustomed; and was not well equipped for packaging food for carry-out. After a month's trial, a change was made back to the first restaurant.

Delivery of meals has presented various problems from time to time. After many difficulties with volunteers who telephoned at the last minute to say

that they could not deliver that day, the Board of Meals on Wheels adopted a system of delivery by a paid worker during the week and by volunteers on week-ends. This has worked very well, except for frequent changes in paid personnel. The volunteers who deliver on Saturday and Sunday often stay to visit a few minutes with the lonely recipients.

Immediate Results of Service

Meals on Wheels in Columbus has now been in operation long enough to begin to evaluate the services in terms of results.

The earliest signs of value of the meals came, as one would expect, from the appreciation expressed by the recipients. One thin old gentleman past eighty, who lives in a third floor room with the only available cooking facilities three flights down in the basement, always greets the arrival of meals with eagerness and gratitude. He gained several pounds in weight and considerably in strength during the first few weeks he received meals. His attitude toward Meals on Wheels is best stated in his own words: "I thought the world had forgotten me, but now I'm living again since Meals on Wheels found me." Another elderly gentleman whose cooking facilities were poor reported that before he began receiving meals, he found preparing even a simple meal for himself exhausting. He said: "After I cooked a meal I was just too tired to eat. I just had to lay my head on my table to rest first."

Comments of friends and relatives of recipients of meals have also been encouraging. According to them, two elderly spinsters, weak and morose when the service began, have become much more cheerful and active in caring for themselves and their home. A lonely, crippled, and almost blind widow has showed remarkable improvement in strength and morale.

Special Evaluation Made

In the late summer and early fall, the writers interviewed twenty-one recipients of Meals on Wheels, including some who have received the service since its beginning, some who have received it only a few months, and others who were no longer receiving it for various reasons. The purpose of the interviews was to obtain information on the following:

(a) The attitude of recipients of service toward Meals on Wheels.

(b) Need for changes in types of food served, methods of preparation, or method of service.

(c) Probable change in health or activity of the recipient resulting from Meals on Wheels service.

(d) Need for other types of service from other agencies.

(e) The nature and incidence of diseases and handicapping conditions among recipients of Meals on Wheels.

TABLE 1 Food preferences of 15 recipients of Meals-on-Wheels

FOOD	VOTES
Foods "enjoyed the most"	
Meat and meat substitutes	
All meats	5
Fried chicken	2
Meat loaf	2
Swiss steak	1
Beef	1
Ham	1
Fish sticks or croquettes	1
Baked fish	1
Spaghetti and meat balls	1
Macaroni and cheese	1
Vegetables	
Potaoes	3
Peas	2
Beets	1
All vegetables	1
Salads	
All salads	1
Cottage cheese and peach salad	1
Desserts	
All desserts	4
Chocolate pudding	1
Rice-pineapple pudding	1
Other	
Milk	3
Sandwiches	2
Fruit juices	1
Foods "enjoyed the least"	
Meat and meat substitutes	
Baked or "boiled" fish	3
Meat loaf	2
"Boiled" chicken	1
Liver	1
Beef stew	1
Vegetables	
Carrots	2
Tomatoes	2
Green beans	1
Succotash	1
Other	
Milk	1

Some interesting and valuable data were obtained. The interview group was composed of twelve men and nine women, nearly all of whom lived alone, usually in a single room. Their ages ranged from forty-six to ninty-four years. Fifteen were above seventy years, and eight were over eighty. Twelve had received meals for six months or longer, and six of these had received them for at least a year.

Specific income data were not available on full-pay recipients, but of the fifteen recipients who paid a reduced price, eight receive Aid for the Aged (which in Ohio is $65 per month plus cost of medical care). The other seven were receiving some form of public assistance and/or Social Security payments netting less than $100 per month.

Information on handicapping conditions were obtained by observation and questioning. No effort was made to obtain diagnosis from physicians; how-

ever, some supplementary information was obtained from relatives. Each person (recipient or relative) interviewed stated that the recipient had one or more disabilities. These are as follows:

Cardiovascular diseases	7 persons
Mental disorders, including senility and alcoholism	5 persons
Musculoskeletal disorders	9 persons
Hearing loss	2 persons
Kidney disease	2 persons

Other conditions occurring in only one person each include: emaciation and weakness, stomach trouble, anemia, gall bladder disease, bronchial trouble, diabetes, peptic ulcer, and hernia.

Information sufficient to determine the improvements of diet was available for only nineteen individuals. Of these, fifteen had substantially better diets when receiving Meals on Wheels service.

Changes Suggested

When questioned about the foods they enjoyed the most or least, only seventeen persons mentioned individual foods. The others gave such answers as "all of it" or "nearly all of it." Some were reluctant at first to criticize, but interviewers encouraged them to speak freely to help improve the service. Results are given in Table 1.

The changes suggested by the men were slightly different from those suggested by the women. Men made such suggestions as: "Serve a wedge of apple pie some time, one with two crusts, not a cobbler"; "Make sandwich fillings thicker"; and "Give larger servings." The women suggested: "Food should be packaged so it will not run together on the plate and look messy"; and "Give us a little surprise sometime, not the same foods over and over." One asked for "more raw vegetables, relishes, and salads" and another for "sliced tomatoes, cucumbers, and melon in season."

At least four persons of both sexes said that it would be nice to receive the food at approximately the same time every day, because it is upsetting to receive it at 5:15 P.M. one day and 7:00 P.M. the next.

Attitude toward Service

Only one person expressed a completely negative attitude toward Meals on Wheels. Nearly all were enthusiastic in their praise of the service. One man said, "If I couldn't get Meals on Wheels, I would have a hard time getting enough to eat on my income." Another man expressed a similar opinion. A third, however, quit taking Meals on Wheels temporarily, because it was "too expensive." He said that he did not question its value, but he needed to save some money to have dry cleaning and laundry done; since he could not save it from his rent money, it had to be from food. When interviewed, he had a stock of foods in his room, such as bread, dry cereal, soup, pork and beans, milk, cheese, and fruit. Most of the women and one man expressed a preference for preparing their own food when they feel well enough to do so. Interviewers talked with relatives of three recipients, all of whom expressed gratitude for the service provided by Meals on Wheels.

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Feeding Elderly People in Their Homes[1]

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IN FEBRUARY 1958, the Bureau of Chronic Diseases and Geriatrics of the New York State Department of Health contracted with the Visiting Nurse Service of Rochester and Monroe County to administer a food service for elderly people in their own homes. During the period from February 1, 1958 to March 31, 1961, the deficit of the pilot project will be assumed by the Bureau of Chronic Diseases and Geriatics. We are seeking the answers to many problems: packaging, delivery, suitable foods, desirable levels of nutrients, the cost of such a service, and the need for the service in an urban community.

The purpose of the program is to supplement the food by providing two meals a day five days a week to elderly people in their own homes. Many of our older citizens can live safely at home but are unable to do their own shopping or are unable to prepare adequate meals for themselves, either because of age or a recent illness. If their family can provide these services, the oldster is not eligible to receive our service. We provide a hot dinner and a cold supper delivered at noon, Monday through Friday. The client must be able to provide his own breakfast and have access to food during the week-end.

The project is designed to meet the need for domiciliary feeding, regardless of economic status. The

[1]Presented at the 41st Annual Meeting of The American Dietetic Association in Philadelphia, on October 22, 1958.

full fee per day is $1.25, but it may be adjusted downward to 50 cents. If the client cannot afford 50 cents a day for food, other financial assistance is advisable. The Monroe County Department of Social Welfare has agreed to put the cost of the meals into the budget of its clients who are certified for the service. Fifty-seven per cent of those served are paying full fee.

A survey in November 1956 determined the need for such a service. That survey showed that there was a real need and pinpointed the neighborhoods in which the need was greatest. We started service in two congested areas where many elderly persons live.

Personnel

The selection of the persons to receive the service poses many problems. To determine the individual's needs for the service, a public health nurse supervisor visits each prospective recipient before the service is started, explains it to him, explores his eligibility, and makes financial and other arrangements. She visits each client at least once a month, at which time she re-evaluates his need for the service and sells him a meal ticket for the following month.

The food is prepared in a centrally-located kitchen under the direction of the nutritionist of the Visiting Nurse Service. A part-time cook is the only additional paid staff. Packaging and delivery are done by lay volunteers. The administration, routing, and so on, are done by the professional staff of the Visiting Nurse Service.

The use of volunteers makes the program possible. For the delivery of the food, we are presently using eight volunteers and four cars a day from 11:45 A.M. to 1:15 P.M. The volunteers use their own cars, and work as teams of two, with one driving and the other serving. Two additional volunteers come to the kitchen at 10:00 A.M. to package the desserts and salads, make the sandwiches, and help in packing the cold and hot insulated carrying boxes. Each volunteer works one day a week; thus, currently, forty women a week contribute to the success of the project. An active chairman of volunteers recruits, orients, and trains the women. They have helped to make it a truly community-wide project.

The Food Provided

The food is simple without sauces and gravies. The dinner includes meat, potato, vegetable, salad, bread, dessert, and a choice of beverage. The supper is a protein sandwich, fruit, and milk. Together they provide about three-fourths of the daily recommended allowances for a man of sixty-five years. The protein is of good quality and quantity. Modifications are made to serve clients with diabetes and those moderately restricted in sodium.

A sampling of the menus has been calculated for nutrients by the short method. The caloric level is 1200 to 1400 calories. All nutrients meet the standard with the possible exception of ascorbic acid. Since we are unable to serve citrus juice, and citrus fruit has been out of season, we serve fresh fruits, tomatoes, and grated cabbage salad frequently. We plan to use as much citrus fruit in salads as possible and citrus fruit cup for dessert.

The food for supper is cold when delivered. It is placed in the refrigerator if one is available but must be planned so it may be kept at room temperature safely for 4 hr., if there is no refrigeration. This limits the variety of sandwich that can safely be sent. We have not used any mayonnaise in the salads or sandwiches.

Packaging

All-paper service is used.

In the kitchen, the foods for the cold bag are refrigerated until packing time. Then all are placed on a long counter in a logical order and packed into brown paper bags—one for each recipient. Then the bags for each route are put into an insulated carrying box. Beverages for noon are in quart thermos bottles. Coffee, tea, or milk is poured into the client's cup by the volunteer serving in the home.

The carrying box for hot food is pre-heated, as are the insulated bags. The hot food is placed on the paper plate, covered, stapled, and put into the insulated bag. These are stacked into the carrying box —one carrying box for each route. A maximum of nine dinners can be carried on a single route.

Acceptance of the Service

In April, we started with fourteen clients and had expected to increase gradually, but by the end of the second week the count was twenty. We held the number to twenty-six during the summer. However, in November, we put on a fourth car which allows us to serve another area of the city and reach a total of thirty-six persons.

There has been a good acceptance of the foods served. During the first weeks, the salad servings were kept small but have since been increased as they were accepted and eaten. There has been little reported waste of food. One woman was found to be hoarding her food due to her age and idiosyncrasy. Service was discontinued and another plan made for her care. Usually the recipient has his table set and is ready to eat when the food arrives.

From the initiation of the service on April 14 until September 14—a four-month period—there were 61 admissions, 38 discharges, and on September 14, 23 were served. The reasons for discharge from the project include 3 who died, 5 who recovered to care for themselves, 10 who now have someone in

the home, 3 who entered nursing homes, 2 who were admitted to homes for the aged, and 11 who were discharged for various other reasons. All except one, who is a retired dentist, were under medical supervision of a private physician or a clinic. The clients range in age from 45 years to 96 years, the median being 79, the average 76.8, and the mode 80.

Evaluating the Service

Evaluation of the service is a part of the total plan. The Bureau of Chronic Diseases and Geriatrics of the New York State Department of Health is interested in testing the value of the service to clients. We plan to superimpose a nutritional study of selected recipients. Research personnel of the Rochester Council of Social Agencies plan to aid in the evaluation. The volunteers report that they can see improvement after a few weeks of service in the appearance, movement, and "spryness" of the recipients. The clients themselves have expressed their appreciation. Some have gained weight—those who needed to do so. As one old lady said, "It isn't the food that made me gain; it is because I don't have to cross East Avenue to get it." She is probably right; the Avenue has much traffic, she cannot see very well, and the strain of shopping is too much.

Social service departments of the area hospitals are aware of the service. Before the patient is discharged, the hospital contacts us to plan for the service during his convalescence if he is to be alone. Private physicians also are making direct referrals of their patients and have expressed their appreciation of the service.

In cooperation with the New York State Department of Health, a manual will be prepared later for use in setting up similar programs in other communities. To be of value a program of domiciliary feeding of elderly people in any community must be a continuing service undertaken only with wide community interest, participation, and support.

FACTS, MYTHS, AND QUESTIONS ABOUT THE AGED

Malnutrition is Held Cause of Most Ageds' Mental Ills

Los Angeles (AP)—Malnutrition appears to be a major cause of many mental ills among the elderly, a study of 1,500 medicare patients hospitalized for psychiatric reasons indicates.

"They respond amazingly to a good meal after having lived for months on tea and toast," Dr. Maurice E. Linden, medical director of the Philadelphia State Hospital, said at a symposium on aging.

He said that 93 percent of the medicare patients studied were able to return to the community after a stay averaging 41 days, and he credited a good diet with being the major factor.

Report for Senate Select Committee on Hunger and Malnutrition: PHS Activities To Improve Nutritional Status of the Aged

The Schaefer survey currently underway will document the nutrition status of the aged, among other population segments of the nation. (Information is being obtained from the Department of Agriculture on food consumption and nutritional status of the aged studies conducted on target populations. Material will be sent to Committee when received.) Many experts warn that this represents a program area that should have high priority. The following facts providing a profile of the elderly population reveal the dimensions of this problem.

Size of aged population.—Almost 1 in 10 Americans is 65 or older—nearly 20 millions persons. The fact that there are increasing numbers of persons 65 years of age and older has become common knowledge in recent years. But what has not been as widely recognized is the fact that people are living more often into the oldest ages. This is not to say that the outermost limits of human life-span are expanding; it means that more people are approaching limits as we have known them.

Half of all people now 65 and older are about 73 and older.

Six percent are 85 and older (more than 1 million persons).

Impact of chronic disease and disability among the aged.—Illness strikes the elderly far more frequently than it does younger age groups. Approximately 80 percent of the elderly—as compared with 40 percent of those under 65—suffer from one or more chronic diseases or conditions. Arthritis and rheumatism afflict 33 percent; heart disease, 17 percent; high blood pressure, 16 percent; other cardiovascular ailments, 7.5 percent; mental and nervous conditions, 10.5 percent; hearing impairments, 22 percent; and visual problems, 15 percent.

The extent and intensity of physical disabilities associated with chronic disease increase sharply with age.

Mobility limitations.—A person has a mobility limitation when he has difficulty getting around alone, when he needs special help from another person in carrying out the activities of daily living, or when he is confined to the house because of a phyiscal condition. When related to nutrition needs of the elderly, this can be a vital factor in adequacy of diet, inasmuch as a significant proportion of the elderly live alone, and mobility limitations can make it difficult or impossible for them to prepare meals, shop, and, where applicable, obtain food stamps or donated foods.

Of those under 45, fewer than 1 in 100 has mobility limitation;

Of those 45–64, 1 out of 20 has mobility limitation;

Of those 65 and older, almost 1 in 5 has mobility limitation.

For many of the elderly, illness serves as a major cause of poverty by reducing their incomes; conversely poverty can be a major contributory cause of illness when it serves as a barrier to receiving proper nutrition and adequate medical care.

Poverty among the aged.—Americans living in retirement are suffering from an income gap in relation to younger people. And as the gap widens, low income continues to be the most crucial problem facing the 20 million aged.

The income distributions of those under and over age 65 vary markedly. Of the 7.1 million families with an aged head in 1967, almost 10 percent, or 700,000, had incomes under $1,500, as compared with 3 percent of younger families. Almost 37 percent of the older families had incomes of less than $3,000; this was more than 4 times the proportion of younger families.

Of the 5.1 million aged unrelated individuals—many of them widows—one-fourth had 1967 incomes of less than $1,000, and another fourth had incomes between $1,000 and $1,500. Only one-fourth of the younger individuals—relatively half as many—had incomes below $1,500 Less than a tenth of the older individuals, but more than a third of the younger, had incomes of $5,000 or more in 1967.

Concentrations of aged.—One out of every 4 older persons lives in the 4 most populous States, California, Illinois, New York and Pennsylvania, each of which has more than a million older persons.

Thirteen States have an unusually high proportion of older people in their population (11 percent or more as compared to the U.S. average of 9.5 percent) : Florida 12.7 percent; Iowa 12.4 percent; Nebraska 12.3 percent; Maine 11.7 percent; Missouri 11.7 percent; South Dakota 11.7 percent; Kansas 11.3 percent; Massachusetts 11.3 percent; Arkansas 11.2 percent; Vermont 11.2 percent; New Hampshire 11.1 percent; Oklahoma 11.0 percent.

Composition of aged population.—More of the aged in the future will be women, and most of these women will be widows. Women 65 and older already outnumber men by a ratio of 134 to 100, and this disproportion is expected to rise to 150 to 100 by 1985. A majority of all women 65 and older are now widows. The greater longevity of women, coupled with the fact that women usually marry men somewhat older, accounts for an increasingly heavy preponderance of widows in the older population, especially at the higher ages.

The marital conditions have many overtones in health care problems because there is less likelihood of there being a family member to care for the single, widowed or divorced person.

Almost one-third of all older people live in central cities of metropolitan areas; 28 percent live within metropolitan areas but outside the central cities; the remaining 40 percent live in non-metropolitan areas, primarily smaller towns and cities. Less than 6 percent of the elderly live on farms.

Nineteen percent of the 16 million housing units where senior citizens live may be classified as substandard.

Although the Negro rate of urbanization is greater than that of the white, this is basically the young, adult Negro moving to the city. The elderly Negro has remained in the rural areas where access to health facilities and isolation become greater problems.

Level of schooling.—The level of schooling completed affects the level of earnings, work and social status, communication and understanding, activities, interests and social attitudes. Of the 20 million elderly, half never went beyond elementary schools; nearly 17 percent are illiterate or functionally illiterate; and only 1 in 20 is a college graduate.

To summarize: significantly large numbers of the aged are affected by chronic diseases, have limited mobility, live by themselves in substandard housing, are poor and poorly educated—including a high proportion of illiterates. These factors, individually and in combination, complicate the problem of reaching and effectively communicating with the elderly who desperately need assistance.

Many elderly persons who live in the inner cities live alone in one-room walk-up apartments, frequently with inadequate or non-existent cooking, refrigeration, and/or sanitary facilities. Even when eligible for food stamp or donated food programs, physical infirmities may keep such individuals from taking the necessary measures to obtain benefit from these programs. And even when food is obtained, inadequate storage facilities for the food can present an insurmountable problem.

In the rural areas, the long distances that must often be traveled to obtain the food stamps or donated foods prevent many elderly from seeking to obtain such assistance for which they are eligible.

Because of social isolation, many of the elderly in both urban and rural areas who would be eligible for assistance from these programs are not aware that such programs exist. Thus, for the elderly, intensive outreach efforts are particularly important.

Nutrition is but one aspect of health of the aged, and it is an aspect that is affected by—and has a direct effect on—physical and emotional well-being.

PUBLIC HEALTH SERVICE ACTIVITIES

The Gerontology Program was created in the Public Health Service in 1963, with the idea that the unique health needs of the aged called for programs specially patterned for this age group.

In the area of nutrition, attention focussed on the need for investigating and demonstrating the role of home delivered meals for the chronically ill and aged as a means of serving this segment of the population. Three programs of this type were supported by the Public Health Service—in Seattle, Chicago, and Prince Georges County, Maryland.

The final report of the King County Hospital in Seattle included the following summary and recommendations:

"During the 39 month period . . . . meals were delivered to 254 patients who were being treated for their medical problems at home through the hospital's home care program, and nutritional counseling and instruction was given to an additional 333 patients in the program.

"A total of 834 patients were treated on the home care program during the 3 year period, thus about 30% of the total home care patient load demonstrated a need for and met the criteria for receiving home-delivered meals. In this program with controlled criteria for selection of patients for meal delivery, a limited number of patients were served.

"One of the primary objectives of the home care program was to provide high quality, comprehensive medical care to patients in their homes. In a less sophisticated program a number of the patients who received home-delivered meals for maintenance and/or nutrition might have been considered for nursing home placement. It was felt, however, that the patient could benefit from being treated in his own home, that the patient could be taught to develop and maintain his independence, and that the complications of disease and the progression of chronic disease could be retarded.

"The home-delivered meals patients were primarily elderly, low income individuals with one or more chronic diseases. Most of them were homebound and had little assistance from either family or friends. Grocery shopping and/or meal preparation posed a major problem to the majority of this group.

"With less than 10 percent of the meals recipients able to do all their own grocery shopping, *a need for a grocery shopping service to assist home-bound individuals in the community is indicated.* A shopping service could utilize less skilled personnel and be less expensive to the community than is a meal delivery service. Home health aides several days each week might have provided adequate assistance in meal preparation for some patients.

"More than one-half of the patients were not using the surplus commodities because they were unable to pick them up or because they were unable to do or not interested in doing the somewhat extensive cooking required to make good use of the commodities. A need for additional education and/or an alternate method of supplementing the financial allotment for food in this low income, elderly group is indicated.

"Twenty-four recall food intakes indicated that the patients' diets before receiving home delivered meals and/or diet instruction did not, generally, meet the National Research Council's Recommended Dietary Allowances. Additionally, only about 20% of the patients were taking vitamin mineral supplements. *More effective nutrition education programs for the elderly population are indicated.*

"Nutrient intakes below the recommended allowances appeared to be due to a low income, the difficulty with grocery shopping, the difficulty with meal preparation, chronic illness, and, *in 32 percent of the meals recipients, inadequate or no teeth or dentures.* With the many problems found in this group of patients it is doubtful that many of them would prepare and eat nutritionally adequate meals consistently over a long period of time regardless of how well they were instructed or how well they understood the importance of good nutrition.

"In comparing the home care patients selected for home-delivered meals with those who received only diet instruction, the instruction patients had more assistance from family members with grocery shopping and meal preparation and more sophisticated cooking facilities. The home delivered meals recipients as a group were more independent in their activities of daily living with fewer dependable relatives and friends to help when the patient became disabled."

The Public Health Service also provided support to the National Council on Aging to survey the "meals on wheels" programs conducted throughout the nation. The conclusions contained in the report submitted by NCOA were as follows:

1. Nonprofit home-delivered meals for the ill, handicapped, and elderly can and should be an important element of community health and welfare services. Such programs have an appropriate place in therapy, promotion, and maintenance of physical, mental, and social well-being.

2. Home-delivered meals programs should be promoted on the basis of their value as a service to individuals who would benefit from it. The dignity and com-

fort of living in one's home are important personal assets. Further, good nutrition is fundamental to health. More than one or a range of services may be needed to attain this goal. Although a meals service is less expensive than institutional care, or than prolonging a hospital stay, it is unsound to promote the service with economy as the overriding factor.

3. The feasibility of a non-profit home-delivered meals program is demonstrated by one of the programs surveyed; programs can be well-structured and operated, and soundly financed through voluntary or public funds or a combination of both.

4. The need throughout the country, including rural areas, for a nonprofit service of portable meals for the ill, disabled, elderly, and others is of considerable magnitude. The need will increase with population growth, people living longer, and the trend for older persons to live along or with elderly relatives.

Fifteen projects supported by the Public Health Service were designed to test the contribution of Homemaker-Home Health Aide services for maintaining the elderly person in his own home instead of in an institution. The shopping for food and its preparation has always been one of the primary activities assigned to the homemaker and home health aide. In addition, through her presence in the home, the homemaker creates a social climate which encourages the aged individual to eat. Because of this finding, it was recommended that training programs for homemaker-home health aides include a block of time devoted to food preparation, with special attention to the nutritional needs of the elderly person.

CURRENT ACTIVITIES IN COMMUNITY HEALTH SERVICE

In 1968, the aging function of the Adult Health Protection and Aging Program (formerly the Geronotology Program) was transferred to the newly created Community Health Service (a merger of the Division of Medical Care Administration and the Office of Comprehensive Health Planning.) The Community Health Service carries out programs designed to meet the unique health needs of the aged, including the nutrition needs, through the development of programs of comprehensive health services for the total population, including the aged.

Responsibility for the development of community health services for the aged, including nutrition related services, has been vested in the Division of Health Care Services, CHS. The component programs of the Division are giving consideration to the nutrition needs of the aged in the process of developing comprehensive health services for communities and for groups with special needs, such as the rural and urban poor, residents of underdeveloped and developing areas, and agricultural migrant workers.

To coordinate, stimulate, and provide a focal point for the diverse Public Health Service efforts and resources in health services for the aged, a Coordinator for Health of the Aging has been appointed in the Division of Health Care Services. The Coordinator for Health of the Aging has responsibility for keeping constantly aware of all the health and health-related activities for the aged conducted by operating units within DHEW, and by other governmental agencies.

Professional staff members in the Division of Health Care Services have responsibility for review, surveillance and consultation to 15 Neighborhood Comprehensive Health Programs now in operation. Efforts are being made to include nutrition-related preventive and therapeutic health services as an integral part of comprehensive health services funded by 314(e) project grants.

The Division of Health Resources in the Community Health Service is concerned with the development of activities to improve services provided in hospitals and in nursing homes and related facilities, and to stimulate the development of a broad range of home health services to meet the health needs of the population, including the aged living in the community. Nutrition services for the aged are a vital component of all these activities.

Nutrition consultation services have been provided by the Nursing Home and Home Health Branches (DHR). Assistance and leadership have been given to other Federal and national groups as well as to State and local organizations responsible for implementing Medicare legislation. Suggested guidelines have been developed for the roles of the nutritionist and the dietitian in home health care programs. Both technical and financial support has been provided for nursing home food service improvement activities. Formulation of dietary service standards in extended care facilities and skilled nursing homes has resulted in employment of professional dietitians by a majority of these facilities. Visual aids, curriculum guides, manuals and other educational materials have been developed, including a kit entitled "Food Service in Nursing Homes" to assist

dietary consultants in in-service training responsibilities for nursing home food service employees. Sixty short term training programs have been conducted for dietitians since the enactment of Medicare.

Community Health Service supports six nutrition consultant positions—two in Headquarters and four in Regional Offices (Atlanta, Dallas, Denver, and Kansas City). All of these nutrition consultants work closely with their counterparts in State and local agencies throughout the nation.

[From Communities in Action, June–July 1968]

Older Persons—Myths About the Aging

"One reason why we Americans have paid so little attention to the problems of our older people, and why we still allow more than seven million of them to live at or just merely above the poverty line, is that ours is a youth-oriented culture. We glorify youth to such an extent that no one wants to be thought anything but young. Jack Benny is by no means the only man who has celebrated his 39th birthday more than once!"

Thus, Genevieve Blatt, assistant director, OEO began her address to the Regional Conference on the Aging held in Washington, in March.

"Another, and perhaps a more important, reason is that we have so many misconceptions about older people," Miss Blatt commented, "and, having these misconceptions, believing these myths, we lull ourselves into thinking that there really are no problems.

"One of these misconceptions," she said, "is that there aren't many older people around. Yet census figures show that the number of older people, people 65 years of age or older, has increased from 3 million in 1900 to over 18 million in 1960, changing from 4.1% of the total population in 1900 to 9.4% of the total population in 1960. And the projection for the future is a continued rise to a total number of 28 million in 2000, just 32 years from now. That's a lot of people! And, with the retirement age steadily decreasing, probably we should have counted in a lot more who are, or will be, 60 or over, or 55 or over, or maybe only 45 or over. In fact, there are some who say that 38 will be the retirement age of the future!

"Another misconception is that, whatever the problems of old age may be, they don't last long, for few people live long past retirement. Yet, of the people over 65 counted in the last census, 50% were actually over 73 and about 30% were between from 75 to 85; 20% were over 85, and that actually was over a million people. There were even 13,000 over 100. And, with the retirement age dropping, more and more people will be spending from 20% to 30%, or maybe more, of their entire lifetime in so-called retirement. That's a long time, indeed—especially for suffering.

More Needed Than Social Security

"One more myth that too many people believe is that we need not worry about poverty among older people because almost all of them now are covered by Social Security, and they even have Medicare and Medicaid benefits besides. Yet many who now receive social security benefits, and even public assistance on top of that, still don't get enough to live above the poverty line. And they have no other assets, or perhaps only the equity in their home which they own but cannot afford to keep in repair.

"Actually today, of the over five million older Americans who live alone or with non-relatives, the median income is below the minimum poverty line, and close to seven million families with heads over 65 have less to live on than a poverty level income, many of them, far less! For the older women, who live alone or with non-relatives (a very large proportion of all the older poor) the actual income for 35% of them is under $1,000 a year and 25% of them have no other assets at all, while another 10% have only their homes. Moreover, the number of elderly women living today in solitary poverty has actually increased from 1.8 million to 2.1 million since 1959.

"But some people, who don't have the misconceptions just mentioned, have another which paralyzes action just as effectively. They say that, even if there are a lot of old people who have to live a long time in want, there really isn't anything that can be done for them except to build more institutions where they can be cared for. And when we stop to think of what enough institutions, decent in-

stitutions, for that many old people would cost, our minds boggle at the thought, and we try to think about something more pleasant.

AGONIZING CHOICE

"And, because we were short-funded at the beginning, we made an agonizing choice then to put most of our limited funds into programs for the young, hoping to rescue them from poverty before it scarred them too badly. And now we find it hard to redirect and correct our heavy emphasis on youth programs so as to give a fairer share to the old. For the problems of the younger poor continue to be almost as urgent as ever, and we feel it wrong to cut back our efforts in their behalf, especially just when we seem to be making some headway. But it is still true that the over-65 group is the heaviest hit by poverty of all age groups, so we know that we just must pay it more attention.

"And, in case we didn't know it, Congress has made it abundantly clear that we had better know it, and had better do something about it—even though, sad to say, Congress still has not provided the money to do the job.

REASSESSING THE OLDER POOR

"But, really, there is a lot that can be done for older people, especially for the older poor.

"Many of them are still strong and healthy, as good as people 20 years younger were some years ago before modern medicine worked some of its miracles. They could work, at least part-time, and they would like to work. We could provide employment opportunities for them, too. There are service jobs in every community literally crying for some of these able-bodied older people to do them.

"Many, who are not quite able to work any more, could still live in dignity and independence, taking care of themselves for the most part, if they had just a little help in the way of someone to drive them around to shop, or to church services, or to the doctor's office, or someone to do a heavy chore, or someone to show them how to do things for themselves in spite of their new handicaps.

"They could make their reduced income go farther if someone showed them how to manage money better, or if someone helped protect their rights against those who would take advantage of them. It wouldn't be hard to provide these services, and it would be a lot cheaper than building institutions!

"We in the Office of Economic Opportunity do not have these misconceptions I have been talking about. We don't believe these myths. But our trouble is that we don't have the money we need to do what we know should be done for the older poor. We never have had it, either.

CONGRESS' MANDATE

"A reading of the 1967 Amendments of the Economic Opportunity Act will impress even the most casual reader with the fact that Congress wants us to emphasize our service to the older poor. Many different sections of the Act are specifically amended for this purpose, and many more are changed so as to require indirectly such action.

"We intend to implement these amendments in every way we can, short of spending new money which we don't have. We are already implementing them. And you will hear more at lunch about this, when Mr. Harding (OEO Acting Director) speaks.

"But for now, we want to consider how you can help us implement these amendments and bring about more service for the older poor.

"Some areas have devised ingenious low-cost or no-cost programs. Some have had federal, state and local governmental aid from other agencies. Some have brought in help from civic organizations, church and fraternal groups, business and labor organizations, and individual volunteers. You may have even better ideas.

"If we all work together, we can break down the misconceptions that prevent so many people from understanding that there is a problem.

"And once they understand, I am sure that they will do something.

Moreover, they will see that their elected representatives in government, in Congress, in State Legislatures, in City Halls and in Township Offices, do something too!"

[From the Wall Street Journal, Sept. 29, 1969]

FOODS, SPECIALLY MADE FOR ELDERLY PERSONS COMING ON THE MARKET—CHOLESTEROL-FREE EGGS AMONG HEALTH-ORIENTED PRODUCTS; ACID CUT FROM ORANGE JUICE

(By JOHN A. PRESTBO)

Before too long, Grandma may again be able to drink a glass of orange juice each morning, a pleasure she had to forgo when she discovered that citric acid aggravated a severe stomach problem. This juice won't have any citric acid.

And she can scramble eggs for Grandpa's breakfast. Since his heart attack, Grandpa has been kept off eggs because of the cholesterol, but these eggs contain hardly any of that artery-clogging substance.

These are just two of the food products under development that are esepcially designed for older people. Ranging from snacks to finely minced stews for toothless gums, these new products are due to hit the market over the next five years.

The development of such foods is the latest indication that business is beginning to pay more attention to older people. Part of this new interest results indirectly from Medicare, which, besides generating new demand for such medical services as nursing homes, allows the elderly to spend less on health care and more on other things.

Another factor in the trend is lengthening life expectancy, which is expanding the upperage brackets into mass-market proportions. There are about 19 million people, or 9.6% of the nation's population, over age 65, and the Census Bureau predicts the total will increase to 23 million by 1980.

MAKING DO

Except for low-caffeine coffee and a few low-fat or artificial dairy products, older people now must usually make do with foods produced for everybody—even though their needs are often vastly different. Some elderly people have to get by on baby food and soup, and the diets of many others are unbalanced or monotonous because so many foods are denied them for health reasons.

Food often assumes greater importance in the less-active lives of older people. "As life's pleasures fall away with age, food becomes more of a psychological need, almost a fetish," says Kurt S. Konigsbacher, vice president of Foster D. Snell, a product development subsidiary of Booz, Allen & Hamilton Inc., the Chicago-based management consultant firm.

"If you observe residents of an old folks' home," he adds, "you'll see most of them nibbling at things all day long. And if dinner is served at six, they're all on their way to the dining room at 5:30."

Much of the research on new foods for the elderly is being done by product development firms like Snell, working under contracts from food companies. Some large research organizations, including Arthur D. Little Inc., Battelle Memorial Institute and Standard Research institute are also active in the field.

"REMODELING" FOODS

The researchers are finding that making food products for older people presents the challenge of developing "something that tastes like such and such, looks like it, chews like it, but isn't," says Robert J. Bouthilet, president of Snell.

"As people get older, they're less and less willing to try something new," adds Mr. Konigsbacher, the Snell vice president. "Older folks don't want it to be true that there are things they shouldn't eat, and they get very pigheaded about it. So what we have to do is 'remodel' familiar foods."

That's easier said than done, says Mr. Bouthilet, swirling a jar of orange juice, which many older people can't drink because of its high acidity. Rather than make an artificial orange juice substitute, Snell is trying to modify real orange juice. (It could be that Snell's client in this case is an orange juice processor, but neither it or any other development firm will name its clients.)

First, says Mr. Bouthilet, Snell scientists adjusted the juice's normal sugar-acid ratio in favor of sugar. But the result didn't taste like orange juice and was cloying to boot. So now they're modifying the flavor and adding tasteless protein substances to cut the sweetness.

Eggs for the elderly are another Snell project. The elderly often suffer from protein deficiency, but even though nutritionists consider eggs the most complete protein food, "we tell older people not to eat them because of cholesterol," says Mr. Bouthilet.

"The cholesterol problem is in the yolk," he continues, "and now we're doing work wherein we extract the egg oils and so on from the yolk, replace them with other nutritionally appropriate ingredients and restore the color. With this process we can make, say, a dry packaged scrambled egg mix that comes out looking and tasting right. And the mix has very little cholesterol and saturated fat."

A product much like this, except in liquid form, will be introduced in grocery stores later this year by Olson Bros. Inc., an egg distributor and processor in North Hollywood, Calif. The liquid eggs have 80% less fat and cholesterol and 55% fewer calories, claims Donald J. Long, vice president. The product, which can be scrambled and cooked in other ways, is already being tried by some hospitals, resaurants and other mass feeders.

Besides working on such basic foods as eggs and orange juice, Snell also is trying to "sneak" nutrition into items that normally don't have much. Soon, says Mr. Bouthilet, "there'll be a line of chewing gums on the market containing nutritional adjuncts, and likely dental adjuncts as well." Potato chips that crunch like the real thing but have less fat and carbohydrates and more protein are in the works, too.

For people without teeth or usable dentures who can't chew at all, food makers are commissioning the development of pureed meats and vegetables and stews that are flavored to adult tastes. Now some old people must eat bland baby food in embarrassed secrecy.

Though such product will clearly be aimed at the elderly, they won't be promoted as "old people's food." "If I came out today with a line of foods advertised 'for people over 60' it would be a flop," says Mr. Konigsbacher of Snell. "Teenagers are flattered by snack or food products designed and packaged for them, but older folks are insulted. They don't want to be set apart."

[From the Omaha World-Herald, Aug. 27, 1969]

JOYS AND JOLTS OF RETIREMENT—RESEARCH NEEDED ON AGING PROCESS

(By Theodor Schuchat)

WASHINGTON.—Scientists from 42 countries are gathering in Washington this week to discuss their research into life's greatest mystery why we grow old?

The United States leads the world in many scientific and technical fields but, unfortunately, gerontology—the scientific study of aging—is not among them.

Sen. Harrison A. Williams, Jr., D-N.J., points out that the federal government currently invests less than a nickel per person for basic research into aging, which affects everybody.

The National Institutes of Health, Uncle Sam's main medical research organization, will spend about $1.5 billion this year for medical research and training. Of this, less than $7.5 million is earmarked for research on aging. This is only one tenth of the amount for research grants for allergy, immunology, tropical diseases and related fields.

FUNDS LACKING

In Baltimore, the institutes finance a gerontology research center. It was built to house 300 government scientists and 100 visiting researchers from all parts of the world. Funds are sufficient for only 125, however.

"The Congress provided $8.5 million to construct the largest center for aging research in the world," Rep. Daniel J. Flood, D-Pa., said recently. It has been in operation for over a year but is being utilized at about one-third of its capacity because of budgetary limitations."

So Uncle Sam is penny-wise and pound-foolish, building a massive research center and then failing to fill it with scientists. One reason is a vague feeling that aging is normal and not much can be done about it.

Eminent scientists disagree, however.

"The possibilities of decreasing suffering through research are in my opinion large enough to justify the expenditure of hundreds of millions of dollars per year, in addition to the expenditures now being made," says Dr. Linus Pauling.

"The progress in molecular biology and medicine during recent years has been tremendous. Many fundamental discoveries have been made that suggest promising programs of developmental research."

To capitalize on these and other research opportunities, Senator Williams wants Congress to enact his Research in Aging Act. Under this legislation, a commission of scientists would draw up a five-year research plan.

INFORMATION

"What we need is a body of accurate information about the basic physical changes which accompany the aging process," Williams says. "We need exploration into the mysteries of the cell and the gene."

"What we need, too, is a truly comprehensive effort to conduct such exploration. At the moment our effort is insufficient and with specific goals."

Despite the impact of aging on every citizen Congress is not likely to vote the Williams bill or more money for the Gerontology Research Center in Baltimore. The visiting scientists will see lots of empty laboratories there this week.

The center is a small part of the National Institute of Child Health and Human Development. It would attract more support and accomplish more if given more independence and re-named the National Institute of Aging.

Oddly enough, the visibility of an independent institute in time gives it more funds and research staff.

Last year, for example, Congress plucked the blindness research programs out of the rest of the National Institutes of Health and created a new National Eye Institute. This year, its research program will be triple the size of the effort in aging.

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