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OVERSIGHT ON AREA AGENCY ON AGING CONCEPT, 1974

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HEARING BEFORE THE SUBCOMMITTEE ON AGING OF THE COMMITTEE ON LABOR AND PUBLIC WELFARE UNITED STATES SENATE

NINETY-THIRD CONGRESS

SECOND SESSION

ON

EXAMINATION OF THE AREA AGENCY ON AGING CONCEPT
WHICH IS EMBODIED IN THE OLDER AMERICANS ACT OF
1965, AS AMENDED

NOVEMBER 13, 1974
SALISBURY, MD.



Printed for the use of the Committee on Labor and Public Welfare

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(II)

CONTENTS

Text of Public Law 93-29-----Page
2

CHRONOLOGICAL LIST OF WITNESSES

WEDNESDAY, NOVEMBER 13, 1974

SALISBURY, MD.

Price, John A., Jr., Program Director on Aging for region III, Administration on Aging, Department of Health, Education, and Welfare, Office of Human Development, Philadelphia, Pa-----	39
Walker, Harry, executive director, Maryland Commission on Aging, president, National Association of State Units on Aging-----	74
Tadeo, Mrs. Joan, title III coordinator, Maryland Commission on the Aging, former State director of Maintenance of the Aged in the Community (MAC)-----	76
Eberly, Joseph P., presiding executive director, Maintenance of the Aged in the Community, Inc. (MAC), accompanied by Ms. Octavane H. Saunders, nutrition aide, University of Maryland Cooperative Extension Service; Ms. Helen Johnson, nutrition coordinator, title VII program; Ms. Jean C. Crockett, R.N., director, homemakers/home health care program; Ms. Jean R. Monroe, director, Multi-Service Senior Citizen Service Center; and Mr. Clifton Gordy, chairman of the MAC board of directors, a panel-----	84
Ward, Hon. Helen S., commissioner-elect, Somerset County; Hon. Philip G. D'Adamo, board of commissioners, Dorchester County; Hon. Lewis R. Riley, president, Wicomico County Council; Hon. Willis W. Hudson, county commissioner, Worcester County, a panel-----	163
Comegys, Viola, Cambridge, Dorchester County; Lorenzo Marshall, Salisbury, Wicomico County; Bessie Miles, Salisbury, Wicomico County; Ella Dedmond, Princess Anne, Somerset County; Irene Holland, Fairmount, Somerset County; Lenora Robins, Snow Hill, Worcester County; Myrtle Bowen, Snow Hill, Worcester County; Viola McClain, Cambridge, Dorchester County; Inez Abbott, Church Creek, Dorchester County; John B. Griffin, Salisbury, Wicomico County; Bernice Dougherty, Crisfield, Somerset County; Walter Brice, Crisfield, Somerset County; and Alberta Graves, Crisfield, Somerset County, a panel of senior citizens--	168

STATEMENTS

Comegys, Viola, Cambridge, Dorchester County; Lorenzo Marshall, Salisbury, Wicomico County; Bessie Miles, Salisbury, Wicomico County; Ella Dedmond, Princess Anne, Somerset County; Irene Holland, Fairmount, Somerset County; Lenora Robins, Snow Hill, Worcester County; Myrtle Bowen, Snow Hill, Worcester County; Viola McClain, Cambridge, Dorchester County; Inez Abbott, Church Creek, Dorchester County; John B. Griffin, Salisbury, Wicomico County; Bernice Dougherty, Crisfield, Somerset County; Walter Brice, Crisfield, Somerset County; and Alberta Graves, Crisfield, Somerset County, a panel of senior citizens--	168
Eberly, Joseph P., presiding executive director, Maintenance of the Aged in the Community, Inc. (MAC), accompanied by Ms. Octavane H. Saunders, nutrition aide, University of Maryland Cooperative Extension Service; Ms. Helen Johnson, nutrition coordinator, title VII program; Ms. Jean C. Crockett, R.N., director, homemakers/home health care program; Ms. Jean R. Monroe, director, Multi-Service Senior Citizen Service Center; and Mr. Clifton Gordy, chairman of the MAC board of directors, a panel-----	84

(III)

IV

Price, John A., Jr., Program Director on Aging for region III, Administration on Aging, Department of Health, Education, and Welfare, Office of Human Development, Philadelphia, Pa.....	Page 39
Tadeo, Mrs. Joan, title III coordinator, Maryland Commission on Aging, former State director of Maintenance of the Aged in the Community (MAC).....	76
Walker, Harry, executive director, Maryland Commission on Aging, president, National Association of State Units on Aging.....	74
Ward, Hon. Helen S., commissioner-elect, Somerset County; Hon. Philip G. D'Adamo, board of commissioners, Dorchester County; Hon. Lewis R. Riley, president, Wicomico County Council; Hon. Willis W. Hudson, county commissioner, Worcester County, a panel.....	163

ADDITIONAL INFORMATION

Articles, publications, etc.:

Goals and Objectives of the Aging Component of the Maintenance of the Aged in Communities Program.....	96
Maintenance of the Aged in the Community (MAC) Report on Area-wide Model Project.....	100

Communications to:

Beall, Hon. J. Glenn, Jr., a U.S. Senator from the State of Maryland, from John A. Price, Jr., ACSW regional program director, Aging Services, Office of Human Development, Philadelphia, Pa.:	
Letter of Nov. 29, 1974 (with attachment).....	44
Region III Aging Services, Statement of Issues, Goals, Priorities, and Objectives.....	45
Letter of Dec. 6, 1974 (with enclosure).....	66
State Authority, Responsibility and Role.....	67
State and Area Agency Requirements.....	69
Increase in Area Agency on Aging Authority.....	70
Length of Time Title III Supports Direct Services.....	71
Information and Referral.....	72
Area Agencies; Methods of Achieving Their Responsibilities.....	73

OVERSIGHT ON AREA AGENCY ON AGING CONCEPT, 1974

WEDNESDAY, NOVEMBER 13, 1974

U.S. SENATE,
SUBCOMMITTEE ON AGING OF THE
COMMITTEE ON LABOR AND PUBLIC WELFARE,
Salisbury, Md.

The Subcommittee on Aging convened at 9 a.m. in the board of education auditorium, Long Avenue and Mount Herman Road, Salisbury, Md., on Wednesday, November 13, 1974, Senator J. Glenn Beall, Jr. presiding pro-tempore.

Senator BEALL. Good morning, ladies and gentlemen. As the ranking minority member on the Labor and Public Welfare Committee's Subcommittee on Aging, it is my pleasure to chair today's hearing, which is designed to examine in depth the area agency on aging concept which is embodied in the Older Americans Act of 1965, as amended.

I am especially pleased that the subcommittee has agreed to convene in Salisbury, which is the site of one of the early demonstration projects developed to test the feasibility of the areawide approach to service delivery.

With me at the table today are Mr. James Murphy, chief counsel to the Subcommittee on Aging and Mr. David Rust, of my staff, who handles the minority interests of the Subcommittee on Aging for me in Washington.

Since the first White House Conference on Aging was held in 1961, the Federal Government has gradually increased its commitment to the objective of improving the quality of life for older Americans. State and local governments have also shown a greater concern for the problems of the elderly.

On May 4, 1973, the President signed into law the Older American's Comprehensive Services amendments, which significantly increased the Federal commitment in the field of aging. Public Law 93-29 is the basic Federal law designed to provide social and nutritional services to senior citizens. Since this legislation expires on June 30th of 1975, it is imperative that the Subcommittee on Aging begin immediately the task of compiling the data it needs in order to shape the 1975 amendments to the Older American's Act, and that is why we are here in Salisbury today.

[A copy of Public Law 93-29 follows:]



Public Law 93-29
93rd Congress, S. 50
May 3, 1973

An Act

87 STAT. 30

To strengthen and improve the Older Americans Act of 1965, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Older Americans Comprehensive Services Amendments of 1973".

Older Ameri-
cans Compre-
hensive Services
Amendments of
1973.

TITLE I—DECLARATION OF OBJECTIVES

FINDINGS AND PURPOSES

SEC. 101. The Congress finds that millions of older citizens in this Nation are sundering unnecessary harm from the lack of adequate services. It is therefore the purpose of this Act, in support of the objectives of the Older Americans Act of 1965, to—

79 Stat. 218.
42 USC 3001
note.

(1) make available comprehensive programs which include a full range of health, education, and social services to our older citizens who need them,

(2) give full and special consideration to older citizens with special needs in planning such programs, and, pending the availability of such programs for all older citizens, give priority to the elderly with the greatest economic and social need,

(3) provide comprehensive programs which will assure the coordinated delivery of a full range of essential services to our older citizens, and, where applicable, also furnish meaningful employment opportunities for many individuals, including older persons, young persons, and volunteers from the community, and

(4) insure that the planning and operation of such programs will be undertaken as a partnership of older citizens, community agencies, and State and local governments, with appropriate assistance from the Federal Government.

SEC. 102. Section 101(8) of the Older Americans Act of 1965 is amended by inserting after "services" the following: ", including access to low-cost transportation,".

42 USC 3001.

TITLE II—ADMINISTRATION ON AGING

SEC. 201. (a) Section 201 of the Older Americans Act of 1965 is amended to read as follows:

42 USC 3011.

"ESTABLISHMENT OF ADMINISTRATION ON AGING

"Sec. 201. (a) There is established in the Office of the Secretary an Administration on Aging (hereinafter in this Act referred to as the 'Administration') which shall be headed by a Commissioner on Aging (hereinafter in this Act referred to as the 'Commissioner'). Except for title VI and as otherwise specifically provided by the Older Americans Comprehensive Services Amendments of 1973, the Administration shall be the principal agency for carrying out this Act. In the performance of his functions, the Commissioner shall be directly responsible to the Office of the Secretary. The Secretary shall not approve any delegation of the functions of the Commissioner to any other officer not directly responsible to the Commissioner unless the Secretary shall first submit a plan for such delegation to the Congress. Such delegation is effective at the end of the first period of sixty calen-

dar days of continuous session of Congress after the date on which the plan for such delegation is transmitted to it: *Provided, however*, That within thirty days of such transmittal, the Secretary shall consult with the Committee on Labor and Public Welfare of the Senate and the Committee on Education and Labor of the House of Representatives respecting such proposed delegation. For the purpose of this section, continuity of session is broken only by an adjournment of Congress sine die, and the days on which either House is not in session because of an adjournment of more than three days to a day certain are excluded in the computation of the thirty-day and sixty-day periods. Under provisions contained in a reorganization plan, a provision of the plan may be effective.

Appointment.

"(b) The Commissioner shall be appointed by the President by and with the advice and consent of the Senate."

Functions.
79 Stat. 220.
42 USC 3011.

(b) (1) Section 202(4) of the Older Americans Act of 1965 is amended to read as follows:

"(4) develop plans, conduct and arrange for research in the field of aging, and assist in the establishment of and carry out programs designed to meet the needs of older persons for social services, including nutrition, hospitalization, preretirement training, continuing education, low-cost transportation and housing, and health services;"

(2) Section 202 of the Older Americans Act of 1965 is amended by striking out "and" at the end of paragraph (7), by striking out the period at the end of paragraph (8) and inserting in lieu thereof "; and", and by adding at the end thereof the following new paragraphs:

"(9) develop basic policies and set priorities with respect to the development and operation of programs and activities conducted under authority of this Act;

"(10) provide for the coordination of Federal programs and activities related to such purposes;

"(11) coordinate, and assist in, the planning and development by public (including Federal, State, and local agencies) and non-profit private organizations of programs for older persons, with a view to the establishment of a nationwide network of comprehensive, coordinated services and opportunities for such persons;

"(12) convene conferences of such authorities and officials of public (including Federal, State, and local agencies) and non-profit private organizations concerned with the development and operation of programs for older persons as the Commissioner deems necessary or proper for the development and implementation of policies related to the purposes of this Act;

"(13) develop and operate programs providing services and opportunities as authorized by this Act which are not otherwise provided by existing programs for older persons;

"(14) carry on a continuing evaluation of the programs and activities related to the purposes of this Act, with particular attention to the impact of medicare and medicaid, the Age Discrimination Act of 1967, and the programs of the National Housing Act relating to housing for the elderly and the setting of standards for the licensing of nursing homes, intermediate care homes, and other facilities providing care for older people;

"(15) provide information and assistance to private nonprofit organizations for the establishment and operation by them of programs and activities related to the purposes of this Act; and

"(16) develop, in coordination with other agencies, a national plan for meeting the needs for trained personnel in the field of

81 Stat. 602.
29 USC 621
note.
48 Stat. 1246.
12 USC 1701
and note.

May 3, 1973

- 3 -

Pub. Law 93-29

87 STAT. 32

aging, and for training persons for carrying out programs related to the purposes of this Act, and conduct and provide for the conducting of such training."

(3) Section 202 of the Act (as amended by the preceding provisions of this subsection) is further amended by inserting "(a)" after "SEC. 202.", and by adding at the end thereof the following new subsection: Arte, p. 31.

"(b) In executing his duties and functions under this Act and carrying out the programs and activities provided for by this Act, the Commissioner, in consultation with the Director of Action, shall take all possible steps to encourage and permit voluntary groups active in social services, including youth organizations active at the high school or college levels, to participate and be involved individually or through representative groups in such programs or activities to the maximum extent feasible, through the performance of advisory or consultative functions, and in other appropriate ways."

(c) Title II of the Older Americans Act of 1965 is further amended by adding at the end thereof the following new sections: 79 Stat. 220.
42 USC 3011.

"FEDERAL AGENCY COOPERATION

"SEC. 203. Federal agencies proposing to establish programs substantially related to the purposes of this Act shall consult with the Administration on Aging prior to the establishment of such services, and Federal agencies administering such programs shall cooperate with the Administration on Aging in carrying out such services.

"THE NATIONAL INFORMATION AND RESOURCE CLEARING HOUSE FOR THE AGING

"SEC. 204. (a) The Commissioner is authorized and directed to establish and operate a National Information and Resource Clearing House for the Aging which shall— Establishment.

"(1) collect, analyze, prepare, and disseminate information related to the needs and interests of older persons;

"(2) obtain information concerning older persons from public and private agencies and other organizations serving the needs and interests of older persons and furnish, upon request, information to such agencies and organizations, including information developed by Federal, State, and local public agencies with respect to programs of such agencies designed to serve the needs and interests of older persons;

"(3) encourage the establishment of State and local information centers and provide technical assistance to such centers, including sources established under section 304(c)(3) and section 305(a)(7), to assist older persons to have ready access to information; and

"(4) carry out a special program for the collection and dissemination of information relevant to consumer interests of older persons in order that such older persons may more readily obtain information concerning goods and services needed by them.

"(b) The Commissioner shall take whatever action is necessary to achieve coordination of activities carried out or assisted by all departments, agencies, and instrumentalities of the Federal Government with respect to the collection, preparation, and dissemination of information relevant to older persons. To the extent practicable, the Commissioner shall carry out his functions under this subsection through the National Information and Resource Clearing House for the Aging.

Appropriations.

"(c) There are authorized to be appropriated to carry out the purposes of this section during the fiscal year ending June 30, 1973, the fiscal year ending June 30, 1974, and the fiscal year ending June 30, 1975, such sums as may be necessary.

"FEDERAL COUNCIL ON THE AGING

Establishment;
membership.

80 Stat. 378.
5 USC 101.

"SEC. 205. (a) There is established a Federal Council on the Aging to be composed of fifteen members appointed by the President with the advice and consent of the Senate for terms of three years without regard to the provisions of title 5, United States Code. Members shall be appointed so as to be representative of older Americans, national organizations with an interest in aging, business, labor, and the general public. At least five of the members shall themselves be older persons.

Appointment.

"(b) (1) Of the members first appointed, five shall be appointed for a term of one year, five shall be appointed for a term of two years, and five shall be appointed for a term of three years, as designated by the President at the time of appointment.

Vacancies.

"(2) Any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed only for the remainder of such term. Members shall be eligible for reappointment and may serve after the expiration of their terms until their successors have taken office.

"(3) Any vacancy in the Council shall not affect its powers, but shall be filled in the same manner by which the original appointment was made.

5 USC 5332
note.

"(4) Members of the Council shall, while serving on business of the Council, be entitled to receive compensation at a rate not to exceed the daily rate specified for grade GS-18 in section 5332 of title 5, United States Code, including traveltime, and while so serving away from their homes or regular places of business, they may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as the expenses authorized by section 5703(b) of title 5, United States Code, for persons in the Government service employed intermittently.

80 Stat. 499;
83 Stat. 190.

Chairman.

Meetings.

"(c) The President shall designate the Chairman from among the members appointed to the Council. The Council shall meet at the call of the Chairman but not less often than four times a year. The Secretary and the Commissioner on Aging shall be ex officio members of the Council.

Duties.

"(d) The Council shall—

"(1) advise and assist the President on matters relating to the special needs of older Americans;

"(2) assist the Commissioner in making the appraisal of needs required by section 402;

"(3) review and evaluate, on a continuing basis, Federal policies regarding the aging and programs and other activities affecting the aging conducted or assisted by all Federal departments and agencies for the purpose of appraising their value and their impact on the lives of older Americans; and

"(4) serve as a spokesman on behalf of older Americans by making recommendations to the President, to the Secretary, the Commissioner, and to the Congress with respect to Federal policies regarding the aging and federally conducted or assisted programs and other activities relating to or affecting them;

"(5) inform the public about the problems and needs of the aging, in consultation with the National Information and Resource

Post, p. 45.

May 3, 1973

- 5 -

Pub. Law 93-29

87 STAT. 34

Clearing House for the Aging, by collecting and disseminating information, conducting or commissioning studies and publishing the results thereof, and by issuing publications and reports; and

"(6) provide public forums for discussing and publicizing the problems and needs of the aging and obtaining information relating thereto by conducting public hearings, and by conducting or sponsoring conferences, workshops, and other such meetings.

"(e) The Secretary and the Commissioner shall make available to the Council such staff, information, and other assistance as it may require to carry out its activities.

Information,
availability.

"(f) Beginning with the year 1974 the Council shall make such interim reports as it deems advisable and an annual report of its findings and recommendations to the President not later than March 31 of each year. The President shall transmit each such report to the Congress together with his comments and recommendations.

Report to
President,
transmittal to
Congress.

"(g) The Council shall undertake a study of the interrelationships of benefit programs for the elderly operated by Federal, State, and local government agencies. Following the completion of this study, but no later than eighteen months after enactment of this Act, the President shall submit to Congress recommendations for bringing about greater uniformity of eligibility standards, and for eliminating the negative impact that one program's standards may have on another.

Studies, re-
port to Con-
gress.

"(h) The Council shall undertake a study of the combined impact of all taxes on the elderly—including but not limited to income, property, sales, social security taxes. Upon completion of this study, but no later than eighteen months after enactment of this Act, the President shall submit to Congress, and to the Governor and legislatures of the States, the results thereof and such recommendations as he deems necessary.

"(i) The Council shall undertake a study or studies concerning the effects of the formulae specified in section 303 for allotment among the States of sums appropriated for area planning and social service programs authorized under title III of this Act. Upon completion of this study, but no later than January 1, 1975, the results of such study, together with recommendations for such changes, if any, in such formulae as may be determined to be desirable, and the justification for any changes recommended, shall be submitted to the Commissioner, the Secretary of Health, Education, and Welfare, the Committee on Labor and Public Welfare of the Senate, and the Committee on Education and Labor of the House of Representatives.

Post, p. 37.

Post, p. 36.

"ADMINISTRATION OF THE ACT

"SEC. 206. (a) In carrying out the purposes of this Act, the Commissioner is authorized to:

"(1) provide consultative services and technical assistance to public or nonprofit private agencies and organizations;

"(2) provide short-term training and technical instruction;

"(3) conduct research and demonstrations;

"(4) collect, prepare, publish, and disseminate special educational or informational materials, including reports of the projects for which funds are provided under this Act; and

"(5) provide staff and other technical assistance to the Federal Council on the Aging.

"(b) In administering his functions under this Act, the Commissioner may utilize the services and facilities of any agency of the Federal Government and of any other public or nonprofit agency or organization, in accordance with agreements between the Commissioner and the head thereof, and is authorized to pay therefor, in

advance or by way of reimbursement, as may be provided in the agreement.

Appropriation.

"(c) For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary.

"EVALUATION

"Sec. 207. (a) The Secretary shall measure and evaluate the impact of all programs authorized by this Act, their effectiveness in achieving stated goals in general, and in relation to their cost, their impact on related programs, and their structure and mechanisms for delivery of services, including, where appropriate, comparisons with appropriate control groups composed of persons who have not participated in such programs. Evaluations shall be conducted by persons not immediately involved in the administration of the program or project evaluated.

Post, pp. 44,
45.

"(b) The Secretary may not make grants or contracts under section 308 or title IV of this Act until he has developed and published general standards to be used by him in evaluating the programs and projects assisted under such section or title. Results of evaluations conducted pursuant to such standards shall be included in the reports required by section 208.

"(c) In carrying out evaluations under this section, the Secretary shall, whenever possible, arrange to obtain the opinions of program and project participants about the strengths and weaknesses of the programs and projects.

"(d) The Secretary shall annually publish summaries of the results of evaluative research and evaluation of program and project impact and effectiveness, the full contents of which shall be available to Congress and the public.

"(e) The Secretary shall take the necessary action to assure that all studies, evaluations, proposals, and data produced or developed with Federal funds shall become the property of the United States.

"(f) Such information as the Secretary may deem necessary for purposes of the evaluations conducted under this section shall be made available to him, upon request, by the departments and agencies of the executive branch.

Funds.

"(g) The Secretary is authorized to use such sums as may be required, but not to exceed 1 per centum of the funds appropriated under this Act, or \$1,000,000 whichever is greater, to conduct program and project evaluations (directly, or by grants or contracts) as required by this title. In the case of allotments from such an appropriation, the amount available for such allotments (and the amount deemed appropriated therefor) shall be reduced accordingly.

"REPORTS

Report to
President,
transmittal
to Congress.

"Sec. 208. Not later than one hundred and twenty days after the close of each fiscal year, the Commissioner shall prepare and submit to the President for transmittal to the Congress a full and complete report on the activities carried out under this Act. Such annual reports shall include statistical data reflecting services and activities provided individuals during the preceding fiscal year.

"JOINT FUNDING OF PROJECTS

"Sec. 209. Pursuant to regulations prescribed by the President, and to the extent consistent with the other provisions of this Act, where funds are provided for a single project by more than one Federal agency to any agency or organization assisted under this Act, the Federal agency principally involved may be designated to act for all in

May 3, 1973

- 7 -

Pub. Law 93-29

87 STAT. 36

administering the funds provided. In such cases, a single non-Federal share requirement may be established according to the proportion of funds advanced by each Federal agency, and any such agency may waive any technical grant or contract requirement (as defined by such regulations) which is inconsistent with the similar requirements of the administering agency or which the administering agency does not impose.

"ADVANCE FUNDING

"SEC. 210. (a) For the purpose of affording adequate notice of funding available under this Act, appropriations under this Act are authorized to be included in the appropriation Act for the fiscal year preceding the fiscal year for which they are available for obligation.

"(b) In order to effect a transition to the advance funding method of timing appropriation action, the amendment made by subsection (a) shall apply notwithstanding that its initial application will result in the enactment in the same year (whether in the same appropriation Act or otherwise) of two separate appropriations, one for the then current fiscal year and one for the succeeding fiscal year."

SEC. 202. Title VIII of the Older Americans Act of 1965 is hereby repealed.

Repeal.
86 Stat. 88.
42 USC 3045.

TITLE III—GRANTS FOR STATE AND AREA PROGRAMS

SEC. 301. The Older Americans Act of 1965 is amended by striking out title III and inserting in lieu thereof the following new title:

79 Stat. 220;
83 Stat. 108.
42 USC 3021.

"TITLE III—GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING

"PURPOSE

"SEC. 301. It is the purpose of this title to encourage and assist State and local agencies to concentrate resources in order to develop greater capacity and foster the development of comprehensive and coordinated service systems to serve older persons by entering into new cooperative arrangements with each other and with providers of social services for planning for the provision of, and providing, social services and, where necessary, to reorganize or reassign functions, in order to—

"(1) secure and maintain maximum independence and dignity in a home environment for older persons capable of self-care with appropriate supportive services; and

"(2) remove individual and social barriers to economic and personal independence for older persons.

"DEFINITIONS

"SEC. 302. For purposes of this title—

"(1) The term 'social services' means any of the following services which meet such standards as the Commissioner may prescribe:

"(A) health, continuing education, welfare, informational, recreational, homemaker, counseling, or referral services;

"(B) transportation services where necessary to facilitate access to social services;

"(C) services designed to encourage and assist older persons to use the facilities and services available to them;

"(D) services designed to assist older persons to obtain adequate housing;

"(E) services designed to assist older persons in avoiding institutionalization, including preinstitutionalization evaluation and screening, and home health services; or

"(F) any other services;

if such services are necessary for the general welfare of older persons.

"(2) The term 'unit of general purpose local government' means (A) a political subdivision of the State whose authority is broad and general and is not limited to only one function or a combination of related functions, or (B) an Indian tribal organization.

"(3) The term 'comprehensive and coordinated system' means a system for providing all necessary social services in a manner designed to—

"(A) facilitate accessibility to and utilization of all social services provided within the geographic area served by such system by any public or private agency or organization;

"(B) develop and make the most efficient use of social services in meeting the needs of older persons; and

"(C) use available resources efficiently and with a minimum of duplication.

"AREA PLANNING AND SOCIAL SERVICE PROGRAMS

Appropriation.

"Sec. 303. (a) There are authorized to be appropriated such sums as may be necessary for the fiscal year ending June 30, 1973, \$103,600,000 for the fiscal year ending June 30, 1974, and \$130,000,000 for the fiscal year ending June 30, 1975, to enable the Commissioner to make grants to each State with a State plan approved under section 305 (except as provided in section 307(a)) for paying part of the cost (pursuant to subsection (e) of this section and section 306) of—

"(1) the administration of area plans by area agencies on aging designated pursuant to section 304(a)(2)(A), including the preparation of area plans on aging consistent with section 304(c) and the evaluation of activities carried out under such plans;

"(2) the development of comprehensive and coordinated systems for the delivery of social services; and

"(3) activities carried out pursuant to section 306.

Allotment.

"(b) (1) From the sums authorized to be appropriated for the fiscal year ending June 30, 1973, under subsection (a) of this section, (A) Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands shall each be allotted an amount equal to one-fourth of 1 per centum of such sum, (B) each other State shall be allotted an amount equal to one-half of 1 per centum of such sum, and (C) from the remainder of the sum so appropriated, each State shall be allotted an additional amount which bears the same ratio to such remainder as the population aged sixty or over in such State bears to the population aged sixty or over in all States.

"(2) From the sums appropriated for the fiscal year ending June 30, 1974, and for the fiscal year ending June 30, 1975, each State shall be allotted an amount which bears the same ratio to such sums as the population aged sixty or over in such State bears to the population aged sixty or over in all States, except that (A) no State shall be allotted less than one-half of 1 per centum of the sum appropriated for the fiscal year for which the determination is made; (B) Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands shall each be allotted no less than one-fourth of 1 per centum of the sum appropriated for the fiscal year for which the determination is made; and (C) no State shall be allotted an amount

May 3, 1973

- 9 -

Pub. Law 93-29

87 STAT. 38

less than that State received for the fiscal year ending June 30, 1973. For the purpose of the exception contained in clause (A) of this paragraph only, the term 'State' does not include Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands.

"State."

"(3) The number of persons aged sixty or over in any State and in all States shall be determined by the Commissioner on the basis of the most recent and satisfactory data available to him.

"(c) Whenever the Commissioner determines that any amount allotted to a State for a fiscal year under this section will not be used by such State for carrying out the purpose for which the allotment was made, he shall make such amount available for carrying out such purpose to one or more other States to the extent he determines such other States will be able to use such additional amount for carrying out such purpose. Any amount made available to a State from an appropriation for a fiscal year pursuant to the preceding sentence shall, for purposes of this title, be regarded as part of such State's allotment (as determined under the preceding provisions of this section) for such year.

"(d) The allotment of a State under this section for the fiscal year ending June 30, 1973, shall remain available until the close of the following fiscal year.

"(e) From a State's allotment under this section for a fiscal year—

"(1) such amount as the State agency determines, but not more than 15 per centum thereof, shall be available for paying such percentage as such agency determines, but not more than 75 per centum, of the cost of administration of area plans; and

"(2) such amount as the State agency determines, but (beginning with the fiscal year ending June 30, 1975) not more than 20 per centum thereof, shall be available for paying such percentage as such agency determines, but not more than 75 per centum, of the cost of social services which are not provided as a part of a comprehensive and coordinated system in planning and service areas for which there is an area plan approved by the State agency.

The remainder of such allotment shall be available to such State only for paying such percentage as the State agency determines, but not more than 90 per centum of the cost of social services provided in the State as a part of comprehensive and coordinated systems in planning and service areas for which there is an area plan approved by the State agency.

"ORGANIZATION

"State Organization

"Sec. 304. (a) In order for a State to be eligible to participate in the programs of grants to States from allotments under section 303 and section 306—

"(1) the State shall, in accordance with regulations of the Commissioner, designate a State agency as the sole State agency (hereinafter in this title referred to as 'the State agency') to: (A) develop the State plan to be submitted to the Commissioner for approval under section 305, (B) administer the State plan within such State, (C) be primarily responsible for the coordination of all State activities related to the purposes of this Act, (D) review and comment on, at the request of any Federal department or agency, any application from any agency or organization within such State to such Federal department or agency for assistance related to meeting the needs of older persons; and (E) divide

the entire State into distinct areas (hereinafter in this title referred to as 'planning and service areas'), in accordance with regulations of the Commissioner, after considering the geographical distribution of individuals aged sixty and older in the State, the incidence of the need for social services (including the numbers of older persons with low incomes residing in such areas), the distribution of resources available to provide such services, the boundaries of existing areas within the State which were drawn for the planning or administration of social services programs, the location of units of general purpose local government within the State, and any other relevant factors: *Provided*, That any unit of general purpose local government which has a population aged sixty or over of fifty thousand or more or which contains 15 per centum or more of the State's population aged sixty or over shall be designated as a planning and service area; except that the State may designate as a planning and service area, any region within the State recognized for purposes of areawide planning which includes one or more such units of general purpose local government when the State determines that the designation of such a regional planning and service area is necessary for, and will enhance, the effective administration of the programs authorized by this title, the State may include in any planning and service area designated pursuant to this provision such additional areas adjacent to the unit of general purpose local government or region so designated as the State determines to be necessary for, and will enhance, the effective administration of the programs authorized by this title, and

"(2) the State agency designated pursuant to paragraph (1) shall—

"(A) determine for which planning and service areas an area plan will be developed, in accordance with subsection (c) of this section, and for each such area designate, after consideration of the views offered by the unit or units of general purpose local government in such area, a public or nonprofit private agency or organization as the area agency on aging for such area; and

"(B) provide assurances, satisfactory to the Commissioner that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of social services provided under such plan.

"Area Organization

"(b) An area agency on aging designated under subsection (a) must be—

"(1) an established office of aging which is operating within a planning and service area designated pursuant to subsection (a) of this section, or

"(2) any office or agency of a unit of general purpose local government, which is designated for this purpose by the chief elected official or officials of such unit, or

"(3) any office or agency designated by the chief elected official or officials of a combination of units of general purpose local government to act on behalf of such combination for this purpose, or

"(4) any public or nonprofit private agency in a planning and service area which is under the supervision or direction for this purpose of the designated State agency and which can engage

May 3, 1973

- 11 -

Pub. Law 93-29

87 STAT. 40

in the planning or provision of a broad range of social services within such planning and service area, and must provide assurance, found adequate by the State agency, that it will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program pursuant to the plan within the planning and service area. In designating an area agency on aging, the State agency shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

"Area Plans

"(c) In order to be approved by the State agency, an area plan for a planning and service area shall be developed by the area agency on aging designated with respect to such area under subsection (a) and shall—

"(1) provide for the establishment of a comprehensive and coordinated system for the delivery of social services within the planning and service area covered by the plan, including determining the need for social services in such area (taking into consideration, among other things, the numbers of older persons with low incomes residing in such area), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of social services in such area, for the provision of such services to meet such need;

"(2) in accordance with criteria established by the Commissioner by regulation relating to priorities, provide for the initiation, expansion, or improvement of social services in the planning and service area covered by the area plan;

"(3) provide for the establishment or maintenance of information and referral sources in sufficient numbers to assure that all older persons within the planning and service area covered by the plan will have reasonably convenient access to such sources. For purposes of this section and section 305(a)(7), an information and referral source is a location where the State or other public or private agency or organization (A) maintains current information with respect to the opportunities and services available to older persons, and develops current lists of older persons in need of services and opportunities, and (B) employs a specially trained staff to inform older persons of the opportunities and services which are available, and assists such persons to take advantage of such opportunities and services; and

"(4) provide that the area agency on aging will—

"(A) conduct periodic evaluations of activities carried out pursuant to the area plan;

"(B) render appropriate technical assistance to providers of social services in the planning and service area covered by the area plan;

"(C) where necessary and feasible, enter into arrangements, consistent with the provisions of the area plan, under which funds under this title may be used to provide legal services to older persons in the planning and service area carried out through federally assisted programs or other public or nonprofit agencies;

"(D) take into account, in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

"(E) where possible, enter into arrangements with organizations providing day care services for children so as to provide opportunities for older persons to aid or assist, on a voluntary basis, in the delivery of such services to children; and

"(F) establish an advisory council, consisting of representatives of the target population and the general public, to advise the area agency on all matters relating to the administration of the plan and operations conducted thereunder.

"STATE PLANS

Eligibility.

"Sec. 305. (a) In order for a State to be eligible for grants for a fiscal year from its allotments under section 303 and section 306, except as provided in section 307(a), it shall submit to the Commissioner a State plan for such year which meets such criteria as the Commissioner may prescribe by regulation and which—

"(1) provides that the State agency will evaluate the need for social services within the State and determine the extent to which existing public or private programs meet such need;

"(2) provides for the use of such methods of administration (including methods relating to the establishment and maintenance of personnel standards on a merit basis, except that the Commissioner shall exercise no authority with respect to the selection, tenure of office, or compensation of an individual employed in accordance with such methods) as are necessary for the proper and efficient administration of the plan;

"(3) provides that the State agency will make such reports, in such form, and containing such information, as the Commissioner may from time to time require, and comply with such requirements as the Commissioner may impose to assure the correctness of such reports;

"(4) provides that the State agency will conduct periodic evaluations of activities and projects carried out under the State plan;

"(5) establishes objectives, consistent with the purposes of this title, toward which activities under the plan will be directed, identifies obstacles to the attainment of those objectives, and indicates how it proposes to overcome those obstacles;

"(6) provides that each area agency on aging designated pursuant to section 304(a)(2)(A) will develop and submit to the State agency for approval an area plan which complies with section 304(c);

"(7) provides for establishing or maintaining information and referral sources in sufficient numbers to assure that all older persons in the State who are not furnished adequate information and referral sources under section 304(c)(3) will have reasonably convenient access to such sources;

"(8) provides that no social service will be directly provided by the State agency or an area agency on aging, except where, in the judgment of the State agency, provision of such service by the State agency or an area agency on aging is necessary to assure an adequate supply of such service; and

"(9) provides that subject to the requirements of merit employment systems of State and local governments, preference shall be given to persons aged sixty or over for any staff positions (full time or part time) in State and area agencies for which such persons qualify.

May 3, 1973

- 13 -

Pub. Law 93-29

87 STAT., 42

"(b) The Commissioner shall approve any State plan which he finds fulfills the requirements of subsection (a) of this section.

"(c) The Commissioner shall not make a final determination dis-
 approving any State plan, or any modification thereof, or make a
 final determination that a State is ineligible under section 304, without
 first affording the State reasonable notice and opportunity for a
 hearing.

"(d) Whenever the Commissioner, after reasonable notice and
 opportunity for hearing to the State agency, finds that—

"(1) the State is not eligible under section 304,

"(2) the State plan has been so changed that it no longer com-
 plies with the provisions of subsection (a), or

"(3) in the administration of the plan there is a failure to
 comply substantially with any such provision of subsection (a),
 the Commissioner shall notify such State agency that no further pay-
 ments from its allotments under section 303 and section 306 will be
 made to the State (or, in his discretion, that further payments to the
 State will be limited to projects under or portions of the State plan
 not affected by such failure), until he is satisfied that there will no
 longer be any failure to comply. Until he is so satisfied, no further
 payments shall be made to such State from its allotments under sec-
 tion 303 and section 306 (or payments shall be limited to projects
 under or portions of the State plan not affected by such failure). The
 Commissioner shall, in accordance with regulations he shall prescribe,
 disburse the funds so withheld directly to any public or nonprofit
 private organization or agency or political subdivision of such State
 submitting an approved plan in accordance with the provisions of
 section 304 and section 306. Any such payment or payments shall be
 matched in the proportions specified in sections 303 and 306.

"(e) A State which is dissatisfied with a final action of the Com-
 missioner under subsection (b), (c), or (d) may appeal to the United
 States court of appeals for the circuit in which the State is located,
 by filing a petition with such court within sixty days after such final
 action. A copy of the petition shall be forthwith transmitted by the
 clerk of the court to the Commissioner, or any officer designated by
 him for that purpose. The Commissioner thereupon shall file in the
 court the record of the proceedings on which he based his action, as
 provided in section 2112 of title 28, United States Code. Upon the
 filing of such petition, the court shall have jurisdiction to affirm the
 action of the Commissioner or to set it aside, in whole or in part,
 temporarily or permanently, but until the filing of the record, the
 Commissioner may modify or set aside his order. The findings of the
 Commissioner as to the facts, if supported by substantial evidence,
 shall be conclusive, but the court, for good cause shown, may remand
 the case to the Commissioner to take further evidence, and the Com-
 missioner may thereupon make new or modified findings of fact and
 may modify his previous action, and shall file in the court the record
 of the further proceedings. Such new or modified findings of fact
 shall likewise be conclusive if supported by substantial evidence. The
 judgment of the court affirming or setting aside, in whole or in part,
 any action of the Commissioner shall be final, subject to review by
 the Supreme Court of the United States upon certiorari or certifica-
 tion as provided in section 1254 of title 28, United States Code. The
 commencement of proceedings under this subsection shall not, unless
 so specifically ordered by the court, operate as a stay of the Commis-
 sioners' action.

Hearing.

Appeal.

72 Stat. 941;
 80 Stat. 1323.

62 Stat. 928.

"PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE
PLANS

"SEC. 306. (a) (1) Amounts appropriated as authorized by section 303 may be used to make grants to States for paying such percentages as each State agency determines, but not more than 75 per centum, of the cost of the administration of its State plan, including the preparation of the State plan, the evaluation of activities carried out under such plan, the collection of data and the carrying out of analyses related to the need for social services within the State, the dissemination of information so obtained, the provision of short-term training to personnel of public or nonprofit private agencies and organizations engaged in the operation of programs authorized by this Act, and the carrying out of demonstration projects of statewide significance relating to the initiation, expansion, or improvement of social service.

"(2) Any sums allotted to a State under this section for covering part of the cost of the administration of its State plan which the State determines is not needed for such purpose may be used by such State to supplement the amount available under section 303(e) (1) to cover part of the cost of the administration of area plans.

"(3) Any State which has designated a single planning and service area pursuant to section 304(a) (1) (E) covering all, or substantially all, of the older persons in such State, as determined by the Commissioner, may elect to pay part of the costs of the administration of State and area plans either out of sums allotted under this section or out of sums made available for the administration of area plans pursuant to section 303(e) (1), but shall not pay such costs out of sums allotted under both such sections.

Allotment.

"(b) (1) From the sums appropriated for any fiscal year under section 303 for carrying out the purposes of this section, each State shall be allotted an amount which bears the same ratio to such sum as the population aged sixty or over in such State bears to the population aged sixty or over in all States, except that (A) no State shall be allotted less than one-half of 1 per centum of the sum appropriated for the fiscal year for which the determination is made, or \$160,000, whichever is greater, and (B) Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands shall each be allotted no less than one-fourth of 1 per centum of the sum appropriated for the fiscal year for which the determination is made, or \$50,000, whichever is greater. For the purpose of the exception contained in clause (A) of this paragraph, the term 'State' does not include Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands.

"(2) The number of persons aged sixty or over in any State and in all States shall be determined by the Commissioner on the basis of the most recent satisfactory data available to him.

Reallotment.

"(c) The amounts of any State's allotment under subsection (b) for any fiscal year which the Commissioner determines will not be required for that year shall be reallotted, from time to time and on such dates during such year as the Commissioner may fix, to other States in proportion to the original allotments to such States under subsection (b) for that year, but with such proportionate amount for any of such other States being reduced to the extent it exceeds the sum the Commissioner estimates such State needs and will be able to use for such year; and the total of such reductions shall be similarly reallotted among the States whose proportionate amounts were not so reduced. Such reallotments shall be made on the basis of the State plan so approved, after taking into consideration the population aged

May 3, 1973

- 15 -

Pub. Law 93-29

87 STAT. 44

sixty or over. Any amount reallocated to a State under this subsection during a year shall be deemed part of its allotment under subsection (b) for that year.

"(d) The allotment of a State under this section for the fiscal year ending June 30, 1973, shall remain available until the close of the following fiscal year.

"PAYMENTS

"SEC. 307. (a) Payments of grants or contracts under this title may be made (after necessary adjustments on account of previously made overpayments or underpayments) in advance or by way of reimbursement, and in such installments, as the Commissioner may determine. From a State's allotment for a fiscal year which is available pursuant to section 306 the Commissioner may pay to a State which does not have a State plan approved under section 305 such amounts as he deems appropriate for the purpose of assisting such State in developing a State plan. From a State's allotment for a fiscal year which is available pursuant to section 303, the Commissioner may, during the period ending one year after the date of enactment of the Older Americans Comprehensive Services Amendments, pay, in accordance with such regulations as he may prescribe, to a State which does not have a State plan approved under section 305, such amounts as he deems appropriate for the purpose of continuing Federal financial assistance for activities assisted under the plan of such State approved under section 303 of this Act prior to enactment of the Older Americans Comprehensive Services Amendments.

"(b) Beginning with the fiscal year ending June 30, 1975, not less than 25 per centum of the non-Federal share (pursuant to section 303(e)) of the total expenditures under the State plan shall be met from funds from State or local public sources. Matching funds.

"(c) A State's allotment under section 303 for a fiscal year shall be reduced by the percentage (if any) by which its expenditures for such year from State sources under its State plan approved under section 305 are less than its expenditures from such sources for the preceding fiscal year.

"MODEL PROJECTS

"SEC. 308. (a) The Commissioner may, after consultation with the State agency, make grants to any public or nonprofit private agency or organization or contracts with any agency or organization within such State for paying part or all of the cost of developing or operating statewide, regional, metropolitan area, county, city, or community model projects which will expand or improve social services or otherwise promote the well-being of older persons. In making grants and contracts under this section, the Commissioner shall give special consideration to projects designed to— Grants.

"(1) assist in meeting the special housing needs of older persons by (A) providing financial assistance to such persons, who own their own homes, necessary to enable them to make the repairs and renovations to their homes which are necessary for them to meet minimum standards, (B) studying and demonstrating methods of adapting existing housing, or construction of new housing, to meet the needs of older persons suffering from physical disabilities, and (C) demonstrating alternative methods of relieving older persons of the burden of real property taxes on their homes; Housing.

"(2) provide continuing education to older persons designed to enable them to lead more productive lives by broadening the educational, cultural, or social awareness of such older persons, Continuing education.

87 STAT. 45

Preretirement
services.

emphasizing, where possible, free tuition arrangements with colleges and universities;

"(3) provide preretirement education, information, and relevant services (including the training of personnel to carry out such programs and the conducting of research with respect to the development and operation of such programs) to persons planning retirement; or

Physically or
mentally impaired
persons.

"(4) provide services to assist in meeting the particular needs of the physically and mentally impaired older persons including special transportation and escort services, homemaker, home health and shopping services, reader services, letter writing services, and other services designed to assist such individuals in leading a more independent life.

Appropriations.

"(b) For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for the fiscal year ending June 30, 1973, the fiscal year ending June 30, 1974, and the fiscal year ending June 30, 1975."

TITLE IV—TRAINING AND RESEARCH

79 Stat. 224;
83 Stat. 111.
42 USC 3031,
3041.

SEC. 401. The Older Americans Act of 1965 is amended by striking out titles IV and V and by inserting immediately after title III the following new title:

"TITLE IV—TRAINING AND RESEARCH

"PART A—TRAINING

"STATEMENT OF PURPOSE

"SEC. 401. The purpose of this part is to improve the quality of service and to help meet critical shortages of adequately trained personnel for programs in the field of aging by (1) developing information on the actual needs for personnel to work in the field of aging, both present and long range; (2) providing a broad range of quality training and retraining opportunities, responsive to changing needs of programs in the field of aging; (3) attracting a greater number of qualified persons into the field of aging; and (4) helping to make personnel training programs more responsive to the need for trained personnel in the field of aging.

"APPRAISING PERSONNEL NEEDS IN THE FIELD OF AGING

Agency coopera-
tion.

"SEC. 402. (a) The Commissioner shall from time to time appraise the Nation's existing and future personnel needs in the field of aging, at all levels and in all types of programs, and the adequacy of the Nation's efforts to meet these needs. In developing information relating to personnel needs in the field of aging, the Commissioner shall consult with, and make maximum utilization of statistical and other related information of the Department of Labor, the Veterans' Administration, the Office of Education, Federal Council on the Aging, the National Foundation on the Arts and Humanities, State educational agencies, other State and local public agencies and offices dealing with problems of the aging, State employment security agencies, and other appropriate public and private agencies.

Report.

"(b) The Commissioner shall prepare and publish annually as a part of the annual report provided in section 208 a report on the professions dealing with the problems of the aging, in which he shall present in detail his view on the state of such professions and the

May 3, 1973

- 17 -

Pub. Law 93-29

87 STAT. 46

trends which he discerns with respect to the future complexion of programs for the aging throughout the Nation and the funds and the needs for well-educated personnel to staff such programs. The report shall indicate the Commissioner's plans concerning the allocation of Federal assistance under this title in relation to the plans and programs of other Federal agencies.

"ATTRACTING QUALIFIED PERSONS TO THE FIELD OF AGING

"SEC. 403. The Commissioner may make grants to State agencies referred to in section 304. State or local educational agencies, institutions of higher education, or other public or nonprofit private agencies, organizations, or institutions, and he may enter into contracts with any agency, institution, or organization for the purpose of—

"(1) publicizing available opportunities for careers in the field of aging;

"(2) encouraging qualified persons to enter or reenter the field of aging;

"(3) encouraging artists, craftsmen, artisans, scientists, and persons from other professions and vocations and homemakers, to undertake assignments on a part-time basis or for temporary periods in the field of aging; or

"(4) preparing and disseminating materials, including audio-visual materials and printed materials, for use in recruitment and training of persons employed or preparing for employment in carrying out programs related to the purposes of this Act.

"TRAINING PROGRAMS FOR PERSONNEL IN THE FIELD OF AGING

"SEC. 404. (a) The Commissioner may make grants to any public or nonprofit private agency, organization, or institution or with State agencies referred to in section 304, or contracts with any agency, organization, or institution, to assist them in training persons who are employed or preparing for employment in fields related to the purposes of this Act—

"(1) to assist in covering the cost of courses of training or study (including short-term or regular session institutes and other inservice and preservice training programs),

"(2) for establishing and maintaining fellowships to train persons to be supervisors or trainers of persons employed or preparing for employment in fields related to the purposes of this Act,

"(3) for seminars, conferences, symposiums, and workshops in the field of aging, including the conduct of conferences and other meetings for the purposes of facilitating exchange of information and stimulating new approaches with respect to activities related to the purposes of this Act,

"(4) for the improvement of programs for preparing personnel for careers in the field of aging, including design, development, and evaluation of exemplary training programs, introduction of high quality and more effective curricula and curricula materials, and

"(5) the provision of increased opportunities for practical experience.

"(b) The Commissioner may include in the terms of any contract or grant under this part provisions authorizing the payment, to persons participating in training programs supported under this part, of such stipends (including allowances for subsistence and other expenses for such persons and their dependents) as he determines to be consistent with prevailing practices under comparable federally supported pro-

grams. Where the Commissioner provides for the use of funds under this section for fellowships, he shall (in addition to stipends for the recipients) pay to colleges or universities in which the fellowship is being pursued such amounts as the Commissioner shall determine to be consistent with prevailing practices under comparable federally supported programs.

"PART B—RESEARCH AND DEVELOPMENT PROJECTS

"DESCRIPTION OF ACTIVITIES

Grants.

"SEC. 411. The Commissioner may make grants to any public or nonprofit private agency, organization, or institution and contracts with any agency, organization, or institution or with any individual for the purpose of—

"(1) studying current patterns and conditions of living of older persons and identifying factors which are beneficial or detrimental to the wholesome and meaningful living of such persons;

"(2) developing or demonstrating new approaches, techniques, and methods (including the use of multipurpose centers) which hold promise of substantial contribution toward wholesome and meaningful living for older persons;

"(3) developing or demonstrating approaches, methods, and techniques for achieving or improving coordination of community services for older persons;

"(4) evaluating these approaches, techniques, and methods, as well as others which may assist older persons to enjoy wholesome and meaningful lives and to continue to contribute to the strength and welfare of our Nation;

"(5) collecting and disseminating, through publications and other appropriate means, information concerning research findings, demonstration results, and other materials developed in connection with activities assisted under this part; or

"(6) conducting conferences and other meetings for the purposes of facilitating exchange of information and stimulating new approaches with respect to activities related to the purposes of this part.

"SPECIAL STUDY AND DEMONSTRATION PROJECTS ON THE TRANSPORTATION PROBLEMS OF OLDER AMERICANS

"SEC. 412. (a) The Commissioner shall, after consultation with the Secretary of Transportation and the Secretary of Housing and Urban Development, conduct a comprehensive study and survey of the transportation problems of older Americans with emphasis upon solutions that are practicable and can be implemented in a timely fashion. In conducting the study and survey, the Commissioner shall consider—

"(1) the use of all community transportation facilities, particularly public transportation systems, the possible use of school buses, and excess Department of Defense vehicles; and

"(2) the need for revised and improved procedures for obtaining motor vehicle insurance by older Americans to be implemented for use in a coordinated transportation system.

"(b) In connection with the study required by subsection (a), the Commissioner, in coordination with the Secretary of Transportation and the Secretary of Housing and Urban Development, shall conduct research and demonstration projects, either directly or by grants or

May 3, 1973

- 19 -

Pub. Law 93-29

87 STAT. 48

contracts with public or private nonprofit agencies and organizations, in order to—

“(1) demonstrate possible solutions of economic and service aspect of furnishing adequate transportation to older persons in rural and urban areas including transportation services furnished by social service agencies;

“(2) demonstrate improvement of transportation services available to older persons with emphasis on (A) establishing special transportation subsystems for older persons or similar groups with similar mobility restrictions, (B) providing portal-to-portal service and demand actuated services, (C) making payments directly to older persons to enable them to obtain reasonable and necessary transportation services;

“(3) demonstrate improved coordination between transportation systems and social service delivery systems; and

“(4) demonstrate innovative solutions for other special transportation problems confronting older Americans.

“(c) At least half of the projects authorized under subsection (b) of this section shall be conducted in States that are predominantly rural in character.

“(d) Not later than January 1, 1975, the Commissioner shall prepare and transmit to the Secretary, to the President, and to the Congress, a report on his findings and recommendations, including a plan for implementation of improved transportation services for older Americans and recommendations for additional legislation, administrative and other measures to provide solutions to the transportation problems of older Americans not later than January 1, 1975, as he deems advisable.

“(e) In carrying out the study and survey, and the demonstration and research projects under this section, the Commissioner is authorized to—

“(1) procure temporary or intermittent services of experts and consultants in accordance with section 3109 of title 5, United States Code, and

“(2) secure directly from any executive department, bureau, agency, board, commission, office, independent establishment or instrumentality information, suggestions, estimates, and statistics for the purpose of this section; and each such department, bureau, agency, board, commission, office, independent establishment or instrumentality is authorized and directed, to the extent permitted by law, to furnish such information, suggestions, estimates, and statistics directly to the Commissioner upon request made by him.

Report to Secretary of Transportation, President, and Congress.

Experts and consultants.
80 Stat. 416.

Agency cooperation.

“PART C—MULTIDISCIPLINARY CENTERS OF GERONTOLOGY

“SEC. 421. The Commissioner may make grants to public and private nonprofit agencies, organizations, and institutions for the purpose of establishing or supporting multidisciplinary centers of gerontology. A grant may be made under this section only if the application therefor—

“(1) provides satisfactory assurance that the applicant will expend the full amount of the grant to establish or support a multidisciplinary center of gerontology which shall—

“(A) recruit and train personnel at the professional and subprofessional levels,

“(B) conduct basic and applied research on work, leisure, and education of older people, living arrangements of older

Grants.

people, social services for older people, the economics of aging, and other related areas,

"(C) provide consultation to public and voluntary organizations with respect to the needs of older people and in planning and developing services for them,

"(D) serve as a repository of information and knowledge with respect to the areas for which it conducts basic and applied research,

"(E) stimulate the incorporation of information on aging into the teaching of biological, behavioral, and social sciences at colleges or universities,

"(F) help to develop training programs on aging in schools of social work, public health, health care administration, education, and in other such schools at colleges and universities, and

"(G) create opportunities for innovative, multidisciplinary efforts in teaching, research, and demonstration projects with respect to aging;

"(2) provides for such fiscal control and fund accounting procedures as may be necessary to assure proper disbursement of and accounting for funds paid to the applicant under this section; and

"(3) provides for making such reports, in such form and containing such information, as the Commissioner may require to carry out his functions under this section, and for keeping such records and for affording such access thereto as the Commissioner may find necessary to assure the correctness and verification of such reports.

"PART D—AUTHORIZATION OF APPROPRIATIONS

"AUTHORIZATION

"SEC. 431. There are authorized to be appropriated for the purposes of carrying out this title such sums as may be necessary for the fiscal year ending June 30, 1973, the fiscal year ending June 30, 1974, and the fiscal year ending June 30, 1975.

"PAYMENTS OF GRANTS

"SEC. 432. (a) To the extent he deems it appropriate, the Commissioner shall require the recipient of any grant or contract under this title to contribute money, facilities, or services for carrying out the project for which such grant or contract was made.

Advance
payments.

"(b) Payments under this part pursuant to a grant or contract may be made (after necessary adjustment, in the case of grants, on account of previously made overpayments or underpayments) in advance or by way of reimbursement, and in such installments and on such conditions, as the Commissioner may determine.

"(c) The Commissioner shall make no grant or contract under this title in any State which has established or designated a State agency for purposes of title III of this Act unless the Commissioner has consulted with such State agency regarding such grant or contract."

TITLE V—MULTIPURPOSE SENIOR CENTERS

SEC. 501. The Older Americans Act of 1965 is further amended by inserting immediately after title IV the following new title:

May 3, 1973

- 21 -

Pub. Law 93-29

87 STAT. 50

"TITLE V—MULTIPURPOSE SENIOR CENTERS

"PART A—ACQUISITION, ALTERATION, OR RENOVATION OF MULTIPURPOSE SENIOR CENTERS

"GRANTS AUTHORIZED

"SEC. 501. (a) In order to provide a focal point in communities for the development and delivery of social services and nutritional services designed primarily for older persons, the Commissioner may make grants to units of general purpose local government or other public or nonprofit private agencies or organizations and may make contracts with any agency or organization to pay not to exceed 75 per centum of the cost of acquiring, altering, or renovating existing facilities to serve as multipurpose senior centers (including the initial equipment of such facilities). Facilities assisted by grants or contracts under this part shall be in close proximity to the majority of individuals eligible to use the multipurpose senior center, and within walking distance where possible.

Grants.

"(b) The total payments made pursuant to grants or contracts under this section in any State for any fiscal year shall not exceed 10 per centum of the total amount appropriated for the year for the purposes of carrying out this part.

"(c) The term 'multipurpose senior center' means a community facility for the organization and provision of a broad spectrum of services (including provision of health, social, and educational services and provision of facilities for recreational activities) for older persons.

"Multipurpose senior center."

"REQUIREMENTS FOR APPROVAL OF APPLICATIONS

"SEC. 502. (a) A grant or contract for purchase under this part may be made only if the application therefor is approved by the Commissioner upon his determination that—

"(1) the application contains or is supported by reasonable assurances that (A) for not less than ten years after purchase, the facility will be used for the purposes for which it is to be purchased, (B) sufficient funds will be available to meet the non-Federal share of the cost of purchase of the facility, (C) sufficient funds will be available, when purchase is completed, for effective use of the facility for the purpose for which it is being purchased, and (D) the facility will not be used and is not intended to be used for sectarian instruction or as a place for religious worship;

"(2) the application contains or is supported by reasonable assurances that there are no existing facilities in the community suitable for leasing as a multipurpose senior center;

"(3) the plans and specifications are in accordance with regulations relating to minimum standards of construction and equipment (promulgated with particular emphasis on securing compliance with the requirements of the Architectural Barriers Act of 1968 (Public Law 90-480)); and

"(4) the application contains or is supported by adequate assurance that any laborer or mechanic employed by any contractors or subcontractors in the performance of work on the facility will be paid wages at rates not less than those prevailing for similar work in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act, as amended (40 U.S.C. 276a-276a5). The Secretary of Labor shall have, with respect to the labor standards specified in this paragraph, the authority and functions set forth in Reorganization Plan Numbered 14 of 1950

82 Stat. 718.
42 USC 4151.

49 Stat. 1011.

63 Stat. 108.

(15 F.R. 3176; 64 Stat. 1267), and section 2 of the Act of June 13, 1934, as amended (40 U.S.C. 276c).

"(b) In making grants or contracts under this part, the Commissioner shall—

Ante, p. 36.

"(1) give preference to the acquisition of multipurpose senior centers in areas where there is being developed a comprehensive and coordinated system under title III of this Act; and

"(2) consult with the Secretary of Housing and Urban Development with respect to the technical adequacy of any proposed alteration or renovation.

"PAYMENTS

"SEC. 503. Upon approval of any application for a grant or contract under this part, the Commissioner shall reserve, from any appropriation available therefor, the amount of such grant or contract. The amount so reserved may be paid in advance or by way of reimbursement, and in such installments consistent with progress in alteration or renovation, as the Commissioner may determine. The Commissioner's reservation of any amount under this section may be amended by him, either upon approval of an amendment of the application or upon revision of the estimated cost of altering or renovating the facility.

"RECAPTURE OF PAYMENTS

"SEC. 504. If, within ten years after purchase of any facility for which funds have been paid under this part—

"(a) the owner of the facility ceases to be a public or nonprofit private agency or organization, or

"(b) the facility ceases to be used for the purposes for which it was purchased (unless the Commissioner determines, in accordance with regulations, that there is good cause for releasing the applicant or other owner from the obligation to do so), the United States shall be entitled to recover from the applicant or other owner of the facility an amount which bears to the then value of the facility (or so much thereof as constituted an approved project or projects) the same ratio as the amount of such Federal funds bore to the cost of the facility financed with the aid of such funds. Such value shall be determined by agreement of the parties or by action brought in the United States district court for the district in which such facility is situated.

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 505. (a) There are authorized to be appropriated for the purpose of making grants or contracts under section 501, such sums as may be necessary for the fiscal year ending June 30, 1973, the fiscal year ending June 30, 1974, and the fiscal year ending June 30, 1975.

"(b) Sums appropriated for any fiscal year under subsection (a) of this section and remaining unobligated at the end of such year shall remain available for such purpose for the next fiscal year.

"MORTGAGE INSURANCE FOR MULTIPURPOSE SENIOR CENTERS

"SEC. 506. (a) It is the purpose of this section to assist and encourage the provision of urgently needed facilities for programs for the elderly.

May 3, 1973

- 23 -

Pub. Law 93-29

87 STAT. 52

"(b) For the purpose of this part the terms 'mortgage', 'mortgagor', 'mortgagee', 'maturity date', and 'State' shall have the meanings respectively set forth in section 207 of the National Housing Act.

12 USC 1713.

"(c) The Secretary of Health, Education, and Welfare is authorized to insure any mortgage (including advances on such mortgage during acquisition, alteration, or renovation) in accordance with the provisions of this section upon such terms and conditions as he may prescribe and make commitments for insurance of such mortgage prior to the date of its execution or disbursement thereon.

"(d) In order to carry out the purpose of this section, the Secretary is authorized to insure any mortgage which covers a new multipurpose senior center, including equipment to be used in its operation, subject to the following conditions:

"(1) The mortgage shall be executed by a mortgagor, approved by the Secretary, who demonstrates ability successfully to operate one or more programs for the elderly. The Secretary may in his discretion require any such mortgagor to be regulated or restricted as to minimum charges and methods of financing, and, in addition thereto, if the mortgagor is a corporate entity, as to capital structure and rate of return. As an aid to the regulation or restriction of any mortgagor with respect to any of the foregoing matters, the Secretary may make such contracts with and acquire for not to exceed \$100 such stock interest in such mortgagor as he may deem necessary. Any stock or interest so purchased shall be paid for out of the Multipurpose Senior Center Insurance Fund, and shall be redeemed by the mortgagor at par upon the termination of all obligations of the Secretary under the insurance.

"(2) The mortgage shall involve a principal obligation in an Limitation. amount not to exceed \$250,000 and not to exceed 90 per centum of the estimated replacement cost of the property or project, including equipment to be used in the operation of the multipurpose senior center, when the proposed improvements are completed and the equipment is installed.

"(3) The mortgage shall—

"(A) provide for complete amortization by periodic payments within such term as the Secretary shall prescribe, and

"(B) bear interest (exclusive of premium charges for insurance and service charges, if any) at not to exceed such per centum per annum on the principal obligation outstanding at any time as the Secretary finds necessary to meet the mortgage market.

"(4) The Secretary shall not insure any mortgage under this section unless he has determined that the center to be covered by the mortgage will be in compliance with minimum standards to be prescribed by the Secretary.

"(5) In the plans for such Multipurpose Senior Center, due consideration shall be given to excellence of architecture and design, and to the inclusion of works of art (not representing more than 1 per centum of the cost of the project).

"(e) The Secretary shall fix and collect premium charges for the insurance of mortgages under this section which shall be payable annually in advance by the mortgagee, either in cash or in debentures of the Multipurpose Senior Center Insurance Fund (established by subsection (h)) issued at par plus accrued interest. In the case of any mortgage such charge shall be not less than an amount equivalent to one-fourth of 1 per centum per annum nor more than an amount equivalent to 1 per centum per annum of the amount of the principal obligation of the mortgage outstanding at any one time, without taking into account delinquent payments or prepayments. In addition to the

premium charge herein provided for, the Secretary is authorized to charge and collect such amounts as he may deem reasonable for the appraisal of a property or project during acquisition, alteration, or renovation; but such charges for appraisal and inspection shall not aggregate more than 1 per centum of the original principal face amount of the mortgage.

"(f) The Secretary may consent to the release of a part or parts of the mortgaged property or project from the lien of any mortgage insured under this section upon such terms and conditions as he may prescribe.

"(g) (1) The Secretary shall have the same functions, powers, and duties (insofar as applicable) with respect to the insurance of mortgages under this section as the Secretary of Housing and Urban Development has with respect to the insurance of mortgages under title II of the National Housing Act.

12 USC 1707.
12 USC 1713.

"(2) The provisions of subsections (e), (g), (h), (i), (j), (k), (l), and (n) of section 207 of the National Housing Act shall apply to mortgages insured under this section; except that, for the purposes of their application with respect to such mortgages, all references in such provisions to the General Insurance Fund shall be deemed to refer to the Multipurpose Senior Center Insurance Fund, and all references in such provisions to 'Secretary' shall be deemed to refer to the Secretary of Health, Education, and Welfare.

Multipurpose
Senior Center
Insurance
Fund, estab-
lishment.

"(h) (1) There is hereby created a Multipurpose Senior Center Insurance Fund which shall be used by the Secretary as a revolving fund for carrying out all the insurance provisions of this section. All mortgages insured under this section shall be insured under and be the obligation of the Multipurpose Senior Center Insurance Fund.

"(2) The general expenses of the operations of the Department of Health, Education, and Welfare relating to mortgages insured under this section may be charged to the Multipurpose Senior Center Insurance Fund.

"(3) Moneys in the Multipurpose Senior Center Insurance Fund not needed for the current operations of the Department of Health, Education, and Welfare with respect to mortgages insured under this section shall be deposited with the Treasurer of the United States to the credit of such fund, or invested in bonds or other obligations of, or in bonds or other obligations guaranteed as to principal and interest by, the United States. The Secretary may, with the approval of the Secretary of the Treasury, purchase in the open market debentures issued as obligations of the Multipurpose Senior Center Insurance Fund. Such purchases shall be made at a price which will provide an investment yield of not less than the yield obtainable from other investments authorized by this section. Debentures so purchased shall be canceled and not reissued.

"(4) Premium charges, adjusted premium charges, and appraisal and other fees received on account of the insurance of any mortgage under this section, the receipts derived from property covered by such mortgages and from any claims, debts, contracts, property, and security assigned to the Secretary in connection therewith, and all earnings as the assets of the fund, shall be credited to the Multipurpose Senior Center Insurance Fund. The principal of, and interest paid and to be paid on, debentures which are the obligation of such fund, cash insurance payments and adjustments, and expenses incurred in the handling, management, renovation, and disposal of properties acquired, in connection with mortgages insured under this section, shall be charged to such fund.

May 3, 1973

- 25 -

Pub. Law 93-29 87 STAT. 54

"(5) There are authorized to be appropriated to provide initial capital for the Multipurpose Senior Center Insurance Fund, and to assure the soundness of such fund thereafter, such sums as may be necessary. Appropriation.

"ANNUAL INTEREST GRANTS

"SEC. 507. (a) To assist nonprofit private agencies to reduce the cost of borrowing from other sources for the acquisition, alteration or renovation of facilities, the Secretary may make annual interest grants to such agencies.

"(b) Annual interest grants under this section with respect to any facility shall be made over a fixed period not exceeding forty years, and provision for such grants shall be embodied in a contract guaranteeing their payment over such period. Each such grant shall be in an amount not greater than the difference between (1) the average annual debt service which would be required to be paid, during the life of the loan, on the amount borrowed from other sources for the acquisition, alteration or renovation or such facilities, and (2) the average annual debt service which the institution would have been required to pay, during the life of the loan, with respect to such amounts if the applicable interest rate were 3 per centum per annum: *Provided*, That the amount on which such grant is based shall be approved by the Secretary.

"(c)(1) There are hereby authorized to be appropriated to the Secretary such sums as may be necessary for payment of annual interest grants in accordance with this section. Appropriation.

"(2) Contracts for annual interest grants under this section shall not be entered into in an aggregate amount greater than is authorized in appropriation Acts.

"(d) Not more than 12½ per centum of the funds provided for in this section for grants may be used within any one State.

"PART B—INITIAL STAFFING OF MULTIPURPOSE SENIOR CENTERS

"PERSONNEL STAFFING GRANT PROGRAM AUTHORIZED

"SEC. 511. (a) For the purpose of assisting in the establishment and initial operation of multipurpose senior centers the Commissioner may, in accordance with the provisions of this part, make grants to meet, for the temporary periods specified in this part, all or part of the costs of compensation of professional and technical personnel for the initial operation of new multipurpose senior centers and for the delivery of social services established therein. Grants.

"(b) Grants for such costs of any center under this title may be made only for the period beginning with the first day of the first month for which such grant is made and ending with the close of three years after such first day. Such grants with respect to any center may not exceed 75 per centum of such costs for the first year of the project, 66⅔ per centum of such costs for the second year of the project, and 50 per centum of such costs for the third year of the project.

"(c) In making such grants, the Secretary shall take into account the relative needs of the several States for community centers for senior citizens, their relative financial needs, and their population of persons over sixty years of age.

"(d) For the purpose of this part, there are authorized to be appropriated such sums as may be necessary for the fiscal year ending June 30, 1973, and for each of the next two succeeding fiscal years. Appropriation.

TITLE VI—NATIONAL OLDER AMERICANS VOLUNTEER PROGRAM

83 Stat. 111.
42 USC 3044.

SEC. 601. Section 601 of the Older Americans Act of 1965 is amended by adding at the end thereof the following new subsection:

"(d) Notwithstanding any other provision of law, no compensation provided to individual volunteers under this part shall be considered income for any purpose whatsoever."

42 USC 3044a.

SEC. 602. Section 603 of the Older Americans Act of 1965 is amended by inserting immediately before the period at the end thereof the following: "and \$15,000,000 for the fiscal year ending June 30, 1973, \$17,500,000 for the fiscal year ending June 30, 1974, and \$20,000,000 for the fiscal year ending June 30, 1975".

SEC. 603. (a) The heading of part B of title VI of the Older Americans Act of 1965 is amended to read as follows:

"FOSTER GRANDPARENT PROGRAM AND OLDER AMERICANS COMMUNITY SERVICE PROGRAMS".

86 Stat. 705.
42 USC 3044b.
Grants.

(b) Section 611 of such Act is amended to read as follows:

"SEC. 611. (a) The Commissioner is authorized to make grants to or contracts with public and nonprofit private agencies and organizations to pay part or all of the cost of development and operation of projects designed to provide opportunities for low-income persons aged sixty or over to render supportive person-to-person services in health, education, welfare, and related settings to children having exceptional needs, including services as 'Foster Grandparents' to children receiving care in hospitals, homes for dependent and neglected children, or other establishments providing care for children with special needs.

"(b) The Commissioner is also authorized to make grants or contracts to carry out the purposes described in subsection (a) in the case of persons (other than children) having exceptional needs, including services as 'senior health aides' to work with persons receiving home health care and nursing care, and as 'senior companions' to persons having developmental disabilities.

Advance pay-
ments.

"(c) Payments under this part pursuant to a grant or contract may be made (after necessary adjustment on account of previously made overpayments or underpayments) in advance or by way of reimbursement, in such installments and on such conditions as the Commissioner may determine.

"(d) Notwithstanding any other provision of law, no compensation provided to individual volunteers under this part shall be considered income for any purpose whatsoever."

Interagency
cooperation.
83 Stat. 113.
42 USC 3044d.

(c) The first sentence of section 613 of such Act is amended to read as follows:

"In administering this part, the Commissioner shall consult with the Office of Economic Opportunity, the Departments of Labor and Health, Education, and Welfare and any other Federal agencies administering relevant programs with a view to achieving optimal coordination with such other programs and shall promote the coordination of projects under this part with other public or private programs or projects carried out at State and local levels."

Appropriations.
42 USC 3044e.

SEC. 604. Section 614 of the Older Americans Act is amended to read as follows:

"SEC. 614. (a) (1) There are authorized to be appropriated for grants or contracts under subsections (a) and (b) of section 611, \$25,000,000 for the fiscal year ending June 30, 1973, \$32,500,000 for the fiscal year

May 3, 1973

- 27 -

Pub. Law 93-29

87 STAT. 56

ending June 30, 1974, and \$40,000,000 for the fiscal year ending June 30, 1975, respectively, of which (A) \$25,000,000 for the fiscal year ending June 30, 1973, \$26,500,000 for the fiscal year ending June 30, 1974, and \$32,000,000 for the fiscal year ending June 30, 1975, respectively, shall be available for such years for grants or contracts under subsection (a) of section 611, and (B) \$6,000,000 for the fiscal year ending June 30, 1974, and \$8,000,000 for the fiscal year ending June 30, 1975, respectively, shall be available for such years for grants or contracts under subsection (b) of such section.

"(2) If the sums authorized to be appropriated under paragraph (1) of this subsection for fiscal years beginning after June 30, 1973, are not appropriated and made available for each such fiscal year, then such sums as are so appropriated and made available for each such fiscal year shall be allocated so that—

"(A) any amounts appropriated not in excess of a sum which when added to carryover balances otherwise available for obligation under subsection (a) of section 611 equals \$25,000,000 shall be used for grants or contracts under such subsection; and

"(B) any amounts appropriated in excess of a sum which when added to carryover balances otherwise available for obligation under subsection (a) of section 611 equals \$31,000,000 for the fiscal year ending June 30, 1974, and \$33,000,000 for the fiscal year ending June 30, 1975, respectively, shall be used for grants or contracts for such fiscal years under subsection (a) of such section."

SEC. 605. The authorities conferred upon the Commissioner of the Administration on Aging by the amendments made in this title shall be carried out pursuant to delegations of authority, reorganization plans, and transfers made effective prior to the date of enactment of this Act with respect to authorities conferred upon the Secretary of the Department of Health, Education, and Welfare under title VI of the Older Americans Act of 1965, as amended.

TITLE VII—NUTRITION PROGRAM

AVAILABILITY OF SURPLUS COMMODITIES

SEC. 701. Section 707 of the Older Americans Act of 1965 is amended to read as follows: 86 Stat. 94.
42 USC 3045f.

"AVAILABILITY OF SURPLUS COMMODITIES

"SEC. 707. (a) Agricultural commodities and products purchased by the Secretary of Agriculture under section 32 of the Act of August 24, 1935 (7 U.S.C. 612c) may be donated to a recipient of a grant or contract to be used for providing nutritional services in accordance with the provisions of this title. 49 Stat. 774.

"(b) The Commodity Credit Corporation may dispose of food commodities under section 416 of the Agricultural Act of 1949 (7 U.S.C. 1431) by donating them to a recipient of a grant or contract to be used for providing nutritional services in accordance with the provisions of this title. 68 Stat. 458;
86 Stat. 1492.

"(c) Dairy products purchased by the Secretary of Agriculture under section 709 of the Food and Agriculture Act of 1965 (7 U.S.C. 1446a-1) may be used to meet the requirements of programs providing nutritional services in accordance with the provisions of this title." 79 Stat. 1212;
80 Stat. 1538.

SEC. 702. Section 705(a) of the Older Americans Act of 1965 is amended by adding at the end thereof the following new paragraph: 86 Stat. 91.
42 USC 3045d.

"(5) provide that, when mutually agreed upon by recipients

Ante, p. 36.

of grants and contracts and area planning and service areas agencies, nutrition projects assisted under this title shall be made a part of the comprehensive and coordinated systems established under title III of this Act."

STATE PLANNING

SEC. 703. Section 705(a)(2)(B) of the Older Americans Act of 1965 is amended by inserting "for the fiscal year ending June 30, 1973," following "administrative cost,"; by striking out "any fiscal year" in this section and substituting in lieu thereof "such fiscal year"; and by adding at the end of the first sentence thereof the following sentence: "For the fiscal years ending after June 30, 1973, funds allotted to a State for State planning and administration pursuant to section 306 of this Act may be used for the administration of the State plan submitted pursuant to this section, except that wherever the governor of the State designates an agency other than the agency designated under section 304(a)(1) of this Act, then the Commissioner shall determine that portion of a State's allotment under section 306 which shall be available to the agency designated under section 705(a)(1) for planning and administration."

CONFORMING AMENDMENT

SEC. 704. (a) The first sentence of section 705(a) of the Older Americans Act of 1965 is amended by striking out "303" the first time it appears in such sentence and inserting in lieu thereof "304" and by striking out "303" the second time it appears in such sentence and inserting in lieu thereof, "305".

(b) Section 705(a)(1) of the Older Americans Act of 1965 is amended by striking out "303" and inserting in lieu thereof "304".

(c) Title VII of the Older Americans Act of 1965 is amended by striking out "Secretary" wherever in such title the term refers to the Secretary of Health, Education, and Welfare, and inserting in lieu thereof "Commissioner".

TITLE VIII—AMENDMENTS TO OTHER ACTS

AMENDMENT TO LIBRARY SERVICES AND CONSTRUCTION ACT

70 Stat. 293;
84 Stat. 1660.

SEC. 801. (a) The Library Services and Construction Act (20 U.S.C. 351 et seq.) is amended by adding at the end thereof the following new title:

"TITLE IV—OLDER READERS SERVICES

"GRANTS TO STATES FOR OLDER READERS SERVICES

"Sec. 401. The Commissioner shall carry out a program of making grants to States which have an approved basic State plan under section 6 and have submitted a long-range program and an annual program under section 403 for library services for older persons.

"USES OF FEDERAL FUNDS

"Sec. 402. (a) Funds appropriated pursuant to paragraph (4) of section 4(a) shall be available for grants to States from allotments under section 5(a) for the purpose of carrying out the Federal share of the cost of carrying out State plans submitted and approved under section 403. Such grants shall be used for (1) the training of librarians

May 3, 1973

- 29 -

Pub. Law 93-29 87 STAT. 58

to work with the elderly; (2) the conduct of special library programs for the elderly; (3) the purchase of special library materials for use by the elderly; (4) the payment of salaries for elderly persons who wish to work in libraries as assistants on programs for the elderly; (5) the provision of in-home visits by librarians and other library personnel to the elderly; (6) the establishment of outreach programs to notify the elderly of library services available to them; and (7) the furnishing of transportation to enable the elderly to have access to library services.

"(b) For the purposes of this title, the Federal share shall be 100 Federal share. per centum of the cost of carrying out the State plan.

"STATE ANNUAL PROGRAM FOR LIBRARY SERVICES FOR THE ELDERLY

"SEC. 403. Any State desiring to receive a grant from its allotment for the purposes of this title for any fiscal year shall, in addition to having submitted, and having had approved, a basic State plan under section 6, submit for that fiscal year an annual program for library services for older persons. Such program shall be submitted at such time, in such form, and contain such information as the Commissioner may require by regulation and shall—

"(1) set forth a program for the year submitted under which funds paid to the State from appropriations pursuant to paragraph (4) of section 4(a) will be used, consistent with its long-range program for the purposes set forth in section 402, and

"(2) include an extension of the long-range program taking into consideration the results of evaluations.

"COORDINATION WITH PROGRAMS FOR OLDER AMERICANS

"SEC. 404. In carrying out the program authorized by this title, the Commissioner shall consult with the Commissioner of the Administration on Aging and the Director of ACTION for the purpose of coordinating where practicable, the programs assisted under this title with the programs assisted under the Older Americans Act of 1965."

(b) Section 4(a) of the Library Services and Construction Act is amended by adding at the end thereof the following new paragraph:

"(4) For the purpose of making grants to States to enable them to carry out public library service programs for older persons authorized by title IV, there are authorized to be appropriated such sums as may be necessary for the fiscal year ending June 30, 1973, the fiscal year ending June 30, 1974, the fiscal year ending June 30, 1975, and the fiscal year ending June 30, 1976." Appropriation. 84 Stat. 1662. 20 USC 351b.

(c) (1) Section 5(a) (1) of such Act is amended by striking out "or (3)" and inserting in lieu thereof "(3), or (4)". Allotments. 20 USC 351c.

(2) Section 5(a) (2) of such Act is amended by striking out "or (3)" and inserting in lieu thereof "(3), or (4)".

(3) Section 5(a) of such Act is amended by striking out the word "and" at the end of such paragraph (B) thereof, by striking out the period at the end of subparagraph (C) and inserting in lieu thereof a semicolon and the word "and", and by inserting after subparagraph (C) thereof the following:

"(D) with respect to appropriations for the purposes of title IV, \$40,000 for each State, except that it shall be \$10,000 in the case of Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands." Arte, p. 55.

(4) The last sentence of section 5(a) (3) of such Act is amended by striking out "or (3)" and inserting in lieu thereof "(3), or (4)". 84 Stat. 1662. 20 USC 351c.

84 Stat. 1663.
20 USC 351d.
20 USC 351e.

(5) Section 5(b) of such Act is amended by striking out "or (3)" and inserting in lieu thereof "(3), or (4)".

(c) Section 6(a) of such Act is amended by striking out "and III" and inserting in lieu thereof "III and IV".

(d) (1) Section 7(a) of such Act is amended by striking out "or (3)" and inserting in lieu thereof "(3), or (4)".

(2) Section 7(b) (1) of such Act is amended by inserting "and title IV" after "title III".

Effective
date.

(e) The amendments made by subsections (a), (b), and (c) of this section shall be effective after June 30, 1973.

AMENDMENT TO NATIONAL COMMISSION ON LIBRARIES AND INFORMATION SCIENCE ACT

84 Stat. 441.
20 USC 1504.

SEC. 802. (a) Section 5(a)(2) of the National Commission on Libraries and Information Science Act is amended by striking out "and" after "areas" and inserting a comma in lieu thereof, and by inserting after "deprived persons," the following: "and of elderly persons,".

(b) The second sentence of section 6(a) (20 U.S.C. 1505(a)) of such Act is amended by inserting before the period at the end thereof the following: "and at least one other of whom shall be knowledgeable with respect to the library and information service and science needs of the elderly".

AMENDMENT TO HIGHER EDUCATION ACT OF 1965

86 Stat. 236.
20 USC 1009-
1011.

SEC. 803. Title I of the Higher Education Act of 1965 is amended by redesignating sections 110, 111, and 112 (and cross references thereto) as 111, 112, and 113, respectively, and by inserting after section 109 the following new section:

"SPECIAL PROGRAMS AND PROJECTS RELATING TO PROBLEMS OF THE ELDERLY

"SEC. 110. (a) The Commissioner is authorized to make grants to institutions of higher education (and combinations thereof) to assist such institutions in planning, developing, and carrying out, consistent with the purpose of this title, programs specifically designed to apply the resources of higher education to the problems of the elderly, particularly with regard to transportation and housing problems of elderly persons living in rural and isolated areas.

Appropriation.

"(b) For purposes of making grants under this section, there are authorized to be appropriated such sums as may be necessary for the fiscal year ending June 30, 1973, and each succeeding fiscal year ending prior to July 1, 1977.

Ante, p. 30.

"(c) In carrying out the program authorized by this section, the Commissioner shall consult with the Commissioner of the Administration on Aging for the purpose of coordinating, where practicable, the programs assisted under this section with the programs assisted under the Older Americans Act of 1965."

AMENDMENT TO ADULT EDUCATION ACT

84 Stat. 163.
20 USC 1209-
1211.

SEC. 804. (a) The Adult Education Act (20 U.S.C. 1201 et seq.) is amended by redesignating sections 310, 311, and 312 (and cross references thereto) as sections 311, 312, and 313, respectively, and by inserting after section 309 the following new section:

May 3, 1973

- 31 -

Pub. Law 93-29

87 STAT. 60

"SPECIAL PROJECTS FOR THE ELDERLY"

"SEC. 310. (a) The Commissioner is authorized to make grants to State and local educational agencies or other public or private non-profit agencies for programs to further the purpose of this Act by providing educational programs for elderly persons whose ability to speak and read the English language is limited and who live in an area with a culture different than their own. Such programs shall be designed to equip such elderly persons to deal successfully with the practical problems in their everyday life, including the making of purchases, meeting their transportation and housing needs, and complying with governmental requirements such as those for obtaining citizenship, public assistance and social security benefits, and housing. Grants.

"(b) For the purpose of making grants under this section there are authorized to be appropriated such sums as may be necessary for the fiscal year ending June 30, 1973, and each succeeding fiscal year ending prior to July 1, 1975. Appropriation.

"(c) In carrying out the program authorized by this section, the Commissioner shall consult with the Commissioner of the Administration on Aging for the purpose of coordinating, where practicable, the programs assisted under this section with the programs assisted under the Older Americans Act of 1965."

(b) Section 313(a) of such Act, as redesignated, is amended by inserting before the period at the end thereof the following: "(other than section 310)". Ante, p. 30.

ADDITIONAL AUTHORIZATION FOR SENIOR OPPORTUNITIES AND SERVICES

SEC. 805. In addition to the amounts authorized to be appropriated and allocated pursuant to the Economic Opportunity Amendments of 1972, there is further authorized to be appropriated such sums as may be necessary for the fiscal year ending June 30, 1973, and the succeeding fiscal year, to be used for the Senior Opportunities and Services program described in section 222(a)(7) of the Economic Opportunity Act of 1964. 86 Stat. 688. 42 USC 2701 note.

81 Stat. 698;
82 Stat. 1019.
42 USC 2809.

TITLE IX—COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

SHORT TITLE

SEC. 901. This title may be cited as the "Older American Community Service Employment Act". Citation of title.

OLDER AMERICAN COMMUNITY SERVICE EMPLOYMENT PROGRAM

SEC. 902. (a) In order to foster and promote useful part-time work opportunities in community service activities for unemployed low-income persons who are fifty-five years old or older and who have poor employment prospects, the Secretary of Labor (hereinafter referred to as the "Secretary") is authorized to establish an older American community service employment program (hereinafter referred to as the "program").

(b) In order to carry out the provisions of this title, the Secretary is authorized—

(1) to enter into agreements with public or private nonprofit agencies or organizations, agencies of a State government or a political subdivision of a State (having elected or duly appointed governing officials), or a combination of such political subdivisions, or Indian tribes on Federal or State reservations in

order to further the purposes and goals of the program. Such agreements may include provisions for the payment of costs, as provided in subsection (c), of projects developed by such organizations and agencies in cooperation with the Secretary in order to make the program effective or to supplement it. No payments shall be made by the Secretary toward the cost of any project established or administered by any such organization or agency unless he determines that such project—

(A) will provide employment only for eligible individuals, except for necessary technical, administrative, and supervisory personnel, but such personnel shall, to the fullest extent possible, be recruited from among eligible individuals;

(B) will provide employment for eligible individuals in the community in which such individuals reside, or in nearby communities;

(C) will employ eligible individuals in services related to publicly owned and operated facilities and projects, or projects sponsored by organizations exempt from taxation under the provisions of section 501(c)(3) of the Internal Revenue Code of 1954 (other than political parties), except projects involving the construction, operation, or maintenance of any facility used or to be used as a place for sectarian religious instruction or worship;

(D) will contribute to the general welfare of the community;

(E) will provide employment for eligible individuals whose opportunities for other suitable public or private paid employment are poor;

(F) will result in an increase in employment opportunities for eligible individuals, and will not result in the displacement of employed workers or impair existing contracts;

(G) will utilize methods of recruitment and selection (including, but not limited to, listing of job vacancies with the employment agency operated by any State or political subdivision thereof) which will assure that the maximum number of eligible individuals will have an opportunity to participate in the project;

(H) will include such training as may be necessary to make the most effective use of the skills and talents of those individuals who are participating, and will provide for the payment of the reasonable expenses of individuals being trained, including a reasonable subsistence allowance;

(I) will assure that safe and healthy conditions of work will be provided, and will assure that persons employed in public service jobs assisted under this title shall be paid wages which shall not be lower than whichever is the highest of (i) the minimum wage which would be applicable to the employee under the Fair Labor Standards Act of 1938, if section 6(a)(1) of such Act applied to the participant and if he were not exempt under section 13 thereof, (ii) the State or local minimum wage for the most nearly comparable covered employment, or (iii) the prevailing rates of pay for persons employed in similar public occupations by the same employer;

(J) will be established or administered with the advice of persons competent in the field of service in which employment is being provided, and of persons who are knowledgeable with regard to the needs of older persons;

(K) will authorize pay for necessary transportation costs of eligible individuals which may be incurred in employment

68A Stat. 163.
26 USC 501.

52 Stat. 1060.
29 USC 201.
80 Stat. 838.
29 Stat. 206.
29 Stat. 213.

May 3, 1973

- 33 -

Pub. Law 93-29

87 STAT. 62

in any project funded under this title in accordance with regulations promulgated by the Secretary; and

(L) will assure that to the extent feasible such projects will serve the needs of minority, Indian, and limited English-speaking eligible individuals in proportion to their numbers in the State;

(2) to make, issue, and amend such regulations as may be necessary to effectively carry out the provisions of this title. Regulations.

(c)(1) The Secretary is authorized to pay not to exceed 90 per centum of the cost of any project which is the subject of an agreement entered into under subsection (b), except that the Secretary is authorized to pay all of the costs of any such project which is (A) an emergency or disaster project or (B) a project located in an economically depressed area as determined in consultation with the Secretary of Commerce and the Director of the Office of Economic Opportunity. Costs.

(2) The non-Federal share shall be in cash or in kind. In determining the amount of the non-Federal share, the Secretary is authorized to attribute fair market value to services and facilities contributed from non-Federal sources. Non-Federal share.

ADMINISTRATION

Sec. 903. (a) In order to effectively carry out the purposes of this title, the Secretary is authorized to consult with agencies of States and their political subdivisions with regard to—

(1) the localities in which community service projects of the type authorized by this title are most needed;

(2) consideration of the employment situation and the types of skills possessed by available local individuals who are eligible to participate; and

(3) potential projects and the number and percentage of eligible individuals in the local population.

(b)(1) The Secretary is authorized and directed to require agencies and organizations administering community service projects and other activities assisted under this title to coordinate their projects and activities with agencies and organizations conducting related manpower and unemployment programs receiving assistance under this Act and under other authorities such as the Economic Opportunity Act of 1964, the Manpower Development and Training Act of 1962, and the Emergency Employment Act of 1971. In carrying out the provisions of this paragraph, the Secretary is authorized to make necessary arrangements to include projects and activities assisted under this title within a common agreement and a common application with projects assisted under this Act and other provisions of law such as the Economic Opportunity Act of 1964, the Manpower Development and Training Act of 1962, the Emergency Employment Act of 1971. Agency cooperation. 78 Stat. 508. 76 Stat. 23. 42 USC 2701 note, 2571 note. 85 Stat. 146. 42 USC 4871 note.

(2) The Secretary is authorized to make whatever arrangements that are necessary to carry out the programs assisted under this title as part of any general manpower legislation hereafter enacted, except that appropriations for programs assisted under this title may not be expended for programs assisted under that title.

(c) In carrying out the provisions of this title, the Secretary is authorized to use, with their consent, the services, equipment, personnel, and facilities of Federal and other agencies with or without reimbursement, and on a similar basis to cooperate with other public and private agencies, and instrumentalities in the use of services, equipment, and facilities.

(d) The Secretary shall establish criteria designed to assure equitable participation in the administration of community service proj- Criteria.

Advance
payments.

ects by agencies and organizations eligible for payment under section 902(b).

(e) Payments under this title may be made in advance or by way of reimbursement and in such installments as the Secretary may determine.

(f) The Secretary shall not delegate his functions and duties under this title to any other department or agency of Government.

PARTICIPANTS NOT FEDERAL EMPLOYEES

80 Stat. 407.
5 USC 2101.

SEC. 904. (a) Eligible individuals who are employed in any project funded under this title shall not be considered to be Federal employees as a result of such employment and shall not be subject to the provisions of part III of title 5, United States Code.

(b) No contract shall be entered into under this title with a contractor who is, or whose employees are, under State law, exempted from operation of the State workmen's compensation law, generally applicable to employees, unless the contractor shall undertake to provide either through insurance by a recognized carrier, or by self insurance, as allowed by State law, that the persons employed under the contract, shall enjoy workmen's compensation coverage equal to that provided by law for covered employment. The Secretary must establish standards for severance benefits, in lieu of unemployment insurance coverage, for eligible individuals who have participated in qualifying programs and who have become unemployed.

Standards.

INTERAGENCY COOPERATION

SEC. 905. The Secretary shall consult and cooperate with the Office of Economic Opportunity, the Administration on Aging, the Department of Health, Education, and Welfare, and any other related Federal agency administering related programs, with a view to achieving optimal coordination with such other programs and shall promote the coordination of projects under this title with other public and private programs or projects of a similar nature. Such Federal agencies shall cooperate with the Secretary in disseminating information about the availability of assistance under this title and in promoting the identification and interests of individuals eligible for employment in projects funded under this title.

EQUITABLE DISTRIBUTION OF ASSISTANCE

"State."

87 STAT. 63
87 STAT. 64

SEC. 906. (a)(1) From the sums appropriated for any fiscal year under section 908 there shall be initially allotted for projects within each State an amount which bears the same ratio to such sum as the population, aged fifty-five or over in such State bears to the population aged fifty-five or over in all States, except that (A) no State shall be allotted less than one-half of 1 per centum of the sum appropriated for the fiscal year for which the determination is made; and (B) Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands shall each be allotted an amount equal to one-fourth of 1 per centum of the sum appropriated for the fiscal year for which the determination is made. For the purpose of the exception contained in this paragraph, the term "State" does not include Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands.

(2) The number of persons aged fifty-five or over in any State and for all States shall be determined by the Secretary on the basis of the most satisfactory data available to him.

(b) The amount allotted for projects within any State under sub-

May 3, 1973

- 35 -

Pub. Law 93-29

87 STAT. 64

section (a) for any fiscal year which the Secretary determines will not be required for that year shall be reallocated, from time to time and on such dates during such year as the Secretary may fix, to projects within other States in proportion to the original allotments to projects within such States under subsection (a) for that year, but with such proportionate amount for any of such other States being reduced to the extent it exceeds the sum the Secretary estimates that projects within such State need and will be able to use for such year; and the total of such reductions shall be similarly reallocated among the States whose proportionate amounts were not so reduced. Any amount reallocated to a State under this subsection during a year shall be deemed part of its allotment under subsection (a) for that year.

(c) The amount apportioned for projects within each State under subsection (a) shall be apportioned among areas within each such State in an equitable manner, taking into consideration the proportion which eligible persons in each such area bears to such total number of such persons, respectively, in that State.

DEFINITIONS

SEC. 907. As used in this title—

(a) "State" means any of the several States of the United States, the District of Columbia, Puerto Rico, the Virgin Islands, American Samoa, Guam, and the Trust Territory of the Pacific Islands;

(b) "eligible individual" means an individual who is fifty-five years old or older, who has a low income, and who has or would have difficulty in securing employment, except that pursuant to regulations prescribed by the Secretary any such individual who is sixty years old or older shall have priority for the work opportunities provided for under this Act;

(c) "community service" means social, health, welfare, educational, library, recreational, and other similar services; conservation, maintenance or restoration of natural resources; community betterment or beautification; antipollution and environmental quality efforts; economic development; and such other services which are essential and necessary to the community as the Secretary, by regulation, may prescribe.

AUTHORIZATION OF APPROPRIATIONS

SEC. 908. There are hereby authorized to be appropriated \$60,000,000 for the fiscal year ending June 30, 1973, and \$100,000,000 for fiscal year ending June 30, 1974, to carry out the provisions of this title.

Approved May 3, 1973.

(over)

Pub. Law 93-29

- 36 -

May 3, 1973

LEGISLATIVE HISTORY:

HOUSE REPORT No. 93-43 accompanying H. R. 71 (Comm. on Education and Labor).

SENATE REPORT No. 93-19 (Comm. on Labor and Public Welfare).

CONGRESSIONAL RECORD, Vol. 119 (1973):

Feb. 20, considered and passed Senate.

Mar. 13, considered and passed House, amended, in lieu of H. R. 71.

Apr. 18, Senate concurred in House amendment with an amendment; House concurred in Senate amendment.

WEEKLY COMPILATION OF PRESIDENTIAL DOCUMENTS, Vol. 9, No. 18:

May 4, Presidential statement.

Senator BEALL. Public Law 93-29 constitutes a major departure from the preceding approach to State and community programs on aging. Under this legislation, the Administration on Aging is actively encouraging State and local aging agencies to develop a coordinated system of service delivery. The objective of this approach is to improve the delivery of services to senior citizens, to make other Federal, State, local and private resources available to senior citizens, and maximize efforts to avoid the premature institutionalization of older people.

Under the provisions of title III of the act, most of the States are called upon to establish area agencies on aging. The area agencies must establish a comprehensive and coordinated system for the delivery of social services within the area they encompass. In addition, the area agency on aging is required to maintain an information and referral system which will help to bring together senior citizens and the existing services in each community.

The maintenance of the aged in the community project, the "MAC" program as it is called, which was founded in 1972 as an areawide model project, is of special interest to the subcommittee, because it has been in existence for such a relatively long period of time—relative of course to the others which have been recently established.

Most of the area agencies on aging have been funded within the last year, and it is extremely difficult for the Congress to adequately evaluate the validity of a concept whose implementation has been so recent. The initial success of the areawide model projects, such as MAC, helped to shape title III of the Older American's Comprehensive Services Act of 1973.

The information we obtain today will make a significant contribution to shaping the legislation which will be pending before the 94th Congress early next year.

We have designed today's hearings so as to place maximum attention on the way the area agency on aging concept is operating on the four lower Eastern Shore counties in Maryland.

Our witnesses today will give us a perspective of the maintenance of the aged in the community project from the Federal level, from the State level, from the county level, and most importantly, we will have the views of those who participate as beneficiaries and recipients of its many services.

Our first witness as we open these hearings will be Mr. John A. Price. Mr. Price is the Program Director on Aging for Region III, the Administration on Aging, Department of Health, Education, and Welfare, Office of Human Development, Philadelphia.

Mr. Price, we welcome you here to the lower Eastern Shore of Maryland. We are always glad to have people from other parts of the world here to see what a fine community this is, and we are particularly happy to have you here today because of your responsibility for the administration of these programs from the Federal level, in HEW.

STATEMENT OF JOHN A. PRICE, JR., PROGRAM DIRECTOR ON AGING FOR REGION III, ADMINISTRATION ON AGING, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, OFFICE OF HUMAN DEVELOPMENT, PHILADELPHIA, PA.

Mr. PRICE. Thank you.

Mister Chairman, members of the staff, citizens, my name, as indicated, is John A. Price, Jr. I am the Regional Program Director on Aging for Region III of HEW.

The office for region III is located in Philadelphia and is responsible for aging services under the Older American's Act in the States of Pennsylvania, Maryland, West Virginia, Virginia, District of Columbia, and Delaware.

I appreciate your invitation to testify concerning title III of the Older American's Act, with special emphasis on the area agency approach.

The State of Maryland's application for areawide model projects for the counties of Wicomico, Dorchester, Worcester, and Somerset, was approved December 23, 1971, to begin February 1, 1972. It has been supported out of areawide model funds, or model funds, in the amount of a \$26,000 planning grant, from February to June of 1972, and the first operational year grant was \$261,000 for 1972-73. The second year operational grant was \$281,500; the third year operation was \$112,000, or a total of \$681,533, from areawide model or model grants, that came from the Administration on Aging.

During the third year the project is being phased into the State aging agency strategy, and additional Federal support has been provided by the Maryland Commission on Aging, through their allotments.

The rules and regulations published by AOA on June 29, 1971, concerning the areawide model project program, was that this program was to determine, in geographic areas of high priority, the needs of the elderly citizens, to satisfy these needs on a priority basis, and to change these conditions which either directly or indirectly prove significant barriers to those older persons who desire to live independently in the community and to participate in a full and meaningful way of life in their community.

These regulations allowed the State the option of directly operating areawide model projects, and also the provision of direct services by the areawide model projects.

The 1973 Amendments to the Older American's Act incorporated the areawide strategy into the overall State plan, as already indicated, and required that the States designate planning and service areas throughout the State and select agencies in designated areas for planning, coordination, evaluation, and administering the service subcontracts which carry out the action plan for the area agency.

Therefore, projects started under the areawide model program, under the 1969 amendments, were expected to be phased into the State strategy in 1974.

States in region III have established planning and service areas, and area agencies. In the District of Columbia, there is one planning and service area and one area agency.

In the State of Delaware there is one planning and service area, and one area agency.

In each of those cases the whole jurisdiction is one area.

In the State of Maryland there are nine planning and service areas, with six of them having area agencies. In the State of Pennsylvania, there are 41 area agencies covering 41 planning and service areas.

In West Virginia there are 11 planning and service areas, 7 of which have area agencies.

Virginia has 22 planning and service areas, 8 of which have area agencies.

The area agencies in region III cover over 90 percent of the older Americans' population in our region. States in region III, though, developed a wide range of strategies for their area agencies.

Virginia and West Virginia used the A-95 planning and service districts; Pennsylvania has 28 county agencies and the balance are multicounty areas. Pennsylvania has plans to work toward an area agency in each of their 67 counties in the State.

States in region III determine their strategies for planning and service areas according to many factors, such as resources, strength of county governments, and the State's commitment and implementation of the A-95 planning agencies.

The following issues have evolved in the implementation of these area agencies during this past year, and are also reflected in the transition of the MAC project into the Maryland Area Agency strategy, and of the SEVAMP project in the State of Virginia—which was one of the original—similar to the MAC, areawide model project, into the strategy in the State of Virginia.

No. 1. To what extent do the requirements for the area Agency on Aging exceed their capacity?

There are 14 functions and responsibilities described in the model regulations for State and area planning. Many area agencies have two or three full-time employees; some report that they are overwhelmed by these requirements, especially in light of their resources.

No. 2. To what extent do area agencies need more latitude to provide direct services?

The experience expressed by many area agencies is that there is a dearth of public and private agencies that are capable and willing to provide needed services to older Americans.

No. 3. To what extent has the multicounty concept added an administrative lawyer which doesn't have direct access to local revenue?

County Commissioners in most counties in the State of Pennsylvania want an office of aging in their counties.

No. 4. Under what circumstances should an area agency contract out its planning?

No. 5. How much authority does the State need to effectively implement the title III program at the sub-state levels?

Some area agencies are reporting that State policies are too restrictive, while other area agencies are reporting that the State policies are inadequate.

No. 6. What happens to the State responsibility, authority and role when local planning and program decisions are decentralized to area agencies?

No. 7. Should a State be allowed to develop the capacity for state-wide information referral sources for planning and service areas, or should it be totally the responsibility and authority of the area agency?

No. 8. What is the responsibility and authority of the area agency for the nutrition programs under title VII of the Older American's Act?

No. 9. To what extent should the area agency plan for services under title VI of the Social Security Act, for Adult Social Services, as it is called?

No. 10. To what extent can title III funds be used to generate other services in poor and rural areas where there are weak or non-existent service agencies?

No. 11. How long should direct services be supported?

The Older American's Act of 1965 limited title III projects to 3 years. It was discovered by 1969 that few communities had the capacity to fully support the services that had been initiated.

The transition of the MAC project into the State strategies has been highlighted by some of these issues. Indeed, these issues need further consideration and study.

The testimony here will illustrate some of the problems encountered and some of the progress achieved in the transition of the MAC project from the area-wide model strategy into the State strategy.

Consumers, local officials, and area agencies need to respond to these questions and assist in the further development of title III to establish and improve services for older Americans.

I will be pleased to answer any questions I can. Thank you for the opportunity to present these statements at your hearing.

Senator BEALL. Thank you, Mr. Price, for your testimony. You talk about the financing of MAC as opposed to new area agencies.

What is the comparison in the level of funding, for example, between an area agency and MAC?

Mr. PRICE. The MAC program being one of the first 21 area-wide model projects in the United States, received substantial and larger sums of money; as I have indicated here, the grant in that case was about \$250,000 per model program for those 21 models per year.

The grants now issued to most area-wide models are determined by the individual States, but in many cases this does not exceed \$100,000 to \$125,000, so we are talking about area agencies with approximately half the amount of money available to them as was available in the original 21 area-wide model programs.

Senator BEALL. You mentioned that there are a lot of requirements imposed on the agencies that are cumbersome and difficult to handle and presumably require a sizable staff.

How much of a budget of the area agencies is devoted to staffing, as opposed to direct service delivery?

Mr. PRICE. This will vary a great deal according to the amount of money that goes into an area agency. Some States have determined that the staffing be limited. First of all, there are limitations to a degree; in many cases there are limitations of approximately 15 percent. But

area agencies have found that the limitation on staffing has realistically limited how many and how adequately those functions can be performed.

Now, they are all needed responsibilities and functions. I have no question about it, and I don't think anybody else questions those 14 responsibilities. But the question is perhaps phasing in selected priorities, moving from a priority type of arrangement of those 14 functions to doing something on them, but moving from, say information referral on into some of the others as they have the capacity and time to build the others.

Senator BEALL. As a rule of thumb, staffing generally takes about 15 percent of the allocation?

Mr. PRICE. Yes.

Senator BEALL. 15 percent?

Mr. PRICE. Yes.

Senator BEALL. Some local administrations have criticized the present structure on the ground that it doesn't give them enough flexibility. Now, you mentioned flexibility in your comments here.

Are you sympathetic to this criticism? Do you think it does, as a matter of fact, restrict flexibility of the State and local agencies in the delivery of services?

Mr. PRICE. This is the information I have been receiving. I am in full concurrence with the intention and what is written in the regulations, because it is built on the best wisdom available at that time, and built on the experience of the 21 area-wide model projects.

The questions I have been hearing, and the comments and issues I have been hearing from region III area agencies and State agencies indicate that there are kinds of problems that we perhaps did not consider in the original development of the regulations, and even the original development of the legislation, which indicates that there are conditions which do merit latitudes at the local and State level.

Senator BEALL. You asked a series of questions at the conclusion of your testimony, and they are the kind of questions for which we would like to have the answers. I won't ask you now, but I would ask you for the record, if you would prepare answers to these questions so that we might include them in the record and have the benefit of your thinking on these questions. I would ask that you submit to the committee at the earliest possible date answers to these questions that you have raised.

Mr. PRICE. I would be pleased to submit responses to these, citing the questions, a little bit of the background on each one, which would be helpful to the committee, and then perhaps some alternative solutions.

Senator BEALL. Finally, one of the major responsibilities of the Commissioner on Aging is the coordination of the various Federal, State, local and private resources for the benefit of the senior citizen. As the Commissioners' representative in region III, I am wondering how you go about coordinating the various programs, or what comments you have about coordinating programs, such as those offered by Social Security, Department of Transportation, and HUD, as well as the State, local, and private agencies?

Mr. PRICE. At the Federal level—regional level, because I am speaking for region III, we have a regional council task force on programs

for older Americans, which deals with certain select issues, but the Federal council is very supportive, and deals with the human service Federal agencies, including Department of Labor, Department of Transportation, Housing and Urban Development, and the other human service agencies.

We do work very closely in reviewing State plans, in developing policies, in developing training sessions, concerning housing, in cooperation with HUD, concerning employment in cooperation with the Department of Labor. We have conducted training sessions in cooperation with the Department of Labor, in cooperation with the vocational rehabilitation agencies, and in cooperation with the title VI Social Security Act, the adult social services.

We have worked in cooperation with each of these in conducting training sessions for State staffs, and for area agency staffs, and have this as an on-going strategy at the Federal level.

Senator BEALL. Thank you, Mr. Price. We appreciate your coming to Salisbury today to participate in this hearing, and we look forward to getting your further testimony.

Mr. PRICE. Thank you, Senator.

[Information supplied for the record follows:]



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
REGION III
3535 MARKET STREET
PHILADELPHIA, PENNSYLVANIA 19101

November 29, 1974

OFFICE OF THE
REGIONAL DIRECTOR

MAILING ADDRESS
P.O. BOX 13716
PHILADELPHIA,
PENNSYLVANIA 19101

Honorable J. Glenn Beall, Jr.
362 Russell Senate Office Building
Washington, D.C. 20510

Dear Senator Beall:

The hearing conducted in Salisbury produced the type of testimony from county commissioners, service agencies and consumers that I have been receiving throughout the Region during the past year.

The attached Region III Statement of Issues, Goals, Priorities and Objectives is being shared for your information. The first two issues expand on questions I raised in testimony at the hearing. An additional background and alternatives statement is being developed on other questions raised at the hearing not covered in the attached.

Sincerely yours,

John A. Price, Jr., ACSW
Regional Program Director
Aging Services
Office of Human Development

Attachment

REGION III AGING SERVICES
STATEMENT OF ISSUES, GOALS, PRIORITIES, AND OBJECTIVES

PREFACE

ISSUES

UNIT GOALS

PRIORITIES

RECOMMENDED OPS OBJECTIVES 1976

PREFACE

The Region III, Aging Services, recommends a continuity of the initiatives set forth in the FY 1975-1980 Plan with some variations as indicated in the appropriate parts in this report.

These recommendations are based on discussions with State Agencies, Area Agencies, consumers of direct services and observations during the past year. A systematic method of receiving consumer input is being planned which will include presentation of the current issues, goals, priorities, and objectives to each of the following levels of consumers for the Aging Program:

1. State Agencies, including the Advisory Committees.
2. Area Agencies.
3. Nutrition Projects.
4. Service Providers.
5. Consumers of Direct Services.

ISSUES

1. STATE AND AREA AGENCY'S REQUIREMENTS

Issue: Do States need more flexibility in the way Planning and Service Areas are established, Area Agencies on Aging created and operated?

Background: The newly created Area Agencies on Aging are struggling in a wide range of State and local governmental structures in an effort to achieve the functions and responsibilities as outlined in Regulations 903.66. There are 14 functions and responsibilities cited in these Regulations for Area Agencies on Aging. Most Area Agencies have two to four full-time employees and annual budgets of \$75,000 to \$150,000. The Area Agency strategy in the 1973 amendments was based on Areawide Models established under the 1969 Amendments to the Older Americans Act. The latter Models had an average annual budget of about \$250,000. Even with that level of funding the Models found it impossible to achieve all 14 functions outlined in the 1973 Regulations. A paper presented by B.J. Curry Spitler at the gerontological meeting in Portland, Oregon on October 31, 1974 on this strategy stated:

"The expectation that the AAAs, with minimal resources, will pool and mobilize resources at the local level, thereby establishing a truly comprehensive, coordinated service system, even though most of the existing service policies are established at the State and Federal levels, appears to be tantamount to a prescription for failure."

Some Area Agencies on Aging seem overwhelmed by the expectations and requirements, especially in light of the resources over which they have control.

There is considerable variation between States related to the implementation of A-95 strategy, strength of local governments, and availability of public and private resources. Effective implementation of Title III must be adapted to a complex set of variables in each State.

To what extent does the multi-jurisdictional Area Agency have direct access to local revenue and revenue sharing resources? Would county officials or city councilmen be more responsive to an Area Agency on Aging which is part of their system? Area Agencies covering multi-county areas must work with county officials in each county. In some cases the A-95 agencies have no authority to contract out funds for direct services. Some county commissioners feel that the multi-county Area Agency on Aging created an unnecessary and costly level of administration and would prefer to have the State Agency work directly with the county.

Alternatives:

1. Increase the options for State and Area Agencies to phase in the functions and responsibilities over an extended period of time.
2. Increase allotments for Area Agencies so that they could employ more staff and provide an increase in sub-contracts for services as needed.
3. Require that the State be more selective in the establishment of Area Agencies so that existing funds will not be divided among all parts of the State.
4. Require an additional non-Federal share for administrative functions of the Area Agencies.
5. Leave the responsibilities and functions as presently required.

2. INCREASE IN AREA AGENCY ON AGING AUTHORITY

Issue: Should the Area Agency on Aging be allowed more latitude for the provision of direct services and authority for Title VII of the Older Americans Act and Title VI Social Services (SSA) for the elderly?

Background: To effectively carry out the requirements for Area Agencies on Aging, the Nutrition Program and Social Services under Title VI of the Social Security Act must be coordinated at the local level. Title VI, Social Services, allows about the same type of services and are directed at almost the same target population. The Area Agency on Aging needs some influence over these other resources in order to "develop comprehensive and coordinated programs" mandated.

Many Area Agencies on Aging report a dearth of agencies willing and capable of providing services needed by older Americans. Current regulations allow the State Agency to grant specific approval to the Area Agency for the provision of direct services if it was already providing social services prior to its designation as an Area Agency or it can be clearly shown that the direct delivery of a service is necessary to assure an adequate supply of such services and that no other agency in the area can and will effectively deliver such services.

Some Area Agencies report the latter experience; therefore, they become involved in creating local agencies to provide services.

The provision of direct services does require considerable time and tends to take the focus away from the 14 functions as described in the regulations. However, most consumers are crying out for services, not planning and coordination. The greatest need expressed by many Area Agencies on Aging is for gap-filling services.

Alternatives:

1. Grant additional authority to Area Agencies on Aging for planning for Title VII (Older Americans Act) and Title VI, Social Services (Social Security Act).
2. Allow Area Agencies on Aging to provide direct services only as described in present regulations.
3. Allow Area Agencies on Aging greater latitude in the provision of direct services during the initial start-up period with a spin-off schedule required within a specified period of time.

3. Nutrition Assistance

Issue: How may states provide adequate nutrition technical assistance to projects and area agencies? What is adequate?

Background: The rules and regulations of the Nutrition Program for the Elderly, Section 909.18 a, b, require that "The State Plan must assure that there will be adequate numbers of qualified staff, including persons knowledgeable in nutrition or dietetic services and supporting social services.....to provide effective implementation of the program at the State level and to provide technical assistance to local projects in..... planning, nutrition, nutrition education, dietetics, food preparation and delivery, cost allocation, purchasing, general operations and evaluations.

"Persons knowledgeable in nutrition and dietetic services" are sparsely distributed in most states with the greatest number located in and around population centers. This leaves many local project areas with no resources for providing nutrition service.

Experience during the first year of operation has revealed that a quality nutrition program has not developed in states without state staff capacity. Local expertise does not appear to be available in many communities.

State agencies without the capacity to provide adequate management of the nutrition program on the State level, will weaken the quality of services provided for the elderly. One state interpreted "adequate" as one visit per year per project by a nutritionist.

Alternatives:

1. Maintain requirements in regulations that the State Agency employ staff at the State level in order to build the capacity in the State to effectively manage and further develop the nutrition program for older Americans.
2. Require that projects contract for their own T.A. for nutrition.
3. State Agencies contract with individual nutritionists or other State or Federal agencies for technical assistance.

4. Exploitation of Older Americans in Boarding Homes

Issue: Exploitation of Older Americans Residing in Unregulated Boarding Homes.

Background: In the absence of Federal/State standards governing the operation of room and board facilities, large numbers of elderly persons are subjected to the worst kind of human exploitation in unhealthy and unsafe living facilities. It has been estimated that the majority of elderly persons who lose their lives in fires do so in such facilities as opposed to the popular nursing home fire.

The aggressive efforts to return people to the community from mental and other similar institutions have created a great demand for these facilities, thereby aiding in the proliferation of many, which are unhealthy and unsafe. The traditional community service agency as a rule does not reach out in providing services to these people.

Initial findings indicate that older Americans Act Programs do not reach these hidden elderly. They frequently are the poorest and most needy living on SSI or/and Social Security payments. The operators of these boarding houses are frequently reluctant to have residents participate in community services. Sometimes there is fear that the local fire and safety standards will be enforced or that local authorities may become aware that the residence is not licensed.

The regulation and control of boarding homes is a massive and difficult undertaking. The number of such facilities already in existence is unknown. The cost factor alone appears almost insurmountable. However, piecemeal data presently available attest to the large number of these facilities in existence. A major problem lies in the standarization of the term itself. The board and care facility is being defined differently from state to state.

Alternatives:

- a. Federal law requiring specific standards to be met by boarding homes which house this vulnerable group who are receiving the regular Social Security Title II benefit or Supplement Security Income payments.
- b. Amendments to the present Federal law extending a level of maintenance care to boarding homes and making such facilities subject to Life Safety Code Requirements.

- c. State law regulating boarding homes
- d. Greater emphasis by Federal government to insure that Federally financed programs are actively offered to this segment of community.
- e. Federal program which would address housing and health needs of this group, thereby providing the group a choice.

5. The Impact of Inflation on Older Americans

Issue: How may the impact of inflation on Older Americans be reduced?

Background: Inflation attacks the economic security of all Americans, but the elderly feel the effect more severely than does any other segment of the population.

Older Americans spend a greater proportion of their budget on essential goods such as food, housing, transportation, fuel and health care, which have shown the highest rate of inflation than any other age group.

This is particularly true when one considers that a tight labor market and growing unemployment forces older persons into early retirement and discriminates against attempts to find even part-time employment to supplement a fixed income.

Information released in October, 1974, by The National Council on The Aging shows nearly 77% of elderly males and 91% of elderly females are not in the labor force. Their income is fixed social security and/or pension benefits combined with whatever savings they have been able to build over the years.

In 1973 the impact of higher prices on lower-income consumers was about one-third larger than on other consumers. For the elderly poor the situation was even more severe according to a report by the Joint Economic Committee of the Congress.

The Bureau of The Census reported in 1972 almost 5 million people over 60 years of age had incomes below the official poverty level. Increasingly, many others are falling below the poverty level as the cost of living soars. One out of every four individuals 65 and over lives in poverty as compared with one in nine for younger persons.

At a time when the cost of food and home heating fuel is escalating, the increase in public transit fares (when indeed public transportation exists) places yet another strain on the elderly's limited resources. At Senate Committee hearings, transportation emerged as the number one problem in programs designed for the elderly.

The impact of inflation on older people is forcefully presented in an AoA Staff Background Paper for the Economic Summit Conference, 1974, which is attached as Exhibit I.

These and other findings indicate that the impact of inflation needs to be addressed more fully as a major issue in both short-term and long-range planning for Aging Services.

It is obvious that any effort to improve the income level and lessen the impact of inflation for older persons must be addressed by a broad spectrum of agencies both within and outside of government.

However, AoA should maintain and strengthen its' lead role as a focus for such activities through cooperative planning and advocacy.

Moreover, Older Americans Act programs, whose purpose is to reduce dependency and promote opportunities for self-support and independent living for older adults, must be expanded to meet the increased need created by inflation.

There are many examples of innovative and significant demonstration projects in local communities which have improved transportation for the elderly; however, they have been scattered and fragmented demonstrations only. They need to be given permanence in their communities, replacated in other areas and built into a national policy on transportation.

The same holds true for efforts to improve and "winterize" homes of the elderly in order to conserve energy.

Alternatives:

1. Develop social services which will directly or indirectly reduce the flow of money out of the older American's limited resources.
2. Develop model programs to reduce inflation.
3. Require that States supplement SSI payments
4. Increase Social Security
5. Provide additional opportunities for employment

STATEMENT OF THE IMPACT OF
INFLATION ON OLDER PEOPLE

While inflation has had a serious impact on the standard of living of the total population, it has hit older people particularly hard, since they 1) are living on fixed incomes; 2) spend a greater proportion of their budget than does the general population on essential goods which have shown highest rates of inflation, such as food at home, shelter, household expenses, and medical care; and 3) are forced into early retirement as a result of inflation and growing unemployment, and are discriminated against by employers in their attempts to find even part-time employment after retirement.

These areas are discussed further in the material which follows.

I. Income of the older person is inadequate; benefit levels for retirement, pension, and income supplement programs are too low.

Over 3.5 million persons 65 and over (4.9 million persons 60 and over)---over 17% of the total population 65 and over---have incomes below the poverty level---\$2330 for a single person and \$2940 for a couple.

A. Social Security benefits have been raised more than 52% (cumulative) between 1970 and 1974, but, despite these increases, the average monthly benefits are below the poverty level for single retired workers and aged widows, and near the poverty level for older couples:

- \$181 month, or \$2172 a year for a typical retired worker;

- \$310, or \$3720 for a retired couple; and

- \$177, or \$2124, for an aged widow.

Under Social Security, individuals are allowed to earn up to \$2400 before benefits are withheld (\$1 for each \$2 of earnings), raising the potential income of older people to \$4572, \$6120, and \$4524, respectively. However, this is a potential earnings figure, which assumes that employment opportunities are available. In an inflationary period, where unemployment is high, the older worker has increasing difficulty obtaining even

part-time employment in an increasingly competitive labor market.

- B. Supplemental Security Income guarantees a minimum income floor for the low-income aged, blind, and disabled which is below the poverty level. Individuals receive a Federal payment which, when combined with any other income, guarantees \$146 a month, or \$1752 a year, to an individual, and \$219, or \$2728 a year, to a couple.

36 States make supplemental payments to at least individuals who had been receiving cash public assistance from the States before SSI was implemented, but in many cases their payments are also low.

The average Federal SSI payment is:

- \$74.54 for aged
- \$105.04 for blind
- \$106.05 for disabled

The average State supplement (36 States) is:

- \$68.12 for aged
- \$84.34 for blind
- \$73.41 for disabled

- C. Automatic cost-of-living escalators built into benefit and pension programs have been unsuccessful in minimizing the effect of inflation on older people.

- They are based on the Consumer Price Index (the CPI), which is not an accurate reflector of the amount of inflation which affects the older population.

- The increase in the cost of living for purposes of an escalator is determined annually, rather than semi-annually or quarterly, as is the case for cost-of-living adjustments for retired Federal employees. With high and extremely varying rates of inflation,

an annual determination with respect to inflation does not meet immediate needs for assistance.

- II. Older persons spend a greater proportion of their budget on food, shelter, household expenses, and medical care than does the general population; expenditure patterns within these categories are also different than those of the general population. These factors result in higher rates of inflation for older people than are experienced by the general population.

A. Health Care

-In 1973, individuals 65 and over had the largest per capita medical bill - \$1052, as opposed to \$384 for a person 19 to 64, and \$167 for a person under 19.

-Personal health care expenditures in Fiscal Year 1973 rose fastest for persons 65 or over - 11.6% compared with 7.6% and 9.9% for younger persons.

-Medicare met only 40% of the health bill of individuals 65 and over; average out-of-pocket payment rose \$7 for persons under 65 and was \$23 higher for persons 65 and older.

-Estimated per capita health care expenditures by the type of expenditure for three age groups in fiscal years 1971, 1972, and 1973 follow.

FISCAL YEAR 1971

Type of Expenditure	65 years and over	19-64	Under 19
Hospital Care	\$420.94	\$154.24	\$40.94
Physician's Services	154.27	73.04	47.88
Drugs and drug Sundries	87.56	37.92	19.74
Nursing Home Care	132.94	3.53	1.07

FISCAL YEAR 1972

Type of Expenditure	65 years and over	19-64	Under 19
Hospital Care	\$468.18	\$167.29	\$46.97
Physicians' Services	174.63	80.63	48.54
Drugs and drug sundries	91.66	40.12	21.31
Nursing Home Care	141.21	3.76	1.16

FISCAL YEAR 1973

Type of Expenditure	65 years and over	19-64	Under 19
Hospital Care	\$509.31	\$182.96	\$50.89
Physician's Services	186.14	85.94	53.22
Drugs and drug Sundries	97.27	42.35	23.15
Nursing Home Care	148.90	3.96	1.26

- B. Food costs have risen by 59% since 1967, including a 20% increase in cost of food in 1973.

-Expenditures for food are a larger proportion of the older person's budget than the general population; therefore, such high rates of inflation are particularly difficult for the elderly.

-The rising cost of staples - rice, bread, margarine, soybeans and other food supplements - has had a particularly serious effect on older people and other low-income individuals. Where they could once save by buying these commodities, savings are no longer possible.

-Older people often can not take advantage of "bargain shopping," discount houses, and suburban shops with lower food prices because they lack transportation.

- C. The spiraling cost of operation and repair and maintenance of housing, and increases in property taxes, have forced older people out of their homes, or significantly increased the percent of older people's income which is spent on housing.

-Housing costs, including rent and utilities and upkeep of homes, have risen by 44.9% since 1967, including 5% in 1973.

-Older people often live in older, substandard homes in need of repair, but the cost of repair and maintenance is prohibitive - it had risen by 30% between 1963 and 1969 and has risen even more than that since 1969.

-Property taxes have more than doubled in the last eight years, and older people, 70% of whom own their own homes, often can not afford to pay taxes and so must sell their property.

-Limited housing brought on by lack of money for construction has forced prices up, and has driven older people out of many urban neighborhoods, as have renovation and the move to condominiums rather than apartments.

III. Older people have been urged to retire early, often without adequate preparation; encounter mandatory retirement policies regardless of their financial circumstances; and are often unable to compete successfully with younger workers in an increasingly competitive labor market.

Essential statistics necessary are not immediately available.

6. INFORMATION AND REFERRAL

Issue: Should the State Agency be given greater latitude in the development or support of Information and Referral sources?

Background: Present regulations require that the Area Agency on Aging "will take such steps as are designed to achieve the establishment or maintenance of information and referral sources in sufficient numbers to assure that all older persons within the planning and service area covered by the plan will have reasonable convenient access to such sources by the end of fiscal year 1975."

The Area Agency on Aging is responsible for the Planning and Service Area and the State for Planning and Service Areas without Area Agencies.

Some State Human Resource Departments are attempting to develop generic human resource Information and Referral systems. Selected State Agencies on Aging are providing Information and Referral on a Statewide basis. Area Agencies usually see the Information and Referral responsibility as one of the basic functions to be carried out at the local level. It gives them an entree to service providers and aids in cooperative planning and coordination of resources at the local level.

Alternatives:

1. To leave the requirement as described in current regulations which makes the Area Agency the responsible authority for each Planning and Service Area and the State Agency responsible for areas not covered by Area Agencies.
2. Allow the State the option of participating in Statewide Aging systems with the cooperation of the Area Agencies on Aging.
3. Continue the requirements as outlined in present regulations, but give the State the authority to develop Statewide standards which would assure a consistency of Information and Referral programs throughout the State.

UNIT GOALS

GOALS

We recommend that the unit goals, as established in the FY 1975-1980 Forward Plans be continued but Goal #2 become Goal #1 and #1 become #2.

This strategy is recommended because States, Area Agencies and service providers need the Federal cooperation between agencies to effectively carry out the charge made to them related to development of comprehensive and coordinated programs.

Goal 1 - Increase the capacity of the Federal Sector to promote comprehensive coordinated services for older persons, through development of a national knowledge base on aging and inter-agency coordination of plans and programs which affect this segment of the population.

Goal 2 - Increase State and Area Agency capacity to develop and implement annual operational plans which identify service needs of the elderly, especially the low-income and minority; to identify available resources and prioritize needs for action; to establish action programs to coordinate existing services including Titles V and VII, and pool available but untapped resources; and to promote the development of access services such as I&R and transportation, and other social services defined in the Older Americans Act.

The reordering of the Federal goals for the elderly are based on consumer input.

PRIORITIES

PRIORITIES

A reordering of the Federal goals established in the FY 1975-1980 Forward Plans is recommended as follows:

1. Determination of an adequate income in retirement in accordance with the American standard of living.
2. The best possible physical, nutritional and mental health which science can make available and without regard to economic status.
3. Systems of efficient community services which provide social assistance in a comprehensive and coordinated manner and which are readily available when needed, including access to services through Information and Referral, transportation and outreach.
4. Suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.
5. Opportunity for employment with no discriminatory personnel practices because of age.
6. Full restorative services for those who require institutional care.
7. Opportunities for meaningful activity within the widest range of civic, cultural and recreational pursuits.

RECOMMENDED OPS OBJECTIVES

1976

1. COLLABORATIVE PLANNING

OPS: To expand the States and Area Aging Agencies capacity for collaborative planning with Federal counterpart agencies at State and sub-State levels.

Justification and Approach: The capacity of States and Area Agencies on Aging to effectively and adequately discharge their responsibilities for implementing the Title III program, can only be achieved through the establishment of strong, solid working relationships with service agencies at State and sub-State levels. The mandate of planning and coordination alone needs to be implemented through many varied mechanisms. The agreements developed and issued by Central Office may serve as a basis or framework for bringing together the agency staff in areas of health, social services, rehabilitation, education, housing, employment, transportation, and volunteers to plan together in a coordinated and collaborative manner. This will result in joint programming and cooperative use of resources for the target elderly population.

These specific collaborative actions will be necessary for State Aging Agencies and Area Agencies on Aging to develop the focal point role at each level.

2. NUTRITION PROGRAM

OPS: Expand and improve the Nutrition Program through cooperative support from USDA, Food and Nutrition Service; Title VI Social Services of the Social Security Act and stronger consumer involvement.

Justification and Approach: The major potential resources for expanding the program are in the Food and Nutrition Service of USDA and Title VI Social Services of the Social Security Act. Cooperative support is being demonstrated in some projects. Effective use of these resources could double the number of older Americans served by nutrition projects.

Stronger involvement by consumers could create interest and advocate groups to interpret the needs to local and State governments. Consumer involvement could improve the quality control of the Nutrition Program and more nearly meet the needs of participants.

Consumers vary in capability and levels of functioning in planning, advisory, or other volunteer functions. To develop and strengthen such capacities among various levels of consumers in planning activities, policy decisions and daily operations would strengthen the nutrition projects.

Emphasis on reasonable expectations and specific areas of influence, mechanism of communications and feedback and final management responsibilities should constitute the framework for orientation and training activities for consumers.

Cooperative planning between the Older Americans Act; Social Security Act, Title VI, Social Services; and the Food and Nutrition Service of USDA at the Federal level would enable States and nutrition projects to significantly expand nutrition services for older Americans.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
REGION III
3535 MARKET STREET
PHILADELPHIA, PENNSYLVANIA 19101

December 6, 1974

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OFFICE OF THE
REGIONAL DIRECTOR

MAILING ADDRESS
P.O. BOX 13716
PHILADELPHIA,
PENNSYLVANIA 19101

Honorable J. Glenn Beall, Jr.
362 Russell Senate Office Building
Washington, D. C. 20510

Dear Senator Beall:

The enclosed six issues expand on the questions raised at your Hearing by the Subcommittee on Aging in Salisbury, Maryland on November 13.

The 11 questions raised in the testimony presented at that Hearing have been covered in the six issue papers attached. This material includes the issues sent to you in Region III's Aging Services Statement of Issues, Goals, Priorities and Objectives on November 29.

The Subcommittee on Aging is commended for going to communities and seeking consumer input from local officials, agencies and older Americans. This type of testimony should be of significant assistance in preparing the 1975 Amendments for Title III of The Older Americans Act.

If I may be of further assistance, please contact me at (215)-597-6891/2.

Sincerely yours,

John A. Price, Jr.
John A. Price, Jr., ACSW
Regional Program Director
Aging Services
Office of Human Development

Enclosure

1. State Authority, Responsibility and Role

Issue: What kind of authority does the State need to effectively implement Title III at the substate level? What happens to the State's responsibility, authority and role when local planning and program decisions are decentralized to Area Agencies?

Background: States had indirect or direct authority over services through their approval of grants to local communities until the new AAA strategy was implemented last year. The role and responsibility of State Agencies changes significantly as it implements the area strategy.

State Agencies on Aging delegate to the Area Agencies on Aging the authority and responsibility for planning, coordination, evaluation and implementation of service programs through contracts at the local level. The AAA monitors local contracts and works with public and private agencies in aiding them to meet the needs of older Americans.

The State Agency on Aging approves and monitors the area plan. Their role becomes one of capacity building, monitoring and the provision of technical assistance to Area Agencies to most effectively implement and improve their plan.

Many State Agencies have found that the demands on their staff for project approval and monitoring in the past has not allowed the State Agency time to provide State leadership for older Americans. The decentralization of authority and responsibility to AAA's and the critical need for technical assistance to them highlights the necessity for the State Aging Agency to become the focal point, leader and very involved in inter-agency planning and programming for older people at the State level.

Some State Agencies have not been prepared for this change in role and responsibility.

Some Area Agencies report that State policies are too restrictive while others indicate that States do not have adequate State guides and policies to enable AAA's to carry out their responsibilities.

Alternatives:

1. Specify more specific ways for State Aging Agencies to become the focal point for older Americans.

2. Allocate a portion of the State administrative funds for cooperative planning with other agencies.
3. Assist States in the development of policies for Area Agencies.
4. Develop tools for States to use in providing technical assistance to Area Agencies.
5. Specify the policy issuances that States need to establish for Area Agencies.
6. Make no changes in the present law or regulations.

2. STATE AND AREA AGENCY'S REQUIREMENTS

Issue: Do States need more flexibility in the way Planning and Service Areas are established, Area Agencies on Aging created and operated?

Background: The newly created Area Agencies on Aging are struggling in a wide range of State and local governmental structures in an effort to achieve the functions and responsibilities as outlined in Regulations 903.66. There are 14 functions and responsibilities cited in these Regulations for Area Agencies on Aging. Most Area Agencies have two to four full-time employees and annual budgets of \$75,000 to \$150,000. The Area Agency strategy in the 1973 amendments was based on Areawide Models established under the 1969 Amendments to the Older Americans Act. The latter Models had an average annual budget of about \$250,000. Even with that level of funding the Models found it impossible to achieve all 14 functions outlined in the 1973 Regulations. A paper presented by B.J. Curry Spittler at the gerontological meeting in Portland, Oregon on October 31, 1974 on this strategy stated:

"The expectation that the AAAs, with minimal resources, will pool and mobilize resources at the local level, thereby establishing a truly comprehensive, coordinated service system, even though most of the existing service policies are established at the State and Federal levels, appears to be tantamount to a prescription for failure."

Some Area Agencies on Aging seem overwhelmed by the expectations and requirements, especially in light of the resources over which they have control.

There is considerable variation between States related to the implementation of A-95 strategy, strength of local governments, and availability of public and private resources. Effective implementation of Title III must be adapted to a complex set of variables in each State.

To what extent does the multi-jurisdictional Area Agency have direct access to local revenue and revenue sharing resources? Would county officials or city councilmen be more responsive to an Area Agency on Aging which is part of their system? Area Agencies covering multi-county areas must work with county officials in each county. In some cases the A-95 agencies have no authority to contract out funds for direct services. Some county commissioners feel that the multi-county Area Agency on Aging created an unnecessary and costly level of administration and would prefer to have the State Agency work directly with the county.

3. INCREASE IN AREA AGENCY ON AGING AUTHORITY

Issue: Should the Area Agency on Aging be allowed more latitude for the provision of direct services and authority for Title VII of the Older Americans Act and Title VI Social Services (SSA) for the elderly?

Background: To effectively carry out the requirements for Area Agencies on Aging, the Nutrition Program and Social Services under Title VI of the Social Security Act must be coordinated at the local level. Title VI, Social Services, allows about the same type of services and are directed at almost the same target population. The Area Agency on Aging needs some influence over these other resources in order to "develop comprehensive and coordinated programs" mandated.

Many Area Agencies on Aging report a dearth of agencies willing and capable of providing services needed by older Americans. Current regulations allow the State Agency to grant specific approval to the Area Agency for the provision of direct services if it was already providing social services prior to its designation as an Area Agency or it can be clearly shown that the direct delivery of a service is necessary to assure an adequate supply of such services and that no other agency in the area can and will effectively deliver such services.

Some Area Agencies report the latter experience; therefore, they become involved in creating local agencies to provide services.

The provision of direct services does require considerable time and tends to take the focus away from the 14 functions as described in the regulations. However, most consumers are crying out for services, not planning and coordination. The greatest need expressed by many Area Agencies on Aging is for gap-filling services.

Alternatives:

1. Grant additional authority to Area Agencies on Aging for planning for Title VII (Older Americans Act) and Title VI, Social Services (Social Security Act).
2. Allow Area Agencies on Aging to provide direct services only as described in present regulations.
3. Allow Area Agencies on Aging greater latitude in the provision of direct services during the initial start-up period with a spin-off schedule required within a specified period of time.

4. Length of Time Title III Supports Direct Services

Issue: How long should direct services be supported by Title III funds? To what extent and how quickly can local or State governments and agencies pick up services initiated under area plans? To what extent can Title III funds generate other resources?

Background: The Older Americans Act of 1965 originally limited Title III project support to three years but by 1969, few communities had the capacity to fully support the continuation of services initiated in the Title III projects. Therefore, the 1969 amendments authorized continuous Federal support, up to 50% for the third and subsequent years.

In some cases local communities were able to assume the support of services through substituting other Federal funds; however, the States have been very slow to appropriate funds to support services initiated under Title III of the Older Americans Act. Some States have appropriated funds or earmarked funds for the non-federal share. Local governments have revealed keen interest and modest financial support, as reported by the county commissioners at the Hearing in Salisbury, Maryland on November 13. They stated that their county governments could not financially support over 25% of the cost of programs initiated under the model grants, although they thought "greater good impact on their people came from this Federally supported program than any other Federally supported program."

Alternatives:

1. Require that a higher portion of the non-federal match come from public resources.
2. Reinstate a declining percent of Federal support for direct services over an extended period of time.
3. Make no changes in present legislation or regulations.

5. INFORMATION AND REFERRAL

Issue: Should the State Agency be given greater latitude in the development or support of Information and Referral sources?

Background: Present regulations require that the Area Agency on Aging "will take such steps as are designed to achieve the establishment or maintenance of information and referral sources in sufficient numbers to assure that all older persons within the planning and service area covered by the plan will have reasonable convenient access to such sources by the end of fiscal year 1975."

The Area Agency on Aging is responsible for the Planning and Service Area and the State for Planning and Service Areas without Area Agencies.

Some State Human Resource Departments are attempting to develop generic human resource Information and Referral systems. Selected State Agencies on Aging are providing Information and Referral on a Statewide basis. Area Agencies usually see the Information and Referral responsibility as one of the basic functions to be carried out at the local level. It gives them an entree to service providers and aids in cooperative planning and coordination of resources at the local level.

Alternatives:

1. To leave the requirement as described in current regulations which makes the Area Agency the responsible authority for each Planning and Service Area and the State Agency responsible for areas not covered by Area Agencies.
2. Allow the State the option of participating in Statewide Aging systems with the cooperation of the Area Agencies on Aging.
3. Continue the requirements as outlined in present regulations, but give the State the authority to develop Statewide standards which would assure a consistency of Information and Referral programs throughout the State.

6. Area Agencies' Methods of Achieving Their Responsibilities

Issue: What are the minimum functions which an Area Agency on Aging (AAA) should directly perform?

Background: Area Agencies on Aging are contracting with private and public agencies their responsibilities, including planning. Some Area Agencies located in planning districts with A-95 Planning Agencies already established, have developed contracts with the A-95 agencies to do planning for the older Americans in the Planning and Service Area.

The AAA may never develop its' own capacity to plan for older Americans if it buys the service from another agency. The core function of the Area Agency is planning.

Service providers frequently perceive the Area Agency on Aging as a conduit of Title III Older Americans Act Funds - What are the functions the AAA must directly conduct in addition to being a conduit of Federal money to local service providers?

Alternatives:

1. Allow Area Agencies to contract for planning only with prior approval of the Administration on Aging.
2. Establish a minimum of functions which must be directly performed by the Area Agency.
3. Make no changes in existing legislation and regulations.

Senator BEALL. Our next witnesses are Mr. Harry Walker, the executive director of the Maryland Commission on Aging, who also serves as the President of the National Association of State Units on Aging. It is always a pleasure to see you—we appreciate your good work.

And Mrs. Joan Tadeo, the title III coordinator of the Maryland Commission on Aging, and the former State director of the MAC project. We are happy to have both of you with us today and we appreciate the kind of splendid cooperation we have received through your offices.

So you may proceed.

STATEMENT OF HARRY WALKER, EXECUTIVE DIRECTOR MARYLAND COMMISSION ON AGING, PRESIDENT, NATIONAL ASSOCIATION OF STATE UNITS ON AGING

Mr. WALKER. Thank you very much, Mr. Chairman and members of the Senate committee staff. And before I start, I would like to return the compliment, because I have found that in the State of Maryland, and also in representing the other State units on aging, we have had the fullest cooperation from you and your staff in all matters concerning legislation affecting older people, and we deeply appreciate it.

My name is Harry Walker, I am the executive director of the Maryland Commission on Aging, which is the State agency that applied to the Administration on Aging for the special grant to start the areawide model project in the four counties of the Lower Eastern Shore.

I am pleased to appear before this committee to say a word about the areawide project, and the subsequent evolution into an area agency on aging.

When the Administration on Aging offered discretionary funds to those States wishing to submit a proposal, in competition with other States, the Maryland Commission on Aging, with assistance from others, particularly the State department of mental health and hygiene, and local individuals, drew up a proposal setting up a program which was designed to help older people stay independent in their own homes for as long as possible.

Thus we have the acronym for the project, MAC, which is maintenance of the aged in the community.

For the first 2 years, this program was funded at a ratio of 75 percent Federal funds and 25 percent local funds, or non-Federal. It was administered by the State commission on aging with a project director at the State level, with local staff at the local level, and a local advisory body made up of representatives of the county commissions on aging, county governments, other interested participants, service organizations and concerns.

It was during the second year of this project that the Older American's Act amendments called for the termination of the areawide model project and in its place, the area agency on aging strategy was substituted.

One of the problems that this presented immediately was that the Federal funding for the program would no longer come directly into the State as a discretionary grant. The State had the option of either reducing services, or providing a share of its title III funds to continue the program.

In order not to reduce services, the commission on aging earmarked sufficient money out of the special grant for model projects to supplement the allocation that would have gone to the four counties of the lower Eastern Shore as a share of their State money, on a formula basis, to be sure that the project was continued at its present level.

And I want to say that it is our intention to do everything possible to enable the MAC project to continue at its current level of operation, despite the change in Federal strategy from a 5-year Federal program that is funded directly from Washington to the area agency on aging concept, which means that the State must now divide the money that it has among all area agencies in the State on the basis of the number of elderly people in that area, as a percentage of the total elderly in all areas embraced by an area agency.

The MAC project is now one of six area agencies on aging currently designated in the State of Maryland. These six area agencies cover about 85 percent of the older people in the State.

When the MAC project first started, the project director was an employee of the State commission on aging, but the local project director and staff and advisory bodies were all local individuals. We believe that under that arrangement, the MAC project would have achieved its intended results, and on the change over to the area agency on aging, we also fully expect that this will produce the desired results.

I think that the area agencies can be effective and useful in providing local coordination, pooling of local resources, the providing of local planning, and subcontracting for services with local agencies.

However, it is possible that this may be done as well, and perhaps better, in certain instances, by the State agency creating the local advisory bodies and supervising the planning at the local level.

Under the present Federal regulation, the State does not have this option, but is instead required to create independent sub-State planning units.

I would hope that in the months ahead, in which studies will be made by Congress of the effectiveness of area agencies throughout the county, consideration will be given to the effectiveness of providing service to older people by providing more options to the State. And that is, perhaps the option of setting up the area agencies as a mandated requirement, as is now the case, or looking at those cases where it might be more efficient for the program to be operated similar to the way the areawide model project was started in the beginning, that is, having a State person supervising the program planning, with local staff and local planning.

In closing, I would like to compliment all those citizens and officials, and employees, in the four counties of the lower Eastern Shore who have supported and contributed so much to the success of this fine MAC project. I know that Mrs. Tadeo, who testifies next, who had so much to do with the very successful start of this program, will tell you of some of the fine services that are helping senior citizens who live on the lower Eastern Shore.

Senator BEALL. Thank you, Mr. Walker.

Mrs. Tadeo, do you want to proceed, and then we will direct questions to you and Mr. Walker.

STATEMENT OF MRS. JOAN TADEO, TITLE III COORDINATOR,
MARYLAND COMMISSION ON THE AGING, FORMER STATE DI-
RECTOR OF MAINTENANCE OF THE AGED IN THE COMMUNITY
(MAC)

Mrs. TADEO. The program goals of the areawide model were to provide alternative services to avoid unnecessary institutional care to at-risk elders, aged 60 and over, to insure independence within the community, through mobility, stimulation, activation, education, socialization, more adequate medical services, knowledge of resources, extension of current aging services, and development of new services, in order to bring about a comprehensive system of care for these older adults, alleviating isolation and dependence as much as possible.

An original task force of 70 members, of elders, county government and nonprofit and government agencies, was called together during the planning phase of the MAC project, and this membership divided into four ad hoc committees, to define more specifically the needs of the MAC model area.

These 70 members were all from the model area—the local four-county area.

The committees were in the areas of community service, nutrition, health, and education. Through the input of these committees, the needs of the model area were defined, prioritized and integrated into the model project development.

The task force, through the collection of two persons from each of the ad hoc committees, formed the steering committee, which served to guide the project during most of the first year of operations.

During the fourth quarter of the year, a permanent advisory board for the project was selected. This board consisted of 51 percent consumers, county government representatives, and agencies concerned with programing for the elder population.

There was also an insurance that low-income and minority persons were members of this board.

The second year, the advisory board was spun off in the third quarter, as a board of directors, under independent nonprofit status, taking over the full responsibility of obtaining the goal of the MAC areawide model, which was to be a 5-year pilot program at the local level.

Local task forces are under continual development in each county. They provide input from the county level back to the regional board.

Local county governments were each initially approached regarding the model being developed within their counties, and all four supported and requested that the model cover their county areas.

In both Worcester and Somerset counties, the local governments responded immediately to the director's request that a Commission on Aging be established. These commissions became active and in Worcester County they applied for and received an additional grant of regular title III funds to compliment the model's activities.

During the first year, local support from each of the four counties involved in the model was extremely positive, and much beyond the initial expectation of the model project staff.

Community in-kind support and donations totalled over \$20,000, above and beyond the required match of the MAC grant. All of these activities, as well as—excuse me.

All of the major agencies serving the aged entered into the development and coordination of activities as well as actively participating in training programs provided by the model.

Space has been donated by the local governments, churches, housing authorities, libraries and organizations, and Pine Bluff State Hospital also provided space for the MAC regional operations.

The Ministerial Association, as well as many other agencies and organizations, gave either volunteer time, programs, articles and funds to the model. Sometimes these were in combinations of the above.

The program objectives were in three major areas. The first objective was a community services network with specific objectives to identify 1,500 at-risk elders, through an outreach effort, coordinate existing services, the expansion of existing services, and the creation of new, needed services, and the development of educational programs and training opportunities for elders and staff serving the elderly population.

These goals were accomplished as follows:

The 1,500 at-risk elders were identified and referred to existing services which could meet their specific needs. If no such service existed in the model area, assistance was provided to secure the services elsewhere or the project staff itself would attempt to meet the need.

When services could not be secured, information was documented for use in planning efforts.

In order to coordinate services to the elder, multiservice senior centers were established in each of the four counties participating in the areawide model effort. Although they had no actual authority to coordinate services, they did develop liaison relationships with all major existing agencies, both public and private, that provided or were potential providers of services to the elderly.

Development of information referral services and active use of media services also were very instrumental in meeting this objective.

Second, the expansion and creation of new services was met as follows:

The new services created were minibus transportation service in each of the four counties, multiservice senior centers were established in each of the four counties—and satellite centers functioning in conjunction with the main multiservice centers were established in each of the counties.

Outreach services to elders, information and referral and follow-up services in each county; repair services were developed in Dorchester and Somerset Counties, also home-care services were developed in Worcester, Somerset and Dorchester Counties.

Dorchester County had home helpers already in existence, and they were simply paid on a fee-for-service basis, so that the existing agency would be utilized.

There were also socialization programs developed; these were for both noninstitutional and institutional elders. Community physical therapy programs were developed, a dental screening program, screening and outreach services to the visually impaired, an aging services unit of the University of Maryland Extension Program, and an adult education service, which was a pilot project and joint effort between the Department of Education and the MAC project.

Manpower development was accomplished through the Senior Aides program; we were fortunate to have nine senior aides, who contributed tremendously to the program.

Also there was the development of a nutrition program, luncheon clubs, a film on housing needs of the elderly, and a training program, which was developed for the professional and paraprofessional persons serving the elders in the field.

In addition to this, there was an expansion of existing services. The Geriatric Evaluation Service provided a portion of the matching funds in the model, and as a result of the program, expanded their services to Dorchester County as well as the delayed expansion in Wicomico, Worcester and Somerset Counties.

Meals-on-wheels for Dorchester, employment counseling, use of media reflecting the needs of the aged, and grants development, were all expanded during the first year and first part of the second year, of the project's development.

The use of these services were so extensive that additional program funds are essential in order not to seriously hamper the program. Education programs were provided to nearly 300 elders, directly through a special project with the Department of Adult Education.

This occurred during both the first and second action years of the model.

Media time and TV stations as well as radio and press gave liberally of their time to discuss aging programs and services.

Training programs—orientation was initially provided to all the program components, and a 3-day training program was provided for nutrition programing.

Also, special training was provided those working in the field of services with the elders of the model; and aging course was developed through the MAC project during its first year. After meeting with such success, it was followed by another course the second year, and was accredited by Salisbury State College for all MAC staff.

The course was made available to other persons working in liaison-ship with MAC, in the agencies serving the elder population.

The second area covered by the model's objectives was in health care and nutrition services. The outreach staff identified over 1,000 elders needing help in health care and nutrition services, referred them to proper agencies, provided transportation where required to receive medical services, and provided follow-up services to insure that needed services were actually acquired by the elderly.

Geriatric evaluation services provided by the local health departments originally covering Wicomico and Somerset were expanded to include Worcester and Dorchester Counties. This program initially screened elders who were to be committed to Eastern Shore State Hospital, but was expanded to include those entering other types of institutions, such as nursing homes.

A community physical therapy program was developed at Deer's Head Hospital, to insure that persons not institutionalized would also have these vital services available.

The mobile eye van provided by Blind Industries and Services of Maryland screened several hundred elders, and a special out-reach program was funded to locate visually impaired, and also provide followup services to elders identified by the mobile van as having specific visual impairments or disease.

Dental screening and emergency care was provided to 500 elders. It was done both to provide services and to explore specific dental needs of the elderly population.

Because of the data from this study, it is hoped that a mobile van for dental programing can be developed and further funds sought to provide adequate dental care.

Nursing home and institutional residents have been encouraged to participate in MAC's socialization programs, and in some cases transportation has been provided to the project.

Planning, coordination, evaluation, and administration was the third area of objectives covered.

As well as the aforementioned advisory board and task force, a State advisory group was formed during the planning phase of the project. This group was helpful to the director in utilizing many resources offered by various departments of the State government.

Because of the cooperative effort of Federal, State, and local governments and agencies, 17 new programs were developed and numerous others expanded.

The current program will continue to be refined and further developed into a comprehensive service. The red tape and differences of administrations and systems did cause delay and frustration in program implementation; an example of this became clear when title VII was introduced into the model area.

Different forms for reporting, separate physical systems, dual accounting of staff to different administrators, all add to confusion and frustration.

It is important, beginning at the Federal level, that consistency and simplification of the reporting system be instituted, in order for providers to deliver services, rather than spending a disproportionate amount of time in paperwork.

The initial evaluation design was not implemented due to its laborious nature. A preliminary data system was developed during the first program year, but the planner-evaluator position was not established by the State. It was only at the AAA conversion point that a planner position was provided. This seriously hampered the collection and availability of data.

The program was staffed by two professionals during its first 2 years of implementation. Additional staff support would have been extremely helpful, due to the numerous services initiated during the infancy of the program.

All services were contracted to existing local agencies for program implementation. It was only through the efforts of these agencies and their staffs that the model has had the extensive impact on this area that we find today.

I would like to note that Shore-Up and Dorchester Community Development Corp., which are two of the contractors, provided the bulk of these services, and did so in such a way, giving of their own time, their own program staff above and beyond the expectation, or the funds which they received, which I think did a great deal to insure the extremely positive and numerous services that were initiated, particularly during the first year.

I should like to leave the following comments for your consideration.

In order to coordinate services, legislation should be enacted in

such a way as to provide the authority necessary to carry out this responsibility.

Senator BEALL. Excuse me, on that point, don't you think that under current law you have the authority to provide coordination?

Mrs. TADEO. We have the mandate to provide coordination, but I think the authority is very unclear.

Senator BEALL. How about control of the money?

Mrs. TADEO. Well, that's true, but you don't necessarily have money to spread through all the agencies in the area, and what you need in order to develop a comprehensive system is to be able to bring everyone into that system to insure that services are uniform, and that the data which is also collected can be uniform and becomes valid in terms of total usage.

Senator BEALL. Thank you, we will come back to that in a minute.

Mrs. TADEO. Methods of administration should be devised which allow programs under the Old American's Act to use the same channels, and same reporting systems, which are interchangeable between programs, and to provide data in a manner useful to the local projects.

Title VII should become an integrated part of title III existing programs—because they cannot support themselves without other program staff available to provide adequate supportive services.

Advisory board composition should be consistent from program to program, rather than requiring them for one program and recommending them for another. This is the case in terms of title III and title VII.

In programs having a staff of three persons or more, at least 25 percent of the staff should be 55 years of age or older.

Elders should continue and increase their roles in the planning and implementation of programs; however, younger persons as well as elders, should play a large role in looking to the future of the elders' role in society, so that a bandage approach to programing for this age group can be abandoned, for a truly new approach.

Program funds should be stabilized in order to allow concentration of effort on implementation of programs, rather than worry and frustration over locating funds on a year-to-year basis.

Also, on funds for programs for a given period, such programs once committed by the Federal Government should not be abandoned before their completion date since this can create a large credibility gap in the community.

Senator BEALL. Thank you, Mrs. Tadeo.

Getting back to your earlier comment, how successful has the program been in coordinating services which you do not fund?

Mrs. TADEO. I think we have had quite a bit of cooperation out of many of the agencies here within the model area. I think one thing we tried to do, which was a very difficult concept to develop, was to use the idea of MAC as a symbol to go above and beyond agency boundaries and try to get all of the different people who were involved in the MAC project to visualize themselves a single unit, without the confines of their own agencies, and I think that because we are so accustomed to operating on an agency by agency basis, this concept has slowly developed over a period of time, but I think it caused some confusion in trying to implement it.

Senator BEALL. As I read the act now, the authority is there to do that. But your suggestion is that we are going to have to be more specific in Federal legislation so as to itemize this authority. Is that what you are suggesting?

Mr. WALKER. Senator, may I respond to that? With a comparison of what the Older American's Act itself required when it was passed in 1965?

The mandate was that among other things, the State unit was to coordinate activities of other agencies. This was in most cases a State agency with about three or four people given a mandate to coordinate the programs of agencies with 4,000 or 5,000 people.

It was an impractical request, and it was on the books, but there was really no way in which a small agency—similar to an area agency which is also a small agency—can realistically coordinate the programs of other departments, unless they happen to establish the kind of relationship in which that cooperation is freely given.

But if it ever comes to a problem of "turf," one agency sacrificing some of its prerogatives in favor of another agency for efficiency, then I think you might have a problem, because the smaller agency has neither the authority or the resources to command this kind of coordination.

Senator BEALL. Does the impediment to the better coordination come from Federal laws and/or agencies or do local and State laws play a part in obstructing the kind of coordination you think is desirable?

Mr. WALKER. My answer would be that in the requirement that area agencies coordinate, there be a realistic understanding of just how much coordination can really be accomplished.

The idea that they will get to be a focal point for all aging programs within that given area, given the present authority and resources, is probably unrealistic.

Mrs. TADEO. I think the only way it even begins to be a possibility is, if it is mandated from the Federal level down, because all the way down, as you come down through the different Government structures, there are variations in those structures, and because of the variations in those structures I think you tend to lose consistency, and if it is assured at the Federal level and in the legislation, then I think it makes it possible to have that coordination of effort, and I think it is very important that there is one focal point to which all of those services can come, so that it is not enough for it to be a paper statement, but it has to be a statement that can actually be carried out.

Senator BEALL. Mr. Walker, how successful do you feel you have been in coordinating the State and local agencies in the delivery of services?

Mr. WALKER. In all of our area agencies?

Senator BEALL. Yes.

Mr. WALKER. Well, because they are comparatively new, we don't have any real measure of experience, but we have some doubts that the degree of coordination envisioned in the act is really going to be achieved.

I must also say that coordination is one of those terms that means different things to different people, and I am not quite sure that everybody thinks of coordination in the same way.

We are getting cooperation; we have attempted to designate area agencies as those agencies which already have some credibility and acceptance in the community, so that the requests that they have made of other agencies in coordination so far have been successful, but if it reaches a point where it is a controversial situation, then I am not sure that the area agency will prevail, given its manpower and its legal authority at the present time.

Senator BEALL. How would you characterize your relationship with region III?

Mr. WALKER. The State agency? I would characterize it as a very helpful and constructive relationship.

Senator BEALL. And with the local area agencies; how would you characterize them?

Mr. WALKER. Well, we have a good relationship, but that doesn't mean that even in a good marriage you don't have differences.

Senator BEALL. I am interested in the comment made about methods of administration. An allusion to the massive amount of paperwork that is required.

If you have specific suggestions; this is something that bothers me throughout the operation of our Government. Every time we devise a program, we come up with a different set of regulations and reporting forms and books that are required to be kept.

Someone mentioned that in the MAC program you have to keep five different sets of books, which is utterly ridiculous and a terrible waste of manpower. Again let me say if you have specific suggestions as to how we can refine this and how we can perhaps legislatively force people to develop uniformity in reporting requirements, I would be happy to receive them, because I think this is a terrible drag on all these programs.

We would be much better able to get the service into the hands of the beneficiaries if we eliminated a lot of this bureaucratic redtape.

Mr. WALKER. We occasionally criticize things that the Administration on Aging does, but I think they also should be praised when they do something right, and in regard to that subject, there has been an abundance of forms, until it has become overwhelming. This was called to the attention of the officials in the Administration on Aging, and they asked that the representatives of the State units on aging meet with them to review a new form that they were proposing, which would be a quarterly form in which we supply all the information that is needed by them. If this is put into effect, it will simplify the kind of reporting that is being done now.

But the amount of redtape and paperwork has been a real issue; it is a serious issue that has genuinely caused those who are in positions of responsibility to have to spend a lot of time in administrative detail, when perhaps they should have been devoting attention to some imaginative programs and services for people.

Senator BEALL. Would you like to add to that?

Mrs. TADEO. Yes, I would like to add to that, because I think it becomes imperative that one of the mandates of the area agencies is to pool other resources and to bring other resources together, that consistency of reporting needs to go above and beyond just the aging programs, so that as they pull numerous other types of funds in, that the same system they are using for their Older American's Act re-

porting can be used also in other funding, so that it really, I think, requires a systematic kind of approach across the board.

If all the departments under HEW, for instance, could try to devise one kind of reporting form that could be fairly uniform throughout, that meets the terms of the basic information required at the Federal level, it would be very helpful.

I think that sometimes we confuse data needed with reporting, and at this point we are moving into a slightly different system than we had in the past. We do need some more particular data on specific services, so that we can better deliver those services, but I also think that many of the kinds of reporting that we do provide limited useful data at the local level.

Senator BEALL. Could you or perhaps Mr. Eberly, furnish the committee with the five different systems of reporting that you are required to use, so that we could follow up on this and try to see if we can't better coordinate it?

Mrs. TADEO. All right. You have a title VII set of books. Title VI funds will arrive shortly; that is going to be another set.

Under the title III, they have to keep regular title III separated from the initial areawide model moneys. They also have the new model moneys, which were granted this year by AOA, which are not the same as the areawide model funds. Those have to be kept separately.

And so, you know, each of these has to be accounted for in a separate way, and in many instances there have to be separate reporting forms or reports submitted on each of these particular aspects.

Mr. MURPHY. Both of your statements, I think, stress the need for some stability and consistency in the Federal approach to aging programs, but Mr. Walker, you suggested—I think I heard what you said correctly, that in effect we abandon the strategy that embodied the area agency in the 1973 amendments and return to something more akin to the model project approach that was exemplified in this several-county area.

Are those conflicting goals? If the strategy were to be changed after only 2 years, would that destabilize the program?

Mr. WALKER. I think, Mr. Murphy, what I was saying is that when the areawide model project concept was advanced—it was to be a 5-year program, and the idea was to do basically what an area agency is supposed to do; that is, provide coordination within a given geographic area, and so forth.

This was abandoned after 2 years in favor of the area agency concept; now, the difference is this—that under the original areawide model concept, the State had the choice. They set forth their objectives, and the way in which they achieved those objectives was left to the option of the State.

The Federal Government, which put up the money, was going to evaluate and make sure they did the job, but it was up to the States to say how they could do the job best. They could either assign total responsibility locally, and then monitor what they were doing, or they could do what Maryland did and have a director at the State level and local staffs, so that the State agency exercised more responsibility and authority over the program itself.

Under the new area-agency concept, it is now mandated that area agencies be created, and these are autonomous agencies and the State

funds them and evaluates them, but actually the employees in all cases are not State employees. I am not arguing in favor of or against that—what I am saying though, is that I wonder why, if in the original concept of areawide model projects, the State had an option, why this option has now been taken away from the States, when the important thing is the resulting services to the people?

Mr. MURPHY. Well, you would like to see the States able to fund some services directly, or fund a local agency providing those services?

Mr. WALKER. I would like to see the State have more option than they do now concerning the local planning, coordination and designation of area agencies.

Mrs. TADEO. I think what happened here is a good example. When we first came and looked at the four-county area there was no particular agency that stressed all the different aspects of aging, and because we had the option to go ahead and handle it for a short period of time at the State level, while we could develop such a body that could be a nonprofit, incorporated local organization that could take over the aging function, we now have a specific group whose total concern is aging programs.

In many instances, if aging programs come under the umbrella of another agency which has many other commitments, it may take a low priority in that overall structure which is one thing we would like to stay away from if possible.

Senator BEALL. Thank you, Mrs. Tadeo and Mr. Walker for your testimony which has been very helpful.

Our next panel is Mr. Joseph E. Eberly, who is the executive director of Maintenance of the Aged in the Community, Inc.

He will be accompanied by Miss Octavane Saunders, nutrition aide, University of Maryland Cooperative Extension Service, Miss Helen L. Johnson, nutrition coordinator of the title VII program, Miss Jean Crockett, registered nurse and director, homemakers-home health care program, Miss Jean R. Monroe, director of the Multi-Service Senior Citizen Center, and Mr. Clifton Gordy, chairman of the MAC Board of Directors.

Mr. EBERLY. Thank you, Mr. Chairman.

STATEMENT OF JOSEPH P. EBERLY, PRESIDING EXECUTIVE DIRECTOR, MAINTENANCE OF THE AGED IN THE COMMUNITY, INC. (MAC), ACCOMPANIED BY MS. OCTAVANE H. SAUNDERS, NUTRITION AIDE, UNIVERSITY OF MARYLAND COOPERATIVE EXTENSION SERVICE; MS. HELEN JOHNSON, NUTRITION COORDINATOR, TITLE VII PROGRAM; MS. JEAN C. CROCKETT, R.N., DIRECTOR, HOMEMAKERS/HOME HEALTH CARE PROGRAM; MS. JEAN R. MONROE, DIRECTOR, MULTI-SERVICE SENIOR CITIZEN SERVICE CENTER; AND MR. CLIFTON GORDY, CHAIRMAN OF THE MAC BOARD OF DIRECTORS, A PANEL

Mr. EBERLY. I am Joseph Eberly, the Regional Director of the MAC program here on the lower shore. It is a privilege to be here today and to have this opportunity to testify before the Senate Subcommittee on Aging.

We would like the public and the subcommittee to know more about the services and programs presently being offered to the elderly of the four lower Eastern Shore counties, through the Maintenance of the Aged in the Community, or MAC organization.

We are a private, nonprofit corporation, recently formed and recognized by the Maryland Commission on the Aging as the official area agency on aging, to plan, coordinate, pool resources and develop new services needed to support the elderly in their homes and communities.

Equally important, the financial and human resources of the MAC system presently are being used largely to identify and assist the elderly population in need or at risk; that is, most in jeopardy of having to leave their homes for a life in an institution.

We are interested in interceding in their behalf in one or more critical areas, to postpone or eliminate that climactic day.

We find that the majority of elderly here, and I am sure elsewhere, are fiercely independent, and have struggled, many of them, long and hard to maintain themselves in their own homes, however humble.

Our outreach workers are skilled in communicating with these elders, and frequently can suggest ways that MAC can lend support to their efforts to remain at home.

While it would be most desirable, for example, to have inside plumbing and electricity, the absence of these and other facilities do not present insurmountable barriers. One need only review the latest census data or ride down almost any country road on the lower shore, to confirm the acute shortage of adequate housing.

Yet many elderly poor have demonstrated that they prefer to remain in these frontier-style homes with a woodburning stove and perhaps an outside toilet, to being sent to a brand-new nursing home, or geriatric ward in a State hospital.

With this perspective in mind, I would like then to describe briefly some of the ways the MAC staff, through its dedicated and efficient grantee organizations, delivers services to the at-risk elderly population.

Now, Mrs. Tadeo here has recognized the tremendous efforts of the Shore-Up organization and the Dorchester Community Development Corp.

I would like personally to recognize Mr. Nelson Townsend, in the back of the room there, who for years was the executive director of the Shore-Up organization, and just this last month left that position. And I would like to also recognize Mr. Douglas Allen, the director of the Dorchester Community Development Corp., for the tremendous efforts and energy that he has personally put into this program.

Mrs. Jean Monroe is our multi-service center director and Coordinator for Worcester County, and she will detail the activities and organization of the main multi-purpose centers and the satellite centers, which are located in each county.

Miss Helen Johnson is a nutrition coordinator with the Shore-Up organization for the lower three counties. She will discuss the congregate and home-delivered meals program made possible through a grant received under title VII of the Older American's Act, and how the title III funds are used to give substantial support to the meals program.

Mrs. Jean Crockett, a registered nurse, will describe the services provided in the home through our Homemaker-Home Health Service.

And Mrs. Octavane Saunders, of Dorchester County, will tell us of the home services she and the other county nutrition aides offer the elderly through the University of Maryland's Cooperative Extension Service under contract with MAC.

Before having them testify briefly, I would like to emphasize that a principal objective of the area staff agency and the project's director is to coordinate all services in such a combination and sequence as to insure maximum benefit to the elders being served.

A nutrition aide, such as Octavane, who finds an at-risk older person, might for example call upon the county's center director for transportation, for a daily home-delivered meal, or homemaker services.

Nurse Crockett might then assist in locating a private physician who could examine and treat the elder, probably calling into the home a physical therapist from the Deer's Head Center, or an occupational therapist from the health department's geriatric evaluation service.

The therapist then might see the need for the home repair specialist to construct a wheelchair ramp, or put a handrail on the bathtub.

The proper view of our program is that of individualized home delivery of services. The heavy majority of all units of service are rendered in the home, not in the centers. And this is a popular misconception.

Our own motor vehicles, numbering 12 in total, as well as those privately owned by our staff of 11 workers, four nutrition aides and others—our corps of volunteers, for example—these largely transport elders to and from their homes for such services as visiting the doctor, and druggist, for grocery shopping, registering for and purchasing food stamps, applying for medicaid or supplementary security income benefits. Or for visiting other private and public agencies within this region rendering services to the elderly.

I should like to request permission to reserve a minute or two at the end of our presentation to describe a few additional efforts that we are making to coordinate and pool resources with other state and local agencies to fill at least partially some of the critical gaps in service availability.

And now it is a pleasure to present Mrs. Jean Monroe, who will describe the numerous services and programs in our center network.

Mrs. MONROE. Senator Beall. I was delighted to be asked and am still a little bit nervous about doing this.

I am from Worcester County, and am one of four center directors; each main center supplies I and R service, outreach service, transportation, recreation, socialization, a meals program, and nutrition and adult education.

Each center is backed up by two to three satellite centers in outlying areas, which also participate in the nutrition title VII programs, with the exception of Ocean City. They are very active up there, but they do not receive title VII foods.

The center staff is made up of a director, three out-reach workers, a satellite coordinator, three senior aides, a part-time meal hostess, a secretary, numerous and invaluable community volunteers, and with the great help of the clergymen, who volunteer much time.

Each center has two minibuses, which the outreach drivers drive. I think that one county does have a bus driver.

Each center is a source of information referral to all the local agencies, and the outreach service, which I'll touch on a little bit more in a moment.

The centers operate 5 days a week, with three satellites operating from 1 to 5 days, depending. We work with title VII and title III moneys.

Each month a calendar of events is printed and sent to participants and the news media, from the main centers and the satellite centers, so everyone knows just what is going on.

Due to the ruralness and lack of public transportation, areas were given, in the counties, definite days for bus pickup. Since our outreach workers have to do this, and they also have to keep up with their outreach work, this seemed expedient.

The average daily attendance at the main center is 30 to 40 per day, with about an average of 40 at the satellite centers. Over half of these people are bused either with our buses or by our volunteer people.

The participants arrive around 10 and leave usually around 2:30 to 3:30. They—as I say, those that can drive, do; those that walk do—they can come any time they choose, and very often bring friends with them.

They are urged to take part in program planning and the running of the center, to bring their own special talents, to teach and share with the other participants. They support the center activities by holding bazaars or fairs, to sponsor trips, do quilting to supplement arts and crafts funds. They also make and sell rugs, jewelry and other items to supplement whatever it is they need or want in their centers.

One center has a store where the participants buy from each other. I understand they have quite a lucrative business going over there.

They do take part in community services; some of the elderly ladies make bedjackets for Deer's Head, we have made tray favors for nursing homes, besides bringing some people in from nursing homes to take part in our activities.

Local boards of education sponsor adult ed-programs, among these being offered are basic education, needlework and sewing of all kinds, painting, ceramics and leatherwork.

Local service agencies are asked to come in and bring pertinent information to participants. They readily answer all questions put to them. Each county extension service has supplied the centers with programs and educational materials, aside from the nutritional help and assistance through title VII.

All kinds of games are played; we are going to run a lot of competition with the bingo business, I'm sure.

Much music is enjoyed, supplied by the participants as well as community volunteers coming in to do programs. The county libraries show films on specific days. One county has a county chorus going, and they are working very hard toward a Thanksgiving debut. I'm a little worried about that.

For many the center is a telephone number to call for help, and this usually means outreach. The outreach worker's role is varied; she

must initially locate and define the needs of the at-risk elderly, follow up the referral from another service agency.

They provide the person with necessary information needed, and assist if necessary in making contact with the needed agencies where they are located.

They must be cognizant of the materials needed by the service agencies, make sure the client has it, all together. In many cases, transportation by our MAC people is required, and if they don't have all the information, then it means they have to make another appointment with the service agency, as well as we having to make another trip up and down the road.

We provide quarterly followup on at-risk clients, to see if their needs have been met; if not, why not, or if they have any new existing needs.

The outreach workers acquaint any person over 60 with the entire program and the services given, encourage him to attend the center nearest him; they provide—we all provide medical emergency transportation, dental, also shopping, and assistance with shopping, when needed, and we do have volunteers who help, as I say—who do help with the transportation.

Some are reimbursed by MAC for their mileage, others do not accept any sort of reimbursement.

Each county is averaging around two daily service transportation trips, by that I mean MAC clients needing medical, dental, shopping or other needed service, and there is on the average, about 20 working days.

The outreach worker, as I say, does the busing, twice a day, in and out. They are extremely busy.

In summary, I would like to say that the program has grown, is growing, and seems to be continuing to do so. And because of the ruralness of our area, I think more emphasis should be put on transportation sources, and people to drive these buses because, as I say, our outreach time is consumed a great deal in bus-driving and transporting people back and forth to center activities.

I have some other ideas about a main center; I don't know whether you would like to hear those or not.

I think that some thought should be given to a main center that has a building adequate to do office work, counseling work, and to have a marginal socialization area that can be broken down into small work group areas.

I know that in the three counties that I am familiar with, we do have spatial problems, and I think probably Worcester is heading the list.

And I would like to refer to Mrs. Tadeo's talk about reports; we know that accountability is necessary, but we would like to see it condensed and coordinated so it takes a little less of staff time.

Thank you very much.

Senator BEALL. Thank you very much.

We hear the need for transportation services everywhere we go; obviously it is a very important part of the delivery of the services.

In the amendments passed earlier this year we made a specific authorization for transportation. The appropriation for that has not been forthcoming but maybe one of these days we will get an appropriation that will be helpful.

Mr. EBERLY. Thank you very much, Jean.

I would like now to introduce Mrs. Helen Johnson, who is our nutrition coordinator for the lower three counties, who will discuss the meals program, both congregate and home delivery.

Mrs. JOHNSON. Jean said she was nervous, but I've been nervous since I walked out the door this morning. I put a handful of tissues under the doormat instead of the key!

My name is Helen Johnson; I am Project Coordinator for title VII in Worcester, Wicomico, and Somerset Counties. I am to focus in on the title VII nutrition program services in the four-county area, including Dorchester County.

The title VII project officially began on the Lower Shore in October 1973. However, previously, through our title III program, we have been able to serve soup and sandwiches to our several participants.

Our program is set up to operate 5 days each week, and we serve one hot meal each day. In 1973, Worcester, Somerset, and Wicomico Counties together served only 75 meals each day; at the present time we are serving between 250 and 300 meals per day.

Dorchester is presently serving an additional 60 meals per day.

Ninety percent of these meals are consumed in the center. However, 10 percent is carried out to the homebound and high at-risk citizens. We would like to see the 10 percent increased, so we would be able to take more home to the citizens who are shut in.

To date, we have 11 feeding sites in the three-county area, and 3 in Dorchester County. These sites are housed in churches, local community buildings, two housing authorities, and other community housing facilities.

Centers serving meals are located in the following areas: Berlin, Snow Hill, Pocomoke City, Crisfield, Princess Anne, Deal Island, Wetipquin, Willards, Delmar, Riverside House in Salisbury, and the Main Center in Salisbury. In Dorchester County we have a feeding site in the Housing Authority in Cambridge, and there is also one in Hebron, and another in the Main Center in downtown Cambridge.

You can see that we have spread our service out in as many areas as possible. The meals are catered to our facilities. For instance, in Dorchester County, the Eastern Shore State Hospital Center caters the meals. In Wicomico and in Somerset, Educate Inc. is catering our meals.

The average cost to MAC is \$1.25 per meal. Meals are delivered to the centers with the MAC minibuses. Presently we have three food buses in the tricity and two in Dorchester County.

The meals served are well-balanced, and they are developed and approved by a dietitian. All the title VII guidelines are adhered to in meal preparation and serving.

We have part-time hostesses responsible for the serving of the meals. The meals are sent out in bulk and served up in family-style settings in the centers.

We would like to invite you to our centers.

Each center has its own unique way of carrying out this event. In one of our centers, we have round tables and each table has a volunteer for that day. For instance, we will have one senior who will serve the others sitting at her table.

As you know, there is no specific charge asked of the seniors for these meals. However, a 25-cent donation can be given, if the senior

can afford it. We find that 95 percent of our seniors do contribute, and any income received is returned back into the program.

I would like to mention here the volunteers and community participation given in the operation of our programs, and believe me, without that we couldn't exist.

A number of the local canning companies here have donated canned foods such as soup. Others—dairy companies—have donated milk to the centers; we have had bread donated on a regular basis to the centers. Individuals donate their time and other articles which help to carry out our programs.

In addition to the nutrition services, we depend tremendously on title III programs, which provide the many support and backup services needed, such as outreach, I and R, escort, shopping, counseling, recreation, and transportation.

Let me express the fact that without title III support to our title VII nutrition program, we would not be able to carry out one-half the services that are given.

The MAC title VII is not structured to carry out these services, not funded for that. At the present, our title VII program funds might be cut, and the funding of MAC on a continued 5-year basis is threatened. And I would like to stress here the importance.

To stress the importance of coordination between the two projects, let me back up to transportation. I mentioned our many sites spread throughout the Lower Shore.

Due to the fact that title VII has only part-time hostesses per site, working 4 hours a day, the title III staff provides the transportation for our participants. Approximately 90 percent of our seniors have to be transported to meal sites.

During the week of November 4 through 8, the tricity area served 1,313 meals. There were 1,206 in a congregate setting, and 107 home delivered. Of that total 60 percent were persons with incomes below poverty level. The other 40 were considered at-risk in two or more ways.

For the same week, Dorchester's statistics were 249 served. In Worcester, Wicomico, and Somerset, our records indicate that during the year October 1, 1973, through September 30, 1974—that is our program year—we served 35,042 meals to an unduplicated count of 2,253 persons. Of that total number 2,125 were over 60 years of age, and 128 were spouses of those, or spouses under 60.

The participants' racial—ethnic breakdown was: 1,065 Negro and 1,158 nonminority.

Senator Beall, I could go on and on with statistics and other information about the program. However, I don't believe anyone could get a true picture of the work and worth of title VII and title III, unless you were to go to a site and see the participants and listen to their sincere expressions of appreciation of the project, and hear why they need this program.

I am sure throughout this hearing you will hear some of the reasons for the need.

Thank you all for making this event possible.

Senator BEALL. Thank you, Mrs. Johnson, Mr. Murphy reminded me that the 10 percent limitation is only a suggestion, not a restriction. Actually, under the law, you can exceed the 10 percent if you think it is necessary to do so.

Mr. EBERLY. I think there may be a State guideline involved there. Thank you very much, Helen. We appreciate your description of the program very much.

Now, I would like to introduce our registered nurse, who is the director of our homemaker-home health service program, Mrs. Jean Crockett, who resides in Somerset County.

Mrs. CROCKETT. As Mr. Eberly said, I am presenting this testimony in my capacity as home care coordinator in the MAC program.

The bulk is availability to the at-risk. We provide this service when there are disruptions due to illness, disability, social or other problems, or where there is a need for help to enhance the quality of life.

Homemaker-Home Health Services provide families with the ability to remain together in their own homes when health or social problems occur, or perhaps to return to their homes after specialized care in either an acute or long-term care facility.

An aide working in the home carries out assigned tasks in the family's place of residence, working under the supervision of professional persons—myself, and also assess the need for services and implement some plan of care.

Our main concern is to prevent unnecessary nursing home placement or to enable present nursing homes or otherwise institutionalized persons to return to their normal home environment.

This service assists those in danger of malnutrition, perhaps, physical deterioration or other degenerative—debilitating and hazardous effects of independent living without adequate resources.

It provides assistance as necessary in obtaining eligible services from the Department of Social Services, the Social Security Administration, the local Health Department, or any other health-related community resource.

Clients are visited two to three times a week or more, if necessary, to provide such services by the aide as personal care, such as bathing or good grooming, ambulation, or exercises as designated by a physician, or physical therapist, assisting with medication that has been ordered by a physician, which would normally be self-administered anyway, assistance with light housekeeping in direct relationship to maintaining good health and safety standards, helping with meal planning and preparation, including shopping, if necessary, transportation to a physician or other health facility.

Many of these, incidentally, are on a regular basis; this is the only transportation available to many of our clients.

Basic health teaching to both client and family.

The home-care coordinator provides development of a program of health care to meet the needs of the particular client. As has been said many times before, this is an individualized approach; each person is dealt with selectively.

The coordinator functions as a member of the health team, coordinating our efforts with those of other services to provide a maximum quality of care. We evaluate performance of the home health aide, closely coordinate the health program services with the MAC center directors in their three-county areas, providing followup response to any outreach worker's request for a visit concerning a health-related issue.

We plan and conduct training for the home-health aides and other center staff, and families of the elderly ill. Based on the physician's

assessment of the patient, the homemaker supervisor handles those conditions beyond the capabilities of the aide, and of course, under VII, maintaining reports, records, data, and other information as required by MAC and Shore-Up, Inc.

The progress this year has been tremendous. The program first made its first thrust in Worcester and Somerset Counties in the latter months of 1973.

As of June of this year, our program staff consisted of the home-care coordinator and two home-health aides. A total of 25 unduplicated clients were served for a total of 438 visits, with 557 hours given to these people.

During this present fiscal year, we have a staff of 3 homemaker-home health aides that so far are serving 46 unduplicated elders, for a total of 649 visits and 904 hours given. The total cost per hour for fiscal 1973 was \$4.20 per hour. Our present cost is projected to be \$4.58 per hour. This lies well within the limits of the National League of Nursing; they set the guidelines at from \$2 to \$8, and also, the National Council of Homemaker-Home Health Aide Services, reporting for the same period in 1971, showed a median of \$3.79 an hour. Considering all the cost increases since this 1971 figure, I am sure our figure of \$4.58 lies well within the accepted standards.

What are the basic advantages of the program?

First of all, it is much less costly than the inpatient care received in the nursing home, or State hospitals, perhaps. The care is more personalized at the place of residence, and it involves the entire family.

It allows the patient to continue his rightful role and authority as a member of the family. The quality of home-care services is just as good, if not better, as those received in an institution, but the added personal approach and the friendship and interest involved seem to increase recovery.

Home health care is an essential part of the services needed in a community. It promotes a continuity of care, it saves hospital days by making early discharge possible, and it may defer readmission to a hospital as, through nurse observation, adverse changes are detected and the physician is promptly notified for remedial action.

I believe you can see that the tremendous need for this service is here. Surely you feel as we do that this program is the vital link in adequate health care for the elderly.

Thank you.

Senator BEALL. Thank you, Mrs. Crockett, for your testimony.

Mr. EBERLY. Now I would like to introduce Mrs. Octavane Saunders, who has done a tremendous job in Dorchester County in the area of education, nutritional education to the elderly, which is often overlooked.

These services are often overlooked, and I know Octavane can tell you much more of the essential issues of these services. Octavane?

Mrs. SAUNDERS. Thank you, gentlemen.

This gentleman asked me was I nervous, and now I am. I wasn't until he asked me, and now I am. I am glad to be here and proud that you asked me to testify.

I see a necessity for nutrition education for elders, not because they do not have expertise or experience in food preparation or food shopping, but because sometimes an elder living alone—they just don't

feel that it is important to cook for one person. They don't feel that it is important to sort of spruce themselves up and go out to the center or the satellites, or they just cannot afford the extra money for cabfare to get to the—a social service office to buy the food stamps.

So, therefore, I do feel that our nutrition programs, from all the agencies, are quite important.

We have found that what we have to do is called 6-month reports. This is the first time we make—not an initial contact with the elderly, because every person that the extension nutrition aides work with is not signed up, per se, in a program.

We have to carry a caseload of not less than 50 families. We have to rotate these families; we can't just carry the same people, and go back and go back and go back. If the elders do not see a need for our services in the field of nutrition, well, then we are not to force it on them.

We have found with these re-calls that the elders' diet lacks calcium, vitamin C, and most of the B vitamin complex. They don't seem to feel that it is important for them to have foods in the milk group, and if they say: "I don't like to drink milk," then we come back and say: "you can eat it." And we show them how; they have been eating it all along, but they just didn't realize it.

With the vitamin C content, a lot of elders have misconceptions, or I like to say "old wives' tales," and whatnot about the acids, without first checking with their doctors. Therefore, a lot of times they do not drink the juices, not realizing some of the dark green leafy vegetables could provide vitamin C.

In the B vitamins, they leave out their baked potato, they leave out their breads and cereals, because some of the gentlemen and ladies are very vain, and they don't want to get like this [indicating] so we try to encourage them and let them know how many servings of this or that is considered adequate without going overboard.

The extension service said I was to give a brief background of my job as an aide, as the second part of my discussion.

I have worked with the University of Maryland Cooperative Extension Service 51½ years; I have been a senior citizen nutrition aide for approximately a year, or 2 days more than a year.

Extension aides—we receive training, in our county, each Friday. I participate in nutrition and consumer economics training with five other aides from different programs. At this point there are three senior aides, and they are—in Wicomico it is Mrs. Sylvia Goslee; in Somerset, Mrs. Louise Hinman.

Also, the university takes the aides to regional aide training; we move from one county to another for a full day's training, and then at certain times of the year we go to Chevy Chase or College Park for 2 or 3 days' training. And we get our training from their specialists, or our immediate supervisor, who either—some in some cases hold doctorate degrees in home economics, or masters.

I think our office sent your committee my job description, and it is very long, and I am not going into it unless you have questions.

I conduct many types of educational programs for seniors, and I think you can see by my job description, nutrition is emphasized basically and foremost.

The first thing that I like to do is find out what type of—or areas of food and nutrition the seniors are interested in. Sometimes this is

hard to do, because seniors misinterpret me, and think I am trying to tell them how to buy, cook, or serve, rather than offer a service. So after you get this across, you can work better with them.

We do programs as aides in individual homes. We do it on an individual basis, or seniors will open their homes up for one or two people, especially in an outlying area where transportation is a problem. They will open their homes up where their friends, or someone they have never known, or they knew many years ago, and you take them to the far ends of Dorchester County, and they'll watch one another for a while, and they will say: "I know you," and sure enough, they do.

So we do nutrition programs in a home setting on a one-to-one basis, or we do nutrition programs in a home setting on a group basis.

I also go to the—I think Dorchester has three satellites, and one center, and I go to those twice a month, to each place, and do nutrition programs.

I do a weekly radio program on Saturday morning, specifically designed and geared to senior citizens for nutrition. This has had great response; I have found a lot of younger people are listening to this, as well as the seniors. We include the seniors on the program many times, and they seem to enjoy hearing themselves on the radio, by tape.

We send out periodic newsletters to many of our seniors that are on the mailing list. Each aide has a responsibility to develop the newsletter according to the county in which she lives.

I developed a volunteer group of senior citizens through working with individual seniors. I sort of have found that a young person could work better with seniors if you have the aid and assistance of other seniors, because they more readily sort of relate to that person.

The volunteers, which I have four with me today, and I have had these ladies busy for 3 days this week; one has been asleep this morning, but they are—we have approximately 14 active volunteers. We have many more that do other things, and we have two young girls that drive sometimes, using their own cars.

But these senior volunteers are throughout Dorchester County. They form their own ideas on what type of training settings that they want me to set up, and most of the programs that they are interested in so they can share them with other seniors, are held in our Extension office, because we have a kitchen, and meal preparation and whatnot can be done right there.

They have participated on numerous occasions to help me reach a senior on a home visit, on a one to one basis, and they have been very helpful in that way. They are participating in groups; they telephone the shut-in seniors, and some of the young people, I understand, they have now started telephoning them, the shut-ins, to find out how they feel, and what is going on.

We keep a form with the month and the day that each volunteer—how many hours this person gave, and they keep their own records.

I would like to say that I have a hard time keeping count of the amount of people I come into contact with in a month, because these 50 families are—that I must try to work with at least every other month, or else the university feels there is no sense in just carrying them. You drop them and you find someone else.

But I picked up my end of the month form for this October, and I saw that I had not only worked with my 50 families, but I had also contacted and worked with, in one way or another, 72 different individuals, which made over 120 people.

I would like to agree with Mrs. Monroe about the transportation; we definitely need a better system of transportation for our seniors in Dorchester.

I work the whole county as one aide for nutrition, and I know we need a better system.

We also might not need, but I would like to see, because I have heard this from several seniors, instead of two small in-town centers, I would like to see in the city limits only one large center, and the reason I mention this is because, as I said, I have heard this from the seniors. They would like a bigger and better place. Instead of "I'm sitting over here in my center and you're over there in yours," they want to put it together. And they have earned it.

Thank you.

Senator BEALL. Thank you, Mrs. Saunders, for your presentation. We appreciate your discussion, and of course, your detailed job description will be included in the record.

[The information referred to follows:]

GOALS AND OBJECTIVES OF THE AGING COMPONENT OF THE
MAINTENANCE OF THE AGED IN COMMUNITIES PROGRAM

GOALS

The Aging Component through Extension Aides for the elderly seeks to:

1. Educate and motivate socially and economically limited elderly individuals to use available resources.
2. Teach elderly individuals the relationship between good health and nutrition.
3. Increase the self-confidence of elderly individuals to enable them to remain in the home and/or community.
4. Motivate elderly individuals to gain and/or maintain self-pride and community respect.
5. Teach elderly individuals to live with a limited fixed income.
6. Educate and motivate elderly individuals to be, as far as possible, contributing members to society.
7. Develop volunteers to alleviate isolation and loneliness among the elderly.

OBJECTIVES

Objectives for achieving these goals are to:

1. Assist at risk* individuals and families (in MAC Program).
2. Assist all eligible elderly individuals to enroll in the Food Stamp Program.
3. Assist all eligible elderly individuals to participate in Center activities including congregate feeding program.
4. Concentrate the efforts of this program primarily on "at risk members" at home.

*At risk individuals - Those persons (60 and over) who, without intervention, will lose their ability to remain an independent and active part of the community.

GOALS AND OBJECTIVES OF THE AGING COMPONENT
Page 2

5. Help elderly individuals and families acquire the knowledge and skills for improving their eating habits so that each member of the family consumes a nutritionally balanced diet each day.
 - a. Ideally, this would include:
 - At least 2 servings of milk per day.
 - At least 2 servings of meat or meat substitute per day.
 - At least 4 servings of fruits and vegetables per day.
 - At least 4 servings of bread and cereals per day.
 - b. Elderly individuals and families would be willing to try improved methods of food preparation.
6. Assist elderly individuals and families to become aware of and to utilize resources available at the Senior Centers and other community resources offered by various community centers.
7. Assist elderly individuals to become aware of and utilize retirement income programs in which they are eligible.
8. Assist elderly individuals to improve their management of family economic resources.
9. Assist elderly individuals to improve their homemaking skills.
10. Assist elderly individuals to participate in group learning experiences.
11. Involve elderly volunteers in group teaching, special interest meetings, and contacts with individuals.
12. Provide opportunities to contribute talents or develop talents through volunteerism in group teaching, special interest meetings, and in contacts with individuals.
13. Provide opportunities for creative self-expression through new and continuing study and/or productive activity.
14. Encourage elderly individuals to utilize community resources.
15. Encourage elderly individuals to adopt positive health practices.
16. Identify gaps in the provision of needed community resources.

Mr. EBERLY. Thank you very much, Octavane, and I would like to conclude with just a brief statement here, if I might.

In keeping with the area agency responsibilities for planning, coordinating, and pooling, the MAC board of directors, of which Mr. Gordy here is the chairman, has established several objectives for this year's program which should lead to the identification of specific gaps in service, as well as to actions with other agencies to relieve these shortages.

We are aware, for example, that intermediate care facilities providing personal or sheltered care for the elderly, as contrasted with skilled nursing care, are practically nonexistent in this area. We have devoted considerable time to developing and promoting a proposal that the now abandoned Pine Bluff Hospital buildings and grounds here in Salisbury be used as a regional center to provide a spectrum of care for the elderly, to include primarily sheltered housing; additional low-rent public housing units for those elders who are capable of self-help, maintaining themselves in their own apartments; a day-care center; and a relocation to the grounds of the main MAC multipurpose center here in Salisbury.

We proposed additionally that such a spectrum of services might include 25 or 30 additional housing units for retired professionals, such as social workers, teachers, nurses, perhaps a doctor, a lawyer, and accountant, and others with special skills needed by the elderly. In return for a low-cost housing arrangements, these retired professionals would agree to volunteer their services on a part-time basis to the elders in residence there at Pine Bluff.

Another project under active consideration is the working up of the grant proposal for day-care centers for the elderly, to include the Deer's Head Hospital Center, the Salisbury Nursing Home, and our primary grantee, Shore-Up, Inc. Such a joint community application would provide a coordinated system of day care, including elders requiring a day hospital environment, others requiring skilled nursing care during the day, and still others who require only personal care or social services. All would be capable of returning to their homes in the late afternoon.

We are in the process of appointing four task forces from the Area Agency Advisory Council to make an in-depth study and to submit an action plan to alleviate the primary areas of scarcity within the lower shore region.

These are: transportation, housing, medical services and nutrition.

All members of the Regional Advisory Council are drawn from the County Commissions on Aging. Additional ad hoc task force members with special expertise will be drawn from private and public sources within the community.

MAC and the faculty of Salisbury State College initiated this past September a program in which social work students at the college actively participate in the outreach and center programs as part of their required field placement. A formal 3-credit hour course has been designed for presentation by Salisbury State in the spring of 1975, and incidentally, this is the third year that that program has been in existence.

Our own staff people will participate, and we will invite other social service agency directors to nominate staff persons to attend that course.

As has been stated here, the MAC program was originally conceived at the Federal level, and promoted locally to be a 5-year program. Federal support for the models, however, was diminished last June at the end of 2 years. The first year, 1972 to 1973, was mostly a planning and a startup effort. Last year, 1973-74, the program became fully developed and we are this year continuing the services that were initiated and provided at the same levels as last year.

Fortunately, a variety of funding sources were available to enable us to continue these same programs through June of 1975. Federal funding for the model program apparently now has been exhausted, and we are faced with the possibility next July of having to curtail some of our existing programs.

Doctor Matthew Taybak, the state director on aging, is aware of our predicament, and has submitted a budget proposal for \$200,000 to enable us to continue essential programs through Fiscal Year 1976. Even so, we anticipate funding for next year's program at the \$289,000 to \$300,000 level.

Our current title III area agency budget for the model programs, including area agency administration, is \$390,000. Even with the \$200,000 State grant, we probably would need to curtail some of our existing services.

Should the \$200,000 from State funds not become available, or should we not be able to find the \$200,000 from other resources, our program of out-reach, transportation services to the homebound undoubtedly would be severely restricted, and we would then necessarily retreat into our main centers.

Our principal service, then, would be the title VII nutrition and meals program.

These then are some of the significant endeavors of the area agency staff who take the leadership in identification of the needs of the aged.

Finally, I would like to stress the voluntary nature of this program. Elders themselves elect to participate; we do not attempt to change their life styles. We totally respect the elders' privacy and right to choose as they desire themselves to do.

Senator BEALL. Thank you very much, Mr. Eberly, for your testimony, and I thank all the witnesses for their testimony, which has been very helpful. I congratulate you and your colleagues on the aggressive, alert, and effective administration you have given this program. It is a very vital part of the life of the senior citizen on the Lower Eastern Shore.

You have done a splendid job. The public owes you a debt of gratitude.

We thank you for appearing here today.

[Information supplied for the record follows:]

MAC

REPORT

THE MAC AREAWIDE MODEL PROJECT

of the

LOWER EASTERN SHORETABLE OF CONTENTSSUBJECTPAGE NO.

1. Goal.....	1
2. Community Participation.....	1
3. Structure, First Year.....	3
3. Structure, Third Quarter, Second Year.....	4
4. Program Objectives.....	5
A. Community Services Network Component.....	5
B. Health Care and Nutrition Services Component.....	5
C. Planning, Coordination, Evaluation and Administration.....	6
5. Methods of Meeting Program Objectives.....	6
6. Program Objectives Met.....	7
A. Community Services.....	7
B. Health Care and Nutrition Services Component.....	9
C. Planning, Coordination, Evaluation and Administration.....	11
Brief Statement of Services Available:	
Transportation.....	14
Multi-Service Senior Centers and Satellites.....	15
1. Coordination of Services and Activities for the Elders Within Their Respective County.....	15
2. Information and Referral Services.....	15
3. Outreach Services and Follow-up.....	15
4. Socialization, Education, Community Resource Programs.....	16
5. Public Awareness of the Elder Population.....	17
6. Manpower Opportunities.....	17
7. Multi-Service Senior Centers.....	18
8. Satellite Centers.....	18
9. Home Care Services.....	18
Aging Services and Nutrition Support.....	18
Community Physical Therapy.....	19
Repair Service.....	19
Dental Screening Program.....	19
Special Service to the Visually Impaired.....	19
Geriatric Evaluation Service.....	20
Education of Staff and Professionals.....	20
Regional Coordination Planning and Technical Assistance.....	21
Appendix	

THE MAC AREAWIDE MODEL PROJECT

of the

LOWER EASTERN SHORE1. GOAL

Provide alternative services to avoid unnecessary institutional care to the "at risk" elders age 60 and over to insure independence within the community through mobility, stimulation, activation, education, socialization, more adequate medical services, knowledge of resources, extension of current aging services and development of new services in order to bring about a comprehensive system of care for these older adults, alleviating isolation and dependence as much as possible.

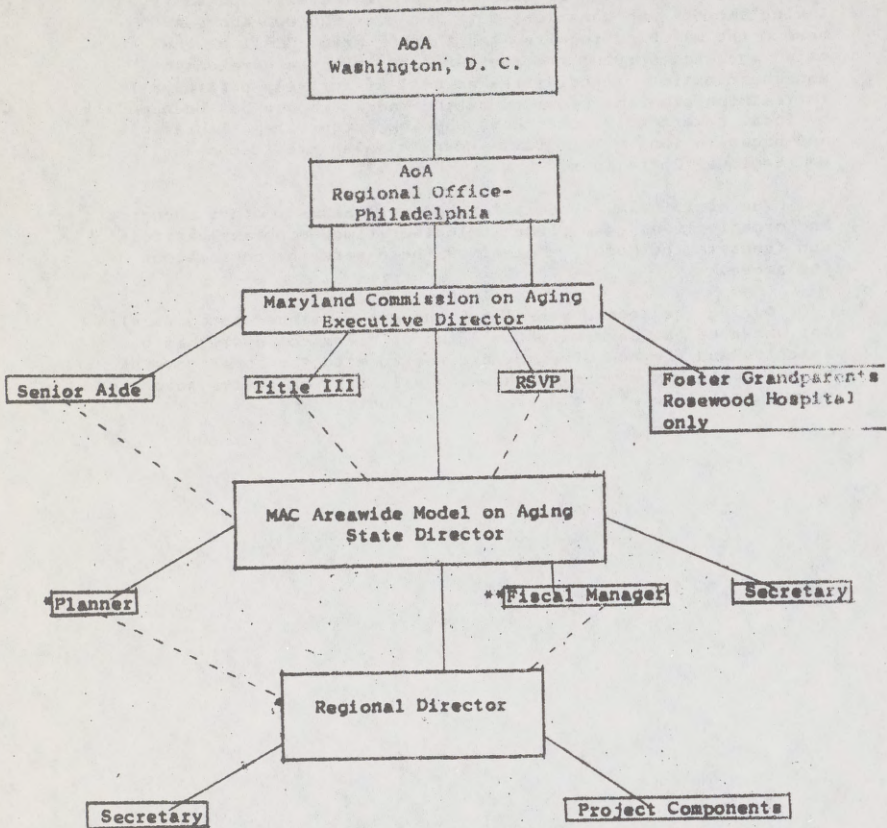
2. COMMUNITY PARTICIPATION

An original Task Force of 70 members of elders, county governments and non-profit and government agencies were called together during the planning phase of the MAC project and this membership divided into four Ad Hoc Committees to define more specifically needs of the MAC Model Area. The Committees were in the areas of Community Services, Nutrition, Health, and Education. Through the input of these Committees, the needs of the Model Area were defined, prioritized and integrated in the Model Project design. The Task Force, through the selection of two persons from each of the Ad Hoc Committees, formed the Steering Committee which served to guide the project during most of the first year of operation. During the fourth quarter of the year, a permanent Advisory Board for the project was selected. This Board consisted of 51% consumers, county government representation, and agencies concerned with programs for the elder population. The second year the Advisory Board was spun off in the third quarter as a Board of Directors, under independent non-profit status, taking over the full responsibilities of attaining the goal of the MAC Areawide Model which was to be a five year pilot program at the local level. Local task forces are under continued development in each county. They provide input from the county level back to the Regional Board. Local County Governments were each initially approached regarding the Model being developed within their county and all four supported and requested the Model cover their county area. In both Worcester and Somerset counties, the local governments responded immediately to the Director's request that a County Commission on Aging be established. These Commissions became active and Worcester County applied for and received an additional grant of regular Title III funds to complement the Model activities.

During the first year local support from each of the four counties involved in the Model was extremely positive and much beyond the expectation of the Model Project staff. Community inkind support and donations totalled over \$20,000 above and beyond the matching required for the MAC grant. All of the major agencies serving the aged entered into the development and coordination of activities as well as actively participating in training programs provided by the Model. Space has been donated by local governments, churches, housing authorities, libraries and organizations. Pine Bluff Hospital also provided space in the MAC Regional Operations.

The ministerial association, as well as many other agencies and organizations gave either volunteer time, programs, articles and funds to the Model. Sometimes these were in combinations of the above.

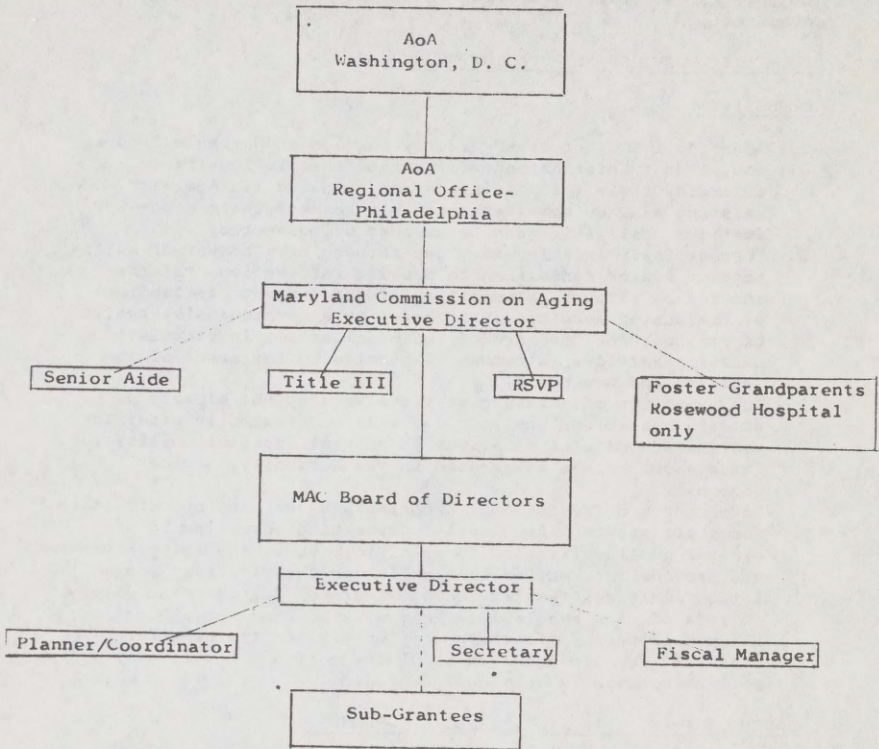
During the second year local support continued to be excellent, however the Commission on Aging of Wicomico County had become inactive and the AAA Director has worked with the local government to designate a new commission which will take an active advocate role on behalf of the elders of this County.

3. STRUCTURE - FIRST YEAR

*Planner - such a position was not established for the agency during the first program year and only became available after the AAA was funded.

**Fiscal Manager - position established only for six month period during latter part of first program year filled only three months. Part time position established during the second year.

3. (Cont.)

STRUCTURE
THIRD QUARTER, SECOND YEAR

4. PROGRAM OBJECTIVES

The proposal was divided into three major components and the objects for the first year will be listed under each applicable component.

A. COMMUNITY SERVICES NETWORK COMPONENT

OBJECTIVES

1. Identify 1,500 "at risk" elderly through an Outreach Program, who without intervention will become institutionalized, determine their specific needs, and provide linkage with existing and new services available to meet their needs so institutionalization can be avoided or postponed.
2. To coordinate existing services through development of multi-service senior centers which provide information, referral and follow through, elimination of the current overlapping of fragmented services, thus creating a comprehensive system of services for the aged of the Model area. To stimulate existing services to become responsive to the needs of the isolated and homebound.
3. The expansion of existing services serving the elderly is acutely needed and new services will be created in order to provide adequate alternatives to prevent institutionalization. These services are enumerated in the Community Services Component.
4. Development of educational programs and training opportunities for staff serving the elderly. Providing education to the general public, (seniors in specific), about the aging process and provide information that will help the "at risk" population and their families become aware of services and alternatives of care available. This will be done through use of all public media. Provision for in-service training for staff and related agencies providing contract services as well as volunteers serving the project.

B. HEALTH CARE AND NUTRITION SERVICES COMPONENT

OBJECTIVES

1. The identification by Outreach staff of 1,000 isolated and homebound who need health care and nutritional services in order to prevent institutionalization.
2. Provide geriatric evaluation services to the "at risk" population and their families to explore alternatives to institutionalization and assist them in obtaining alternatives.
3. Increase the accessibility of doctors in rural areas of the Region through special staff provided to the Health Department and utilization of physical therapy services made available to the "at risk" group living in the community.

4. Increasing services to the elderly through extended use of Eastern Shore State Hospital, Deers Head and Pine Bluff, as well as other local facilities such as local Health Departments. (Services are listed under the Health and Nutritional Service Component.)
5. Prevention of nutritional deficiency through meals delivery systems including meals-on-wheels and congregate feeding as well as educational aspects of nutrition.
6. Socialization programs will be adjunct to meals programs in order to reduce isolation and provision for information regarding services available within the area.
7. Development of Health Profiles of the entire Lower Eastern Shore.

C. PLANNING, COORDINATION, EVALUATION AND ADMINISTRATION

OBJECTIVES

1. Develop the administrative mechanisms and through use of the State and Regional Task Force membership, develop adequate technical assistance to administer the project. Mobilizing all State, Federal and local agencies, institutions, organizations and private funding sources to meet the unique needs of the aged "at risk" population and promotion of existing agencies to provide as many alternative services as possible to the homebound and isolated.
2. To monitor all aspects of the "MAC" project and evaluate the extent to which the project has been able to meet its objective. To be available to the Regional Task Force and its committees on health, nutrition, community service and education.

These were continued and refined during the program's second year.

5. METHODS OF MEETING PROGRAM OBJECTIVES

In order to develop a comprehensive system of care and maximize use of current agencies and organizations and prevent overlap of services as well as to institute new and expanded services to meet the expressed needs of the elder population, the Model determined to utilize the existing skills of the Model Area and build new skills in aging programs in order to fill the existing gaps of service. This was done by subcontract with local existing agencies to fulfill the components' objectives of the Model's design.

Therefore, during the first year the Model Administrative staff was limited to two persons, a director of the Area-wide Model at the State level and a local person hired at the Regional level to coordinate and provide local technical assistance in program development. All the specific services which were in the original Model design were contracted out to local agencies for

implementation and a Scope of Services for each contractee was developed in order to meet the Goal of the Areawide Model.

The development of a data system was initiated by the end of the first program year. The Planner/Evaluator position was not created, therefore the position was left unfilled. This seriously hampered the actual utilization of raw data accumulated in the field. During the second program year the attached data was collected and proves very interesting; however, during the third year of operations definite refinement of this system is needed.

6. PROGRAM OBJECTIVES MET

A. Community Services

The project, during its first year, met the objective of reaching over 1,500 "at risk" elderly through the Outreach efforts of the MAC project. Through the skill of the Outreach workers and the Information and Referral Service, these "at risk" elders were able to express their specific needs and were referred to existing resources within the community. Where existing services did not exist, the program tried to provide the specific service or where this was not possible to document the gap that existed in order to provide a base of information upon which such needed services could be developed. During the second year numbers of elders were reached through the Outreach component with quarterly follow-up visits on all other identified clients.

Additional new and expanded services were developed to meet certain gaps in service which were developed. These specific new services went beyond the stated services in the original proposal to further enhance the program.

1. Multi-Service Senior Centers were developed in each of the four counties covered by the Model and were responsible for coordination of services at the county level as well as providing a battery of services to the elderly including Information and Referral, Outreach and Follow-up, Socialization, Transportation, etc. Multi-Service Senior Centers also have temporarily filled a gap in the area of Day Care. In each Center certain elders would not be able to function alone at home. They attend the Center while family members are working and not available to provide the attention needed during the day.

Deers Head, Adult Education, Health Department, Blind Institutions and Services of Maryland, University of Maryland Extension Service, Community Action agencies, as well as others, have been responsible through agreements

See Appendix I

or contracts with the Model to extend themselves to a much greater degree to meet the needs of the isolated and homebound and to increase and develop new ways of meeting the unique needs of the Lower Shore elder population.

2. During the first year of the Areawide Model, the following new services were created either by direct Model funds or specific agreements with MAC, utilizing other available funds. During the second year these services have been refined. Due to no increase in funding, it was impossible to expand numerous services where needs soon excelled staff and equipment. Due to such a dearth of services before the project's beginning, we have found a Pandora's box with frequently cumulative needs for the majority of elders served.

1. Transportation Service in each of the four counties.
2. Multi-Service Senior Centers have been established in each of the four counties.
3. Satellite Centers (Ten satellites function in conjunction with the main Multi-Service Senior Centers.
4. Outreach Services to the elders in each county.
5. Information and Referral and follow-up services in each county.
6. Repair service (in Dorchester and Somerset)
7. Home Care services (in Worcester, Somerset and Dorchester)
8. Socialization Programs (serving both non-institutional and institutional).
9. Community Physical Therapy Program (available to all four counties).
10. Dental Screening service (available to all four counties).
11. Screening and Outreach services to visually impaired. (available in all four counties)
12. Aging Services Unit of the University of Maryland Extension Program. (Available in all four counties)
13. Adult Education Service (Pilot project for elders) (Available in all four counties)
14. Manpower (Senior Aides Program) Resource Development (9 aides throughout the MAC project)
15. Nutrition program (Luncheon clubs) (Available in all four counties)
16. Film - on housing needs of the elders (available)
17. Training program (for professionals serving the elders)

Expansion of existing services

- a. Geriatric Evaluation Services provided a portion of the matching funds in the Model and as a result of the program expanded program to Dorchester County as well as a delayed expansion in Wicomico, Worcester and Somerset.

- b. Meals on Wheels of Dorchester
- c. Employment Counseling (Department of Employment)
(available in all four counties, conjunctive program)
- d. Media (Press, T.V., Radio)
- e. Grants Development: Technical assistance rendered by the MAC Project.

- (1) Commission on Aging of Worcester apply for a regular Title III grant to complement the current MAC services in Worcester County. The grant was approved and provided for three satellites to be established in coordination with the MAC Multi-Service Senior Center.
- (2) RSVP grant was submitted by Dorchester Community Development Corporation to ACTION for a volunteer program. Funds were not received until the end of the second ACTION year of MAC but provided an additional resource.

3. Educational programs were provided to nearly 300 elders directly through a special project with the Department of Adult Education. This occurred during both the first and ACTION years of the Model. Media time and programs provided by the University of Maryland Extension TV program, and local TV stations as well as radio and press gave liberally of their time to discuss aging programs and services.

Training programs orientation was initially provided to all program components and a two-day training program was provided for Nutrition Programming. Also, special training was provided those working in the field services with the elders of the Model. An Aging Course was developed through the MAC Project during its first year. After meeting with such success it was followed by another course the second year, and was accredited by Salisbury State College for all MAC staff. The course was made available to other persons working in liaisonship with MAC in the agencies serving the elder population.

B. Health Care and Nutrition Services Component

- 1. The Outreach staff was able to identify over 1,000 of those elders contacted as needing health care or nutritional services.
- 2. The Geriatric Evaluation Service provided by the local Health Department, covering Wicomico and Somerset Counties, expanded as a result of the Areawide Model to cover Worcester and Dorchester Counties. The Health Department provided this program as one portion of the

Match for the Areawide Model. This service had also been restricted to intervention of those elder persons to be committed to Eastern Shore State Hospital (mental hospital). This service was expanded to cover elders in crisis moving into Nursing Homes or other institutional settings. Near the end of the program year, additional funds were received for the Wicomico, Worcester and Somerset areas to expand the program and provide additional staff. Due to delay in hiring of staff the expanded program did not develop for several months.

3. The full program aspects expected to be fulfilled by providing staff to the Health Department was not realized during the first program year due to lack of clearance necessary from the State Health Department to provide the Model money for program development of GES Services within the Model. However, a new program was funded to the Health Department for Community Physical Therapy Services. These services were delivered to the entire Model area by Deers Head Hospital. During the second year through close scrutiny of the program it was decided that the Hospital in the third year would be reimbursed at the same rate as Medicare. The Mobile Eye Van provided an ophthalmologist and optometrist to travel throughout the Model area. This provided eye examinations to many elders who had totally neglected optical care, the major cause being lack of local eye specialists to provide services.

Dental screening was funded near the end of the first project year and through the first half of the second year. It provided screening services at multi-service centers in each county and also provided emergency care if persons have no local dentist from whom to receive such services. Data was collected in order to solicit additional programs for elder dental care since this is a neglected area in elder services, and little information on actual dental needs was available. During the second year negotiations for a dental van have been underway. The project, however, never added funds to support the cost of a dentist to man the van.

There remains a need for more family doctors to be available to elders within the Model area. The Somerset County Hospital in Crisfield has expanded its services to include surgical facilities and has added two doctors to its staff which has helped to enhance services.

Eastern Shore State Hospital has extended itself to the Model and has prepared the meals for the congregate luncheon program.

Deers Head and Pine Bluff have been very cooperative. Deers Head has provided the Community Physical Therapy program and discussions have been held regarding use of this facility for day care. As yet, no specific program has been developed but is still under consideration.

Guidelines for day care are currently being developed by the State. Pine Bluff provided respite beds for the elderly and gave office space to the MAC Project for a Regional Office and is preparing meals for the congregate program.

4. The MAC Model provided a pilot project of congregate meals for elders. This service phased into the Title VII Nutrition Program as soon as funds became available. The pilot only allowed for 120 meals per day, however with Title VII over 300 meals per day are being served currently. The project made technical assistance available to the Cambridge Meals on Wheels program. This program, along with the Nutrition Project for Dorchester County are receiving meals prepared at Eastern Shore State Hospital.

A contract with the University of Maryland provided an Aging Unit. Geriatric Specialists were available to each Multi-Service Senior Center to provide nutrition education and provide in-home services regarding nutrition and other specific areas, specified in Section XI of this report. Extension agents also provided specific programs at each of the multi-service Senior Centers.

5. Socialization programs are available to community residents participating in the MAC project. The programs are for County residents and arrangements have been made with local nursing homes to involve residents in the activities of the Center program.

Health profiles have been completed for each County by the Health Planning Council of the Eastern Shore.

C. Planning, Coordination, Evaluation and Administration

1. A State Task Force was formed during the planning period of the Model. It was made up of different agencies, within the State serving the aged. The State Director had the expertise of these liaison representatives available to discuss any problems or to facilitate new or expanded aging programs.

2. Due to the excellent cooperative effort of the State, Federal and local governments and agencies, institutions, organizations and private funding sources, 17 new services were developed and numerous existing programs and organizations have expanded their programs and priorities to extend or include elder programs and projects. The obvious success of the mobilizing effort of agencies and organizations became clear in the numerous services developed. A number of innovative programs for this area have been introduced in cooperative efforts with other agencies.

3. Close monitoring efforts were made in the initial stages and frequent site visits to provide technical assistance in the start-up, program emphasis, and planning efforts for accomplishing the Scope of Services designed within each contracted service.

The contract of the initial evaluation design was reviewed during the first half of fiscal '73 by the Evaluation Department of Social Services and found to be cumbersome and inadequate for use; therefore, the Model requested a special staff position to be responsible for ongoing planning and evaluation within the staff of the project. This position, although approved by AoA, could not be filled due to lack of a formal position being established for the State Commission on Aging. However, the AAA now has planning and evaluative capacity within their staff. Due to the delay of staff to collate raw data, this specific program area was deferred to the second program year. However, the raw data was available and is being drawn on for future planning by the Area Agency on Aging. Since the administration of the project has been turned over to the MAC Board they have done a good job of administering the program. The State Commission feels this has been an effective method of creating an aging entity where none exists. It also allows local persons to be the decision makers regarding both the planning and implementing of services they need. The structure of the Regional Task Force was revised. A revision request was submitted to AoA at the beginning of the third quarter of the first year, since it seemed apparent that in order to have an effective task force, the groups needed to be organized on a county-by-county basis and would provide as one function an Advisory Board to each of the Multi-Service Senior Centers. This thus allows them to be current on all coordination efforts and brought up to date on all the aging activities throughout their county as well as assisting in the identification of specific needs. These task forces are developing committees to look at individual need areas and identify gaps which appear in the data collected. They will then be able to feed their ideas into the MAC Board of Directors through the Regional Advisory Council. The Regional Advisory Board is made up of representatives of these task forces and local Commissions on Aging.

During the second year the Model funds have been phased out and MAC, Inc. has become the officially designated Area Agency on Aging. This transition was relatively easy programmatically since the Model had focus in on the low income, minority and handicapped elderly, and also had contracted services out to existing agencies. The Regional Office staff had already phased into responsibility for administrative functions, planning, coordination and pooling of resources.

However, new forms and procedures, data gathering related to the AAA had to be integrated into the existing mechanisms.

The most difficult problem to be faced was the financial decline of Model funds. The AAA appropriations were only about one fourth of the current funds in the Model area, therefore the State Commission allotted funds from bulge monies to allow the program to operate at its previous rate of expenditure. The third year is even more difficult; both State and Federal funds are being sought to continue the program and if possible expand services to persons we have identified during the first two program years, but because of limited funds and personnel, their needs continue to go unmet. For the thousands served we need to insure continuance of the developed services.

BRIEF STATEMENT
OF
SERVICES AVAILABLE

TRANSPORTATION - Transportation continues to be a high priority, crucial to service delivery within this rural area. Mini-buses have been purchased and transportation provided for elders participating in programs coordinated, sponsored, or operated by the multi-service Senior Centers. The number of buses is not adequate to provide a total transportation system, but has provided a pilot system upon which to substantiate and document need, routing and cost factors. This information can be utilized by the AAA in developing a transportation proposal to be used as a base for securing other sources of funds to help meet transportation needs. The project has worked with the only local transit authority. It is located in Salisbury and the company has modified their route to include a pick-up at the Multi-Service Senior Center. Currently, their services cover less than 5% of the total project area. Preliminary discussion was held with the transit board about expansion of service to cover other counties within the Model. This is possible, however no further expansion can take place until further funds are secured. They would, of necessity due to the rural nature of the area, provide a general service and probably could not be responsive to more individualized needs, therefore, the elder mini-bus system will need to be continued and probably expanded. The State Department of Transportation was contacted and we participated in a seminar held on transportation needs in Maryland. It was learned that little emphasis had been given to the rural needs.

As a result of this seminar, the project began working together with other agencies and a Maryland Senator to encourage the hiring of a staff person to work in the area of rural transportation systems with attention to special needs of the elder population. This work needs to continue. Also, the local transit authority has applied for further funding for its small urban system. Use of revenue sharing funds needs more extensive exploration, as an available resource for transportation expansion.

During the operation of the mini-bus system, units of service have been provided to elders needing transportation. The attached data will begin to indicate the usefulness of this system.*

It must be noted that funds were not adequate to allow for staff to function solely as bus drivers so this became a doubled function of Multi-Service Senior Center staff. We hope to hire at least part-time bus drivers to provide this service so that Center staff can concentrate on their own specific roles such as Outreach which are also critical services.

See Appendix II

MULTI-SERVICE SENIOR CENTERS AND SATELLITES - A Multi-Service Senior Center has been established in each of the four counties covered by the Model Project. Tabulated data on services is attached at the end of this section.* These centers each provide:

1. Coordination of Services and Activities for the Elders Within Their Respective County. They coordinate areawide activities with the MAC Regional Office. In conjunction with this service they are developing a directory of services in each county which will be further developed by the Regional Office into a Regional directory of elder services. This directory should be completed for distribution by spring of '75.

2. Information and Referral Services* - This service is open to the elder population and general inquiries for resources are provided. However, the major thrust of the service is directed to the "at risk" elders and more detailed information, Outreach, and follow-up services are provided to the "at risk" elders. Counseling services are provided through the Center when other local resources are not available. The Information and Referral service has been heavily used by the elder population and other agencies serving the aged are also using this as their information bank.

The Health and Welfare Council of Baltimore provides the training for the MAC Staff and also provides back-up service for the project. This assistance provided excellent training and accelerated the implementation of this service. Four months after the service was operational the Aging Specialist for the Health and Welfare Council made a follow-up visit to each center and reported to the State Director of the MAC project that this service was being extremely well carried out and with the additional service of outreach staff available to the client it was providing an excellent service. In addition, each "at risk" referred for outreach will receive follow up on a quarterly basis for the remainder of the Model Project's life.

3. Outreach Services and Follow-Up** - This service is provided to the "at risk" elders. Workers visit in the home and discuss needs and available resources. When other resources are not available, the appropriate program staff tries to provide the necessary services. Also, if sources are not available, documentation of specific unmet needs are compiled in order to provide actual data upon which to substantiate the creation of new services.

Each "at risk" elder receives a quarterly follow-up visit or call to see if changes have occurred or additional services are needed and follow through on identified original needs to insure they have been met. This data gathering will continue over the life of the Model Project. Outreach workers will also provide escort service when no other relatives, friends, agency

*See Appendix III

**See Appendix IV

or organization is available to provide this service; however, volunteers are solicited whenever possible. It is difficult for existing staff to meet the demand of Outreach services needed. The Outreach service has provided visits to the homes of elders within the Model area. Due to small staffs available at each Multi-Service Senior Center, Outreach workers also provided a certain amount of time in transportation of elders and program activities. Through their current efforts, elders have received many services which they were entitled to but through lack of knowledge of the specific resource or lack of agency response to certain needs indicated, they had been neglected. None of the existing service agencies provided Outreach into the community except the Community Action Agencies, however, even within these agencies only minimal stress had been placed on servicing the elder clientele prior to the initial meeting of the MAC Task Force in March of 1972.

4. Socialization, Education, Community Resource Programs

- (a) The center provides a variety of social and recreational activities available on a daily basis. The community has supported these activities by donating a variety of articles, such as, pianos, TV's, etc., for this portion of the program. Elders who are institutionalized are also included in these programs in increasing numbers and special games and activities are available for the visually handicapped. Ramps and other safety measures have been installed in the Multi-Service Centers as necessary.
- (b) During the first year each County Center provided four Adult Education classes to the elders. This is done through a special grant made available to the MAC project by the Maryland Department of Education. The classes offered at the sites were selected by the elders who are the actual participants. The cost of instruction and materials was provided by the Department of Education.

The Maryland Commission and the Department of Education conducted a joint project to provide for the many elders from this area who had not completed their primary or secondary education as they grew up and who probably would not feel comfortable participating in such courses if offered at a school or college setting, this approach providing an opportunity to take advantage of a wide variety of courses available through Adult Education to enhance current interests and gain skills in new interest areas. In the first year this program surpassed our original expectation and the local support for continuation of this program is tremendous. The first set of sixteen classes served almost 300 different elders. The majority of participants had not completed secondary school and had not participated in any educational classes since they left school. However, in no way were persons who had completed their high school or higher level of education discouraged from participating in these classes. The subject matter in each class is a direct result of a survey among the elders of the classes as to courses they wish to take. This program was repeated during the second year and class enrollment has increased and enthusiasm remains high. It is no

longer under a special grant but is now a part of the local Adult Education courses offered in these counties.

Salisbury College now provides classes at no cost to elders over age 60, and this provides additional opportunities for elders to participate in personal or professional pursuits.

The Multi-Service Centers consisted of a Center Director, 1½ Outreach staff and the services of one or more Senior Aides. Only two aides were available during the first three months the centers were open, however, by the end of the first year, we had a total of nine Senior Aides (part-time) working within the MAC project and that has been increased to 14 during the second year.

(c) Each Multi-Service Center provides regular programs which advise the elders of the multiple services which are available to meet their needs. Federal, State and local agencies and organizations are asked to provide informative programs about their services and any eligibility requirements that must be met to obtain these services.

5. Public Awareness of the Elder Population - The use of all public media are mobilized to insure that the public is aware of the needs, concerns and actions of its elder population as well as the elders themselves. Special emphasis is used to reach the elder himself, and his family which often plays a major role in the decisions which affect the elder person, such as, independent living situations, versus institutionalization. Through the use of media, services, activities and alternative possibilities for a variety of situations affecting the elderly can be explained or proposed and sources of counseling and other resources can be made readily available to persons who might otherwise be unaware of existing resources. The project developed a film on Housing Needs of the Elderly which has been used with local organizations and agencies to sensitize them to alternatives available for safe, independent community housing for elders.

The MAC Component, University of Maryland is currently developing media programs. One of the innovations which we hope to have implemented is closed circuit TV directed into the Multi-Service Senior Centers so that information and programs can be made available simultaneously throughout the Model. Hopefully, these can then be expanded to the Satellite operations.

6. Manpower Opportunities - This service is limited at the Center sites although the Centers keep a register of persons who wish jobs and those seeking assistance. Referral is always made to the employment office, but jobs are limited in number. The MAC program, through use of nine Senior Aide slots secured by the project during the first year and an added five slots during the second year, has employed elders who have been active as hostesses, Outreach Aides, and repair personnel and have contributed greatly to the program. Senior Aides are expected to be absorbed by the project whenever job openings occur for which they qualify. As the Nutrition Program expanded under Title VII, the many hostess positions were filled by senior persons.

7. The Multi-Service Senior Centers* also provided a pilot Luncheon Club program which has now phased into Title VII. The sites remain the same and a great deal of the program's strength lies in its integration with the other services provided by the MAC Center. Satellites are being developed which will house the Nutrition Program as well as allow the entire Areawide Model, Title VII and regular Title III programs to be totally integrated at the program level. The Housing Authorities of both Wicomico County and Cambridge have provided their facilities for sites of the Nutrition program.
8. Satellite Centers - Three additional satellite centers were developed in each county. In the beginning they were only open one, two or three days each week, however, where there is need for full five day week programs, these satellites will be open three to four hours per day. Additional personnel would be needed if they are expanded to full eight hour day programs.
 These sites have programs and services available the same as the Multi-Service Senior Center. In some cases not all services will be available every day, but essential services, such as, Transportation, Outreach, Information and Referral will be available on a daily basis. The main Centers can always be contacted as well.
9. Home Care Services** Homemaker Health Aides are available to provide services in homes of elders who are in need of personal and housekeeping services in order to remain in an independent living situation. This is a pilot project to show cost effectiveness in a combined Homemaker Health Aide Service rather than the split service now used in Maryland where Department of Social Services has Homemakers and the Health Department has Health Aides. These services are currently available in both cases within the Model area, the impact of both services however is nominal, and few elders are reached. The Home Care Services are available on a sliding scale basis in Worcester and Somerset as well as contracted services with the existing Home Helpers Program in Dorchester.

AGING SERVICES AND NUTRITION SUPPORT**

A special component was funded to the University of Maryland Extension Service to create a special Unit of Aging Services. This aging specialist is developing innovative programs to maintain elders within their own homes, special educational programs, materials, and will provide training and sensitivity about the aging population to Extension staff and other professionals as well as volunteers within the Model project. Program Assistants for the Aging Unit provide Nutrition Education, shopping services, and other nutrition and home activity services. They are specifically available to the Luncheon Club program now under Title VII. Also Extension Agents provide special programs at all of the Multi-Service Senior Centers and Satellite Centers.

*See Appendix V

**See Appendix VI

***See Appendix VII

COMMUNITY PHYSICAL THERAPY - This was a new service created to serve the elderly to avoid institutionalization in order to receive physical therapy service. Elders come on an outpatient basis and receive prescribed physical therapy, special equipment, follow-up services and referral for other medical or social services needed. Deers Head Hospital has been able to provide this service to all four counties. The service was expected to have a substantial increase and at least triple the number of elders served during its second year of operation. The increase did not materialize during the second year and so during the third year the contract will be on a Medicaid fee basis of those actually given in order to lower cost. For those using the service, it proved to be very valuable. Over seventy persons received services during the first year; many of these came numerous times for treatment. There was a slight increase for the second year but the alternative reimbursement of fee should prove more satisfactory.

REPAIR SERVICE* - This service provides staff to do necessary repairs for the "at risk" elderly and assists up to \$50 per household for the cost of required repairs. Referrals are made to the FHA if repairs are to be costly. Referral is made to the MAC Multi-Service Center if further needs are identified during a repair visit, and supervision is provided by the Housing Unit of Shore Up, Inc.

DENTAL SCREENING PROGRAM - Five hundred elders are being screened and specific data collected in order to provide information to Health Department and other funding sources to help meet the special dental needs of the elderly. Now limited services are available, and only a few dentists are available, to the elders in the Model area. For elders on restricted income, dental needs are often seen as low priority, but may seriously affect their health and nutrition habits. Elders were checked for oral cancer and other diseases. Also, emergency dental services were provided. Data will be used to secure funds for expanded and new dental services for the elderly.

SPECIAL SERVICE TO THE VISUALLY IMPAIRED - Due to the susceptibility of eye diseases and the large number of elderly with poor sight, special consideration was given to this need area. A mobile eye van was made available to the Model area through Blind Industries and Services of Maryland, and elders were screened and data gathered. A special Outreach worker is responsible for follow-up services to those indicated in the screening as needing specific services. Also, the worker seeks out the many impaired elders within the Model who are blind or severely impaired who are not aware of special services which are available to meet their needs. Special technical devices may be purchased for individuals if this will help them maintain independent living conditions. The State and local units of the Department of Rehabilitation also provided technical assistance in developing and executing the services to the visually impaired and handicapped served by the Model. The Outreach worker reports to the Department of Rehabilitation information for their State Register of Blind Persons identified within Maryland. During the second half of the second year Center Outreach workers were trained to carry on the identification of the visually impaired in each county.

*See Appendix VIII

GERIATRIC EVALUATION SERVICE* - This service was limited to screening elders entering mental hospitals until this year, however, the program has now been expanded to cover crisis situations not only for the mentally disturbed but for elders with physical needs as well who would be placed in an institutional setting. Their needs are evaluated and alternatives developed where appropriate. This has effectively reduced the institutionalization of elders within the Model. Program expansion has provided additional staff for more supportive follow-up services in the community and educating other agencies involved with these clients to more effectively meet their needs in the community setting. The team currently consists of a Doctor, Social Worker, Occupational Therapist and Nurse. The team serving the lower three Shore counties was expanded at the end of the first year through a grant received from Title XIX of the State Department of Health and Mental Hygiene. The Dorchester Unit came into existence as match for the Areawide Model and therefore coverage was provided throughout the project area by these two GES programs.

The Units have served 560 number of persons during the program year. Currently the unit cost is extremely high. The State Health Department is revising its data collection system and will be able to have a clearer picture for study of cost factor.

EDUCATION OF STAFF AND PROFESSIONALS - Specific courses have been designed by the MAC project and are accredited by Salisbury College to provide basic skills in the field of aging. The first three credit courses were open to all MAC staff (required) regardless of educational background and other professionals working with elders within the Model were invited to participate. The first course was on the major aspects of aging and noted specialists from a variety of fields, Health, Education, Psychology, etc. They provided an hour lecture and then students broke into work groups to discuss the materials provided by the lecturer and how they could utilize this information in the field, also one hour of field experience was required. The Health Education Unit of Department of Health and Mental Hygiene provided excellent support to the MAC project and were instrumental in the course design. The second year the course offered explored the psychological process of aging and was conducted by the Aging Specialist of the University of Maryland at Salisbury College under a joint effort. Such cooperation provides both quality and a reduction in cost for program implementation.

MAC staff has provided special seminars in the area of Nutrition Services for the Elderly, Elderly and the Law, and Available Social Services. These were also open to the entire professional community of the Model and about 60 participants appeared for each Seminar.

Each contractor within the Model is also responsible for specific in-service training programs for their employees. The Administrative staff provided an orientation session for MAC staff at the initiation of the program and has provided training for the Board of Directors. The Regional Office of the Administration participated in initial training the Board membership as well as staff from the Maryland Commission on Aging.

*See Appendix IX

REGIONAL COORDINATION PLANNING AND TECHNICAL ASSISTANCE - The MAC staff has worked to bring about a closer working relationship between agencies and professionals within the Model, and are developing a directory of services covering the entire Model area. Local elders and professionals were drawn together to participate in the planning process of the MAC Model. The Board which was developed as a result of this project has become incorporated and has become the Area Agency on Aging for the Model area.

Due to the newness of the regional concept, some resistance has been met and certain agencies feel threatened that territorial rights may be invaded. The staff is working to allay these fears while constantly trying to create an atmosphere where the professional community meets together and through an understanding of mutual goals will become more closely allied.

The staff is available to work with MAC contractees and other agencies and organizations within the Model area. To provide technical assistance in planning with current programs and the creating of new needed programs to serve the elders of the area including the locating of funding sources. The current program has been instrumental in the expansion of current GES programs, free college and Adult Education classes as well as locating added funding for three satellite operations in Worcester county. The Administrative Staff was pleased to find a great deal of cooperation and willingness to share talents and information with the project from many Federal, State and especially local agencies, both government, non-government and organizations. It would have been impossible to have accomplished the many new and expanded programs without such dedication.

APPENDIX I

MAINTENANCE OF AGED IN THE COMMUNITY
THE "AT RISK" POPULATION AND ITS CHARACTERISTICS

While any person over 60 years of age is eligible for MAC services, an effort is made to reach out to an "at risk" population - those persons who, without alternative community services, may become institutionalized.

Persons are identified by MAC outreach workers in Dorchester, Somerset, Wicomico, and Worcester counties, as "at risk" through the use of a form that details health, social, and environmental factors, which may (1) limit an individual's access to services or (2) highlight an area of need that may best be met through the coordination of existing resources or the initiation of a new service. "At risk" persons are those with two or more characteristics.

The current "at risk" form was not utilized in all four counties until December, 1973. For this reason, the unduplicated number of "at risk" persons and their "at risk" characteristics are presented from this date.

Time and staff limitations prevented a monthly compilation of the characteristics for Wicomico County's "at risk" population. While the total for this period was available and is provided, a monthly count may be supplied at a later date.

MAINTENANCE OF AGED IN THE COMMUNITY

'AT RISK' CHARACTERISTICS

More detailed information and data relating to the health, social, and environmental "at risk" characteristics is available, although not presented here. Below are the more detailed characteristics that comprise the "at risk" form and reflect more specialized needs for and limitations to services.

'AT RISK' CHARACTERISTICS

HEALTH

Limited Mobility - bedridden, confined to wheelchair or walker, difficulty in getting around house, confined to house.

Handicapped - visually impaired, hearing impaired, loss of tactile sense, other.

Mental/Emotional Status - confused, depressed, alcoholism problem, restricts self to house.

Limited in Personal Care Activities - bathing, dressing, clothing care and repair, incompetent.

Refuses Assistance - medical, personal, social.

Health Care Payment Limited - no medicare, no medicaid.

SOCIAL

Limited Personal Contact - relatives, friends/neighbors, community activities

Lives Alone

Restricted Income - (below \$2100 for single person, \$2600 for couple).

Eligible But Not Receiving - social security, other income and resources

No Phone in House or Readily Available

Needs Reorientation to Community Living

ENVIRONMENT

Transportation Needs Unmet - medical, shopping, agency services, other

Nutrition Assistance - meal preparation, meal delivery, congregate meals program, adequate facilities to prepare meals at home, transportation

- 2 -

Home Services Needed - in-home services (personal, housekeeping, other), day care.

Physical Housing Needs - impending move, inability to make needed repairs, inadequate housing, indoor toilet facilities non-existent, unvented heating.

Distance to Nearest Facilities to Meet Basic Needs - two miles, four miles, over five miles.

MONTHLY "AT RISK" CHARACTERISTICS

DORCHESTER COUNTY

DECEMBER, 1973 - SEPTEMBER, 1974

	<u>DEC.</u>	<u>JAN.</u>	<u>FEB.</u>	<u>MAR.</u>	<u>APR.</u>	<u>MAY</u>	<u>JUNE</u>	<u>JULY</u>	<u>AUG.</u>	<u>SEPT.</u>	<u>TOTAL</u>
<u>HEALTH</u>											
LIMITED MOBILITY	20	16	15	9	10	4	1	6	3	3	87
HANDICAPPED	16	26	33	21	26	4	4	4	12	5	151
MENTAL/EMOTIONAL STATUS	9	7	5	2	4	4	2	6	5	7	51
LIMITED IN PERSONAL CARE ACTIVITIES	7	5	4	3	4	0	0	2	3	0	28
REFUSES ASSISTANCE	1	0	0	0	1	0	0	2	4	0	8
HEALTH CARE PAYMENT LIMITED	3	5	8	1	2	2	0	1	9	0	31
<u>SOCIAL</u>											
LIMITED PERSONAL CONTACT	42	36	28	8	11	1	1	5	9	3	144
LIVES ALONE	12	30	21	3	15	6	8	6	6	2	109
RESTRICTED INCOME	20	42	23	21	16	18	13	10	18	7	188
ELIGIBLE BUT NOT RECEIVING INCOME	0	4	5	2	0	0	0	1	7	0	19
NO PHONE IN HOUSE OR READILY AVAILABLE	2	12	7	1	4	1	4	2	2	1	36
NEEDS REORIENTATION TO COMMUNITY LIVING	2	2	1	0	0	0	1	0	4	0	10
<u>ENVIRONMENT</u>											
TRANSPORTATION NEEDS UNMET	7	22	30	2	13	6	8	5	10	1	104
NUTRITION ASSISTANCE	14	12	22	2	10	2	7	3	8	0	80
HOME SERVICES NEEDED	1	4	12	4	8	3	0	2	4	0	38
PHYSICAL HOUSING NEEDS	8	18	30	19	24	15	12	12	16	2	156
DISTANCE TO NEAREST FAC.	5	29	42	21	21	20	17	18	18	11	202

SOURCE: MAC Multi-Service Senior Center Monthly reports
MAC - Nov., 1974

MONTHLY "AT RISK" CHARACTERISTICS

SOMERSET COUNTY

DECEMBER, 1973 - SEPTEMBER, 1974

	<u>DEC.</u>	<u>JAN.</u>	<u>FEB.</u>	<u>MAR.</u>	<u>APR.</u>	<u>MAY</u>	<u>JUNE</u>	<u>JULY</u>	<u>AUG.</u>	<u>SEPT.</u>	<u>TOTAL</u>
<u>HEALTH</u>											
LIMITED MOBILITY	11	19	3	13	7	13	17	32	15	10	140
HANDICAPPED	6	15	7	15	9	14	10	27	13	13	129
MENTAL/EMOTIONAL STATUS	1	11	2	9	3	3	3	18	4	5	59
LIMITED IN PERSONAL CARE											
ACTIVITIES	2	3	5	8	0	3	4	0	1	0	26
REFUSES ASSISTANCE	0	0	0	4	4	0	3	0	0	0	11
HEALTH CARE PAYMENT											
LIMITED	6	1	3	13	10	0	0	0	2	0	35
<u>SOCIAL</u>											
LIMITED PERSONAL CONTACT	7	18	2	2	13	15	15	29	8	10	119
LIVES ALONE	5	4	7	20	14	17	12	17	10	14	120
RESTRICTED INCOME	13	31	12	46	22	26	27	24	10	12	223
ELIGIBLE BUT NOT											
RECEIVING INCOME	0	4	4	9	6	0	1	6	3	1	34
NO PHONE IN HOUSE OR											
READILY AVAILABLE	8	17	8	6	8	10	9	10	7	12	95
NEEDS REORIENTATION TO											
COMMUNITY LIVING	0	5	0	1	3	1	2	1	1	1	15
<u>ENVIRONMENT</u>											
TRANSPORTATION NEEDS											
UNMET	33	46	12	42	42	63	51	55	38	23	405
NUTRITION ASSISTANCE	1	3	6	36	12	9	9	3	2	1	82
HOME SERVICES NEEDED	1	2	2	1	0	0	1	0	1	0	8
PHYSICAL HOUSING NEEDS	2	43	7	17	16	10	20	58	7	13	193
DISTANCE TO NEAREST FAC.	1	8	4	17	22	14	17	18	4	14	119

SOURCE: MAC Multi-Service Senior Center Monthly reports
MAC - Nov., 1974.

MONTHLY "AT RISK" CHARACTERISTICS

WORCESTER COUNTY

DECEMBER, 1973 - SEPTEMBER, 1974

	<u>DEC.</u>	<u>JAN.</u>	<u>FEB.</u>	<u>MAR.</u>	<u>APR.</u>	<u>MAY</u>	<u>JUNE</u>	<u>JULY</u>	<u>AUG.</u>	<u>SEPT.</u>	<u>TOTAL</u>
<u>HEALTH</u>											
LIMITED MOBILITY	23	11	3	3	4	2	1	2	14	8	71
HANDICAPPED	13	7	1	4	0	2	0	1	5	0	33
MENTAL/EMOTIONAL STATUS	13	3	4	3	4	4	1	4	9	7	52
LIMITED IN PERSONAL CARE ACTIVITIES	7	3	0	2	0	0	3	0	1	0	16
REFUSES ASSISTANCE	0	0	0	0	0	0	0	0	0	0	0
HEALTH CARE PAYMENT LIMITED	1	3	2	0	0	0	0	0	0	0	6
<u>SOCIAL</u>											
LIMITED PERSONAL CONTACT	4	7	3	6	2	1	3	0	3	0	29
LIVES ALONE	11	5	3	6	10	6	2	1	11	5	60
RESTRICTED INCOME ELIGIBLE BUT NOT RECEIVING INCOME	8	8	6	6	8	8	4	5	20	7	80
NO PHONE IN HOUSE OR READILY AVAILABLE	1	5	2	2	0	8	3	2	3	3	29
NEEDS REORIENTATION TO COMMUNITY LIVING	2	6	1	1	0	2	0	0	2	2	16
	0	0	0	0	0	0	0	0	0	0	0
<u>ENVIRONMENT</u>											
TRANSPORTATION NEEDS UNMET	12	11	5	4	7	7	7	6	25	8	92
NUTRITION ASSISTANCE	0	6	1	0	0	1	0	2	5	0	15
HOME SERVICES NEEDED	2	2	0	2	0	0	0	2	0	0	8
PHYSICAL HOUSING NEEDS	28	10	4	6	8	7	9	3	15	1	91
DISTANCE TO NEAREST FAC.	9	12	4	1	4	0	0	0	2	0	32

SOURCE: MAC Multi-Service Senior Center Monthly reports
MAC - Nov., 1974

MONTHLY "AT RISK" CHARACTERISTICS
THREE COUNTY TOTAL
DORCHESTER, WORCESTER, SOMERSET
DECEMBER, 1973 - SEPTEMBER, 1974

	DEC.	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	TOTAL
<u>HEALTH</u>											
LIMITED MOBILITY	54	46	21	25	21	19	19	40	32	21	298
HANDICAPPED	35	48	41	40	35	20	14	32	30	18	313
MENTAL/EMOTIONAL STATUS	23	21	11	14	11	11	6	28	18	19	162
LIMITED IN PERSONAL CARE	16	11	9	13	4	3	7	2	5	0	70
ACTIVITIES	1	0	0	4	5	0	3	2	4	0	19
REFUSES ASSISTANCE											
HEALTH CARE PAYMENT	10	9	13	14	12	2	0	1	11	0	72
LIMITED											
<u>SOCIAL</u>											
LIMITED PERSONAL CONTACT	53	61	33	16	26	17	19	34	20	13	292
LIVES ALONE	28	39	31	29	39	29	22	24	27	21	289
RESTRICTED INCOME	41	81	41	73	46	52	44	39	48	26	491
ELIGIBLE BUT NOT											
RECEIVING INCOME	1	13	11	13	6	8	4	9	13	4	82
NO PHONE IN HOUSE OR											
READILY AVAILABLE	12	35	16	8	12	13	13	12	11	15	147
NEEDS REORIENTATION TO											
COMMUNITY LIVING	2	7	1	1	3	1	3	1	5	1	25
<u>ENVIRONMENT</u>											
TRANSPORTATION NEEDS											
UNMET	52	79	47	48	62	76	66	66	73	32	601
NUTRITION ASSISTANCE	15	21	29	38	22	12	16	8	15	1	177
HOME SERVICES NEEDED	4	8	14	7	8	3	1	4	5	0	54
PHYSICAL HOUSING NEEDS	38	71	41	42	48	32	41	73	38	16	440
DISTANCE TO NEAREST FAC.	15	49	50	39	47	34	34	36	24	25	353

SOURCE: MAC Multi-Service Senior Center Monthly reports
MAC - Nov., 1974

MONTHLY "AT RISK" POPULATION AND ITS CHARACTERISTICS
DORCHESTER, SOMERSET, WICOMICO, WORCESTER COUNTIES

DECEMBER, 1973 - SEPTEMBER, 1974

	<u>Dec.</u>	<u>Jan.</u>	<u>Feb.</u>	<u>Mar.</u>	<u>Apr.</u>	<u>May</u>	<u>June</u>	<u>Jul.</u>	<u>Aug.</u>	<u>Sept.</u>	<u>Total</u>
DORCHESTER COUNTY											
TOTAL NO. "AT RISK" PERSONS	68	73	65	47	39	25	31	20	24	12	404
TOTAL NO. "AT RISK" CHAR.	169	270	286	119	169	86	78	85	138	42	1442
HEALTH	56	59	65	36	47	14	7	21	36	15	356
SOCIAL	78	126	85	35	46	26	27	24	46	13	506
ENVIRONMENT	35	85	136	48	76	46	44	40	56	14	580
SOMERSET COUNTY											
TOTAL NO. "AT RISK" PERSONS	20	73	42	56	34	38	44	30	27	15	379
TOTAL NO. "AT RISK" CHAR.	97	230	84	259	191	198	201	298	126	129	1813
HEALTH	26	49	20	62	33	33	37	77	35	28	400
SOCIAL	33	79	33	84	66	69	66	87	39	50	606
ENVIRONMENT	38	102	31	113	92	96	98	134	52	51	807
WICOMICO COUNTY											
TOTAL NO. "AT RISK" PERSONS	19	31	17	28	25	18	15	9	18	25	205
TOTAL NO. "AT RISK" CHAR.*											705
HEALTH											201
SOCIAL											260
ENVIRONMENT											244
WORCESTER COUNTY											
TOTAL NO. "AT RISK" PERS. 10 ³	12	14	14	10	15	10	15	11	20	9	126
TOTAL NO. "AT RISK" CHAR.	134	99	39	46	47	48	33	28	115	41	630
HEALTH	57	27	10	12	8	8	5	7	29	15	178
SOCIAL	26	31	15	21	20	25	12	8	39	17	214
ENVIRONMENT	51	41	14	13	19	15	16	13	47	9	238

*Time did not permit the tabulation of "at risk" characteristics on a monthly basis for this representation. Figures were available for the total time period.
Rev., 1974

"AT RISK" POPULATION AND ITS CHARACTERISTICS
DORCHESTER, SOMERSET, WICOMICO AND WORCESTER COUNTIES
DECEMBER, 1973 - SEPTEMBER, 1974

	<u>DORCHESTER</u>	<u>WICOMICO</u>	<u>SOMERSET</u>	<u>WORCESTER</u>	<u>TOTAL</u>
TOTAL NO. "AT RISK" PERSONS	404	205	379	126	1114
TOTAL NO. "AT RISK" CHAR.	1442	705	1813	630	4590
<u>HEALTH</u>					
LIMITED MOBILITY	87	54	140	71	352
HANDICAPPED	151	72	129	33	385
MENTAL/EMOTIONAL STATUS	51	36	59	52	198
LIMITED TO PERSONAL CARE					
ACTIVITIES	28	17	26	16	87
REFUSES ASSISTANCE	8	2	11	0	21
HEALTH CARE PAYMENT LIMITED	31	20	35	6	92
<u>SOCIAL</u>					
LIMITED PERSONAL CONTACT	144	79	119	29	371
LIVES ALONE	109	74	120	60	363
RESTRICTED INCOME	188	85	223	80	576
ELIGIBLE BUT NOT RECEIVING INCOME	19	11	34	29	93
NO PHONE IN HOUSE OR READILY					
AVAILABLE	36	10	95	16	157
NEEDS REORIENTATION TO COMMUNITY					
LIVING	10	1	15	0	26
<u>ENVIRONMENT</u>					
TRANSPORTATION NEEDS UNMET	104	141	405	92	742
NUTRITION ASSISTANCE	80	31	82	15	208
HOME SERVICES NEEDED	38	16	8	8	70
PHYSICAL HOUSING NEEDS	156	24	193	91	464
DISTANCE TO NEAREST FACILITIES	202	32	119	32	385

SOURCE: MAC Multi-Service Senior Center Monthly reports
 MAC - Nov., 1974

"MAC"
MAINTENANCE OF AGED IN THE COMMUNITY
"AT RISK" POPULATION INDICATION
MONTHLY SUMMARY

HEALTH	SOCIAL	ENVIRONMENT	Name of Client	
1. <u>LIMITED MOBILITY</u> a. Bedridden b. Wheel Chair or walker c. Difficulty getting around house d. Confined to house 2. <u>HANDICAPPED</u> a. Visually impaired b. Hearing impaired c. Loss of tactile sense d. Other: (Specify)	<u>SOCIAL</u> 1. <u>LIMITED PERSONAL CONTACT</u> a. Relatives b. Friends/Neighbors c. Community activities 2. <u>LIVES ALONE</u>	<u>ENVIRONMENT</u> 1. <u>TRANSPORTATION NEEDS</u> a. Medical b. Shopping c. Agency Services d. Other (Specify) 2. <u>NUTRITION ASSISTANCE</u> a. Meal preparation b. Meal delivery c. Congregate Meals d. Adequate facilities e. Prepare food at home f. Transportation 3. <u>HOME SERVICES NEEDED</u> a. In home service (1) Personal (2) Housekeeping (3) Other Specify b. Day Care 4. <u>PHYSICAL HOUSING NEEDS</u> a. Impending move b. Inability to make needed repairs c. Inadequate housing d. Indoor toilet facilities non-existent e. Unvented heating	1. <u>LIMITED PERSONAL CONTACT</u> a. Relatives b. Friends/Neighbors c. Community activities 2. <u>LIVES ALONE</u>	<u>ENVIRONMENT</u> 1. <u>TRANSPORTATION NEEDS</u> a. Medical b. Shopping c. Agency Services d. Other (Specify) 2. <u>NUTRITION ASSISTANCE</u> a. Meal preparation b. Meal delivery c. Congregate Meals d. Adequate facilities e. Prepare food at home f. Transportation 3. <u>HOME SERVICES NEEDED</u> a. In home service (1) Personal (2) Housekeeping (3) Other Specify b. Day Care 4. <u>PHYSICAL HOUSING NEEDS</u> a. Impending move b. Inability to make needed repairs c. Inadequate housing d. Indoor toilet facilities non-existent e. Unvented heating

5. REFUSES ASSISTANCE
- a. Medical _____
- b. Personal _____
- c. Social _____
6. HEALTH CARE PAYMENT
- Limited _____
- a. No Medicare _____
- b. No Medicaid _____
5. NO PHONE IN HOUSE OR READILY AVAILABLE
5. DISTANCE TO NEAREST LIVES TO MEET BASIC NEEDS
- a. Two miles _____
- b. Four miles _____
- c. Over five miles _____
6. NEEDS REORIENTATION TO COMMUNITY LIVING

Please check the appropriate alphabetical subtitle.
If two or more of the aforementioned conditions exist, the client will fall into the "at risk" group or category.

APPENDIX II

TRANSPORTATION SERVICE

July 1973 - June 1974

TOTAL NUMBER CLIENTS TRANSPORTED FOR MONTH

MONTH	SOMERSET COUNTY	DORCHESTER COUNTY	WICOMICO COUNTY	WORCESTER COUNTY	MAC AREAWIDE PROJECT
July	261	50	426	101	838
August	188	51	379	98	858
September	330	63	340	129	862
October	560	65	501	411	1,537
November	590	156	588	307	1,641
December	553	73	518	484	1,628
January	589	186	579	408	1,762
February	528	152	No report	271	951
March	1,006	183	437	875	1,501
April	988	175	634	756	1,553
May	1,586	213	936	916	2,651
June	1,426	186	1,003	794	3,409
Total	8,605	1,553	6,341	5,550	19,191

APPENDIX III

INFORMATION AND REFERRAL SERVICES
July 1973 - June 1974

<u>SOMERSET COUNTY</u>		
<u>MONTHS</u>	<u>Total # Phone Contacts</u>	<u>Total # Phone Contacts Referred to Outreach</u>
July	148	
August	174	
September	173	97
October	139	59
November	325	115
December	214	95
January	132	43
February	129	32
March	143	29
April	129	31
May	117	22
June	156	27
Total	1,979	550
<u>DORCHESTER COUNTY</u>		
July	306	150
August	248	124
September	74	12
October	152	14
November	161	22
December	137	36
January	172	45
February	180	16
March	124	31
April	85	22
May	73	10
June	59	7
Total	1,771	489
<u>WORCESTER COUNTY</u>		
July	48	
August	3	
September	46	6
October	150	50
November	200	50
December	193	26
January	291	97
February	233	41
March	254	39
April	288	48
May	336	55
June	326	65
Total	2,359	477

Information & Referral Services (Cont.)

WICOMICO COUNTY

<u>MONTHS</u>	<u>Total # Phone Contacts</u>	<u>Total # Phone Contacts Referred to Outreach</u>
July	264	
August	173	
September	355	11
October	189	11
November	259	18
December	89	10
January	45	10
February	No Report	No Report
March	310	121
April	433	34
May	475	50
June	437	221
Total	3,029	486

MAC AREAWIDE PROJECT

July	766	150
August	589	124
September	648	126
October	630	134
November	945	203
December	633	167
January	640	195
February	542	89
March	831	220
April	935	133
May	1,001	137
June	978	320
Total	9,138	2,002

APPENDIX IV

OUTREACH SERVICES
July 1973 - June 1974

SOMERSET COUNTY

MONTHS	Unduplicated # new contacts for mo.	Tot. # unduplicated contacts carried forward since beginning of current program year	Total # Outreach visits for month
July	*	*	101
August	*	*	96
September	28	28	68
October	83	111	102
November	98	209	145
December	81	290	105
January	136	426	199
February	128	554	178
March	133	687	173
April	88	775	134
May	103	878	128
June	162	1,040	155
Total	1,040	4,998	1,584

DORCHESTER COUNTY

July	88	88	88
August	203	291	203
September	98	389	120
October	115	504	156
November	86	590	176
December	134	724	156
January	121	845	216
February	153	998	224
March	94	1,092	147
April	145	1,237	152
May	130	1,367	130
June	49	1,416	51
Total	1,416	9,541	1,819

Outreach Services (Cont.)

WICOMICO COUNTY

<u>MONTHS</u>	<u>Unduplicated # new contacts for mo.</u>	<u>Tot. # unduplicated contacts carried forward since beginning of current program year</u>	<u>Total # Outreach visits for month</u>
July	*	*	60
August	*	*	113
September	60	60	159
October	43	103	16
November	59	162	55
December	35	197	12
January	36	233	36
February	No report	No report	No report
March	64	297	181
April	59	356	142
May	59	415	149
June	32	447	71
Total	447	2,270	994

WORCESTER COUNTY

July	*	*	52
August	*	*	50
September	19	19	56
October	30	49	67
November	56	105	118
December	51	156	132
January	57	213	218
February	20	233	78
March	64	297	30
April	85	382	134
May	45	427	117
June	53	480	95
Total	480	2,361	1,147

MAC AREAWIDE PROJECT

July	88	88	301
August	203	291	462
September	205	60	403
October	271	767	341
November	299	1,066	494
December	301	1,367	575
January	350	1,737	501
February	301	1,849	661
March	310	2,373	596
April	326	2,750	562
May	337	3,084	524
June	296	3,383	372
Total	3,287	18,891	5,389

APPENDIX V

CENTER ACTIVITY PROGRAM
July 1973--June 1974

SOMERSET COUNTY

Month	Total unduplicated # served for mo. (new clients)	Total # served for month per day basis including duplication
July	75	164
August	72	205
September	56	412
October	61	536
November	57	130
December	15	131
January	17	169
February	15	161
March	171	1,114
April	130	1,260
May	64	1,673
June	47	1,572
Total	780	7,527

WORCESTER COUNTY

July	39	226
August	27	285
September	27	271
October	26	368
November	25	370
December	13	415
January	21	743
February	10	305
March	12	776
April	14	839
May	18	971
June	4	728
Total	236	6,297

WICOMICO COUNTY

July	53	175
August	88	158
September	5	-
October	31	-
November	55	-
December	36	-
January	9	-
February	No report	No report
March	20	110
April	56	110
May	38	64
June	32	84
Total	419	701

- Data unavailable

CENTER ACTIVITY PROGRAM (Cont.)

DORCHESTER COUNTY

<u>Month</u>	<u>Total unduplicated # served for mo. (new clients)</u>	<u>Total # served for month per day basis including duplication</u>
July	34	125
August	36	124
September	20	425
October	28	504
November	34	427
December	26	420
January	37	500
February	30	430
March	46	531
April	30	522
May	51	753
June	35	660
Total	407	5,421

Dear Friends:

We've had an extremely busy month of May. Hopefully we've made it a special Senior Citizens Month with our County and Tri-County activities. We're exhausted, how about you?

Now we must be thinking ahead a few months to August. As most of you know we held a very lucrative Bazaar in Ocean City last summer culminating in a trip to Williamsburg. Where we shall go this year is not yet decided but we must get working on the ways and means.

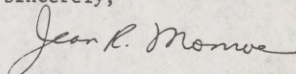
We have projects at the centers to be worked on as well as any thing you would like to do at home. There will be a canned goods table so make an extra or two in your preserving and pickling. Baked goods were the first things gone, so keep those cakes, cookies, and breads coming. Bring in your white elephants dusted and ready to go.

To have a good trip we all must get busy now, so either at home or in the Centers make your time count to meet this end. Any bazaar items or ideas you have pass on or bring in and we shall work them up.

Don't forget if you have a destination for a trip let us know, we shall all have a vote.

"Happy Bazaaring" through June, July and August. We want to see you on that bus!

Sincerely,

A handwritten signature in cursive script, reading "Jean R. Monroe".

(Mrs.) Jean R. Monroe, Director

Mrs. Jean R. Monroe, Director
109 N. Washington St., Snow Hill, Md.
MONTHLY PROGRAM -- Senior Center JUNE, 1974 Telephone No. 632-1277

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
3 10:30 A.M. Work on Bazaar Items with "Crafty Agnes"	4 1:00 P.M. Mr. Ford Talk on Environmental Trust County Development Plan	5 1:00 P.M. Dental Screening Dr. Murray	6 10:30 A.M. Bridge and Games	7 2:00 P.M. Mrs. Layfield Hospital Inpatient Care
10 1:00 P.M. Emporium Paris Craft	11 1:30 P.M. Christa Naeder Exchange Student from Switzerland	12 10:00 A.M. Crabbing at Public Landing.	13 10:30 A.M. Bridge and Games	14 BOWLING Ocean Lanes If it doesn't rain
17 1:00 P.M. Popcicle Art with Connie	18 1:00 - 2:30 P.M. Mrs. Dewey Extension Office Meals for Two	19 SHOPPING TRIP LAST DAY for Luncheon Reservations.	20 10:30 A.M. Bridge and Games	21 12:00 Noon SHARP Ministerial Luncheon Ebenezer Church Snow Hill
24 1:00 - 2:30 P.M. Mrs. Shipley Mrs. Hammond Finish Net Swans	25 1:00 - 2:30 P.M. Shirley Toms Sing Along	26 1:30 P.M. Regina Chapman Choptank Electric Supper Ease	27 10:30 A.M. Bridge and Games	28 11:30 A.M. FIELD TRIP
Mornings for the next We provide Emergency		Month will be scheduled Transportation.		

APPENDIX VI

HOME CARE SERVICES
(PROGRAM COMPONENT INITIATED FEBRUARY, 1974)
 July 1973--June 1974

SOMERSET COUNTY

Months	No. cases personal care only	No. cases housekeepin services only	No. cases personal & housekeeping
July	*	*	*
August	*	*	*
September	*	*	*
October	*	*	*
November	*	*	*
December	*	*	*
January	*	*	*
February	0	0	0
March	5	0	0
April	6	1	0
May	12	0	0
June	10	3	3
Total	33	4	3

DORCHESTER COUNTY

July	0	0	0
August	0	0	0
September	2	0	2
October	0	2	2
November	0	0	5
December	0	0	4
January	0	0	3
February	0	0	4
March	0	0	5
April	1	0	3
May	1	0	2
June	0	0	0
Total	4	2	30

WICOMICO COUNTY

July
 August
 September
 October
 November
 December
 January
 February
 March
 April
 May
 June

N/A

* Began data collection September, 1973

HOME CARE SERVICES (Cont.)

WORCESTER COUNTY

<u>Month</u>	<u>No. cases personal care only</u>	<u>No. cases housekeeping services only</u>	<u>No. cases personal & housekeeping</u>
July	*	*	8
August	*	*	*
September	*	*	*
October	*	*	*
November	*	*	*
December	*	*	*
January	2	0	0
February	4	0	0
March	8	1	9
April	4	1	0
May	11	0	0
June	12	0	0
Total	41	2	9

* Began data collection September, 1973

APPENDIX VII

NUTRITION
(MEALS PROGRAM INITIATED OCTOBER, 1973)

SOMERSET COUNTY

MONTH	# Meals Served at Center	# Meals delivered to home	Total # Meals Served
July	*	*	*
August	*	*	*
September	*	*	*
October	537	45	582
November	428	59	487
December	387	81	468
January	453	87	540
February	395	47	442
March	817	45	862
April	1,038	53	1,091
May	1,279	43	1,322
June	1,265	65	1,330
Total	6,599	425	7,124

DORCHESTER COUNTY

July	446	33	479
August	486	89	575
September	415	35	450
October	473	77	550
November	466	82	548
December	408	63	471
January	533	91	624
February	475	59	534
March	764	89	853
April	892	105	997
May	1,016	117	1,133
June	1,048	117	1,165
Total	7,422	957	8,379

WICOMICO COUNTY

July	-	-	172
August	-	-	133
September	-	-	-
October	432	41	473
November	395	31	426
December	531	17	348
January	496	25	521
February	No report	No report	No report
March	453	37	490
April	630	100	730
May	671	91	762
June	679	79	758
Total	4,087	421	4,813

* Began Data Collection September, 1973

- Data Unavailable

Nutrition (Cont.)

WORCESTER COUNTY

MONTH	# Meals Served at Center	# Meals delivered to home	Total # Meals Served
July	*	*	*
August	*	*	*
September	*	*	*
October	375	51	426
November	349	43	392
December	359	39	398
January	440	49	489
February	284	40	324
March	404	52	456
April	933	113	1,046
May	958	93	1,051
June	843	121	964
Total	5,193	601	6,245

MAC AREAWIDE PROJECT

July	446	33	
August	486	89	
September	415	35	
October	1,817	214	
November	1,638	415	
December	1,797	252	
January	1,922	242	
February	1,154	146	
March	2,438	223	
April	3,493	371	
May	3,924	344	
June	3,835	382	
Total	23,374	2,746	

APPENDIX VIII

REPAIR SERVICE
July 1973--June 1974SOMERSET COUNTY

Month	Number referrals to repair service of "at risk" elders	Number "at risk" served directly by service for month
July	*	*
August	*	*
September	5	0
October	7	0
November	7	4
December	3	2
January	5	3
February	6	4
March	7	3
April	4	4
May	0	0
June	4	2
Total	48	22

DORCHESTER COUNTY

July	0	0
August	0	0
September	4	3
October	1	1
November	2	2
December	4	2
January	2	2
February	8	4
March	10	9
April	12	11
May	9	10
June	8	8
Total	60	52

* Began Data Collection September, 1973

REPAIR SERVICE (Cont.)

WICOMICO COUNTY

Month	Number referrals to repair service of "at risk" elders	Number "at risk" served directly by service for month
July	-	-
August	-	-
September	-	-
October	-	2
November	2	-
December	-	-
January	-	-
February	No report	No report
March	1	0
April	-	-
May	-	-
June	-	-
Total	3	2

WORCESTER COUNTY

July
August
September
October
November
December
January
February
March
April
May
June

N/A

MAC AREAWIDE PROJECT

July	*	*
August	*	*
September	9	3
October	8	1
November	9	8
December	7	4
January	13	7
February	16	13
March	20	12
April	11	15
May	9	10
June	12	10
Total	114	83

* Began Data Collection September, 1973

APPENDIX IX

GERIATRIC EVALUATION SERVICE
ADMISSION BY COUNTIES OF PATIENTS
65 YEARS OF AGE AND OVER
ADMITTED TO EASTERN SHORE STATE HOSPITAL
July 1, 1973-June 30, 1974

Dorchester.....	35
Somerset.....	18
Wicomico.....	46
Worcester.....	15

GERIATRIC EVALUATION SERVICE
 MOVEMENT OF PATIENTS 65 AND OVER
 FROM July 1, 1973--June 30, 1974
 at
 EASTERN SHORE STATE HOSPITAL

Admitted	158
Became 65 in hospital	10
Return from long term leave	<u>48</u>
Total	216
Placed on long term leave	64
Direct discharge	27
Deaths	<u>85</u>
Total	176
Number of patients in Hospital Center	
as of June 30, 1974:	
Eastern Shore	227

GERIATRIC EVALUATION SERVICE
July 1, 1973-June 30, 1974

	Dorchester	Wicomico Somerset Worcester
Referrals received	133	427
Referral activated	133	427
Cases closed	131	420
<u>DISPOSITION OF CASES EVALUATED</u>		
Remain in community residence	42	195
Admitted to State Mental Hospital	24	48
Admitted to nursing home	18	7
Admitted to general hospital	14	38
Admitted to chronic disease hospital	6	10
Admitted to other psychiatric hospital	-	-
Admitted to boarding home or foster care	7	24
Admitted to alcoholism shelter	-	-
Return from convalescent leave*	1	-
Admitted to V. A. hospital	-	-
Admitted to T. B. hospital	-	1
Remained at hospital center	-	-
Patient died	4	12
Patient withdrew	5	3
Other	-	-
Consultation only	10	82

* Evaluated and returned to hospital before convalescent leave was known.

APPENDIX X

STATISTICAL REPORT

M. A. C. Extension Aides
August 1973 - December 1973

<u>218</u>	Elderly persons in program
<u>144</u>	Program family units of elderly
<u>91</u>	Elderly served who live alone
<u>68</u>	Elderly receiving food stamps
<u>27</u>	Elderly on welfare
<u>74</u>	White elderly
<u>70</u>	Black elderly
<u>238</u>	Non-program elderly worked with
<u>15</u>	Volunteers

Monthly Income

<u>10</u>	Under \$84
<u>78</u>	\$84 - \$167
<u>30</u>	\$168 - \$250
<u>10</u>	\$251 - \$333
<u>2</u>	\$334 - \$417
<u>1</u>	\$418 and over

Age Breakdown

<u>87</u>	60 - 70
<u>58</u>	71 - 80
<u>30</u>	81 - 90
<u>2</u>	Over 90

STATISTICAL REPORT

M. A. C. Extension Aides
January 1974 - June 1974

<u>1,088</u>	Elderly persons in program
<u>1,588</u>	Program family units of elderly
<u>718</u>	Elderly served who live alone
<u>509</u>	Elderly receiving food stamps
<u>288</u>	Elderly on welfare
<u>484</u>	White elderly
<u>596</u>	Black elderly
<u>Not available</u>	Non-program elderly worked with
<u>Not available</u>	Volunteers

Monthly Income

<u>75</u>	\$84 - \$167
<u>554</u>	\$168 - \$250
<u>229</u>	\$251 - \$333
<u>61</u>	\$334 - \$417
<u>12</u>	\$418 and over
<u>46</u>	Unknown

Age Breakdown

<u>29</u>	Less than 60
<u>470</u>	60 - 70
<u>405</u>	71 - 80
<u>147</u>	81 - 90
<u>46</u>	Over 90
<u>29</u>	Unknown

Physical Therapy Program
Deers Head Hospital Patients
July 1, 1973 - June 30, 1974

Total Number Served to Date Handicapped	Elderly Minority Low Income Handicapped	Elderly Non-Minority Handicapped
135	44	91

Elderly Minority Above Poverty Level Handicapped	Elderly Non-Minority Above Poverty Level Handicapped
44	91

APPENDIX XI

MAINTENANCE OF AGED IN THE COMMUNITY
 COMMUNITY PHYSICAL THERAPY PROGRAM
 JULY 1, 1973 - JUNE, 1974

	<u>Jul.</u>	<u>Aug.</u>	<u>Sept.</u>	<u>Oct.</u>	<u>Nov.</u>	<u>Dec.</u>	<u>Jan.</u>	<u>Feb.</u>	<u>Mar.</u>	<u>Apr.</u>	<u>May</u>	<u>June</u>	<u>Total for year</u>
Total # of clients served for month	16	13	11	11	12	7	7	15	9	13	14	10	138
Total # of treatments for month	53	51	28	40	28	14	21	32	35	21	21	19	363
Unduplicated # new contacts for month	16	5	3	6	4	3	5	10	4	6	4	3	69
Total # unduplicated contacts carried forward since beginning of program year	16	21	24	30	34	37	42	52	56	62	65	69	69

Source: MAC Community Physical Therapy Monthly Reports

10/10/74

MCC Nutrition Education Program

DORCHESTER COUNTY

VALLEY AZ/13

	Aug-Dec 73	Jan 74	Feb 74	March 74	April 74	May 74	June 74	July 74	Aug 74
NO. OF HOME-MAKERS:	47	51	50	52	49	52	51	52	52
RACE:									
Black	37	41	40	42	41	42	42	43	43
White	10	10	10	10	8	10	9	9	9
Unknown	0	0	0	0	0	0	0	0	0
EDUCATION:									
8th or less	42	46	46	48	47	50	49	50	49
9th thru 12th	4	4	3	3	2	1	2	2	2
Beyond	0	0	0	0	0	1	0	0	1
Unknown	1	1	1	1	0	0	0	0	0
NO. IN FAMILY:									
Alone	28	33	34	37	35	40	39	40	41
Two	14	15	14	13	12	11	11	11	10
Three	4	2	2	2	2	1	1	1	1
Four	1	1	0	0	0	0	0	0	0
Five	0	0	0	0	0	0	0	0	0
Six	0	0	0	0	0	0	0	0	0
total No. Family Members	72	73	68	69	65	65	64	65	64
HOW MANY VISITS:									
Less than 60	3	3	3	3	4	2	2	2	3
61 - 70	22	26	25	26	24	25	25	25	24
71 - 80	17	18	18	19	18	21	20	21	21
81 - 90	5	4	4	4	3	4	4	4	4
Over 90	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0
LOCATION:									
Urban	22	25	25	28	25	29	29	30	31
Rural Non-Farm	24	25	24	23	23	22	22	22	21
Farm	0	0	0	0	0	0	0	0	0
UNKNOWN:	1	1	1	1	1	1	1	1	1
Notes:									
() = No. w/out individual visits; w/ () = both total visits	31 (47)	18 (38)	12 (18)	18 (34)	18 (31)	12 (25)	6 (17)	14 (38)	16 (45)
	0 (5)	3 (8)	5 (10)	4 (9)	1 (10)	2 (11)	5 (12)	3 (13)	3 (14)
	5	5	5	5	9	9	7	10	11
	36 (52)	26 (46)	22 (28)	27 (43)	28 (41)	23 (38)	18 (29)	27 (51)	30 (59)
Notes:									
Under \$40	2	1	1	1	1	0	0	0	0
\$41 - \$46	27	31	30	32	30	25	25	25	25
\$47 - \$50	13	15	15	15	13	21	21	22	22
\$51 - \$53	2	3	3	3	3	4	4	4	4
\$54 - \$57	0	0	0	0	0	2	0	0	1
\$58 - \$60	2	0	0	0	0	0	0	0	0
Unknown	2	0	0	0	1	0	0	0	0
Notes:									
() = NO, rptg	45	51	50	52	48	52	51	52	51
	\$125.65	\$11.90	\$17.18	\$16.60	\$17.05	\$18.81	\$17.65	\$18.69	\$18.43
	(43)	(51)	(50)	(52)	(48)	(52)	(51)	(52)	(52)
	\$31.62	\$30.48	\$26.50	\$36.44	\$37.54	\$43.50	\$43.50	\$44.02	\$43.55
Notes:									
() = NO, reporting	21	23	22	22	25	28	18	18	23
Notes:									
() = NO, reporting	12	12	24	34	31	33	37	37	35

SOURCE: Aide's Family Record

MAC Nutrition Education Program

WICOMICO COUNTY

October, 1974

NO. OF HOMEVISITS:	Aug-Dec 73	Jan 74	Feb 74	March 74	April 74	May 74	June 74	July 74	August 74
	17	22	27	33	33	32	34	35	37
RACE:									
Black	11	15	16	19	20	19	20	21	21
White	6	7	11	14	13	13	14	15	16
Unknown	0	0	0	0	0	0	0	0	0
SEX:									
Male of loss	13	16	19	24	23	27	29	29	30
with thru 12th	0	0	2	3	3	2	2	2	2
Reported	0	1	1	1	1	1	1	1	1
Unknown	4	5	5	5	6	2	2	3	4
Age:									
Under 10	17	20	24	29	27	28	29	30	32
10-19	0	2	3	4	6	4	5	5	5
20-29	0	0	0	0	0	0	0	0	0
30-39	0	0	0	0	0	0	0	0	0
40-49	0	0	0	0	0	0	0	0	0
50-59	0	0	0	0	0	0	0	0	0
60-69	0	0	0	0	0	0	0	0	0
70-79	0	0	0	0	0	0	0	0	0
80-89	0	0	0	0	0	0	0	0	0
90+	0	0	0	0	0	0	0	0	0
Unknown	17	24	30	37	39	36	39	40	42
Location:									
Urban	0	0	0	1	1	2	2	2	2
Rural	10	12	14	15	15	15	16	16	18
Unknown	4	1	9	11	11	10	11	11	12
Other:	1	7	9	4	3	3	3	3	3
Over 90	0	0	0	0	0	0	0	0	0
Unknown	2	2	2	2	3	2	2	3	2
Other:	14	16	21	22	22	22	23	23	25
Rural	3	6	7	10	10	10	11	11	11
Urban	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	1	0	0	1	1
Other:	17 (21)	22 (26)	16 (21)	17 (27)	22 (36)	12 (18)	30 (39)	18 (36)	21 (32)
Other:	0	0	0	0	4	3	4	5	9
Other:	0	0	0	0	0	0	0	0	0
Other:	17 (21)	22 (26)	16 (21)	21 (31)	29 (43)	16 (22)	30 (39)	27 (47)	22 (33)
Other:	0	2	2	2	1	1	1	1	1
Other:	14	17	20	25	25	25	26	26	27
Other:	1	2	4	5	5	5	5	5	5
Other:	0	0	0	0	0	0	0	0	0
Other:	0	0	0	0	0	0	0	0	0
Other:	0	0	0	0	0	0	0	0	0
Other:	2	1	1	1	2	1	2	3	4
Other:	(15)	(21)	(26)	(32)	(31)	(31)	(30)	(31)	(31)
Other:	\$132.15	\$130.28	\$134.80	\$134.95	\$137.67	\$136.06	\$138.97	\$141.97	\$142.89
Other:	(15)	(16)	(21)	(27)	(31)	(30)	(31)	(31)	(32)
Other:	\$21.77	\$23.39	\$24.96	\$26.30	\$28.62	\$25.69	\$25.65	\$25.60	\$25.00
Other:	15	20	20	25	24	22	25	25	26
Other:	5	5	5	7	7	8	9	10	10

SOURCE: Aide's Family Record

MAC Nutrition Education Program

TOTAL

OCTOBER, 1974

July 74

June 74

May 74

April 74

March 74

Feb 74

Jan 74

Aug-Dec 73

July 74

June 74

May 74

April 74

March 74

Feb 74

Jan 74

Aug-Dec 73

July 74

June 74

May 74

April 74

March 74

Feb 74

Jan 74

Aug-Dec 73

July 74

June 74

May 74

April 74

March 74

Feb 74

Jan 74

Aug-Dec 73

July 74

June 74

May 74

April 74

March 74

Feb 74

Jan 74

Aug-Dec 73

NO. OF MONTHS:

RACE:

SEX:

EDUCATION:

RELIGION:

OCCUPATION:

MARRIAGE:

CHILDREN:

PARENTS:

SIBLINGS:

GRANDPARENTS:

OTHER RELATIVES:

FRIENDS:

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STANDARD DEVIATION:

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DATA ANALYSIS:

RESULTS:

CONCLUSIONS:

RECOMMENDATIONS:

REFERENCES:

APPENDICES:

GLOSSARY:

INDEX:

TOTAL PAGES:

TOTAL WORDS:

TOTAL CHARACTERS:

TOTAL SYLLABLES:

TOTAL SENTENCES:

TOTAL PARAGRAPHS:

TOTAL SECTIONS:

TOTAL CHAPTERS:

TOTAL VOLUMES:

TOTAL EDITIONS:

TOTAL REPRINTS:

TOTAL TRANSLATIONS:

TOTAL ADAPTATIONS:

TOTAL REVISIONS:

TOTAL CORRECTIONS:

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TOTAL REDESIGNS:

TOTAL REWRITES:

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TOTAL REPAIRS:

TOTAL RESTORATIONS:

TOTAL PRESERVATIONS:

TOTAL ARCHIVES:

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PARENTS:

SIBLINGS:

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HYPOTHESIS TESTING:

STATISTICAL SOFTWARE:

DATA ANALYSIS:

RESULTS:

CONCLUSIONS:

RECOMMENDATIONS:

REFERENCES:

APPENDICES:

GLOSSARY:

INDEX:

TOTAL PAGES:

TOTAL WORDS:

TOTAL CHARACTERS:

TOTAL SYLLABLES:

TOTAL SENTENCES:

TOTAL PARAGRAPHS:

TOTAL SECTIONS:

TOTAL CHAPTERS:

TOTAL VOLUMES:

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HYPOTHESIS TESTING:

STATISTICAL SOFTWARE:

DATA ANALYSIS:

RESULTS:

CONCLUSIONS:

RECOMMENDATIONS:

REFERENCES:

APPENDICES:

GLOSSARY:

INDEX:

TOTAL PAGES:

TOTAL WORDS:

TOTAL CHARACTERS:

TOTAL SYLLABLES:

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TOTAL PARAGRAPHS:

TOTAL SECTIONS:

TOTAL CHAPTERS:

TOTAL VOLUMES:

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SIGNIFICANCE LEVEL:

P-VALUE:

CONFIDENCE INTERVAL:

HYPOTHESIS TESTING:

STATISTICAL SOFTWARE:

DATA ANALYSIS:

RESULTS:

CONCLUSIONS:

RECOMMENDATIONS:

REFERENCES:

APPENDICES:

GLOSSARY:

INDEX:

TOTAL PAGES:

TOTAL WORDS:

TOTAL CHARACTERS:

TOTAL SYLLABLES:

TOTAL SENTENCES:

TOTAL PARAGRAPHS:

TOTAL SECTIONS:

TOTAL CHAPTERS:

TOTAL VOLUMES:

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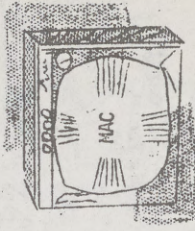
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Snow Hill, Md.
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MAC REGIONAL OFFICE

Director: Mr. Joseph Eberly
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FOCUS ON THE.



NUTRITION
EDUCATION
PROGRAM

Conducted by

THE UNIVERSITY OF MARYLAND
COOPERATIVE EXTENSION SERVICE

WHAT SERVICES AND PROGRAMS ARE OFFERED?	NUTRITION INFORMATION AVAILABLE
The Extension Nutrition Education program is a part of the pilot MAC (Maintenance of Aged in Communities) program being conducted in the four Lower Eastern Shore Counties of Maryland. At present, there is one Nutrition Aide working with Senior Citizens in each of the counties. Her activities are coordinated by the Extension Aging Consultant located at Pine Bluff. MAC Nutrition Aides are employed by the University of Maryland Cooperative Extension Service and have previous experience in other Extension programs. They have worked in the areas of nutrition education, arts and crafts; and home management. The Aides are kept up to date on information of importance to Senior Citizens, as well as home economics subject matter. Training is provided by the University of Maryland Extension Specialists, Local Extension Home Economists and other local resource persons.	Some informative nutrition materials available to you free of charge include the following: "Food For Fitness" "Good Eating Keeps You Swinging After 50" "Food Guide For Older Folks" "Lower Cost Meals That Please in Our Senior Years" "Cooking For Two" "Keeping Food Safe To Eat" "Conserving The Nutritive Value in Foods"
- Practice good health and nutrition habits. - Make the most of their food dollars. - Participate in Congregate Meals. - Become aware of other agencies available to help them. - Make better use of personal economic and community resources. - Maintain their homes in the community. - Continue to be contributing members of society as long as possible.	To receive a copy of any of the above, please contact one of the MAC Nutrition Aides listed by this flyer.

All programs and activities of

the Cooperative Extension Service are conducted on a non-discriminatory basis..

Senator BEALL. Next, we will have a panel of local Government officials consisting of Mrs. Helen S. Ward, who is the commissioner-elect from Somerset County, and who has been an active volunteer in the MAC project; the Honorable Philip D'Adamo, of the board of commissioners of Dorchester County and member of the MAC Board, the Honorable Lewis Riley, president of the Wicomico county council, and the Honorable Willis Hudson, of the Board of Commissioners of Worcester County.

We are happy that you would take the time out of your busy day and be with us and to give us the benefit of your thinking on these programs. You bear a great deal of responsibility I have often said I don't ever envy local government officials their responsibility. It is very easy to look at these problems from a distance in Washington and try to figure out a solution. But you are dealing with them on a day-to-day basis. Local governments have a great responsibility, and those who are willing to serve on this level merit the thanks of their fellow citizens and those of us who also have the pleasure of serving in Government.

We are happy to have you with us today, and thank you for taking the time.

You may proceed in any order that you choose.

STATEMENT OF HON. HELEN S. WARD, COMMISSIONER-ELECT, SOMERSET COUNTY; HON. PHILIP G. D'ADAMO, BOARD OF COMMISSIONERS, DORCHESTER COUNTY; HON. LEWIS R. RILEY, PRESIDENT, WICOMICO COUNTY COUNCIL; HON. WILLIS W. HUDSON, COUNTY COMMISSIONER, WORCESTER COUNTY, A PANEL

Mrs. WARD. Senator Beall, as commissioner-elect, it is very bad, I think, to admit that you do not know any of what really is expected of local government to take part in this MAC program.

I was so in hopes that the commissioner would be here from Somerset, so I really have no comment to make on local government involvement, since I know nothing at all about it, but as you say, as a MAC volunteer, I certainly hope this project is high on the priorities of Federal funding.

Thank you.

Mr. D'ADAMO. The problem, Senator, that worries us in Dorchester County is a problem that I am sure my colleagues on my right here experience, and that is the way of all Federal funding, which is that it starts out beautifully and then all of a sudden begins to erode, and the first thing you know, the County's holding the bag with the decision of either continuing the funding or else dropping the program.

We in Dorchester County, at least morally support this MAC program, or the program on the elderly. We have our own Commission on the Aging that we fund, very meekly, but we do fund it, and we have just organized a Human Resources Commission, which actually is federally funded for a year. Now, what happens after the year, we don't know. We will either have to, there again, foot the bill or else drop the whole thing.

The Human Resources Commission is devoted to human resources, and that includes the elderly as well as the young, or any age bracket.

In Dorchester County, I might say that our meals—I noticed here

a little earlier that they said that the meals cost \$1.20, I believe, on the average. We get our meals from the State hospital center for 60 cents. Maybe once they hear that \$1.20 is being charged elsewhere, they may go up on their rates, too.

But, as a Commissioner in Dorchester County, and I speak for my colleagues as well, we are extremely happy and proud, and feel very warmly toward the Commission on the Aging. We believe that it is a concern of not only our county, but all counties, and we support it and will support it in any way we can.

You were talking a little bit earlier about the tremendous amount of paperwork involved. I might add that I would like to see some of that paperwork reduced, but also some of the language in English, because some of the time we can't understand what it's all about anyway.

But as far as our program in Dorchester, we support it and we urge its continuation, because if we have to foot the bill, total bill, I don't know whether our county could afford to even go half or one-third of the program.

So I sincerely hope that our Government will continue to be concerned with the aged, and not relegate it at the foot of the local government, because local government is having its problems, as you know, with funding a lot of other programs, and the entire concept may suffer because local government just cannot support the entire program.

Senator BEALL. Thank you, Mr. D'Adamo.

Mr. Hudson?

Mr. HUDSON. I would like to commend you, too, for the work you have done. This is one of the few dreams I have ever known come from Washington down to the people, and this to me is a great benefit. Also I would like to thank you and compliment you for keeping up the Agency.

We in Worcester County wholeheartedly endorse the program, and I don't believe there is any better program that has come out of Washington than the one for the aged.

To me, the centers and the satellite centers—the people there are enthusiastic workers. I don't believe there is any more benefit done for any tax dollar.

And then the first thing that happens usually is the centers say: "Are we going to continue this? What will happen when the Federal payment stops?"

Well, I say this: have faith. Uncle Sam comes through and so now, Senator, I am putting you on the spot on that, too. You see, when it comes budget time, we all have the same problem and you are familiar with it, Senator, that we always try our best to keep our tax dollars low as we can, and in this economic squeeze, we think that maybe Uncle Sam has a few more tax dollars than we have in local government.

But we wish to thank you very much, and we will continue the program as best we can, because it does so much for so many people, and I wish to emphasize, as so many have said so many times today—transportation.

We in the rural counties have to take one bus and probably sit 4 or 5 hours waiting at a doctor's office to get a person back home. We need some more transportation. This is one of our main considerations.

Thank you, Senator.

Senator BEALL. Mr. Riley?

Mr. RILEY. Thank you, Senator. I feel on behalf of the citizens of Wicomico County that I want to thank you for taking your time in hearing our comments concerning this program.

We as a governing body are very much interested in the plight of the elderly, and we have initiated some programs, as you are well aware, but we are limited, as Mr. Hudson has pointed out, to what we can do on local levels, simply because we do not have the revenue resources that we like to think the Federal Government has.

The initiation of the MAC program came before the county council approximately a year or so ago, and received the blessings of the council. I will be the first to admit that over the period of operation, of maybe the first six months or so, there were some problems.

The county government worked with the leadership of the MAC program; we held meetings, we discussed the various criticisms that had been offered to us, from different areas of the community, and I am certainly happy to say that I think these wrinkles were ironed out.

Now, this brings us to the disturbing point, as I understand; one of the purposes of today's hearings, that the funding may very well be diminishing, and we feel somewhat disturbed at the fact that we feel we have a working program, the wrinkles have just been ironed out, and then it stops.

I would like to think that we would do just the opposite, once we get the wrinkles ironed out, which we feel we have now—that the funding would continue.

One other area that has not been mentioned—well, let me backtrack for just a moment. It was related to the fact of cooperation, and I am the first to realize that you can not legislate cooperation between various organizations, whether they be local organizations, or government organizations, but one of the things that the county council of Wicomico County insisted upon in the initiation of this program was that there be input from all areas concerning the elderly.

We did this. We appointed a board of directors that consisted of membership in the AARP, membership in the local county recreation commission, which has a program for the elderly of its own, and I think this has been one of the benefits; I think it helps everyone realize what they are doing, you know.

Sometimes there is a misconception about what the program does, and I think it may have gotten off the ground in the beginning, thinking it was a giveaway program, where actually it was a necessity, a need.

One area that has not been touched upon, and I may be completely off base, and if I am, sir, I hope you will stop me, but that is certainly the plight of the elderly and certainly something that Wicomico County has investigated a number of times—housing.

Nowhere in this program have I seen any proposals as to what may or may not be done as to housing for the elderly. We happen to be fortunate enough to have one facility in the county that was approved by the county council and is operated by the housing authority, of 50 units of housing for the elderly.

The county council has adopted resolutions time and time again in making application for housing for the elderly, the last being in

May of 1971, when we adopted a resolution granting approval to the local housing authority to construct additional housing for the elderly, and the unfortunate part about this was that at the same time we were granted permission to construct housing for the low-income, but the elderly were turned around.

They said there was no funding available. Well, my question—as a local official it disturbs me, and the point I want to make here that disturbs me is the fact that we all agree that it is a very unfortunate situation in this day and time to be in a low-income bracket, but it is much more unfortunate to be low-income and elderly all at the same time. And I would certainly hope that if anything can be proposed in new legislation—as I read your news release, I gathered that there were going to be some amendments, at least suggested amendments, and if there is any area that an amendment can be included to provide some freedom for funding for the elderly, I think this is a necessity.

It surely is in this area, and I would suspect it is nationwide.

Senator BEALL. Yes, funding for housing is a national problem and the availability of housing money is directly related to our economic problems. The downturn in the housing industry, as a matter of fact, has affected our whole national economy.

But with specific regard to title III of this act, one of the items included under social services is the service designed to assist older persons to obtain adequate housing. One of the purposes of the act is to provide the administrative framework within which older people can be assisted in locating adequate housing.

Now, the actual construction of new housing, is the responsibility of the Department of Housing and Urban Development. As you know—housing funds were frozen for the last year and a half while we designed a new act.

The act has now passed the Congress, and among other things it reinstates Government loans for providing housing for the elderly. This money will be available immediately.

Additionally, under the new Housing Act, there is a great deal more flexibility given to local bodies to determine how they want their community development funds used. I think you are going to find that, as we go into the new year, that these funds will be freed up so that the kind of things you want to do at Pine Bluff can now be done.

Mr. RILEY. That is certainly very encouraging news, sir, and I thank you for that information. The city of Salisbury as well as the county council have initiated joint efforts to research this and see what can be done.

Back to the MAC program, I would on behalf of the council urge continuous funding, and I think as to the administration of the program, you have heard people today who are actually involved in the day-to-day process who are certainly much more knowledgeable on the weak points and the strong points of the program than I would be as an advisory council member.

In concluding my statement, I would urge continuance of it and hope that the new act and amendments will be beneficial to us all. Thank you very much.

Senator BEALL. Thank you all for your testimony.

As I said at the outset, I have a great deal of sympathy for the position in which local government officials are often placed by the

Federal Government. The Federal Government holds out a very delicious looking apple and local governments take a big bite out of it. Once you have learned to like the apple, you find that you have to provide the whole bushel of apples yourself; it's only the sample that we are giving you, and I recognize the predicament this presents to you.

I am wondering, has revenue sharing provided the kind of assistance that gives you additional flexibility to continue programs of this sort? I am not suggesting that revenue sharing should be something that is devoted to finance this particular program. Does this concept lend itself to helping you to solve such predicaments?

Mr. D'ADAMO. Senator, revenue sharing, I understand now, is in trouble, too. In our county, frankly, if the revenue sharing were cut away, would find itself in a bind.

We have appreciated revenue sharing a whole lot, and if it is cut we are going to suffer. And as far as helping, yes, it has been a tremendous help in all areas in our county; we appreciate it.

Mr. HUDSON. I wouldn't in fact like to see this replace revenue sharing, and I want to make that clear, because we also have already got it spent, now.

So now, to keep on the subject we're talking about, but I want to reiterate, too, that the dollars spent on the aging from our title III funds reach so many people, and the benefits received for so little tax burden—

Mr. RILEY. I think there is a wide opportunity for revenue funds to be used, as these gentlemen emphasize. We now have what we have received in the committee, and certainly it is an avenue for local officials to take a strong look at it.

Senator BEALL. Well, I happen to be one who believes in the revenue-sharing concept. I think that we are forcing a tremendous burden on property owners of all ages, by causing local governments to rely on the real property tax as their main source of revenue. I think we have some responsibility at the Federal level to provide as broad a tax base as we can and at the same time preserve for you a degree of flexibility that I think you need in administering and selecting your programs.

So I am hoping that revenue sharing will not only be continued, but expanded.

Thank you very much for your testimony and your time.

Now, our final panel is a group of senior citizens, who will give us some insight into how they feel about this program from the viewpoint of the beneficiaries. I would ask that this panel come up as their names are called.

Lorenzo Marshall, of Salisbury; Bessie Miles, of Salisbury; Ella Dedmond, Princess Anne; Irene Holland, Fairmount; Lenora Robins, Snow Hill. We have had the pleasure of meeting Mrs. Robins before. She was in Baltimore for a hearing we held last April.

Myrtle Bowen, Snow Hill; Viola McClain, of Cambridge; Viola Comegys, of Cambridge; Inez Abbott, of Church Creek and John B. Griffin, of Salisbury.

Now, the purpose of this Panel is to get the feelings of some of the beneficiaries of the services provided by the MAC project. I would also hope that we might receive any suggestions you have as to changes you might want to see made in the program. You can each speak briefly in your own words, and in your own order.

STATEMENT OF VIOLA COMEGYS, CAMBRIDGE, DORCHESTER COUNTY; LORENZO MARSHALL, SALISBURY, WICOMICO COUNTY; BESSIE MILES, SALISBURY, WICOMICO COUNTY; ELLA DEDMOND, PRINCESS ANNE, SOMERSET COUNTY; IRENE HOLLAND, FAIRMOUNT, SOMERSET COUNTY; LENORA ROBINS, SNOW HILL, WORCESTER COUNTY; MYRTLE BOWEN, SNOW HILL, WORCESTER COUNTY; VIOLA McCLAIN, CAMBRIDGE, DORCHESTER COUNTY; INEZ ABBOTT, CHURCH CREEK, DORCHESTER COUNTY; JOHN B. GRIFFIN, SALISBURY, WICOMICO COUNTY; BERNICE DOUGHERTY, CRISFIELD, SOMERSET COUNTY; WALTER BRICE, CRISFIELD, SOMERSET COUNTY; AND ALBERTA GRAVES, CRISFIELD, SOMERSET COUNTY, A PANEL OF SENIOR CITIZENS

Miss COMEGYS. I am Viola Comegys, from Cambridge.

Hoping I wouldn't be first, I thought I would sort of pick up a little more momentum as others went along, but I have enjoyed—when I say “enjoyed” I mean it—the activities of the center.

We all look forward to the time when we retire, and we wonder how it will be with us, and one of the things—the center is one of the things that has kept us all active. We are active, of course, many of us, in church circles, but when it comes to our social life, it is sort of left out, but the centers take care of all that for us.

When we enter the center, we feel at home, we feel that we are going to meet old friends, and I would cite one or two instances of others who attend the centers.

There is one person I know in particular who has been in and out of the State hospital and in foster care for at least 5 or 6 years, and has improved to the extent that she now goes to church and participates in activities at the center, and the center in Cambridge has done an awful lot to help her.

At one time, as a hobby, she wrote a little—little short poems, and last May when we were having our Mother's Day program, she wrote an original poem and it was published in our local paper, and she read it at the center, and it was the first time she had done anything in public for 6 years. And I think that meant a lot to her in her life.

And there is one person who goes very often to this particular center, and she mentioned one day, just in conversation, that she was home alone. She felt so lonely, and she has had untimely deaths in her home some years back, and she said: “I was just crying, I didn't know what to do, and the thought came: go to the Center,” and she said: “As I was walking up the street, I was singing to myself ‘I'm going home; I'm going home.’”

And I think it is wonderful feeling when people feel that they can go to a place that is home. And just yesterday, under the direction of Octavane Saunders, the ladies presented a fashion show, called it “fall fashions.” And it was marvelous how those ladies—some of them are here now—who had made their own dresses, and they modeled; one lady said she had made a second dress in her lifetime, and I do know this lady had reared a large family, all grown, and so on. But she's feeling young again.

And speaking with a couple of the ladies, one lady who had reared a very large family, I know, and her husband was present also—he's well in his 80's—he has had a stroke but he was there, participating, with refreshments and in the singing and whatnot, and these two ladies, in talking, one of them said: "I am really living now."

So I think that's a good testimony.

Senator BEALL. Thank you very much, Miss Comegys.

Miss ABBOTT. I am Inez Abbott, from south Dorchester, which is a big area, and I find that the center has been a real—well, a second living for me, because I had an awful tragedy 18 months ago, and I was just about ready to fall in, throw in the sponge, when somebody came in and said: "Come up to the center."

They kept insisting that I come, and so to get rid of them, I went. So I went up and I joined the ceramic classes, and I am very active with my fingers, and I love to do things, and I like new things and different things, so before I found out where I really was, I was a senior aide. And from that, an outreach worker, of course, and how I got twisted up I don't know, but now I'm a chaperon at the center.

So of course, I make referrals to social service, which is stamps, and medicaid cards, social security, health department, and doctor appointments, drugstores, shopping, visit the sick; you name it, we're there. If they don't have transportation, I have a little Pinto and I crowd in three others and myself, and I carry them to all various activities.

And I work out of Acrepo, which Mrs. Coleman—Ethel Coleman, she's our satellite director there, and I work with her. I find it a great pleasure to make—with Mrs. Coleman, we make quilts and rugs, mats, and we sell them all for to buy materials—well, to make more with. We make ceramics, and I love those, too, but we sell a lot of them, and we also visit the nursing home and we put on beautiful programs, and we go to hospitals, we bring small gifts, we have covered dish suppers. You should see those elderly women come in for those covered dish suppers. Oh, how they pile their plates. They just eat so.

And of course, I am from south Dorchester and Eastern Shore, you know, and we like oysters and crabs, and they'll say: "Well, who cooked this oyster, who fixed this crab cake, and if it's Eastern Shore, I know it's good."

And just about a week ago we went up to Perry Point, and oh, we carried such joy up there.

But anyway, they enjoyed themselves. We carried boxes and boxes of cookies, and we carried lunch, and we carried a big box—oh, it was a tremendous box, which was all volunteer work, of lap robes for the wheelchair patients, and being that Christmas is coming up now, we have a lot planned for Christmas, such as entertainments for hospitals and nursing homes, and we will be making things for them and we will be carrying them gifts and entertaining them, and I think it is very important that we have all these services.

You would be surprised; in south Dorchester, where I live, it's about 30 or 40 miles from Cambridge, and a lot of those people doesn't have transportation, and the minibus comes down once a week, and if it doesn't come they know I'm there, and they just look forward to the entertainment—"Well, what is this coming up?" and they'll look at

the calendar, and they thoroughly enjoy every minute. It's just like Christmas morning, when you walk in there carrying a box of cookies, or maybe just a little gift, they're just like children on Christmas morning, and I think it is very, very important that we should have that.

And we that's simply working with them get just as much pleasure as they do. In fact, I think I get more than some of them do, because I thoroughly enjoy it. And I really, really have enjoyed it, and I hope that the services in all the departments will continue. Thank you.

Senator BEALL. Thank you, Mrs. Abbott.

Mrs. McCLAIN. I am Viola McClain, and I think that the services should be continued because we all need them. I don't have transportation, and when I call my center, they come right away for me, if I have to go to the doctor, or if I have to go anywhere. And it is very important that we have it in Dorchester County.

I have just retired. I have worked all my life, and now then I am making the senior citizens to do something for me, I am asking my Government to do something for me. The Government needs me and I need our Government, and I think they should fund this money for this program that we are having, because it has hundreds and hundreds of people that really need it. Thank you.

Mrs. BOWEN. I am Mrs. Bowen from Snow Hill, and I am a new senior citizen, but I have enjoyed it so much. It has meant a great thing to my husband and myself, we, too, having had a great tragedy in our family, and we were recommended by our physician to attend the senior citizens' center.

I have found great happiness since I have started. The activities are there and they are just great. When you go in you see—well, the elderly people, the smiles on their faces, and the things that they are doing.

We have one lady who is 94 years old, and she is just a darling, and then we have another who is 86 years old, and they are precious people, and also, these people, they have no other means of transportation, and it is a wonderful thing that we have this for the elderly.

And, too, with the lunches, I feel that many of the people that have their lunches at the center, they have a bigger meal there lots of them, than they do at home. And I think this is a wonderful thing.

And then, the activities we have, lots of the ladies are quilting, and some are sewing and making rugs, and ceramics. I am interested in ceramics myself, and painting, and incidentally, I did my first painting and it was a blue duck, and I have a son, and he said: "Well, Mother, I have seen all kinds of ducks, but never a blue one!"

Senator BEALL. But he's never painted one, has he?

Mrs. BOWEN. And then we take our trips, like the bazaar in September. The ladies in the four counties, they made different projects, and items and things, that they carried to Ocean City to the bazaar, and that way we sponsored a trip to the Amish country up in Lancaster, Pa.

And we had enough that we could furnish four buses, and I thought that was a wonderful thing for we older people to do.

Then the love and the friendship, and our director, Mrs. Monroe, she always comes in with a great big smile, and a pat on the shoulder, or a hug, to some of us, and you know, that just goes along with it.

And another thing I would like to mention is the churches that invite us to lunches. I think that is a wonderful thing, too. And most all attend, and as one of the other speakers said, it's something like 150 that are present.

And voting day, the 5th, when I went to vote, some of the ladies said to me, "My, Mrs. Bowen, you certainly do look grand." And I said: "Well, you know, I'm a senior citizen now, and you come over and join us," because some of those people were as old as I am myself.

And—well, I am just so happy, and it has been a tremendous thing, to our community, my husband and I. Thank you.

Mrs. ROBINS. Senator Beall, and committee, this time—I talked about the center last year. This time I am talking about home health and home care. And it is personal with me, because my husband is a diabetic. He has had two slight strokes, and then in May they sent him home, and Mrs. Monroe and the health nurse there, and Mrs. Crockett wanted to know if they could help.

And I said: "Yes, indeed, because I am just at a loss." His walking was very poor, his memory at times was bad. He's 87, you see. And I was at a loss to know just what I was going to do with him. I had tried to get them to keep him just a little longer, but they said: "No, we think you can keep him home now."

So of course, after making some adjustments, they said I should make a rail here, rugs out, and so forth, and many other things, and we did all that and they said: "Now, you can take him," and so I did.

Mrs. Monroe said to one of the girls, one of the outreach members—sent her to my home, they came to help if I needed anything, any medicinal supplies or anything necessary, because I wasn't going out too much at first, they did that.

Mrs. Crockett came, and the nurse that she had came regularly, and they help with the bathing and massaging, because his legs aren't too stable.

Mrs. Crockett also brought me a walker, and he uses that walker. At times he tries to stand up without it, but I have to watch him because he might be falling down.

My deep concern now is, he is getting siderails for a bed, and he is beginning to fall out. And at his age, you don't want any broken bones.

But the service they render is just really tremendous. They come with a smile, take over and do anything that is necessary to be done. I can't praise Mrs. Crockett and the one we lost just a few weeks ago in our county, and Mrs. Monroe, for what they have meant to me.

So I know all of the senior citizens whom they visit and whom they care for would say "Thank you," and please continue this because without it I don't know what we would do.

Senator BEALL. Thank you, Mrs. Robins. I am sure they appreciate the commendation you give them.

Mrs. HOLLAND. I have a lot of ideas, but the very thought of this not continuing has almost driven the ideas away from me.

I kind of got edgy when they were wondering about could it continue, or how could it continue. Please don't let it stop.

I can't say too much: everyone before me has covered what I had in mind, but maybe in a different way.

This center has unlimited possibilities, and our director, Mrs. Harrison, is out of this world, if you know what I mean. I mean, she is so vivacious, and you go in there—I don't know, but I had the greatest hesitancy of even starting to this center, because I thought it was just a group of, you know, old women, sitting around bemoaning their aches and pains and what have you, and I thought: "Well, I don't want to join that!"

But when I went in that center, there is no distinction of black and white; it is all one happy family, and the minute you go in there, we feel the warmth and friendliness of the people, and our little group in Fairmount, they are a group of quilters, and working with their hands, because I have never heard the word "arthritis" so much in all my life.

And I say: "Listen, forget your aches and pains for the hours you are here; we are going to do something constructive and work well," so we started quilting, and we have made a quilt and donated it to the center, and anything that we as individuals can help to further this program, financially or in any way, is what we want to do.

Because now I am in it, I want it to continue.

They have a varied program. For instance, every month they have a party for those who have had a birthday in that month, and now we have started where individuals, like from one table to serve the refreshments for that month, and next month another one, because if there is any way we can think of some—in other words, we don't want Mrs. Harrison to have to furnish this treat. If—not if we can do it.

Because if there is any way in the world that we can further this program, we want to do it, not only for our benefit but for those that are coming, and I think in our particular club we are getting kind of shy of transportation, because I am talking it up more and more all the time, and I don't want to talk it up and then the poor things can't get there because transportation for elderly people is a most important thing that there is.

None of them—of course, I have had to stop driving. I had an accident and I can no longer drive. Well, none of them could get there if we don't have—we have three volunteer drivers now, but unless we can keep that bus on the road, and these cars getting on the road, I think the MAC center would fall apart.

So I think if there is anything that anyone can do to keep this going, please let's do it.

Senator BEALL. Thank you.

Mrs. DEDMOND. My name is Ella Dedmond from Somerset County, and the MAC center means an awful lot to me.

When first I moved here in 1971—my husband passed away in 1972. I was all alone, no one but a friend I knew down here, so people were telling me: "When you're home alone, sitting in the house day after day, get out." I heard about the MAC center. I didn't even know the way over there, but me and my friend—she was back and forth to see her children, which lived in New York, California, different places, so she went over there, took me over there one day, and I really enjoyed it and I'm bad as Mrs. Holland.

Anything possible, please keep the MAC center going.

I've learned a lot of things; I had to wait until age 63 to learn how to knit, and this is my first project, which I did.

Senator BEALL. You've done very well.

Mrs. DEDMOND. And I also learned how to quilt, and different things. Of course I drive, and anytime I hear of anyone that wants to go there to the MAC center, call me; I'm ready to do volunteer work there, any way that Mrs. Harrison sees anything that I can do to help them.

Please keep the MAC center going, and our meals are wonderful, for the money that we give out, because just like you say, when you live alone you just don't feel like getting up and fixing. You go there, you have one good meal a day; well, one good meal a day will really carry you over.

So at that rate, I really enjoy the MAC center. And I hope and trust that everybody will make it possible to keep it up, and I thank you.

Senator BEALL. Thank you, Mrs. Dedmond.

Mrs. MILES. I am Bessie Miles, from the Wicomico MAC Center here in Salisbury.

These ladies have said so many nice things that happened in their centers, they have left me with nothing to say. But I will begin by telling you, we have done wonderful things in our center.

We have a wonderful supervisor, little Miss White, sitting down there. She is very capable, and she has a wonderful staff working with her, so I will tell you some of the things we do.

We had a bazaar, which was wonderful; we make quilts and we crochet and knit, and just everything that comes up, we do in our center. And just as you see, we are a nice group, we are just a plain, nice group; it is just like home. And some of our people go every day, they wouldn't miss a day. And I could go on and on.

I'll tell you what we do have that I didn't hear anybody else mention. We even had a garden this summer. The man had a garden out there, and we had tomatoes and what have you, and everything else I can't even think of.

We have a carpenter, and little things that need being done around the house that senior citizens can't do, our young man comes and does those things for us.

And I don't know what else I could tell you. I just can't tell you all the things that we do. To me, it is a home away from home, and I think it is like that for some of the others. We just can't wait to get there. And I guess if it was open on Sunday, some of us would go there, too.

Mr. MARSHALL. Well, I didn't know I had to come up here; I wasn't told that by a certain young lady sitting down there laughing there at me.

But I want to say this to one and all. I don't know how we were fortunate enough to get her and the other ladies that are working with the MAC center in Salisbury. They are all wonderful, and they have—my chauffeur is sitting right there, and she's very good, and I go with her or others, but she's the main one, every Friday, and I wish some of you people could be there to see.

We go down to Pittsville, and Willard and pick up a load of elderly people. They are all women but one, and those dear people, most of them live out in that country on them back roads, and to see how proud they are, to hear them talk—my job is to get out, take a stool and set it down for them to step on because they are not able to step up in the bus.

Well, for her to have to get out and walk around, that takes a whole lot of time, and to go back, get in again, so I go with them, help these

ladies get on, and we take them home, and I wish you could hear how much they appreciate what the MAC center is doing for them. And they are all doing a wonderful job, and I hope that we can keep on with this MAC center.

I see quite a few people in here that are brought there by that bus every day. They live alone and have nowhere to go but to the MAC center. You see how they appreciate it, and it is a wonderful thing.

And I want to say again that I hope the Government will help us out and keep the MAC center going here for these elderly people that have nowhere to go, and I thank you.

Senator BEALL. Thank you very much, Mr. Marshall.

Mr. John Griffin has asked to testify.

Mr. GRIFFIN. Thank you very much, sir, for allowing me with such short notice.

I felt like it would be helpful if, from a nonagency source, someone who is familiar with some of the problems, talked about what I first said was unmet needs of the aging. I believe now it would be better to say inadequately met needs of the aging.

I recently retired from the Department of Labor, and spent most of my life in programs designed to help handicapped, the older worker, minority groups, and youth.

I just wish that some of the programs that I have been associated with had deserved the accolades that I have heard paid to MAC this morning.

I deal with MAC as a FISH volunteer, primarily with their professional staff. I call them and ask them to do something for someone who has called FISH, and they are better able or better equipped to do it than we are. I have never had anything but a very positive response.

I attend the meeting once a month, the training meeting of FISH volunteers, and I often hear people all saying something nice about what MAC's people did for some of the people who call us. We appreciate it.

Let me say just a word about FISH. We operate through a 24-hour answering service. We are staffed completely by volunteers, we pay all our own expenses; each volunteer is assessed so much each month to help pay the telephone bill, and we pay our own out-of-pocket expenses ourselves.

We are entirely inadequate to meet the needs we face in this county. We try to limit our services to Wicomico County; we do occasionally take a person to Baltimore, for medical service. This coming weekend I am taking a man to Wilmington, and we don't take them if we can get anybody else to.

Many things I am going to say now about unmet services have been said before; but it may be helpful if I just repeat them.

First on my list was transportation. 80-85 percent of our calls each month have come in to the FISH answering service and relayed to a volunteer, is to take an aged person to a clinic, a hospital, a doctor's office, or services. Usually we try to limit FISH's services to what we call emergency or temporary services. I believe the person who needs continuous care, who is more or less picked up on a casework basis, is usually provided his needs pretty well.

The elderly person with limited resources, perhaps with no one who can drive a car, who faces a sudden emergency, is in trouble. Those are the ones we try to serve first.

My second thing, and I'll be the first to agree that you are completely right in your philosophy of not putting people in rest homes until they can not care for themselves, but again, the person who, on an emergency basis, needs a rest home and is so recommended by the doctor that knows the person, and there is not such a bed available, is tragedy.

I had one experience; I had been taking a man to a specialist in asthma for 4 weeks. He's 38. One morning when I went to pick him up, he just wasn't able to get out of bed, and I knew the guy's courage. I have seen him standing with his hands on the fenders of my car, to get his breath when he walked out of the doctor's office. He had a lot of stuff and he—if he said he wasn't able to go, I knew he was ill.

I went downtown and told the doctor, and he wanted me to bring him some medicine, get a prescription. The doctor slipped out of his busy office and followed me back to the man's house, called Peninsular General, got him admitted; he was discharged that day.

The next Wednesday I was passing his house, and I stopped to visit with him and tell him I would be in next day to take him down to the doctor's office. He was feeling better; I felt that he was going to make it. His name was Hezekiah Watkins; some of you people may know him.

Well, when I went back the next morning, the poor fellow had died. I felt too bad about that.

In another case, a man with a wheelchair, living alone, using a ramp that I am sure MAC provided, would occasionally have to go to the doctor on an emergency basis. He took some kind of treatments, where certain conditions built up when he'd have to have treatment immediately, and we could usually get to him and get him to the doctor.

I felt like that particular morning, the man's general condition, other than just his emergency condition, that he needed custodial care. The secretary in the doctor's office, who's a fine woman, tried her best to get him admitted. The story was there were no beds. I'm sure he was admitted later.

I picked up a man to take to Baltimore, to the hospital, who had suffered an injury. He was a young man. He said his father, who was past 70, lived in his home, and the greatest thing in his life was getting up every morning, waiting until the MAC center opened, going down there and spending the day, and coming back.

He asked me if I knew anything about it, and I told him what I knew about it. He said: "They sure have been wonderful for my Daddy, and I'll thank all those people, thanks to you."

Senator BEALL. Thank you, Mr. Griffin.

You all are certainly articulate advocates for the program; it could get no better endorsement than it has gotten from you here today. We thank you for taking your time to come and testify.

I understand there are three other individuals in the audience who had hoped to testify. From Chrisfield, Mr. Walter Brice, and Alberta Gray, and Mrs. Bernice Dougherty. Maybe each would like to stand up and just say a few words?

Mrs. DOUGHERTY. I am Bernice Dougherty of Chrisfield, and my health hasn't been too good; I haven't been able to go out to the center

as yet. But Mrs. Harrison, of Princess Anne MAC has sent me quite often to the doctor and brought me back. I have stopped by her center and had a very good time while I was there.

And our aide, Mrs. Louise Hinman, has been helping me quite a bit. She visits me when I'm ill, and all, and has brought me fruit, and things to eat, candy, and homemade soup. She takes me to the stores to get my groceries, and to the doctor's in Chrisfield, and she has done quite a few things for me—to the orchard to get some apples, and I can't praise the MAC enough this morning, and I certainly hope it can be continued.

Mr. BRICE. My name is Walter Brice, I'm from Chrisfield, and I have been going to the MAC center since January. I moved down in September, and I think it is a wonderful place, and I don't think it could be operated any better than Mrs. Lorraine Smith runs it, and she does a wonderful job, and I like it very much.

Mrs. GRAY. I am glad to be here today.

I'd like to say I have been going—I think it was in May I started. I don't want to find a better place; where I go in Chrisfield, they are wonderful people. We're just like one large family. We get along lovely.

We have our little work we do, we make handbags, different things—rugs, shawls, and we have our devotion. That's the most of all. We have our devotion, we have ministers come in, talk with us, and we were invited to Mount Pleasant Church, the Baptist Church, rather, one Sunday morning, and we had a lovely sermon.

The Pastor preached a lovely sermon, and there was 33 of us out there. We have more than that at the—if they keep on coming out, our place won't hold them. We'll have to have a larger place.

We get along fine, and the—our leaders there are wonderful. They are all just like one big family; we sing, we have somebody to come in to play for us, we stop our work and we go up to the piano and we stand there and sing three and four pieces, and sometimes more than that. And it's very nice.

I'm satisfied. I don't want to be to a better place than the senior citizens'. And I hope I won't have to stop going. It's very nice, and I don't want to be in a better crowd.

We work together, we sing together, we use our hands, and everybody is just on one accord. No hard feelings whatever. They go around, just feel like it, they hug us [hugs reporter] and if they feel like kissing, they kiss us [kisses reporter]. That's the way they are. I have one girl there, every morning she comes in, she don't miss my chair. She comes to me and put her arms around me [hugs reporter] and she says: "I love you." And I say: "Yes, I love you." I love everybody in here.

And now we are getting ready now for our Christmas bazaar, and everybody is busy, working around, trying to get this, that and the other together. And, of course, I'm in the midst; sometimes I have to stay home and babysit, but I don't like it. But sometimes I have to do it.

So all I can say, I love the senior citizens', and I hope you don't ever close it down.

Senator BEALL. Thank you, Mrs. Gray. We appreciate you all being here and I think we have had a very good hearing today. We have

had a representative of the Federal Government, we have had a representative of the State's interests; we have heard from people who are charged locally, from the administration of the State government, and we have heard from beneficiaries, and I think it has been very helpful for our purpose.

Our purpose, as I said, was to get some insight into how we could improve the act, how we could continue to provide the services needed on a more efficient basis, and hopefully we will now be able to do that when we go back to Washington and draw the legislation for the coming year.

So we appreciate you all taking the time to be with us. Thank you. We need this kind of thing.

[Whereupon, at 12 :33 p.m., the hearing was adjourned.]



