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THE NATION'S RURAL ELDERLY

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HEARING

BEFORE THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

NINETY-FIFTH CONGRESS

FIRST SESSION

PART 16—GAINESVILLE, FLA.

NOVEMBER 22, 1977

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The Nation's Rural Elderly :

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Part 2. Ottumwa, Iowa, August 16, 1976.
Part 3. Gretna, Nebr., August 17, 1976.
Part 4. Ida Grove, Iowa, August 17, 1976.
Part 5. Sioux Falls, S. Dak., August 18, 1976.
Part 6. Rockford, Iowa, August 18, 1976.
Part 7. Denver, Colo., March 23, 1977.
Part 8. Flagstaff, Ariz., November 5, 1977.
Part 9. Tucson, Ariz., November 7, 1977.
Part 10. Terre Haute, Ind., November 11, 1977.
Part 11. Phoenix, Ariz., November 12, 1977.
Part 12. Roswell, N. Mex., November 18, 1977.
Part 13. Taos, N. Mex., November 19, 1977.
Part 14. Albuquerque, N. Mex., November 21, 1977.
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THE NATION'S RURAL ELDERLY

TUESDAY, NOVEMBER 22, 1977

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Gainesville, Fla.

The committee met, pursuant to notice, at 9:45 a.m., in the Commissioners Hearing Room, City Hall, Gainesville, Fla., Hon. Lawton Chiles presiding.

Present: Senator Chiles.

Also present: Kathleen M. Deignan, professional staff; David A. Rust, minority professional staff; Boley Johnson, district representative for Senator Chiles; and Patricia G. Oriol, chief clerk.

OPENING STATEMENT BY SENATOR LAWTON CHILES, PRESIDING

Senator CHILES. Good morning.

I want to thank you all for coming to this U.S. Senate Committee on Aging hearing on "The Nation's Rural Elderly." It is kind of ironic that a hearing with this topic should take place in a large city but I want to thank the Gainesville city commissioners for making these excellent facilities available for the hearing.

The Committee on Aging has already taken testimony on the rural elderly in seven States, and these hearings have confirmed our impression that many of the Federal programs meant to serve all elderly often do not have the same impact in rural areas as in more populous cities and towns.

One of the questions which continually arises at these hearings is how can any one agency in Washington set standards which assure equal and fair treatment under all programs meant to serve a group of people—in this case older Americans?

Sometimes it does seem as if the Congress and the bureaucrats want everything to be uniform, including people. We legislators resort to broad language which is supposed to lead us onward to certain goals, but sometimes, frankly, it is hard to recognize these goals—or the legislation—when the Government bureaus write up the regulations which are supposed to make the programs become realities.

There are those who say that unless we have intelligent decentralization, "we will increasingly have apoplexy at the center and anemia at the extremities of the body politic," and I think that may well be correct.

This may be particularly true in terms of health programs. How on Earth can a set of standards written up in Washington meet

one set of circumstances, say, here in Alachua County, or in Suwannee County, and another set of circumstances in Hillsborough County or in Dade County?

Universities Could Develop Health Programs

Clearly, we need community answers to community needs, especially in health services. And I would think that universities—particularly land-grant universities with their tradition of service through county extension offices—could play a major role in the development of health programs tailor-made for varying needs, particularly in rural areas. I am glad, therefore, that we will have testimony today describing just how this kind of interchange between higher education and the community can work.

This hearing will also give the Committee on Aging firsthand information on employment programs which enlist older persons for community service in nearby rural areas. We hear a great deal these days about job programs which are somehow going to relieve current welfare problems by providing this employment to vast new numbers of people throughout the Nation. But before we broaden current programs, we should ask ourselves what we have learned from the strengths and weaknesses of what we have already done and are doing. And we have to ask, in particular, what we can do to overcome the current prejudice against middle-aged and older workers in employment programs not categorically oriented to that age group.

I know that we will also hear about a number of other programs, and in particular I will ask whether the Older Americans Act is serving the rural elderly as well as it should.

A hearing record will be taken and printed of all that is said here today. I want it to include not only our scheduled witnesses but also comments from our hearing audience. We will have some time after we hear from the scheduled witnesses to take comments from the audience. In addition to that, the committee will accept written statements either today or later. These will also be printed as part of the official hearing record.

I certainly thank you all for coming and I look forward to your testimony.

Our opening panel today, we will hear testimony on rural health clinics from Dr. Richard Reynolds, chairman of the Department of Community Health and Family Medicine at the University of Florida.

Dr. Reynolds.

STATEMENT OF DR. RICHARD C. REYNOLDS, CHAIRMAN, DEPARTMENT OF COMMUNITY HEALTH AND FAMILY MEDICINE, UNIVERSITY OF FLORIDA, GAINESVILLE, FLA.

Dr. Reynolds. Senator Chiles, ladies, and gentlemen, for the sake of brevity, I am going to read my remarks this morning and I hope that will generate a few questions. I will be happy to try to respond to them the best I can.

Senator Chiles. Fine, Doctor.

Let me say at the outset we are pleased to have you here. I think the work that you have been doing in establishing these rural clinics is not only innovative but we hope it is going to be the forerunner of a process of trying to get our medical universities, especially those in land-grant colleges, to take a leadership role in developing a program that will help in the treatment. For so long, I think, so many of us in Congress have seen the thrust of medical schools to specialize and continue in the specializations as opposed to trying to treat chronic illnesses and geriatric illnesses, and it is very refreshing to see the work which your group has been doing.

Dr. REYNOLDS. Thank you. I think it does represent one engagement between the university and the community.

The Department of Community Health and Family Medicine of the University of Florida College of Medicine has for more than 9 years provided ambulatory health care to the citizens of rural counties west of Gainesville. Presently our clinics are the major source of health care in one rural county; the only source in two counties. Amalgams of medical students, physician's assistant students, graduate physicians' assistants, residents in family medicine, pediatrics and internal medicine, medical school faculty, clinic nurses, public health nurses, and other health professionals provide comprehensive, ambulatory health services to these rural citizens. Over 30,000 patient visits are recorded annually in those communities and an additional 20,000 in Gainesville.

ROUND-THE-CLOCK HEALTH CARE AVAILABLE

In each of the three clinics, located in Trenton, Mayo, and Cross City, there are scheduled hours of service, but health care is available 24 hours a day. The clinics that have been established for 5 or more years have records on nearly every citizen of the county they serve. In 1976 over two-thirds of all the residents of Lafayette County were seen at least one time in the Lafayette County Health Center in Mayo, Fla.

For 5 years the faculty, resident, and student resources of the Department of Community Health and Family Medicine have been used to develop an educational program and provide health services to the small community of Dowling Park which borders on the Suwannee River, 85 miles northwest of Gainesville. This community houses a 90-bed nursing home and apartment complexes for 200 retired citizens, both sponsored by the Advent Christian Church. The character of patient care in this nursing home is the best ever seen by this speaker in 25 years of medical experience.

In these rural counties, about 12 percent of all citizenry are over age 65. Approximately 25 percent of all individuals and families have income below federally established poverty levels. Low incomes are obviously more common among the rural elderly. Supplementing the medicare benefits, particularly part B, is difficult and often impossible. The diseases and social needs among the rural elderly differ little in comparison to their city counterparts. More often the rural elderly do have the advantage of extended families living nearby that makes home health care of patients with chronic and

terminal illness a definite possibility and frequently the desire of the patients and their families.

Based on our past and continuing experience in caring for the rural elderly, we suggest the following:

One: Each medical school needs responsibility for a defined ambulatory population which contains a representative number of older citizens. Only in this way, I believe, will the remarkable resources of medical schools direct their attention to the miseries and maladies of our older citizens in a comprehensive, continuous manner. A shortcoming of medical education is that it has focused its scrutiny on those few patients and their illnesses that are admitted to teaching hospitals.

Two: Medical schools should be encouraged to establish administrative units responsible for teaching programs and health care directed at the needs of older citizens. A medical school is incomplete and actually will not be accredited without a department of pediatrics. Older citizens have more sickness and spend more for health care. Actually, the 10 percent of the population over age 65 consumes 25 percent of the total health care costs, but their needs are poorly presented in the process of medical education.

Three: There needs to be careful review of existing Federal and State programs that benefit the elderly as the rewards of these programs disfavor the rural inhabitant. Specifically, the home health care benefits of medicare require nursing and one additional available service such as physical or occupational therapy to be eligible for reimbursement. It is often impossible to provide these additional services in rural counties because of the absence of individuals with these skills and, hence, home health care programs are not established.

Health Units Underfunded

Four: Most all rural counties have county health departments. Often they are understaffed and underfunded. Selective funding and encouragement of these existing units to provide services to the rural elderly would complement existing health services. This is very similar in concept to the additional funding given to county health departments whose areas are impacted by migrant farm laborers.

Five: The newly developed health professionals—physician's assistants and nurse practitioners—can provide a significant portion of the health care needs of the rural elderly in clinics, homes, or extended care institutions. Present proposed legislation will tend to facilitate the availability of services performed by these health professionals by reimbursing directly the employing physician or institution providing the service. Our studies and experiences confirm that physician assistants can supply health services of high quality and of high acceptance to the patients receiving those services. It is imperative, however, that these new health professionals have clearly defined relationships to physicians for appropriate backup and consultation. Anything less will inevitably lead to two different levels of independent health care.

We believe that any institutional change is brought about incrementally in bits and pieces, often necessitating compromise between various interests. Postulating broad, sweeping changes in health care delivery and financing is more often posturing than practical. In any event, little ever happens. The suggestions we have made I truly believe can be implemented. It is necessary and possible to influence the process of medical education and accent the health care needs of the elderly. Presently enacted legislation can be reviewed so that programs are not more difficult to develop in rural settings. County health departments in rural counties can, with additional support, be requested to initiate categorical health programs for older citizens. Physician assistants and nurse practitioners, through an improved reimbursement mechanism, can provide considerable health care to the Nation's elderly.

I thank you, Senator, for the opportunity to share these views with you.

Senator CHILES. Thank you very much, Dr. Reynolds.

Going back to your opening statement and the clinics that you have—the three clinics in Trenton, Mayo, and Cross City—how are those set up and were there problems in relation to setting up those clinics with private physicians? Were there private physicians in those areas, were there problems, and how did you work around that?

Dr. REYNOLDS. The prototype of these clinics is the one in Mayo. It may be apocryphal.

When we started this clinic, which was almost 10 years ago, we selected the Lafayette County site because there were no doctors in that county and there had not been a physician there for 10 years. We really made an effort to avoid a confrontation at that time with private physicians.

Senator CHILES. You didn't step on anybody's toes; there weren't any toes.

CLINICS LOCALLY CONTROLLED

Dr. REYNOLDS. We worked very closely with the local people and our clinics—"owned" is not a good term—but they are run by the community. They all have varying types of boards, which are the controlling units. In Lafayette County, the board is appointed under home rule by the county commissioners and has the power to act on all county health affairs. In Gilchrist County—Trenton—the board is appointed by the Governor of the State of Florida. In Cross City, the board is derived from a subcommittee of the chamber of commerce.

These are the boards we work with in developing these health care clinics, in deciding the nature of health services that are offered in negotiating the salaries of the clinic staff and who assumes the responsibility for the collection of bad debts from their own constituents.

Initially, there was concern on the part of some private physicians that we were encroaching into their territory. Traditionally, the medical school had been established in Gainesville so that only patients could be seen for educational research who were referred by private physicians.

We work closely with committees from the Florida Medical Association, the State Board of Medical Examiners, and all of our rural health activities have now been endorsed by these units.

Senator CHILES. How would you go about broadening that base or how could the State go about broadening that base? I noticed you said every medical school should have sort of a territory. Is that what you are talking about?

Dr. REYNOLDS. Yes. I think that it is not possible for medical schools to be made responsible for health care of an increasingly endless number of citizens. That would certainly distort their educational mission. Nevertheless, medical schools can engage the community, and to engage the community effectively involves defining a patient constituency that they become responsible for. This could become a mandate for each of the medical schools. For instance, one cannot have a medical school without having a teaching hospital or without having an affiliation with a hospital where teaching takes place. This has resulted in many marvelous advances in hospital medical care. It has also caused a looking away from many of the problems of everyday care that befalls the average citizen who tends to be sick and not be admitted to these hospitals.

Statistics show that among 1,000 random adults, only one of those thousand ever ends up in the teaching hospital. Perhaps the focus of medical education has been distorted. There have been many payoffs because of this particular focus, and I want to emphasize that. Nursing home patient care is one example of health care that has not often been a part of medical education. Perhaps if we had academic nursing homes in a sense of teaching nursing homes, we could bring the energies and enthusiasm and talents of our faculty and direct them to focus on the problems that occur in this institution. There are more patients in nursing homes than in hospitals.

Senator CHILES. So what you are saying is that the medical schools of the State of Florida would not have the overall responsibility for establishing these clinics all over the State, but they should all have a responsibility for involving themselves in it for the research and for the innovative methods that would come from this, plus the teaching experience.

Dr. REYNOLDS. There would be a payoff from that because we would then engage a generation of medical students and residents in a reasonable period of time on these sorts of problems so they would carry some solutions to these problems from these educational settings into the other communities where they would eventually settle.

PHYSICIAN ASSISTANTS CONSIDERED

Senator CHILES. You said in your statement that we have legislation now being considered by Congress that would allow medicare reimbursement for physician assistants and nurse practitioners in rural health clinics without requiring the physical presence of a physician at the clinic. What effect do you feel this legislation would have in expanding the rural clinics in Florida? Do you find or do you feel that the physician assistants would be accepted by the rural elderly? What problems do you see by the change that the physician would not have to be present?

Dr. REYNOLDS. Well, let me relate to you an experiment that we did a number of years ago in Trenton, which is in nearby Gilchrist County. We established the clinic there after there had been no doctor in that county for approximately 5 years. We placed two physician assistants in Trenton, again in a clinic that was sponsored in cooperation with the citizens in Gilchrist County. There was no doctor in residence. Faculty physicians visited that clinic daily at the outset and subsequently a little less frequently.

We tried to answer three questions when we established that clinic. We were concerned with the development of physician assistants that they really would not add much to the health manpower and health care of this country unless they were in places where doctors were not.

The questions we tried to ask were: Were the patients who were being seen by physician assistants and who understood that they were not doctors—would this type of care be acceptable to the patients in that community?

Second, we were concerned that the physician assistants would look upon this as a reasonable professional adventure on their part. It had not been that way for physicians.

The third question, What about the quality of health care that would be delivered by these alternative health professionals? We surveyed about 10 percent of the population and then followed this up approximately 1 year later and were able to talk to 95 percent of the original respondents.

Suffice it to say that the answers to these questions were "Yes." The citizens would accept the delivery of health care by physician assistants. The quality of health care is very difficult to assess under the best of circumstances. When we tried to do this by our own scrutiny—obviously we were biased—we brought in, over a period of 1 year, 10 or 15 other physicians, many of whom were skeptical and critical of physician assistants, and had them spend 1 day in the clinic with our individuals. They, too, came back believing physician assistants could deliver good quality health care. There is no question in my mind that equally trained nurse practitioners can also provide these services.

"PATIENTS . . . CAN BE REFERRED"

I think what is important, which I alluded to in my original statement, is the fact that the physician assistants and nurse practitioners need to be tied into a system. If a patient then has needs beyond their abilities, beyond the agency with which they work, there are clear pathways of referral.

Senator CHILES. Your survey determined that the people would accept the physician assistants again. Will the physicians accept the physician assistants operating without being under their direct supervision?

Dr. REYNOLDS. Yes. As you know, this is a very controversial issue and I can only reflect from my own viewpoints on this. I think if one were to survey all physicians, there would be much hesitancy and skepticism on their part. On the other hand, if you were to ask those physicians who have already employed physician

assistants or nurse practitioners, I think you would get quite a different answer. The old adage of "ask a man who owns one" might be appropriate. It would be a controversial situation, without question.

Senator CHILES. I have found that a lot of doctors are all for physician assistants, but they are looking at that as being just sort of like a nurse in their office or someone who is just going to help them see more patients, but be directly under them as opposed to being satellited out. That is the area that I think we will have more problems in.

Dr. REYNOLDS. No question about that. Many State laws actually forbid this type of satellite clinic operation.

Senator CHILES. You mention that Florida law does not prohibit that.

Dr. REYNOLDS. Florida law states that there must be reasonable supervision of a physician's assistant.

Senator CHILES. You mention that presently enacted legislation should be reviewed to see that programs are not made more difficult to develop in rural areas. Can you cite some specific examples of where you see our existing programs working against delivering services in rural areas?

Dr. REYNOLDS. I mentioned one with regard to the development of home health care service under medicare reimbursement where additional services are required, and very often these types of skills are simply not present in the community. I remember reading—and forgive me, I don't have the exact reference—but someone had reviewed the return of the Federal tax dollar to the rural citizens.

GRANT ALLOCATIONS DISPROPORTIONATE

Now if one defines "rural citizens" as people living in communities of 2,500, approximately 25 percent of our population would be in that category by definition. Only 5 percent of the Federal tax dollars for Federal programs return to these types of communities. Now why is that? I think it represents an across-the-board problem of most all Federal programs.

First of all, it requires a certain amount of sophistication to prepare an application for a Federal grant and it is very easy to achieve that sophistication in the community of Gainesville. If you go to Mayo, Fla., or Cross City, there are not too many people available to write a competitive grant.

Senator CHILES. You don't have the professional grant writers.

Dr. REYNOLDS. At least they don't have grant writers with skills to go through the Federal regulations and come up with a successful grant award.

Senator CHILES. We find that very true.

Dr. REYNOLDS. I think there is an uneven technical assistant program in the regional offices. It works better in some regions than in others, particularly HEW, in the writing of these grants. Medicaid, for instance, is a federally supported but State-run program reimbursing on the delivery of services. Well, that is all well and good, but if there is nobody in these communities to deliver these services, obviously the citizen gets a short shrift.

Senator CHILES. They are paying the premium by virtue of their tax dollar.

Dr. REYNOLDS. Yes, and they are getting little payoff.

Senator CHILES. Well, how much more do you see or what should the Federal Government be doing to encourage more rural health initiatives, particularly in geriatric care?

Dr. REYNOLDS. We mentioned some of those in our opening statement. We do need some imagination, and I think many of the people here in the audience could probably share in the development of some imaginative creative ideas in health care. Is it possible, for instance, to create community health care in small communities? In what size small community is consolidation of health care into one clinic feasible? I don't know but it is something we can look into.

Medicare legislation, for instance, requires before transfer to a nursing home that patients be admitted to the hospital for at least 3 days. Very often this creates an almost fictitious type of hospitalization. We need to look at much of the existing legislation to try to get these sorts of pitfalls out of it.

Transportation is another problem that befalls the rural elderly in getting to and from health care. We wrote legislation which was good—good in intent and I think good in effect—devising very stringent emergency medical services. A very important feature in rural areas is getting people who have been involved in accidents to places where they can be taken care of. This now requires such skilled personnel that the rural counties cannot support these individuals. We used to have not too good a service in many rural counties, now we have no service. We have, however, very sophisticated services in Jacksonville and Gainesville. Again the legislation has hampered the health service in rural counties.

Senator CHILES. Very interesting. How do you see what progress we are making in encouraging physicians to practice in rural areas and what additional steps do you see that Government can or should be taking in that area?

OUTLOOK OPTIMISTIC FOR RURAL PHYSICIANS

Dr. REYNOLDS. I think you should recognize that the Government has done considerable. I used to be very pessimistic about the spill-off of physicians into rural areas. I have become more optimistic now, and perhaps I should share my thoughts about why the change took place.

Senator CHILES. Please do.

Dr. REYNOLDS. In the sixties we thought we would solve all the health manpower problems by training more medical students to become physicians. When I was a medical student, 25 years ago, 7,500 doctors a year graduated from medical school. There are now 15,000 physicians coming out of the medical schools. This is a 100-percent increase. There are now enough physicians. The problem remains one of distribution of doctors and the types of doctor. We have, in several areas, trained too many specialists.

One change that might accelerate an improved distribution of doctors is a cost containment of health care, however this is brought about. I am not that wise to propose strategies as to how this might be accomplished, but we all agree that health care costs have become extraordinary. Some containment is in order and there are obviously

legislative proposals to look into these problems, particularly the cost of hospital care.

If one begins to train more physicians and one controls the cost of health care, one will begin to change the settings in which these physicians practice because there are only so many dollars in a given community. This in itself is going to have an impact on physicians and where they settle because the community will have a financial limit on the number of physicians they can absorb.

It has up to this period of time seemed almost limitless how many physicians could be absorbed in a given community.

I also see a change in the medical students going from specialty type programs to programs called primary care, which is family medicine in particular, also internal medicine and pediatrics. I see the settings for these physicians often being a smaller city, smaller community, so I am more optimistic about physician distribution because of increasing numbers of physicians and the cost-containment practices that will probably come about in the next few years.

Senator CHILES. What kind of benefit do you see from programs where we made loans to the students that require that we give a forgiveness of those loans or sort of a payback if they are in rural areas if they go and settle there?

Dr. REYNOLDS. Two comments on that, Senator. One, I am uneasy about asking a medical student to accept a loan that requires a payback by practicing in a certain location. Many factors make it difficult for him to do this. We also have little evidence that he is the one who goes back to the rural community.

I feel very strongly that the United States and the society of which we are a part—and doctors are part of this society and not as is often thought apart from the society—has been awfully good to us. Most of the people in my generation, when we went through medical school, assumed we had 2 years of military service as an obligation. There were reasons at that time, which fortunately are no longer present.

SERVICE OBLIGATION TO RURAL AREAS

It might be interesting if the medical profession and perhaps the legislatures can work together in such a way that we could encourage an obligatory type of commitment of medical students or upon graduation from medical school or completion of residency to contribute 2 years of their time in a type of medical social service. This would give us at least some transitory medical personnel in filling the areas of health need.

Senator CHILES. Would you do that on the basis of any student who gets a loan or grant funds, or would you do it on the basis that every medical school is so supported by Federal funds that the student is only paying for a small percentage of his education? I am trying to get the rationale of why you would set this up.

Dr. REYNOLDS. If one wants a rationale for doing this, I think all of our education is subsidized. It is only a matter of degree, and I think that is the thing that needs to be understood clearly. I think this goes for both medical school and residency training. So whether

a student needs a loan of several thousand dollars a year to carry him through, he is not the only one who should be penalized by saying they have to give 2 years back to the country's service. Everybody is subsidized the way the education of physicians has been established. It would be very unfair to penalize only those people who need loans.

Senator CHILES. Doctor, we thank you very much for your testimony.

Dr. REYNOLDS. Thank you.

Senator CHILES. Next we will have a panel from the Northern Florida Councils on Aging: Virgie Cone, the director of District 3 Area Agency on Aging from Jasper; Bill Brown, president of the Tri-County Council on Aging from Old Town; Jewel Murray, director of the Columbia County Council on Aging; and Paul Krieger, a member of the Bradford County Council on Aging and secretary-treasurer of the North Central Florida Coalition of Senior Citizens.

STATEMENT OF VIRGIE CONE, DIRECTOR, DISTRICT 3 AREA AGENCY ON AGING, JASPER, FLA.

Mrs. CONE. Senator Chiles, we are happy you came to be with us. We are from the rural counties and we are, as you see, about half elderly.

First, I would like to say—talking about health, when I was in the school system I decided, in 1974, it was time to leave it with the young people. So I moved over to Jasper in Hamilton County. What they had done in connection with Dr. Reynolds is, they got down to almost no doctor. They had one doctor, but he could not take care of it. The county commissioners just went to bat and subsidized, and now we have a hospital, four doctors, and four ambulances in Hamilton County. Come to see us and our four ambulances sometime.

As I said, I retired from the school system and I moved over to Jasper to restore the house my grandfather built in 1892. In so doing, I moved close to my mother who was getting close to 90 years old. When I moved over there I realized that there were so many things that we take for granted in a city—for instance, bus transportation. She thought she could handle everything herself, but by being next door I was able to see that she got meals and things like that. Still she could keep what you might call her self-confidence that she could do it, but when I had transmission trouble with my car and there were some places that I could not go on my three-wheeler, I realized we needed bus transportation.

TRANSPORTATION PROBLEMS ACUTE

Recently when Kathy was here we took her around the counties and she could see how far it was between people. Then my mother went to one grocery store that would deliver her some groceries, but they charged her more for the groceries. This woman asked me if I could take her to see her granddaughter and I did. When she got out of the car she said, "How much?" I said, "Nothing," and she

was so astonished. I understood then that they charge each other $1 to take you two or three blocks and you are dependent upon somebody else.

Now we do have an economic council—Suwannee River Transit—but it is an experiment and I think it can be improved. I think in time it will be able to deliver services for people going here and there and everywhere, but briefly one of the things we need is transportation. Then I found out that there were people there that could not do for themselves and the neighbors were taking turns taking the meals in to them. You know, after a while sometimes the neighbors get old and can't do it. We need more home-delivered meals and things like that.

The retired teachers were encouraged to organize, and Mrs. Stevens who organized us is sitting out there. She is the one responsible for getting retired teachers to do things. We decided we didn't want just to work and have meetings, so we organized the Hamilton County Council on Aging. With the help of the Aging and Adult Services of the District III HRS, we wrote a project proposal. To answer Dr. Reynolds, they can give technical assistance but the main thing we need is to have people who want organizations, who want to write projects, and do things like that. I mean that is what we encourage.

I was on the advisory council of HRS. This sounds personal. We realized the need for more services for the elderly so we wrote a grant proposal and formed an area agency on aging. What we want to do is to try to see that the elderly get the services they need. The organizations are encouraged to write proposals so we can fairly distribute the grants and see that the grants people are doing what they say they want to do in the grant proposal. So today we have with us Mrs. Murray who has a very good program going in Columbia County. Mr. Brown is from Dixie County. Lafayette is one of those counties.

Senator CHILES. Thank you very much.

[The prepared statement of Mrs. Cone follows:]

PREPARED STATEMENT OF VIRGIE CONE

In 1974 I decided it was time to leave the school affairs to the young people, so I retired to the town of Jasper in Hamilton County to restore the house my grandfather built in 1892. My mother was nearing 90 years of age and I needed to be at hand since I was the only child in the family. My mother felt that she was perfectly capable of looking after herself, but there was always the problem of meals and getting to the store. By moving next door it was not too obvious that I could be helpful. I could take her in the car and also see that her meals were hot. When I had transmission trouble with my car and had to use my three-wheeler to get around, I realized the need of bus service—a service we take for granted in the city.

I became interested in the Cancer Society and, because there was no place for a person to get such things as wheelchairs and other equipment used during illnesses without going to Valdosta 30 miles away, I started the cancer loan closet in my house. With that I learned that there were many people in the county who needed things and did not know how to go about getting them. I learned that there were people who could not do for themselves and the neighbors were taking turns taking their meals to them.

I also learned that there were people who were really gouging their "friends" when they were asked to take them somewhere. All my life I have thought nothing of taking people places without pay and I was amazed when

the woman who works for me asked me to take her to see her granddaughter, and I did. When she got out of the car she asked "How much?" When I said "Nothing," she could not believe it. Later I learned that they think nothing of asking $1 to take someone two or three blocks—that is how dependent people are on others for transportation. Then the matter of the groceries. One store would deliver for my mother, but I found the cost of the food was much higher with this service.

The retired teachers were encouraged to organize and, not wanting to just have meetings, they started thinking of the things needed in the county. As a result, they organized the Hamilton County Council on Aging and wrote a grant proposal with the help of the Aging and Adult Services of the District III HRS. This year we have a title III grant to provide homemaker services and a senior center.

After I retired, I was appointed to the Advisory Council of District III HRS. During the year we realized that the elderly population was quite large and services were needed in all areas. We incorporated and wrote a proposal for the area agency. The goals are to help the elderly get the services they need, see that the grants are fairly distributed by encouraging groups to write proposals and become grantees, and see that those who have the grants do what their proposals say they intend to do. In other words, the area agency is an advocate of the elderly and we are delighted that Senator Chiles is interested in the rural communities.

District III is almost entirely rural and, according to statistics, is very fast becoming highly populated with those 60 and over. I have used the research from the Department of Commerce, Bureau of Census, and the University of Florida Bureau of Economic Business Research Department of Population Studies to compile information on population, grants now in existence, and the amounts expended per person 60 and over.

From 1960 to 1970, District III increased 74 percent in the number of elderly. At the present time we are spending $8.81 per person 60-plus. Recently we visited a meals program in a small town in the southern part of the district. This is the one bright spot in their day when they can come together, meet people, and get a balanced meal. At the same time they can contribute to the meal which helps them keep their dignity; I have many hangups on having people have to tell how much they make. All of you have ahead of you the fact that you are getting older. Let's maintain the dignity of old age. Let's keep the image happy, not the way they do in some countries where they leave their elderly on the side of the mountain to die. There is a film entitled "Weekend" which shows this, and still another film which shows how in America the elderly are enjoying life and making themselves useful. It would be great if the latter could be true all over America.

Today we have with us three people from rural areas: Mrs. Jewell Murray from Columbia County; Mr. Bill Brown from Tri-County (Dixie, Levy, Gilchrist); and Mr. Paul Krieger from Bradford County.

Senator CHILES. Mrs. Murray.

STATEMENT OF JEWEL MURRAY, DIRECTOR, COLUMBIA COUNTY COUNCIL ON AGING, LAKE CITY, FLA.

Mrs. MURRAY. We are here on a subject that is dear to my heart, the council on aging, but I was asked to be on the panel. You have to believe in what you speak of, so if anyone mentions the elderly or the senior citizens, well then, as the old saying goes, that is down my alley.

A few years back I was with the college; I taught arts and crafts. Then I taught adult education, and the people would just linger. After the class was over, they didn't want to go home and I began to observe. What it was, it was the togetherness—the fellowship. So I began to look around and I saw that there was a loneliness for the individuals. Then I began to inquire and observe people; then I found out the stigma was the aging and the ones over 60.

Now that is what I am working with and that is where they have the stigma—they have so many odds against them. Then I began to observe they were human; they were people. When I became a native of that category, I was right with them, so I thought, well, I would want to change. So I went to the social worker and to the hospitals. I found out so many of the people were in the hospitals.

Loneliness: A Major Factor

Now all these cares they were just speaking about—the health cares. Why were they there in the hospital so many times? They would go home; they would be back. Why? Because they were lonely. They did have ills and they had problems, but they were lonely; they had nothing to do. I thought that something needed to be done, so I began to read and observe what other counties and different other places were doing.

I thought, well, Columbia County was just a little rural town. Senator Chiles was just a young fellow then, but when I found out that he was on the Committee on Aging—and he probably does not even realize it—I wrote a letter to him, and then I contacted different ones. I went to several meetings that came to Gainesville and anything I heard that other towns were doing—the large places—I thought, well, we had the same problems in Columbia County.

Now you hear a lot of talk about Columbia County right now. We are in the limelight, but we have some good things taking place there, too. I went to the mayor and then, since Senator Chiles was on the Committee on Aging, I asked his advice. I went to a meeting here of gerontologists at Gainesville University—paid my own expenses and all. People were interested in the older person, but they just had to have a leader or somebody to take the stand and to start.

When I went to our mayor, I asked him, "Could I have a meeting place for persons who were interested in the older person's need?" He said, "Well, yes, you can meet right in my office." So I told my plea to the different facets of the community: the welfare, the colleges, the professors, the doctors, the lawyers—all the different areas. We had a meeting date.

Then I found some officials and they told us what to do to incorporate. We had as many at that group as are here now. Senator Bishop, I believe, was one of our representatives at that time. I invited some of the different ones and they said: "Well, if somebody will just go ahead, we will back them up." They know when I start a thing I am going to try. When you say you are going to do something for me, I am going to follow you up, so don't promise anything unless you intend to do it.

To make a long story short, we incorporated in July 1972. The older people began to say what they would like to do. What I was interested in was to have an organization for the ones over 60 to let them, like the young people say, do their thing. If they want to laugh, if they want to cry, if they want to get together—it is whatever they wanted to do, it was their program.

At the beginning they thought it was just promises, promises. We didn't have but about 12, but those 12 were looking on. You know,

the best publicity is word of mouth. We began to branch out. We started out and found we were really interested. Then we started social services.

Social Contacts Important

Now you might think, is a social service as important as something else? A social service is when you get together. We could invite them, so we would plan different little programs. I would have different speakers. Then the community became aware of it. I spoke before the ministerial alliance. These older citizens are part of the community, even in the families. There are so many of the families who are not taking an interest in the older person.

If an older person is not active after they retire, they have nothing to do, maybe they sit and look out the window, they kind of have their heads down in their neck. The family thinks, well, they are kind of off and want to put them in an institution, but they don't need to be. They need to get involved.

We begin to have the older person participate in these programs and bring out the natural resources. So then the colleges found out about it and they would ask us to come in and participate with the younger students. When the younger students saw this group of older people come in, why at first they thought—well, I don't know what they thought. Anyway, I just imagine they thought, "Well, those old folks." Then when they began to find out some of the resources, they took notice and they began to take over.

To make a long story short, we have a wonderful group of senior citizens. We started out with around 12. We now have 7 services and over 700. I was invited as a delegate to go to Washington—the National Council on Aging. In the meantime I was informed, Senator Chiles—now he didn't come here personally, but he sent a representative. He would send us information. I would write to Senator Church. I would write to anybody.

Now that is from the headquarters, but what it is—I was thinking if they can do that in Washington, they do not know what we are doing unless we let them know our own feelings and our needs. So when I would write our needs to them, I would get a reply. Well, that meant something, and then the people would begin to speak themselves.

So now we have around 700. We don't have that many at one time, but we have a birthday luncheon once a month and we have around 150 to 200. I invite the guests; I invite the community officials; I invite the mayor. I invite the different ones. Why? I want them to see what a wonderful group of seniors we have.

Now we don't have room at our little center to have a birthday dinner to serve 200 people because we cannot afford it, so we went before the ministerial alliance and I said: "We have a home in Lake City." I said: "We send money to foreign missions, but what about our own people enjoying a good balanced meal together in fellowship?" I said: "If any of you are interested, let me have your names."

I began to get names from different churches all through Columbia County—they have us once a month. Sometimes it takes five turkeys.

They furnish the meat, the paper goods, the birthday cake, and the entertainment. That gets involvement to find out what we are doing at Lake City. Then I invite the ones from the area agency. I invite them from Tallahassee. I invite the speakers. I invite anybody that will listen and take heed. Why? I want them to see what a wonderful group of seniors we have in Columbia County.

Elderly Want To Remain at Home

We are not a tourist town. We do not have the people running in and out, even though we are getting publicity now. So many of our people are residents who have lived there all their lives and they are old now. They don't want to get their roots upset, they want to stay there. They need transportation, they need the fellowship.

Loneliness was the one problem that was spoken of at the National Council on Aging among the older persons. Now nutrition is important, transportation is important, but if you have a balanced meal before you and you are lonely—maybe you have lost a loved one or maybe you feel it does not include you—you don't realize that maybe you are forced to retire, and you have problems. You don't eat that meal, but yet when you get down there with that group of people you see other people in the same predicament, and then they get involved.

We have a wonderful group. Among our people we have made progress. Among our people we have some that travel around the world on their interests. They are 60, they are over 60. You say, "Why do they need fellowship? Why are they lonely?" Just because maybe they depended on a companion all their lives and they have lost one, they are alone, but their need is just as great.

Then we will have sitting by them a person who is on welfare or on a fixed income. We have, maybe, a person sitting by them who is blind, another one with legs amputated. We have black, we have white, we have Spanish. We don't have many other nationalities because Lake City is more of a rural area, but we have been in places where there is an Elks lodge or a Moose lodge.

We have been going to the Moose lodge for our Christmas party because we don't have room. We go to the women's club. We go anyplace they invite us. Then the people who entertain us and have programs and put on plays—they get such a fulfillment, they say: "You are having better times than we are."

Now this was the first time this season, Thanksgiving—November and December—I am trying to do everything I can to make things a little happier for the seniors. Why? Because when the holidays draw near many of these people's minds go back to the olden days. We are trying to keep them out of hospitals and nursing homes. Many of them go back and say: "How would you like to have a Thanksgiving banquet?" I say, "Fine, fine."

Special Events Add Encouragement

Can you afford $1? We paid $1. There were 99 at one of the largest restaurants we have in Lake City, and so they dressed up. Remember, 4 or 5 years ago these same people did not even care

whether their hair was combed—they were ready just for the grave. They didn't take any interest. They thought, "What is the use; my life is over." Now they participate. It is their program so they dressed up.

They were calling me. "Should I wear a corsage? Should I wear a flower?" I said: "I don't care." I said: "Wear anything." Anyway, they dressed up.

Then when we look around, we have a Christmas party. We had a Christmas party last Christmas. We had 150. We had Santa Claus to come.

Senator CHILES. Jewel, I am going to have to interrupt. You have so many activities you can tell me about, I think we are going to be here the rest of the day.

Mrs. CONE. I think what we need is more Mrs. Murrays.

[Applause.]

Senator CHILES. That is the truth.

Mrs. MURRAY. I will close by saying for the recreation and the parties—that is not the motive behind it. The motive behind it is when you look around and see 150 or 200 people—and our special guests were amputees—we go to get those from the nursing homes and they are there at these parties, maybe sitting on Santa Claus's lap, some of them 90 years old. I think, isn't it wonderful that something is being done for the older person instead of them having to be in the hospitals and nursing homes?

So our motive behind all of this is the cooperation of you people, our community, our Senators. Anyway, I do appreciate everything that is being done. So if you are ever in Lake City, come by the golden opportunity project and you will find "Welcome" on the mat.

Thank you.

[Applause.]

Senator CHILES. Jewel, I understand you foster a lot of marriages in those meetings that you have, too. [Laughter.]

Brother Brown, can you give us some of your experiences now with the Tri-County Council on Aging?

STATEMENT OF WILLIAM M. BROWN, PRESIDENT, TRI-COUNTY COUNCIL ON AGING, OLD TOWN, FLA.

Mr. BROWN. I am Bill Brown, assistant to the State director in Florida for AARP—the American Association of Retired Persons. We have 865,000 members in Florida, 55 and up. Ten years ago, nationally, we had 1 million members; now we have 11 million, and they are increasing at the rate of 1 every 17 seconds. So you see we are getting together.

In one of these meetings that we had in AARP, a lady came over from mental health and mentioned the fact that there were funds available under title XX for senior citizens; nobody had gone after them. I suggested that they might try that, so I talked to our chapter and to three more chapters. I got them involved. I even talked to Anita Tassinari, and thought she had a real fine operation there, and I got very enthused about the thing. AARP could not write grants, so we had to set up a separate nonprofit organization, which is what we did.

We formed the Tri-County Council for Senior Citizens. That is where I learned if you only had to go in front of one set of commissioners, you have it made, I believe, but when you have to get three sets of commissioners and get them to agree, that is something else. So it took 16 months before we got it off the ground; however, it has been in operation now for 14 months and it is doing a real fine job.

They are serving 135 clients for homemaker services. Now they go in twice a week for 2 hours with each client. We have 10 homemakers and we are getting some under the Green Thumb right now which can increase their time that they can spend with these people. I would like to see us get more funds under title XX to be able to hire more homemakers so that they could possibly double that time with these people.

Homemaker Services Important

They are doing an excellent job of keeping people out of nursing homes. I tell you the county really saves some money by us being out there doing this homemaker services, because we are keeping them out of the nursing homes. They are able to stay at home. These people are taking care of terminal cases; they are going over there and seeing that they eat, that they get their groceries, and so forth, where otherwise they would have to be in a nursing home. I would like to see that increase.

Now we have this minivan for three counties with a limit of 2,000 miles.

Senator Chiles. What percentage of the need do you think that you are meeting with your homemaker services?

Mr. Brown. Well, there are 5,000 in the three counties. There are 800 in Gilchrist County, 1,200 in Dixie County, and 3,000 in Levy County.

Senator Chiles. That is the total number of seniors?

Mr. Brown. Yes.

Senator Chiles. You are serving how many?

Mr. Brown. 135 is what we are serving now. We could serve probably a couple hundred.

Senator Chiles. Do you think there are at least that many who need the homemaker services, or more?

Mr. Brown. Yes, plus this van that we have. Three counties is a lot of territory for one minivan. It is doing a real fine job. Another thing I learned—these people were paying $20 a trip to get in here to Gainesville. You know they cannot afford $20 when they get only $150 or $160 or even $200, so they ride this van and it does not cost them anything. We take contributions if they want to put it in there, but a quarter is a lot of money to some of those people. I would like to see it expanded to where we could have at least one van for each county.

We come into Gainesville once a week and I can fast see that van filling up. It is just about full every time they come in on a Monday. Now the other days of the week are spent around through the county. One day they will take Cross City and take them around shopping; one day they go to Trenton and do the same thing; and

another day they go to Chiefland and take them shopping. They are doing a real good job but, like I say, we have been in operation for only 14 months. I can see that we are going to run out of vans and we are going to have to limit the use of them. We are limited to 2,000 miles a month in our lease. So you see we don't get to Yankeetown, we don't get to Cedar Key, we don't go down to Suwannee. It is impossible with this amount of miles. So I would like to see——

Senator CHILES. Who imposes that 2,000-mile limit?

Mr. BROWN. We get this van by leasing it here in Gainesville.

Senator CHILES. That is part of the lease?

Mr. BROWN. Yes. Otherwise, we pay 5 cents more a mile past the 2,000. However, there is no money in the grant for that 5 cents a mile.

Senator CHILES. So you just have to hold it to 2,000.

Mr. BROWN. Yes, or I have to go out and get some contributions someplace.

CONVENIENT MEDICAL SERVICES NEEDED

Now another one of our problems that, of course, I hear—everybody seems to have the same thing. If I should drop over at the river, my wife would have to call an ambulance from Cross City which is 12 miles away, and if I had a heart attack there would not be much chance of them taking me back to Cross City; there would not be too much reason for that. So if they continued on to Gainesville, that is another 40 miles—after he comes 12 miles.

In fact, just the other day I learned that the local bank vice president—his wife had to come over here to the hospital and now he has to move back and forth every day, which is a long ways back to visit these people. Now a lot of times there will be a couple and one of them gets sick and has to come over here and stay in this hospital. The wife doesn't have the kind of funds to go and stay in one of these motels, so they have a real problem. They just are not able to get in to see them. Or if it is a single person, which we see more and more—we had the minivan out the other day and there were 14 people on it, but there was only one man. So you see the percentage of widows that we have in the area.

Now if you had to go from Cedar Keys to Gainesville, you would be facing about 60 miles. We are talking about these clinics, and I have not had any personal experience with them but from what I hear their facilities are limited and we definitely need some sort of a hospital out in that area. I had a lady offer me some property just the other day and I checked with her Saturday and she said she would give me 5 or 10 acres and a building on it. So I am going to check and see if it would be possible to get some funds or get something started with the county commissioners over there. They tried for years with three counties to get together and they failed miserably, so I am going to try to see if the Dixie County commissioners will start this thing. I will meet with them shortly.

I asked her if we could not get a hospital, if she would go along with us getting a nursing home in the area, because we don't have one of those either. The nearest one is Dowling Park and the other

one is in Williston. So these are part of my concerns and I am wondering if you might look into the possibility of us using schoolbuses when they are not being utilized during the summer. I know they are hard riding and so forth, but maybe they could stand to ride to Gainesville or ride around through the county. The van driver picks up the load of kids and takes them to school and then he goes home and whatever else he has to do. I don't know why they could not be utilized in between times; go and pick up these seniors and take them to town and bring them back, and then go back and get his load of kids, you know.

I want to thank you for the support you have given me on this senior citizens building that we are attempting to get down there, too. I have applied for a grant. However, there was another thing. As you are probably well aware, I told you that there were no funds available. Well, shortly there were $63,000 available, and I figured that all came through your correspondence. I told them before I had started the grant that we were going to apply for the $63,000 and they informed me that there were some other counties there with a greater population of seniors that came first. I kind of had a fight about that, but they tell me that Lake County had 30,000 seniors and we had only 5,000 among the three counties. Anyway, we have applied for what we can get of that grant.

Senator CHILES. This $63,000 was for three counties.

Mrs. CONE. Yes.

Mr. BROWN. Thank you very much.

Senator CHILES. Paul.

STATEMENT OF PAUL KRIEGER, WALDO, FLA., MEMBER, BRADFORD COUNTY COUNCIL ON AGING, AND SECRETARY-TREASURER, NORTH CENTRAL FLORIDA COALITION OF SENIOR CITIZENS

Mr. KRIEGER. I am taking the place of Joe Kerrigan here and unfortunately I didn't know what I was to speak on until I got here this morning practically. It was to be transportation, and of course both of these good people have touched on it in the meantime.

I don't get too close to these things and of course the development I live in has all people that are able to furnish their own transportation. Waldo has some needs and I understand that they send a small van in on request. I have heard quite a bit about transportation in Starke and also in Hampton. I was president of the Hampton Senior Citizens for 2 years so I know what goes on down there.

The main idea seems to be that they would like to see, like Mr. Brown says, that the schoolbuses be utilized for this without undue expense to the taxpayer. One thing would work out wonderfully if they would start out on certain days from Starke. They could come through Hampton by going just about a half mile out of their way—a mile at the most—and then perhaps come into Alachua County, into Waldo, and go into Gainesville. There is no other close way.

GREATER USE OF BUSES REQUESTED

In other words, they could serve three towns without changing buses if they can come to an agreement between the two counties and

at the same time, like Mr. Brown said, use buses that stand still for 3, 4, and 5 hours and are not doing anything. Right now they are hauling school children right by us all the way into Gainesville to the high school. I wonder if those buses could not be reversed somehow while the bus sits still in Gainesville. I have a sneaking suspicion that many of them come back empty and then run back empty to pick up the children. There must be a good way to use these buses without wasting gasoline.

I have attended the meetings and I do know that there are many elderly who do not drive cars, and they have no one to do it for them. I also heard of them having been charged $2 and $3 by some people to take them to the store. So, to make a long story short, the only thing is to try and investigate that and see if it can be used in two counties, used in connecting the four cities—Starke, Hampton, Waldo, and Gainesville. This would probably give the people in Gainesville time, 3 to 4 hours, to do their stuff and then take them back again at a reasonable cost or free of charge, whichever way it can be done. That is the best thing I can say for that and that is about all I can say right now.

[A supplemental statement of Mr. Krieger follows:]

SUPPLEMENTAL STATEMENT OF PAUL KRIEGER

I know of one case some years ago, and I hear of similar cases once in a while. Some people refuse to become citizens of this country, but when it becomes time to get social security, they return to their native country and we send the checks to a foreign country. I and many others think this is wrong. This money could give Americans a job if it was spent over here.

I wrote to Mr. Califano, Secretary of Health, Education, and Welfare; I received many calls for your and Congressman Fuqua's addresses. Many are upset that seniors have to skimp while the ERA gets $5 million thrown at them to have a good time in Houston. This will cost many Congressmen some votes from the elderly when the facts come out.

The coalition of senior citizens of north central Florida are getting very touchy about these things. We are also working with the Miami section groups. I will try very hard to assist as much as I can to help in your efforts to find better answers to the plight of many of our senior citizens. I am thankful I can take care of my problems without any outside help. I may be 69 years old, but feel like 50.

Please let me know if there is anything I can do that may help by using common sense. May God give you strength and wisdom to do the best.

Senator CHILES. Let me just ask you, what do you see as the most effective programs in your counties? Would you quickly tell me what you think are the most effective programs? Jewel, what do you think is the most effective program?

Mrs. MURRAY. Well, naturally trying to fill the gap of loneliness. We have a big building; it took $250 to put the windows in. Unless there are funds in the title V, we are at a standstill because you cannot move. We have this building but we were hoping to get title V and that is going to be allocated out. They say that will not be enough for a window.

Mrs. CONE. It will be more than enough for a window.

Mrs. MURRAY. The cities donated the old water works. It is at a standstill until some more money is available. We are in desperate need of funds for a building. Loneliness is where the gap is.

Senator CHILES. Virgie.

Mrs. CONE. We are just getting a homemaker program this year—to start the homemaker program. The health department has been most effective and they are working very closely with us.

Mr. BROWN. This homemaker service that we are furnishing out there is the greatest thing that has happened in that area in a long time and, of course, the minivan is helping out considerably. I would hope that if we can get a building going down there in Tri-City one day, I would hope to see congregate meals and some social services brought in there, but this is in the future. Right now I am completely sold on this homemaker service and the van service that they are furnishing.

Mr. KRIEGER. I know that the homemaker service is quite active. My wife happens to be in it so I hear some of the stories. The homemaker service is trying to make it as pleasant as possible but, I think, like the lady said, loneliness is about one of the greatest problems that the elderly has. I hear it quite often; I see it quite often; and I don't know what the answer to it is.

STARTUP FUNDS NEEDED

Mrs. CONE. One thing that we need, too, in some of these programs, is reimbursement. It is a little difficult getting grants started sometimes because they didn't have anything to start up with and we need startup money on some of these grants for some of these smaller counties.

Senator CHILES. One of the tough things I think under title XX is that you have to have your funds to start with.

Mrs. CONE. It is not always available, especially in small towns.

Senator CHILES. Under the Older Americans Act, if you change over you don't have to have your funds, and that makes it awfully tough on the changeover even though you get more money on the title XX.

Mrs. CONE. It imposes a problem on the smaller counties.

Mr. BROWN. I just signed a note for $5,000. We have been trying to keep this thing moving and it is just impossible. We just added $7,500 to it because I am a firm believer that when payday shows up those people should be paid. In fact, I am running back and forth using my own account. Recently we put $5,000 in—another $2,500. I had lost hope of ever getting our funds back from HRS in time to keep up, because you spend the first month operating and then you apply for the funds for that month and then it is another month before you get your money. So there goes $200.

Mrs. CONE. We hope we will relieve that problem.

Mrs. MURRAY. We have been really hurt when they cut title III funds. You go up to 700 members and all the different services, and then you are cut in title III. We have been hurt.

Senator CHILES. I can understand that.

How many senior centers do you have in your counties?

Mrs. MURRAY. We have one main center and then we are working an outpost to try to do some services, but we just have five full-time staff. We have been cut.

Senator CHILES. Virgie, what do you have in your area?

Mrs. CONE. We are just starting the senior center. This is the first year we had a grant. Lake City has one.

I think you have this—Kathy gave it to you. This shows you how much we spend per person in each county. It is not very much. In three counties we do not have any services at all in grants for this. We don't have but about five senior centers. Of course the congregate meal sites serve as senior centers in many places.

Mrs. MURRAY. We have just one 11-passenger van. You just hit and miss. We are just hurting for funds. We have the people there now; how are you going to say who can have the services and who can't? I can't do it. We just crowd in; we do the best we can.

Senator CHILES. Do you see any need for a congregate meal place in a senior center?

Mrs. MURRAY. Yes.

Mrs. CONE. Yes.

Senator CHILES. Do you think they should be together?

Mrs. CONE. Very definitely.

Senator CHILES. Well, I want to thank you all very much.

Mrs. CONE. We want to thank you for coming.

Senator CHILES. Thank you for giving us the testimony.

Our next panel will be from the Alachua County Older Americans Council, Inc.—Anita Tassinari and Marion Forsman.

STATEMENT OF ANITA M. TASSINARI, EXECUTIVE DIRECTOR, ALACHUA COUNTY OLDER AMERICANS COUNCIL, INC., GAINESVILLE, FLA.

Ms. TASSINARI. We would like to introduce some people in the audience, both from the staff and members of the Older Americans Council. I see a great many people who have been active participants. Would all of you who have been active participants in the Alachua County Older Americans Council wave your hand and say "hello" to Senator Chiles? Thank you.

Many of these people who you see here have served on our board of directors, our advisory council, or are staff members. We are grateful for what the Senate Committee on Aging has done to make so much possible for the elderly over the last few years. We recognize the Senate Committee on Aging is where much originates, and that you are a very important member of this committee. We are glad that one of our Florida Senators is a member of the Committee on Aging, because we know this is where much good legislation originates. [Applause.]

Senator CHILES. Thank you.

Ms. TASSINARI. If you don't mind, I would like to read my prepared statement and zero in on the subject. I do have three major points I would like to make today, with some suggestions.

Senator CHILES. All right.

COUNCIL FORMED BY LOCAL RESIDENTS

Ms. TASSINARI. I am Anita Mitchell Tassinari, executive director of the Alachua County Older Americans Council, Inc., and have

held this position for 5½ years. The Older Americans Council, or "OAC," as we are known by residents here, was formed by local citizens in the spring of 1971. Senator Chiles, several of those people who were charter members are sitting in the audience today, people who organized our council. We are very proud of them. This is a group of dedicated local people living in Alachua County. They had a dream that our community needed a way to serve our elderly citizens in the 60-plus age bracket more effectively. The group that initiated the OAC were mostly retirees themselves—retired teachers and ministers, as well as members of the Mental Health Association, a county commissioner, and other service-minded people from across the county.

I want to stress that it is a county organization. We are proud that OAC decided to serve the overall county. We know of other groups, in other counties that are our neighbors, who did not begin with this broad a scope and now regret it. We have assisted all of these groups. Many are now in the active stage of doing things for their senior citizens.

I think the 1971 White House Conference on Aging was the motivating force that created the interest in our own locale back in 1971–72 when OAC was organized. Our mission, as stated in the charter, was "to facilitate the delivery of services to those 60 and older in our county and to act as an advocate for the needs of senior citizens of our area." With this as our mission, the OAC has developed a broad scope, starting with the help of a small title III grant from the Older Americans Act in 1972. A small beginning was made.

With the growing support of local government—both city and county—and the assistance of our United Way, our local churches and many individuals, the Alachua County Older Americans Council has become "the" agency through which older people may seek help of many kinds. In fact, the word is, "call OAC" for anything which concerns older people. We are now able to provide a long list of services. These are the figures for the last 12 months, all representing unduplicated persons: Health screening, 702; transportation, 764 for shopping assistance. There were 102 unduplicated people. Most of these are people that we help each week to get their weekly groceries. Escort service assists the homebound with telephone reassurance—94 different people have been called regularly; friendly visiting—102 are being visited by volunteer visitors; meals on wheels—over 166 have received our home delivered meals during a 12-month period; 592 have received congregate meals. Although we were funded for only 250 hot lunches daily, we were able to service 166 different elderly home delivered and 592 unduplicated elderly congregate meals in our 3 dining rooms during the year.

Counseling Services Extensive

We have provided legal counseling for 127 different elderly people and 216 have received other counseling services through our agency. With a variety of recreational opportunities, we have involved 1,000 elderly in recreational opportunities that we have planned and carried out. Also, we have involved 844 others in a

variety of interest groups, taught by Santa Fe Community College instructors. We have organized these groups and they are provided on a waiver basis. In fact, the total of elderly residents whom we have served in a variety of ways in a 12-month period came to 2,600. These are unduplicated older folks on whom we have actual statistics as individuals—information on who they are, what they did, and where they live. We served them all.

I am providing this background of our agency's development since 1971 in order to show what can happen when a small social service organization for the elderly makes an impact on a community and is given the support and encouragement which ours has received from the people of this county. However, Senator Chiles, there can be problems involved with this growth.

Rising expectations can lead to the need for more intensive services as the existence of this help becomes more widely known. To serve rural areas of the county requires more help to cover greater distances and to serve smaller groups living farther apart which requires more staff time and travel. We have established centers for the elderly in almost every small town in the county around our central city during the past 5½ years. These groups meet on a regular schedule. The rural elderly are provided most of the services I have mentioned earlier, especially our transportation service for elderly all over the county. I would like to talk more about the transportation service this morning.

Also, there are two other matters I wish to bring out in my presentation: First, the need for fewer restrictions on the home delivered meals service; and second, the need for a larger allotment to Florida of title XX funds to support home services for those elderly who are both poor and homebound.

Transportation System Outlined

We feel we have been fortunate during the past 4 years in the development of our transportation service for the elderly in Alachua County. In 1972–73, our agency was struggling to provide this service with a corps of volunteers who could be called in emergencies. Then, we considered having our own agency bus line. Fortunately, we were invited to join an effort by the Alachua County Board of Commissioners to establish a small minibus system which was started to complement a newly formed transit bus system for Gainesville, also operated by the county.

OAC now purchases, by contract with the county, around 750 to 800 rides a month on their 8 minibuses for elderly people living throughout the county. Our agency takes the responsibility of handling these phone calls from residents needing transportation. This service helps them take care of their daily needs—activities such as going to the doctor's office, going to the clinic, visiting local hospitals, including the VA hospital. My friend, Mr. Brown of Chiefland, has mentioned the fact that when a spouse is in the hospital, the other member of the family desires to visit as regularly as possible. We are glad that OAC is able to help wives and husbands do this visiting, which is so important, and available through our purchasing rides for them on this minibus system.

We have a record of where each person served lives in the county and where he wishes to be taken so we are well informed as to the need for the service. About 50 percent of the rides requested by the elderly are for medical purposes. This transportation service is a joint venture involving the county's newly developed minibus service. OAC is the largest customer of their minibus system, purchasing in-city round trip rides for $1.60 and in-county round trips for $3.10. Our records show a total of 764 unduplicated elderly people who have used this service during the past 12 months.

Senator CHILES. Were you able to meet the needs of all the requests?

Ms. TASSINARI. Yes, sir, we were, but near the end of the last 12-month period we thought we might run out of money to support all of the requests.

Senator CHILES. You would allocate a budget of so much money for this.

Ms. TASSINARI. Our board of directors made the policy that we could not give more than two rides a week to any one person. There were very few people, we found in looking through our reservations, who actually needed more than two rides or were even asking for two a week. We do make exceptions where someone is receiving cobalt treatments and needs to go every day for a certain period of time or is having a prosthesis fitted and needs to visit their physical therapist more often. There are exceptions. We are attempting to provide as many different elderly people this service as possible.

CONTRIBUTIONS ACKNOWLEDGED

I would like to add here, as I have in here somewhere, that we always give opportunities to clients to contribute. We certainly recognize every contribution we receive no matter if it is $1, $2, $5, $10—sometimes even $20—but most of the contributions that we receive are small ones from grateful people who want and need one or more of our services. We do not specify any specific amount of money, but we always let people know that their contributions are well received. We also let people know that we put these donations right back into that service. If money is sent for transportation, it is put into transportation.

Senator CHILES. What was the total funding that you budgeted for that?

Ms. TASSINARI. For transportation it is almost $20,000 for the contract for the year. The minibus operates on a regular daily schedule, particularly in the country. They have certain days they go to each community. We take individual reservations, between 30 and 40 a day. The minibuses go to certain towns, such as High Springs, three times a week, or another location two times a week. This schedule is publicized in our newsletter. Riders are picked up fairly early in the morning—in county locations—and brought to Gainesville. Then, around 2:30 or 3 in the afternoon, they are collected and returned home by 4. This system works out quite well. There is no difference in charge for a short ride or a long ride, as long as the ride is beyond the city limits. The cost is $3.10 a round trip.

As you can see from the figures I have given on the number of people using this service, it is a widely accepted and needed service for elderly not only living in Gainesville but also to many elderly living in the country. They are often alone all day because working sons and daughters drive the family car to work in Gainesville leaving them alone and isolated in the country.

Many of the people using the minibus transportation service would have no alternative. They could not afford to use other means of travel to keep their important medical and business appointments. These appointments are important to help keep them independent in their own homes. I am sure that our service has helped prevent many elderly from giving up and moving into a rest home and has helped prevent others from becoming ill from lack of attention and medical treatment for small ills which could become more serious.

Since part of this program is supported by title XX funds, more than two-thirds of those using transportation have been interviewed to establish their eligibility for services funded by title XX. Our agency has a joint budget made up of funds from title III and title XX. We use title XX funds for those who are eligible for this help under those guidelines. We have to meet each one personally and fill out a form stating what their income is.

If this service were reduced or withdrawn from our county's elderly, a large problem would occur. It would not be feasible or even "politic" to cut out an established and badly needed service once so many people have become dependent on it. Many elderly wish to make their small contributions to help support the service. We encourage this but do not require it. Our agency has always let its clients and others in the community know that contributions are well received. Many small checks—sometimes more and sometimes less than $5—are received with gratitude and are put back into this system.

Growing Demand Could Threaten Services

However, I believe there is increasing danger that services such as ours may be raising expectations for which there are not sufficient funds to support the growing demand in all parts of Florida. We are fortunate in this city and county in that local government as well as local agencies support our efforts generously with local funds. We raise, within our own service area, almost 35 percent of the cost of these services.

Another matter on which I would like to speak briefly is the need for separating two phases of another needed service for the elderly: That is, the hot lunch program under title VII of the Older Americans Act. Presently regulations limit the amount of service our agency can provide homebound elderly through home delivered meals, sometimes called meals on wheels, since title VII is intended to emphasize that the elderly sit down together as a congregate to eat the hot lunch. However, there is another large group of elderly who are homebound and cannot make the effort necessary to reach these dining rooms. At present our efforts to serve the homebound with a hot lunch is restricted to a limited percentage of the total number of meals under title VII funding, and only this limit can be delivered.

Our agency first developed its meals-on-wheels through title III funding. When we combined our food programs under title VII and opened three dining rooms in the county, we found that we could not further expand our home-delivered service. Over the past 4 years, we are becoming more and more aware of the numbers of elderly at home alone for periods of time because of illness or disability who need the hot lunch but are unable to come to our dining rooms.

I would like to suggest that the funding of home delivered meals needs to be separate from funding for congregate meals program.

Senator CHILES. There is no reason there should be a time formula, is there?

Ms. TASSINARI. Sir?

Senator CHILES. There is no reason there should be a time formula—a percentage of meals?

Ms. TASSINARI. I feel this is too restricted. In our case it has turned out to be so. We are funded for 270 meals and under the percentage that would only allow us 54.

Senator CHILES. I understand the limitation on the number of home delivered meals is a State, rather than a Federal, restriction.

Ms. TASSINARI. Perhaps. I understand the reason is that they hope title VII money will be spent to bring people together for socializing. This plan helps relieve the loneliness of isolated elderly people. But there is another whole constituency that needs the home meal apart from those who enjoy the socializing effect of the congregate meals. There are two bills pending in the Senate introducing the possibility for expanding the funding of home-delivered meals to the elderly. I would like to speak in support of the bill that would assist the elderly to have separate funding just for home-delivered meals.

MEALS-ON-WHEELS SUCCESSFUL

Our meals-on-wheels program in Gainesville is a successful and well established service, providing 80 to 90 hot lunches a day delivered throughout the Gainesville area by a loyal corps of about 130 volunteers, each giving a day once a week. Many of them have been helping since we began back in March 1974. They have hardly missed a week since. They all attest to the need for this service. We all know additional elderly people who could use the service, particularly those living in other parts of the county where we have to state, regretfully, that we do not have the funds to go outside of Gainesville with home deliveries.

Senator CHILES. So you are only able to serve meals-on-wheels in Gainesville?

Ms. TASSINARI. Yes. Partly because of the need for special groups of volunteers in various parts of the county, but really because of the lack of money to expend the number of home-delivered meals. We know areas right now that would gladly accept us if we only had the money to prepare those extra meals and deliver them. OAC has a central kitchen and we have a very fine senior center in Gainesville, which Federal revenue money built for us. We are proud of this kitchen and the dining room. This is where we have one dining room with home-delivered meals delivered from it. However, there

are other places in the county that would like to have home-delivered meals, but we have reached the percentage of these meals allowed as a part of our congregate meals program. I would like to support the idea in Senator Kennedy's bill that separate funding be allowed for a home delivered hot lunch program for elderly who are unable to go out each day.

One other point that I am concerned about in our program is the amount of title XX, Social Security Act funds that are provided for services to the elderly in Florida living at or below the poverty level as presently defined. I am told that only roughly 4 percent of the total title XX funds reaching Florida are allotted for services to Florida's elderly poor.

I am bringing this matter to your attention because our agency has, for more than 2 years, been requesting funds for homemaker's program specifically for the elderly. However, because of lack of funds under either title III of the Older Americans Act or title XX of the Social Security Act, it has not been possible to start even a small homemaker's program expressly for needy elderly who are homebound. A homemaker program proposal presented more than 2 years ago has yet to begin, due to the lack of funds.

We in Alachua County understand the needs of our neighboring counties. In fact, as the oldest agency in the area serving elderly, we have provided encouragement to our neighbors on all sides as they have ventured into this service field. Almost everyone now operating a service for elderly nearby have visited with our agency to discuss the hows and whys of operation and have requested our assistance during the past 6 years. We have gladly given this help. We do not wish any elderly person needing assistance to be denied.

However, as we all continue to reach out to the elderly in our areas we are aware, and somewhat uncomfortable with the thought that funds for these programs must be further divided and subdivided in order to start new projects in each of our 67 counties. We would like to ask, Senator Chiles, what the future holds for continued and increased Federal funding for the fine and worthwhile programs and services now started here in north Florida.

Senator CHILES. Thank you very much.

Mr. Forsman.

STATEMENT OF MARION FORSMAN, PRESIDENT, ALACHUA COUNTY OLDER AMERICANS COUNCIL, INC., GAINESVILLE, FLA.

Mr. FORSMAN. Senator Chiles, I want to take this opportunity to welcome you. I don't know if anyone has done this officially here before this committee meeting. We who have lived here a long time think it is a wonderful place to live and we hope we are going to be able to stay here. I have been here some 22 years now, having lived in all parts of the United States.

Senator CHILES. I have lived here off and on about 7 years while I was getting some kids started, and trying to get some undergraduate school and law school.

Mr. FORSMAN. After I had been here 3 or 4 years, my kids said: "Daddy, if you want to move, there's the door." That is the reason

I am here; they wanted to stay and I did, too. I have enjoyed it. Only recently I became an older American, so to speak. I retired from the university about 2 years ago and became involved. I am president of the Alachua County Older Americans Council; I am treasurer of the Retired Faculty of the University of Florida, Inc.; and also chairman of the Alachua County senior citizens blood bank.

So I may not know all the background, but at least I am aware of many of the needs. While Anita and I discussed this a little bit, you may find that there is a little overlapping in some of our statements. I particularly wanted to dwell on the funding since, as president of the Alachua County Older Americans Council, I find this is a very important thing for the board to consider, this is one of our major problems.

INTEREST ON LOANS NOT REIMBURSABLE

The one thing that came to our attention recently that was a little difficult for us to overcome was the problem of payment for expenditures under title XX. You find that you are not in the position to borrow money—at least we are not—as one of our colleagues from Elksboro has found a way to do. We are not allowed interest reimbursement on any borrowings as a part of our cost for this program and obtaining the funds to support us over these 2 months is very difficult. I imagine that it is much more difficult for those who are trying to get started.

Even some of the other titles we have difficulty with because the first month may take more than a month to get your money because of the paper signing. The paperwork has to be done and approved before you can get reimbursed for it. So these things all make it difficult. There should be some way to relax some of these regulations so that the organizations who are trying to provide the service right out amongst the people would not have to really be concerned whether they were going to be able to meet their payrolls.

I want to ask this question: Is the Older Americans Act coming up for review in 1978?

Senator CHILES. That is right.

Mr. FORSMAN. As Anita has mentioned—and maybe you know better than I do—we realize that Florida's older community is growing. It was one in five, and we expect it to be one in four in the near future. So Florida is going to need more of these funds. Most of these people who need these funds are people who have contributed effectively to the economy over the years, and now comes their turn. They no longer can physically make their contributions and it comes their turn for someone to help them: we believe that they really need the help.

I want to repeat about the funding of the homemaker's program. We really need that badly. We believe that this keeps people out of nursing homes, as has been said before. A good homemaker program can put people back on their feet so that they can take care of themselves for a longer period of time and reduce the costs. We believe it is very important.

Anita has already covered the home-delivery separation of funds. I think this is very important because we get calls from the hospital saying—

We can release this patient if he or she can get the proper service at home or home-delivered meals. If not, that patient is either going to have to stay in the hospital or go to a nursing home.

Thus it becomes very important that we be able to serve this particular aspect, especially when we are asked by medical people to service these people after they have been released.

We have had a little problem recently, and this is another one of those minor problems, but they are a little irritating at times. We use quite a bit of USDA commodity food products. We get an allowance for this in our expenditures and this is saved up. In the past it has been saved up and you spend it the next year. I don't know who makes these rules, but this time we are not saving it up; we are going to spend it the same year.

Funding Problems Imminent

This year we have to spend the money we saved last year on congregate meals, as well as the money we are going to save this year. We have to spend it all in 1 year. This increases our program by 20 meals per day. This is the equivalent of having another meal center somewhere. Next year it won't be available and we won't have other funds to support this increase.

We just feel that we should be able to carry some of these funds over for a little longer period of time to make this transition from spending it the following year that you earned it, to spending it all in the same year. We need a little transition period here; otherwise, it is going to make it difficult and hurt our program.

Now I don't believe that there is any more of the financing problems that I am aware of that we need to discuss at this time, but I do know these are relatively critical. Again I thank you very much for coming down here and listening to us.

Senator Chiles. Well, we thank you very much.

The act does expire at the end of fiscal year 1978, and that will be in October. That is one of the reasons for these hearings and they are going on all over the different parts of the country; we will be covering the different areas. We do have, of course, the bills introduced by Senator Kennedy and Senator McGovern that would create a new section for home-delivered meals under the new act, so we will be considering those, although as you know the Committee on Aging does not have legislative jurisdiction as such. We cannot originate; we simply try to focus on the problems and get the ball started. We will be working on the Older Americans Act.

Ms. Tassinari. I thank you for the Senate Committee on Aging "Memorandum" that we receive keeping us informed of programs pending in Congress. It is very helpful.

Senator Chiles. Thank you. We have been hearing a lot about some of the problems of redtape in administering the programs. How much of a problem is that for you—the filling out of forms?

Mr. Forsman. When I looked at the papers, I said, "Why did we have to fill out so many forms?" The administrative costs on these things go up and up and up. The more forms you fill out, the less money there is available to provide the services. When I go over a review, I see a stack of papers about that thick that the reviewer has

to fill out, we have to answer all the questions. Is this an annual thing or is it quarterly? It is quarterly that they do this and the monitors come around. I understand that we should be reviewed, there is very definitely a need for review, but I don't understand why the documentation of the review needs to be quite so pronounced as it is.

Senator CHILES. This is a cost and expense to you in trying to administer the program?

Mr. FORSMAN. Yes; it takes administrative people's time.

COST ACCOUNTING SYSTEM DISCUSSED

Ms. TASSINARI. In Florida we started a unit cost accounting system and this has been fairly extensive. Perhaps it is worthwhile. Actually, Senator Chiles, we recognize that some of the requirements we are speaking about today don't originate in Washington. The unit cost accounting system has caused us to employ more personnel. It is an effort, I think, of the Florida legislature to determine what each of these services for the elderly cost. I am not always sure the results are accurate because I feel that records are not kept uniformly by each project serving the elderly in Florida. These discrepancies make for poor statistics that prove little. Until the many projects in Florida can pay wages to hire and train staff, the results of unit cost accounting will be very questionable.

Not everybody can follow the complicated directions that are involved with the CPA's way of doing things. There are also other required expenses which reduce funds available for direct services to the elderly. Yes, the administrative costs are high.

Senator CHILES. What percentage of the services that are being offered to the residents of Gainesville are actually available to the rural citizens of Alachua County?

Ms. TASSINARI. We try to make most services available, although we have only one center, and that is in Gainesville. We use churches and club buildings, schools, homemaker clubs, and neighborhood centers in other parts of the county—probably 16 or 18 different places—where we schedule regular events. This is the way we move into the rural areas.

Two members of our staff, called field programers, are assigned to carry OAC services out into all parts of the county; in fact, these two divide the county between them. OAC provides health screening all over the county. We are making considerable effort to carry health screening out.

We are, at present, working to locate untreated hypertensives with high blood pressure. We also provide screening for hearing loss and skin cancer. We also have provided screening for diabetics, and screening for glaucoma three different times. We have also helped to provide flu booster shots. In other words, we are trying to carry most of our services into the smaller towns.

Transportation is the service most appreciated. The rural areas would probably like to have more food programs. A homemaker's program to help the rural homebound would be great if we could be funded.

Senator CHILES. But you don't have homemakers in the city or outside?

Ms. TASSINARI. Not for elderly specifically. We have a very small homemaker program for all ages which is provided by the local welfare department.

Senator CHILES. How about nursing?

Ms. TASSINARI. Homemakers Upjohn is the only such service here.

Senator CHILES. That is a cost?

HOMEMAKER SERVICES NOT INCLUDED

Ms. TASSINARI. Yes; the patient has to pay for it.

You might be interested to know that recently Upjohn was given a "certificate of need" by our regional health planning council that they may now provide occupational therapy, speech therapy, and physical therapy under medicare part B for a total of 100 visits if approved by the patient's physician. It is not necessary to have been in a hospital first. However, this plan does not include homemaking services. There is still a great need for a homemaker's service, particularly for people who cannot afford to pay $3.50 an hour—which is what our professional agency is asking for that service.

Mr. FORSMAN. I think the one thing we find most difficult to get in rural areas is the food service. The rest, with a little bit of funding, we can generally get to and find the people and help, but the food service is very difficult to get out in the rural community, even though we have one at Alachua now.

Ms. TASSINARI. Yes, we do; 50 meals a day.

Mr. FORSMAN. There have been requests for food service. We have discussed this, but it is the funding that stops us there. The rest of the programs are not quite so expensive. The medical assistance program is a health service program. We get a lot of volunteers here in Alachua County from the university, the local physicians, the local nurses, and so on, who will go out and meet in any area in the county that we can arrange for. Santa Fe Junior College will help with the board of education programs and they put them on in some of these counties. So we are able to get out in the county and into the rural areas with most of our programs, except the food program. That is the most difficult one to handle.

Senator CHILES. Thank you all very much for your appearance here. [Applause.]

Our last panel will be a panel for the senior employment programs and we will hear from Marion Campbell, director of the Florida Green Thumb program, accompanied by Bill Leffler, program supervisor of Green Thumb; Charles Carroll, director of the Florida senior community aide program; and Aline Warren, senior community aide.

STATEMENT OF MARION H. CAMPBELL, DIRECTOR, FLORIDA GREEN THUMB PROGRAM, JACKSONVILLE BEACH, FLA.

Mr. CAMPBELL. I would like to thank you, Senator Chiles, for giving me this opportunity to explain the Florida Green Thumb program. It is most encouraging to hear about and observe the special emphasis and support you are giving to the older people of this great Nation. We thank you and wholeheartedly support your efforts.

Title IX of the Older Americans Act provides 45,000 jobs to our older people through the five national contractors. Green Thumb was established in 1965 after Farmers Union did a study of the needs of rural America. Today 13,000 older, rural, low-income men and women are employed in 38 States, the District of Columbia, and Puerto Rico. We are still reaching less than 1 percent of the 5.4 million eligible for the Green Thumb program in rural America; 99 percent are still fighting the battle for survival.

Green Thumb Program Growing

Senator Chiles, in Florida we have grown from 87 Green Thumbers in 10 counties when we started in August 1972 to 633 in 40 counties today. I will not take the time to read the attachments giving you a breakdown of counties and workers; however, you will note in most of the 40 counties, we are serving only 10 or 15 older citizens. Senator Chiles, in our most rural counties it is very easy to find 10 or 15 older people needing and willing to work.

The high unemployment has and continues to hurt our senior citizens more than any other age group. In our rural counties here in Florida there are few jobs for anyone, much less our older people. As far as I can find out—and I am told this over and over again—Green Thumb is all our rural older people have and we can only serve less than 1 percent. They are willing to work and continue to help build this great Nation. They do not want handouts or pity, but a chance to fade away in peace.

Senator Chiles, almost 40 percent of all Florida Green Thumbers are over the age of 65. Mr. Willie Brown, of Olustee, Fla., will be 103 next March and he has been on our program for 3 years. He hardly misses a day, plus he walks about a mile to work. He will fight you for his job.

Senator Chiles. I don't want to fight him.

Mr. Campbell. In our expansion in July the Florida Legislature and State Office on Aging requested we place as many Green Thumbers in programs and agencies that will help to keep older people in their homes and out of nursing homes. I am happy to say over 58 percent of our Florida Green Thumb workers are in jobs doing things such as home health aide services, homemakers, and home repair.

Rural Workers Need Transportation

Senator Chiles, I cannot meet the demands of older people wanting on the program and sponsor's requests for additional Green Thumb workers. I would have no problem in finding or placing another 600 or more Green Thumb workers without adding a new county. I would like to have more money to give each worker at least 24 hours work per week instead of the present 20 hours and provide more assistance in transportation to our rural workers who in most cases have no transportation at all.

The needs are great and demanding and the answers are few and expensive, but how are we going to meet the needs of senior citizens in the year 2000 when one in every five Americans will be 65 or older?

I appreciate this opportunity and I thank you again for your interest and support to our senior citizens. I will be most happy to answer any questions that you may have.

I would now like to introduce Mr. Bill Leffler who is going to tell you about the Green Thumbers. He has gone from worker up to supervisor and he is one of the most effective Green Thumbers that I have in the program today.

Mr. Leffler.

STATEMENT OF ELIAS A. LEFFLER, SUPERVISOR, FLORIDA GREEN THUMB PROGRAM, JACKSONVILLE, FLA.

Mr. LEFFLER. Senator Chiles, my name is Elias A. Leffler, better known as Bill Leffler. I believe I have written to you. I will read off the statement that I have here to read.

I would like to talk about Green Thumb and what it means to both the people who are working on the program and those who would like to.

I can tell you about myself. I have been working on Green Thumb since it began in Florida. After suffering two heart attacks, I am not ready to give up yet and I advise other people not to give up. A heart attack does not mean anything.

People tell you they want to work. You cannot offer them anything because you don't have anything to offer them, it has all been taken up, and that kind of hurts, believe me. These people who are asking for this work are the people who, in the days gone by and years gone by, have carried the load and now they are put back and discarded, which is not fair. I don't think any of you gentlemen believe that either.

They work 20 or 24 hours a week. They are able to subsidize what they have. They can eat a little bit better on that. Maybe they can buy a pair of shoes now and then. They want to live the same as you do and the same as I do.

EMPLOYMENT PROLONGS LIFE

I got the living proof this Green Thumb employment of the people has prolonged life. If you will look at the health and longevity of people going to work, you will find out that there has been very little sickness, there have been very few deaths. A couple of years ago I went to the people and I took totals of what their thoughts and ideas of Green Thumb were, and I wish you could read some. Maybe some day, Senator Chiles, I will send it to you and let you read that.

Senator CHILES. Thank you.

I just want to mention that I was in west Florida yesterday—in Century and Davisville, and that is right up on the Alabama line. If you walk across the street, you are in Alabama, which is part of the area up there. I heard from not only some of the Green Thumb workers but some of the recipients of their services, and it was tremendous testimony that people gave of what the services of the Green Thumb workers meant to them.

Mr. LEFFLER. I would like to keep on reading this, but I got off where I was.

Senator CHILES. I am sorry.

Mr. LEFFLER. I hope you have heard the story of Willie Brown. He is the man who is approaching 103 years old. I have been out in the woods with him and that man—if you keep up with him when he goes back through one of the paths through the forest there, you have to trot to keep up with him; that is the kind of man he is. That is the reason he says that his life has been prolonged, because he has worked all his life. He also had an operation here a while back; he had to have some of his toes removed because of blood circulation.

Well, when we go to the hospital and doctors like that we do have to have a release from the doctor to come back to work. Mr. Willie Brown says he is going back to work on the Green Thumb whether they pay him or whether they don't; he is going back to work. That is the attitude of the people who are working with us.

I was talking to a couple of our workers, one who is 75 years old and the other one who is 81. Both told the same story, that if they did not have the Green Thumb job they would either be on relief or dead. Well, they are both in good health and happy today, I am glad to say. I am pretty healthy and happy also.

OLDER WORKERS PLEASE SPONSORS

In my rounds I also talk to sponsors. We have sponsors for these people who will tell them what they want done, how to do it, and so on. These sponsors all say that they are happy with their Green Thumb workers. The only thing of it is they wish that some of their workers would actually do as much as the older workers.

Another thing—these Green Thumb workers, as you know, draw the minimum wage, but I have never heard one say, "Let's strike for more money," or "Let's let it burn down if they don't give us more money." I have never heard that at all.

I believe I said that I sent you some letters a while back of people who were wanting on the Green Thumb program—people who write to us. We get letters and phone calls daily from these people, all of them wanting the program in their counties, wanting employment. We cannot give it to them; we just don't have the money. We don't have the funds to give it to them.

I thank you.

Senator CHILES. Thank you.

The program that originally set up the Green Thumb—as you know, we first start a program and that is what we call the authorizing legislation. That sets a level of how much can be spent, but that does not mean that much will be spent. Then the appropriating committee each year has to decide how much will be spent. Well, the authorizing legislation, I think, authorized $200 million a year. We are now up to this year where we had $190.4 million, so we are getting very close to that authorizing figure and we have almost doubled last year's figures. So the Green Thumb is being received well in the Congress, I can tell you, by the fact that we are almost doubling the appropriation from last year.

TREMENDOUS NEED FOR SERVICES

I think also that this program is giving us something very important to look at when we go into President Carter's welfare reform because one of the major things that he is talking about there, and that many people have been talking about, is the idea that people who can work should work. Of course that is easy to say but if you don't have jobs available for those people, how can you set that as being a requirement. As we try to set up some different kinds of jobs, I think this is certainly an area, as you say in the rural areas, where there are tremendous numbers of people who are seeking to work and also a tremendous need for their services. So that is something that can certainly be utilized.

Mr. CAMPBELL. Senator Chiles, I would like to say one thing. I have been State director of the program since it started in Florida 5½ years ago and I can cite you several incidents—one where actually some work stopped a gentleman from walking out into the ocean to drown himself because he had lost his wife and he just thought there was nothing else in the world for him. He had been on the program for less than a week when he attempted this. During our expansion in July, we found that a lady was put on the program the same day that she had anticipated committing suicide. She is now happy working on the program. The gentleman who was thinking about walking into the ocean is married again.

In a lot of instances the people are just climbing the wall and they are so happy to get a job. When they do get a job it is amazing at the transformation in their health and mental attitude and everything. You work with them every day and you can see this. Giving them a welfare check may relieve some things, but if you don't give them the feeling of being wanted and a feeling of contributing and continuing to contribute, they still are lacking. I think a work program is very good in this respect.

Senator CHILES. What kind of turnover do you have of your workers, and do you have people that complain that these people are not working or that they are laying down on the job? What kind of turnover do you have?

Mr. CAMPBELL. With 600 workers, you are not always going to find them all standing up.

Senator CHILES. I understand.

REGULATIONS PREVENT ABUSES

Mr. CAMPBELL. Once in a while you are going to find this. In most cases if a worker comes on the program and does not really want to work but is looking for a handout, it does not take very long before the other workers will make that person embarrassed and he will leave the program. We have rules and regulations; if they report to the job drinking, we send them home. Of course it is a work program and they are told this when they are put on the program because we do give them physical examinations which verifies that they are capable of working or doing some type of work.

In most cases I think you are going to find that they are doing their share of the work. I think you will find that the sponsors will

tell you that the Green Thumb workers or the older workers in the title IX program are their best workers. The sponsors don't have to give them nearly as much instruction. They don't have to put them out there and keep checking on them to see if they are sitting down. We instruct them that if they get tired, to sit down and take a break. We are not out there to hurt them. I have very few complaints that they are not doing more than they should be doing.

Senator CHILES. What kinds of problems do you have or what kind of expenses do you incur? You have workers who are 73 years old to 103 years old. Do you provide insurance coverage?

Mr. CAMPBELL. On the Green Thumb program?

Senator CHILES. Yes.

Mr. CAMPBELL. We provide them with workmen's compensation which provides for them if there is an accident on the job. We do not provide hospital insurance or life insurance, other than the physical examination.

Senator CHILES. How much is the premium for the workmen's compensation insurance?

Mr. CAMPBELL. I really don't remember.

Senator CHILES. If you would get that for us for the record, I think it would be important to see what kind of percentage that you are required to spend for the premium. We are running into problems with some of our volunteer programs, even where now it looks like under court cases and all, in some instances, they are going to be required to have workmen's compensation coverage. If that is true in some of our volunteer programs, it is almost going to eliminate some of them.

AGENCIES ON AGING COOPERATE

Mr. CAMPBELL. Yes, it is. This is why they depend a lot on the Green Thumb workers. When we provide this for them, it does help them. I would like to say, too, in our sponsors particularly in Florida we are getting such great cooperation from all of the other agencies on aging.

Senator CHILES. I will be interested in knowing what kind of claims are coming from your workmen's compensation coverage. We would like to have that for our record.

Mr. CAMPBELL. All right.

Senator CHILES. We would like to know what your experience ratio is.

Mr. CAMPBELL. We can send that to you.

Senator CHILES. All right, sir.

[Subsequent to the hearing, the following information was supplied:]

Accident report for 1977: Seventeen cases reported, three required lost time and medical, seven required medical only; seven required no lost time or medical.

Workmens compensation premium for Florida, July 1, 1977, to July 30 1978: Title IX, $98,572; title X, $5,686; total, $104,258.

Experience ratio: 1.09.

Mr. LEFFLER. Senator Chiles, we do have a stringent safety first program in the Green Thumb. We stress safety. As I said, with these older workers you will find very few of them have accidents.

SENIOR CITIZENS HELPING SENIOR CITIZENS

Mr. CAMPBELL. Senator Chiles, you will note on the breakdown [1] I gave you, but did not read, we have 142 of our Green Thumb workers working in home health care in hospitals and homemaker services; another 94 are working in home care and rehabilitation. Like I said, we have 58 percent working in programs that are helping to keep senior citizens out of nursing homes. I like the idea of senior citizens helping senior citizens. If we are going to have to pay them something, it benefits them to have another senior citizen doing the work.

Senator CHILES. I think you said you have about 40 percent of your people who are senior citizens.

Mr. CAMPBELL. Well, almost 40 percent are over 65.

Senator CHILES. Over 65. Have you set any kind of ratio or is that just how your hirings worked out? Did you have any goal?

Mr. CAMPBELL. We give priority to 60 and above.

Senator CHILES. I see.

Mr. CAMPBELL. We start eligibility at 55, but we give priorities to 60 and above. There are three requirements to be on the Green Thumb program. One is that they must be 55 years of age or older; the second one is that they must meet the labor income requirements; and then they must pass the physical to say that they are able to work.

Senator CHILES. Very good.

Mr. CAMPBELL. Thank you.

Senator CHILES. Mr. Carroll, do you want to give me some information about your program?

STATEMENT OF CHARLES F. CARROLL, ST. PETERSBURG, FLA., AREA SUPERVISOR, NATIONAL RETIRED TEACHERS ASSOCIATION-AMERICAN ASSOCIATION OF RETIRED PERSONS SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

Mr. CARROLL. Yes, Senator. The senior community service employment program is a work, not a make-work, program. It is sponsored by the National Retired Teachers Association and the American Association of Retired Persons. It is funded through the U.S. Department of Labor—title IX of the Older Americans Act, DOL–1, and funds from the State of Florida.

Some objectives of the program are to provide meaningful jobs for low-income persons; bolster the staff of various community agencies; demonstrate the employability of persons often regarded as unemployable; and develop permanent employment opportunities wherever possible. Additionally, it is hoped that some enrollees will qualify for social security benefits as a result of their employment in the program.

The program provides for the training and employment of low-income persons who meet the following requirements, and our requirements are exactly the same as the Green Thumb. They must be 55 years of age or older; they must meet poverty level guidelines as set up by the U.S. Department of Labor; and they must pass a yearly physical.

[1] Retained in committee files.

Variety of Jobs Offered

An applicant becomes an enrollee when meeting the above requirements and is placed in a nonprofit community service agency. The enrollee will work 20 hours a week. He will be paid hourly wages from a minimum of $2.30—or the minimum wage. Enrollees can fill a variety of jobs in nonprofit agencies such as hospitals, schools, community centers, libraries, recreation, and related agencies, as well as public agencies such as county, city, and State governmental services.

When a suitable opening is available in a using nonprofit agency, that agency will interview the enrollee and determine whether or not the person can be used. If accepted, the enrollee will be treated the same as any other employee, except that the enrollee will be paid by the senior community service employment program with funds from Federal or State grants. There will be no expense to the agency—wages, social security, workmen's compensation, et cetera. However, it will be the responsibility of the employing agency to give necessary training for the job and adequate supervision to enable the enrollee to do satisfactory work.

An agency will not be committed to take an enrollee for any number of weeks. It is understood that at any time the enrollee is not suited for the job or is no longer needed, he will be referred back to the senior community service employment program office for further consideration. It is hoped, however, that every possible effort will be made by the agency to help the enrollee become a valued employee.

Enrollees earn sick leave and vacation time while working on the program and also a physical examination upon entering the program.

Many Not Eligible for Social Security

Many times a person applies to social security—and, Senator, I would like to point out this is what I think is one of the major points of your work program. Many times a person applies to social security when they are 62 and find that they are not eligible for benefits because they lack quarters; time spent in this program is applicable to social security. There are people collecting social security today who were not eligible for it when they were enrolled in the SCSEP program.

The main objective of the program is placement in unsubsidized employment, not to have them remain on the program until the funding is stopped, or they move from the area, become deceased, et cetera.

At present we are placing enrollees in unsubsidized employment in excess of 40 percent nationwide. NRTA–AARP senior community service employment program was awarded $31.5 million by the U.S. Department of Labor. Florida received $5.7 million of this. The balance was awarded to the other 80 sites across the Nation and Puerto Rico.

Presently the 12 project sites in Florida have 1,323 enrollee slots allocated to them. The sites are located at Clearwater, Gainesville,

Hollywood, Jacksonville, Miami, Naples, Orlando, Pensacola, Sarasota, St. Petersburg, Tallahassee, and Tampa.

We have two very unique pilot programs of which we are very proud, the handicapped veterans and the Seminole Indian programs in Florida.

The handicapped veterans program was started in Tampa VA Hospital and the Orlando Outreach Clinic 1½ years ago. It has been expanded to Bay Pines in St. Petersburg and the two VA hospitals in Little Rock, Ark. It will be further expanded to VA hospitals in Miami, Gainesville, and Lake City here in Florida. The same guidelines apply to the handicapped veteran: He must be 55, and he must meet poverty level guidelines.

Elderly Indians Not Bilingual

The Seminole Indian program was started December 8, 1975, at the tribal headquarters in Hollywood, Fla. Enrollees are now working on the three reservations: Big Cypress, Brighton, and Hollywood. The same guidelines must be applied to the Seminoles; 55 years of age, et cetera. As you most likely know, the elderly Seminoles are not bilingual, and this is quite a handicap to overcome. However, it was worked out by assigning a bilingual person to them. Incidentally, we have managed to place two Seminoles who are not bilingual in another unsubsidized program.

The senior community service employment program is part of the therapy that G.I. Joe and G.I. Mary receive at the various VA hospitals. When the therapist and social worker decide the handicapped veteran is ready to rejoin the work force, we place them in a nonprofit agency for a period of time before placing them in the profitmaking sector. The reason for that, if I may, is many times in the past when Joe or Mary was taken to the front door of the various hospitals throughout the Nation after receiving therapy, the jump was just too great from the hospital confines out into the profitmaking sector. Too many times the veteran would return within a month or two and was now an alcoholic or on drugs, or more negative than ever. So this step was put in as an in-between step between the hospital and society. I must say it has been watched very closely by the VA in Washington. In fact, they sent the team down; they took photos at Tampa. An article was published in the NRTA–AARP national publication, which has a distribution of 11 million.

Mr. Brown stated that we have 800,000 AARP members in Florida. We have over 11 million nationwide. I might add the computers are 6 weeks behind in accepting memberships, so it is growing at a tremendous rate, and the reason for it is, I believe, because the associations—both of them, NRTA and AARP— are doing such a fine job in furnishing the things to the elderly that they need.

What types of jobs are the veterans doing? Well, just let me tell you. There is one veteran in the planning and research department for the Largo Police Department. There is another one in the Pinellas County Sheriff's Department monitoring the helicopter

photos that are transmitted back to headquarters and locates the location and recommends that the cruiser be dispatched, or whatever. They are also in printing, truck driving, custodians, et cetera.

I could go on and talk about the VA and the Seminole program for hours, and also about the migrant workers program that is now in effect. For those who have not been through that area, I would like to suggest that sometime you take a trip through it. The need there is so great. I know it has been a political football to an extent, but believe me those people need help.

Program Restores Dignity

We presently have allotted 30 slots of our Naples location at Immokalee. I have been instructed to assign another 20 slots over there. So there is a need not only for help for the migrants, we are just scratching the surface here in the State of Florida for the needs of the elderly. After all, when you see these people come into our office, they come in like a negative salesman. "You can't help me, can you?" They are hunched over; they look at you up over their eyebrows. Then when you see them come back in a couple of weeks or even a month after they get that second paycheck, they are now standing up straight. They look you in the eye with a gleam in their eye, a smile on their face. Their confidence is being restored, and above all their dignity is coming back. Why? Because they know they are on a meaningful job, that they are needed. We have all needed to feel needed since we were old enough to realize that we were here.

The elderly do not want welfare; the ones who do are in the minority. I might point out, Senator, in plain mathematics, that every person we put in a program saves the Federal Government $600 a year. This also applies to Green Thumb and the other three national contracts. If they were to avail themselves of everything that they are eligible for, it would cost the Federal Government $600 more than we are paying them in wages. This is not counting the services which they are performing at the agency where they work.

So, to digress for just a moment, if we employ enough people, we could wipe out the national debt. [Laughter.]

But it is a good program. Like Marion said, the reason I believe it is such a good program—and it is the best work program in the country, bar none—is because it is a work program. No work, no pay. It is as simple as that.

When we get a request from an agency for people, we go out and canvass that agency because a lot of them operate like the army. The sargeant says, "I need five men for a detail," and they send him 10. We don't work that way. We go out and survey. If they ask for two, we make a judgment. Do they need two? What does somebody else need? We place the ones there that we think can do the job.

When Mr. Northup, our national project director, goes across the street to the Department of Labor to apply for funding to keep 7,200 persons working nationwide for the coming year, the first question he is asked is, "What is your placement rate." That apparently is the measuring stick that is used. I am sure Green Thumb has been asked the same thing and I am sure there is a comparison.

"Comparing Apples With Bananas"

Well, I don't think that anything could be more unfair than to compare the placement rate of an agency such as ours, which operates in a city atmosphere with many, many more opportunities for unsubsidized employment than an agency such as Green Thumb that operates in rural areas where there are fewer opportunities for unsubsidized employment. So really what they are doing is comparing apples with bananas. I want to make that point.

I know I have spoken for 5 minutes, however, I do have a few things that I would like to bring to your attention. I believe these would certainly be helpful to the elderly. When the minimum wage is raised, the poverty wage level should be adjusted accordingly—at the same time. This has not been done in the past. We have many persons and some couples who are marginal right now at $2,970 and $3,930, respectively. Therefore, when the minimum wage goes up, they are going to be above the allowable poverty limits—and abiding by the regulations, we must terminate them within 30 days. Then, they become more negative than ever. Usually it is 60-90 days, sometimes longer, when the poverty level is adjusted. Therefore when the minimum wage is increased, the poverty level figures should be increased.

This is also true, particularly in the rural areas, as I say. Our program is centered in the cities. We were awarded an ongoing HRS Florida State title X program about 9 months ago. We inherited some workers in the rural areas—the homemakers. Incidentally, I cannot say too much about the few homemakers that we have out in the rural areas. I was talking to a lady in Alachua only yesterday. She works in an office and told me some of the things that her group is performing—there is a lady out in the outlying district of Alachua who is living with her son. Her son and daughter-in-law perform no services for her whatever. She gets a bath twice a week from the homemaker. She does not get out of bed except every other day and that is when the homemaker gets there. I just can't imagine a son or a daughter-in-law treating his mother and her mother-in-law that way but apparently it happens.

Meals-on-Wheels Program Praised

Also, they assist with many other things. One of my favorite programs is this meals-on-wheels program. I must say that the need is there. Again, in my observation, we are just scratching the surface, because there are so many of these people who are out in what I call the boondocks, with no means of transportation, with no means of getting to a congregate dining center, and hence not getting a balanced diet.

I know I am getting off of my program, Marion, but I wanted to say that.

Mr. Campbell. You have been on my team here all morning.

Mr. Carroll. I realize there is a limitation of funds in each one of our agencies, and I speak for the State of Florida. Prior to having just the State of Florida, I had Arkansas, Georgia, Louisiana, South Carolina, and North Carolina; the conditions are the same pretty

much throughout. The need is there. The elderly population is growing and they don't want welfare; they don't want any part of it. They want to work and we should keep them working as we should keep the youth working because I know idle time is the biggest monster we have in our society today. It is proven time and time again. People go through a program, through drug rehabilitation, and we stick them in one room and, bang, what happens? Idle time takes over. We need to keep them working, give them a feeling of being needed. That is what our people need, that is what our people want, and in order to do it we need many, many more dollars. Hopefully in the appropriations next year there will be an increase.

Thank you.

Senator CHILES. Thank you.

Aline, I understand you are a food stamp outreach worker.

STATEMENT OF ALINE WARREN, SENIOR COMMUNITY AIDE, WILLISTON, FLA.

Mrs. WARREN. Yes, Senator Chiles.

How do you feel when you have to ask for stamps or some such? I am helping someone else when they come in and cannot fill out their application. I can assist them in any way. I can go to their homes. Some of them are elderly. It is only 11 miles from Williston to Bronson, but there are people who charge those people $5 to take them over to be recertified or pick up their stamps. They can mail them in, but these people can't buy their money orders—they cannot fill one out—they have to have assistance for that. You would be surprised at the people who are not there to help.

They have wonderful things here, but our little town does not have all of that, but there is someone there to fill out those applications for clients. I have been in the office most of the time, since I have been over there about a month. They are short of secretarial help there, plus all these others. I have seen people—and you just don't know until you see those people how proud they are doing something for them, some little thing like filling out an application and return the stamps for them that they could not go get.

I know there is a lot of dissent about the food stamp program, but it is God's blessing. You just don't realize what it does for these people. I did not have any idea until I got on the program, and then I didn't have any idea until I worked there. You know, it means a difference between a bit of food. They come in and fill the application. They say: "I have to pay $8. I will have to wait and see if I can get $8 to buy food." It means you can have enough of good nutritious food—milk and vegetables.

WILL NO CASH REQUIREMENT WORK?

Senator CHILES. Do you think the program will work better in January when there is no cash requirement?

Mrs. WARREN. I think it will. I don't know what is going to be the difference, whether it would be eligibility for the stamps. That is what I don't know about. I had a lady come in yesterday who had two children and she said, well, she just would have to go back and

see if she had the money. She had worked 2 weeks this month so she had to pay something for the stamps and she would have to see whether she had the money at home and whatnot. They were coming Thursday to get their stamps. In the meantime, I don't know if they have food or not.

Senator CHILES. Well, as you know, I think the great concern about the food stamp program is not for the people who need it, because I think all of us recognize that we have to take care of those who cannot take care of themselves, but it is the way that the people have abused the program who do not need it and have used it as a means not to work.

Mrs. WARREN. That is another thing. When we are so short of help in the office there we cannot go out and make home visits and check and see what the people do have. They come in and say, "We don't have anything." Maybe you go out and see a boat and a trailer and a big tractor or something there and you go back and find out from the county then who they are. They just don't have the employees to do this much running around. Therefore, we just need help and the people need help. I think that would eliminate those who are not needful. There are those who really and truly need it. There are people who just go on it for a month; they are unemployed for maybe a month and they need food. It is a wonderful thing that they can get food during that time until they can get back on their feet.

Mr. CAMPBELL. If a person is on title IX he is not eligible for food stamps. He cannot draw food stamps and work on the Green Thumb title IX program. I am sure what she is talking about are people who are younger than the age of Green Thumb.

Senator CHILES. Yes.

FOOD STAMPS CAUSE EMBARRASSMENT

Mrs. WARREN. I was on the food stamp program. You say two paychecks; I have only received one. Now whether I will be able to get stamps—I do know that as soon as I am able to take care of myself without the aid of food stamps I would not buy them. I do not like to go to the store and purchase food with food stamps because people are standing there looking at you. I had one woman say something to me about some coffee, and a necessity to me is my coffee.

Mr. CAMPBELL. Unless you can work, you have to have some means of getting this food.

Mrs. WARREN. That is right.

Mr. CAMPBELL. The ones who are willing to work are willing to buy.

Mrs. WARREN. I worked all my life until the last 4 years when I didn't have any money left from my savings, so I had to go to food stamps.

Mr. CAMPBELL. This is the type of person we can find so many of out in the rural areas.

Senator CHILES. I certainly agree. I think if someone wants to work, we ought to have some way of providing the help for them.

I thank you all very much.

Mr. CARROLL. Senator, I have a little gem that was put together by an enrollee of ours in Iowa, and I think it exemplifies the feeling of all of the supervision in title IX right on down through the job developers, the aged, and any enrollee who has been in the program for any length of time. This was written by an enrollee. It is entitled "At Day's End," by John Hall.

Is anybody happier because you passed his way?
Does anyone remember that you spoke to him today?
The day is almost over, and its toiling time is through:
Is there anyone to utter now a kindly word to you?
Can you say tonight, in parting with day that's slipping fast,
That you helped a single brother of the many that you passed?
Is a single heart rejoicing over what you did or said:
Does the man whose hopes were fading, now with courage look ahead?
Did you leave a trail of kindness, or a scar of discontent?
As you close your eyes in slumber, do you think that God will say,
"You have earned one more tomorrow
By the work you did today"?

I think that is beautiful. [Applause.]

Senator CHILES. Thank you very much.

This concludes our panel and now if there are people who have some statement they would like to make to me from the audience, I would be happy to hear from those. We have a microphone in the back. Just stand up and give us your name and address, if you would.

STATEMENT OF GRACE KNIGHT, GAINESVILLE, FLA.

Mrs. KNIGHT. I am Grace Knight and I live in Gainesville.

I want to say a few words to you about the needs of the elderly. The elderly are of many kinds and conditions. I am one aged over 70 years who is not dependent on Government social services so far. We elderly find it difficult to plan our affairs. Will our funds be adequate now that we cannot earn more? Will we be able to provide for ourselves from our savings of the past? We do not know because of two factors.

One is we do not know how many years we must plan for. Our length of life is uncertain.

The second uncertainty is one the Government can protect us from if it will, and that is inflation. Our funds are limited and inflation cuts them down.

Congress has struck two blows at the elderly in the past year. You have speeded up inflation by paying a salary increase to all Federal employees, and you have increased the minimum wage. The great fear of the elderly is that inflation will reduce their ability to pay their own way. We do not want to become welfare recipients. Control inflation; control wage and prices. That would be your greatest service to the elderly.

Worry about inflation causes the elderly to experience anxiety and depression. They know that medicare covers only a portion of the health care costs. Runaway costs of health care—doctors, hospitals, nursing homes, and medicines—make the elderly doubt their ability to pay in the future. We need walk-in clinics open to all without regard to income so that quick diagnosis can be made when a person wakes up in the morning feeling ill.

We need home health visitors to give an amount of part-time care which would allow the elderly to remain in their own homes and be treated there for minor illnesses. These are cost-reducing devices. Congress can save the elderly from worry, anxiety, and depression by controlling costs and controlling inflation. They can help the elderly by making available paramedical attention in neighborhood clinics and at home.

Thank you.

Senator CHILES. Thank you very much for your statement.

I think you are very right about trying to hold inflation or control inflation because it certainly hits people on limited or fixed incomes or the retired harder than any other area.

Are there any other people who have a statement? Would you work your way up? Maybe if we can get some people who would be in line, we would be willing to hear you.

STATEMENT OF JACK BREDE, HEALTH PLANNER, NORTH CENTRAL FLORIDA HEALTH PLANNING COUNCIL, INC., GAINESVILLE, FLA.

Mr. BREDE. My name is Jack Brede.

The North Central Florida Health Planning Council, Inc., is the designated health systems agency under Public Law 93–641 and provides health planning services to a 16-county region in north-central Florida. The region, which extends from the Georgia border to the center of the State, has a population of more than 552,000 and is predominately rural; 17 percent of the residents in the region are 65 years of age and over. Three of the counties covered by the planning council—Citrus, Hernando, and Lake—have elderly populations which exceed 30 percent of their total population. Thus, the health problems of the elderly, particularly those in rural areas, are a major concern of the health planning council.

In an effort to address these and other health concerns the North Central Florida Planning Council has developed a health systems plan for the region. This plan will be used to focus community attention and resources on those areas which will improve the health status of the region's residents as well as the health system which serves them. A copy of this proposed plan has been forwarded to your office in Washington.

HEALTH PROBLEMS IDENTIFIED

A major foundation for the first regional plan was a series of community meetings held in each of the 16 counties during May and June of this year. These community meetings, attended by more than 300 persons, aided in identifying health problems perceived by the region's residents. As such, they supplemented health status and other statistical data by providing an indication of community-identified health concerns.

The results of these meetings point to four areas of particular concern to the region's elderly. They are: The availability of primary health care, particularly in rural areas; problems involved in medicare and other health care financing programs; the availability of home health services; and the need for adequate nutrition.

Primary health care is important to all the region's residents, but it is a special concern for the elderly who generally require more health services. Five counties in the region presently qualify as critical medical manpower shortage areas; three do not have a full-time resident physician. The Federal rural health initiative program has enabled services to be provided in many of these counties which would not otherwise have locally available care. Continued funding of this and similar programs is essential for the health of rural elderly throughout the region.

Closely related to the availability of primary health care in rural areas are problems encountered in financing services for the elderly. As you are aware, medicare reimbursements for care rendered in rural and urban areas are grossly unequal. Medicare payment for an office visit to a general practitioner ranged from $10 in rural Mississippi to $50 in urban Georgia in 1975; nationally, fees in urban areas are 60 percent higher than in rural areas. Although payments have traditionally been based on prevailing fees, this system ignores the economies of scale practitioners in urban areas often enjoy. In fact, providing care in rural areas is often more costly. The health systems plan suggests this area of health care funding be examined and any identified barriers to the provision of care be reduced. We ask your assistance in this activity.

We also ask your continued support of the rural health clinics bill which will expand medicare coverage in rural clinics. Reimbursement for services of physicians' extenders is an important step in increasing the availability of health services to the rural elderly.

Medicare Needs Streamlining

Besides the amount of payment, reimbursement mechanisms also provide a financial hardship for many elderly. Many physicians, who do not have the time or support staff necessary to complete reimbursement forms, require the elderly to make payment and personally file their claims. For many retirees this can be a financial burden inhibiting access to care. Some streamlining of the medicare system would do much to alleviate this problem.

Home health care, an alternative to costly institutionalization, is also a concern for the region's elderly. Presently, agencies providing such care exist in 9 of the 16 counties. Others have indicated an interest in initiating services throughout the region. As you know, 54 bills have been introduced in Congress, 2 of them in the Senate, which relate to home health care. Among the proposals are expanded coverage for these services under medicare and medicaid, removing visit limitations and prior hospitalization requirements, and provision of nutrition counseling. We believe this area deserves increased attention since it is a less costly alternative to nursing home care. However, it is also a service which can be abused by both patient and provider. We solicit your interest and investigation of these proposed bills.

Finally, nutrition programs for the elderly are an important component of the health care system. Programs, such as meals on wheels, are currently available in only six counties in the region and are often limited in scope. Increased financial support of these pro-

grams, which may provide the sole nutritionally balanced meal for many, is also a goal of the health systems plan.

In closing, we would like to offer our assistance in providing any information you might require in your efforts to improve health care for the elderly, particularly in rural areas. On behalf of the residents of region II, we would like to express our appreciation for your interest and work in this area.

Thank you.

Senator CHILES. Thank you very much.

Yes, sir. Come right on up.

STATEMENT OF FARLEY P. BUTLER, VICE PRESIDENT FOR PLANNING AND PUBLIC RELATIONS, ALACHUA GENERAL HOSPITAL, GAINESVILLE, FLA.

Mr. BUTLER. My name is Farley P. Butler, vice president of Alachua General Hospital, here in Gainesville.

Senator Chiles, we of Alachua General Hospital are most appreciative of your interest in health care for the elderly. At our hospital we have endeavored, within the means at our disposal, to improve upon the quality, accessibility, and cost effectiveness of the health care we render to the elderly. Among the innovative steps we have taken is what we call the thrift plan under which we render services during offpeak periods at reduced rates. We feel that this is particularly advantageous to the elderly because of their more flexible time schedules.

In addition, we have instituted a 1-day surgery center and have provided a hospital hostess to see to the special needs of the elderly. Approximately 20 percent of all the surgery which we do requiring general anesthesia is done in our 1-day surgery center. We continue to explore the potential of other innovations.

To insure accessibility of service to all of the elderly wherever they might be located, we cooperate with the county transportation system which provides buses for the handicapped.

As a result of our planning, investigation, and search for better ways, we feel that there is a need for research or grants to facilitate alternative methods of rendering health care to the aging, the reason being the current high cost of delivering such care. This high cost is due in part to the way the care has to be delivered under current payment mechanisms. In addition, it is due to the proliferation of unnecessary services such as extra hospital beds being added in a community which is already over-bedded.

We at Alachua General Hospital will continue to do our best in bringing quality health care at affordable prices to this segment of our community. If we can furnish you any additional information, or if there is any way we can assist you in your efforts, we will be happy to do so.

Thank you for your kind attention.

Senator CHILES. Thank you, sir. I think it would be interesting for the committee if you would give us a digest showing your thrift plan and how that works.[1]

[1] See appendix 1, item 2, p. 1375.

Mr. BUTLER. I would be happy to do so, sir.
Senator CHILES. Thank you.
Yes, Ma'am.

STATEMENT OF MARTHA A. KECK, SOCIAL AND ECONOMIC SERVICES, INVERNESS, FLA.

Mrs. KECK. Martha A. Keck, Citrus County. I am a nursing home service worker.

The nursing home patients under medicaid receive $25 a month for personal needs. Out of this they must pay a laundry charge for their personal laundry—they have no one to do it for them. Out of that $25 they have to pay $12 in our area in Crystal River. That leaves them very little for their personal needs items. Now they must pay 50 cents a prescription under medicaid. Medicaid is running out of money in Florida.

Senator CHILES. Yes. The States added that as a requirement, as I understand, because they ran out of money. We had that yesterday.

Mrs. KECK. So where do they get their money for smokes and snuff and crackers and soda pops and clothing and powders and other things? It is really depressing to go into these nursing homes and see all this happening and for them to have so little—for it to be eaten away in the manner it is being eaten away. I wish there would be some change in this regard.

Senator CHILES. Thank you, Ma'am.
Yes, Ma'am.

STATEMENT OF SUSIE E. SMITH, CRYSTAL RIVER, FLA.

Mrs. SMITH. I am Susie Smith, from Crystal River, and I just would like to say that I am truly thankful for being here today to listen to all of the things that have been said. I do thank Miss Keck for asking you here. In Crystal River, we don't have any of these benefits and I would like to say that, if it is possible, we should get some literature to take back to Crystal River so that we senior citizens can stop sitting in the window—as one of the former speakers has said—looking out, being sad and uncomfortable, where we can have some of the benefits of these good things that are going on among our senior citizen groups.

Senator CHILES. Thank you, Ma'am. We will try to see that somebody gets some information to you.

Yes.

Mr. CAMPBELL. Senator Chiles, I would like to make one more plea that we failed to make a few minutes ago. We need to do away with the law that requires a limit on the amount that an older person can earn before it affects their social security.

Senator CHILES. Under the Social Security Act, under the changes that were passed by the House and the Senate, the House raised the earning ceiling, knocked it out entirely. The Senate raised it to $4,500 starting in 1978, and in 1979 raised it to $6,000. So they will go to conference on those two items and it will come out somewhere

in between. So it will be raised at least to $4,500, and going to $6,000 or higher.

The reason, I think, for the Senate action, and I supported that, was because by raising it entirely over $6,000, you are benefiting a very small part of our elderly population, but you are benefiting people with tremendous resources. So that was going to cost—I forget what—some billions of dollars to raise that entirely. That was going to take that away from tax revenues, and it seemed to me that those should be moneys that could be much better spent for providing other services like glasses, dentures, home health services, and other things, rather than raising it entirely.

If you allowed people to earn up to $6,000, that would be a good level. Most people can't earn that anyway, and they certainly would then be well above the poverty level and would not be penalized for doing that. So there will be some relief coming in that area.

Yes, Ma'am.

STATEMENT OF SHIRLEY CONROY, DIRECTOR, RETIRED SENIOR VOLUNTEER PROGRAM, GAINESVILLE, FLA.

Mrs. CONROY. My name is Shirley Conroy. I am the director of the retired senior volunteer program. This is a program which focuses on using the ability and talents of senior citizens.

Senator CHILES. RSVP.

Mrs. CONROY. Yes. We started in Alachua County about 4 years ago and at the end of the first year we had approximately $45,000 in Federal funding with about 87 volunteers. It is 4 years later, and we now have about 360 volunteers serving approximately 49 agencies throughout the county and we still have the same amount in Federal funds. We have been able to generate additional community support.

The county commissioners have been generous in increasing our support, but each year we are told there can be no additional Federal funds and this has become an increasing problem. There are a great many seniors whom we have not reached, and Anita talked about the increased costs of working in rural areas. We now have programs in five rural areas and we have a large staff of people. We would like to do a lot more in the rural areas because I feel strongly that is where the need is the greatest. We do need some consideration of increased Federal funding to support not only RSVP, but some other action programs.

Senator CHILES. The authorization level in RSVP is $22 million and the 1978 appropriation is $20.1 million, so unless the authorization bill is changed, we are close to the top of what can be authorized.

Mrs. CONROY. What was authorized last year?

Senator CHILES. About the same thing. I think that has been the problem, we have been at the top of the authorizing level.

Mrs. CONROY. Which does not allow any expansion.

Senator CHILES. The program will be reauthorized. There will be a change.

Yes, Ma'am.

STATEMENT OF MARY ELSIE BEALL, FOSTER GRANDPARENT PROGRAM, GAINESVILLE, FLA.

Mrs. BEALL. I am Mary Elsie Beall with the foster grandparents. We have just initiated the university year of action, sponsored by Santa Fe Community College, a program for senior citizens. We think we have got a lot going for senior citizens in town. As Shirley said, her program has expanded. My program cannot go beyond 100. We have money for 100 senior citizens, but we think that these 100 people are being well cared for through the ACTION program. The benefits go to the senior citizens and they are low-income persons, too. They have to be under the poverty guideline.

The benefits to my seniors are a stipend of $1.60 an hour for a 20-hour work week. They are out of the labor force entirely. This does not affect their food stamps. Most of them still do qualify for food stamps. It does not affect our social security or anything.

Some additional things: Because they are not receiving a minimum wage, they get a free meal, an annual physical, transportation provided for them or reimbursement, recognition for their efforts, and staff support in everything that they do. We serve 100 at this time but, of course, the turnover in this age group is fairly fast and we are able to serve other people as they come in.

MORE FOSTER GRANDPARENTS NEEDED

We would like to have more grandparents in the public schools. We have had many, many requests, particularly since the handicapped children are now being mainstreamed. The children who have mental and physical problems are now in the public school system and only the 1-to-1 relationship makes it possible to work with some of these children.

Senator CHILES. What would you say the demand is, or the need? You say you have 100 positions for Alachua County. I guess this is primarily all in Gainesville.

Mrs. BEALL. Throughout the county. We have two day-care centers that we are serving in the county. We are bringing into Gainesville around 20-some-odd people from the county, from the rural areas. In all, we are serving slightly over half. We are serving 51 persons from outside the city limits, spreading way out in the county.

Senator CHILES. If you have 100 slots, or positions, what could you utilize?

Mrs. BEALL. I am certain that we could use 150 immediately.

Senator CHILES. Where does that limitation come from?

Mrs. BEALL. From the Federal funds. As I see it, right now there are no additional Federal funds coming. We happen to have our Federal officer back there from our State office in Orlando, Mr. William Viering, who could give you a lot more information.

Also, senior companions is now underway in Florida in one or two places—one place, I believe. We would like to apply for senior companions. I understand there is no money—that senior companions money cannot be spread very far and very fast. The senior companions program is modeled after the foster parent program, only these

persons serve senior citizens rather than children and youth up to age 17. We think that these ACTION programs are doing a great deal for the senior citizens and would like to see them all enlarged and expanded and to receive all the State help that they can possibly receive.

Senator CHILES. Thank you very much.

Yes, Ma'am, and then I will go to the back.

STATEMENT OF JOANN GUNNOE, COORDINATOR, GERONTOLOGY SERVICES, MENTAL HEALTH CENTER, GAINESVILLE, FLA.

Ms. GUNNOE. My name is Joann Gunnoe. I am coordinator of gerontology services at the mental health center here in Gainesville.

I would like to draw your attention to the ever-growing problem of mental illness in elders across the country. It is particularly true in the rural areas of the country. This is the part of the country where our elders are isolated, where they are lonely. They are often poverty ridden.

These elders experiencing loneliness are also frequently experiencing depression, perhaps dealing with widowhood.

Although the elderly population in this county comprises only 12.9 percent of the total population, 40.8 percent of these elders have been identified as being in need of mental health services and 25 percent of these—the 40.8 percent—are in the rural, outlying areas in our county. We have various programs at our mental health center that try to address these needs. As you may guess, we cannot address all of the needs because of the lack of staff, lack of transportation, and so forth.

INSTITUTE PROGRAMS TO MAINTAIN DIGNITY

I am not here to ask for funds; I am here to draw attention to our growing and pressing need to decrease mental illness among the elderly. I think that our country should become aware that we can institute programs to maintain the dignity of our elders such as the Green Thumb programs and others that have been mentioned here. We must begin to recognize that elders experience depression and that this depression takes many forms. Because you are 60 does not mean that you are senile, and neither does it mean you are senile because you are 80, or even 90. These matters must be addressed by the professional staff who have ability in diagnosing depression and differentiating it from other syndromes.

Patients are being discharged to mental health centers from State mental hospitals across the country; invariably, they hear a diagnosis of OBS—organic brain syndrome, if they are over 60. The rest carry a diagnosis of chronic schizophrenia, as you probably know. We are beginning to get large numbers of people returned to the community. Our first job in community mental health centers is to reevaluate these people, frequently rediagnose them, and then try to establish a treatment program that is helpful to the individual and to the community.

Senator CHILES. Thank you very much.

[The prepared statement of Ms. Gunnoe follows:]

PREPARED STATEMENT OF JOANN B. GUNNOE

"The time has come, the walrus said
To talk of many things;
Of shoes and ships and ceiling wax,
Of cabbages and kings."
—Lewis Carroll in "Alice in Wonderland."

Our rural elders of today might rephrase the walrus' immortal lines to sound like this:

"The time has come the elders cried,
That our needs find expression;
Our poverty, hunger, isolation,
Our loneliness and depression."

Loneliness, isolation, poverty, and despair—our rural elders are often left to their own resources to deal with these complex and overwhelming problems. Lack of transportation, inadequate nutrition, and disengagement from social and recreational activities add heavily to these burdens and to the burden of growing old.

We in mental health gerontology are often hampered in our efforts to assist rural elders improve the quality of their life when we are confronted daily with these problems. Loneliness, a daily "companion" to many of our rural elders, has recently been identified as a causative factor in medical diseases of the heart.

Inaccessibility to medical, dental, and social services serve to emphasize and escalate any predisposition to emotional fragility in elders. Research data repeatedly indicates that depression, the most common form of emotional illness in elders, rises sharply with the incidence of poverty. As emphasized in the report by Otis,[1] fully 40.8 percent of elders in Alachua County fall into the high-risk category of sociopsychiatric impairment. However, 25.9 percent of these elders identified to be a high risk are located in two outlying rural communities.

Day treatment groups have proved to be the treatment of choice in working with rural elders. Such groups meet many of the above mentioned needs and afford the staff of the mental health center the opportunity to reevaluate elders who have been incorrectly diagnosed as having organic brain syndrome. These elders are frequently suffering from a severe depression masking as senility.

We recognize that a healthy emotional state and wholesome attitudes toward aging come slowly when one is cold, hungry, and has no transportation. Mental health needs of rural elders are so closely intertwined with survival issues that both must be met in order to diminish the pain of the other.

We urge the Senate committee to pay attention to those needs.

"The time has come, the Walrus said * * *"

Senator CHILES. Professor Riker.

STATEMENT OF PROF. HAROLD C. RIKER, COUNSELOR EDUCATION DEPARTMENT, UNIVERSITY OF FLORIDA, GAINESVILLE, FLA.

Professor RIKER. I am Harold C. Riker, professor of educaton in the counselor education department at the university.

I just want to mention some of the legislative references made to counseling and counselors and to note that they support what has just been said. I would certainly encourage the specification of what counseling is and also the qualifications of those who would serve as counselors. In my opinion, counseling is a particular need for the low-income rural elderly.

As defined by Federal regulations, all persons over 60 years of age living in Alachua County are rural elderly. On this basis, we have approximately 12,000 rural elderly in Alachua County, of whom 4,000—or 34 percent—have incomes below the poverty level.

[1] Retained in committee files.

In the 16 counties which make up district III of the State department of health and rehabilitative services, there are 117,000 rural elderly. Of this number, about 39,500—or 33.8 percent—are below poverty level. I believe I am safe in assuming that the largest number of those below poverty level, plus some who are not, are living in the more isolated areas of Alachua and the other adjoining counties.

Common Problems Outlined

What are some of the problems faced by these rural elderly, many of whom come from a proud and independent tradition? Each has his or her individual problems, of course, but some are common to all, or most.

Insufficient funds for basic necessities constitute a primary problem, particularly funds for food and health care.

Lack of transportation is a critical problem. Even though bus routes in the county are helpful to some, many remain unreached by the services available. Some type of individualized transportation system serves to represent the only realistic solution, if we are to get these citizens in touch with the services to which they are entitled.

A third problem is the lack of professional counselors specifically trained to assist older persons and to serve as their advocates. As advocates, such counselors would be expected to arrange for services, to support statements of need, and to facilitate the delivery of services to meet their needs. In carrying out these functions, counselors could be the vehicle to improve the effectiveness of services which already exist. I should note that counseling is often listed as an important priority service for the elderly, but seldom are funds provided or professional counselors employed.

Parenthetically, I should note that current regulations seem to prevent rehabilitation counselors from assisting disabled elderly who do not expect to return to work.

Crucial to the rural elderly, many of whom have lost contact with the world around them, is the presence of a person who cares about them, who can help to give them a sense of hope. Such a person might be a counselor.

Organizations Doing Excellent Job

At the present time, assistance and support are provided to some of the more isolated rural elderly through outreach activities of the Older Americans Council, the North Florida Mental Health Center, and RSVP, and each of these organizations is doing an excellent job. But these organizations have limited funds for such activities or for the employment of professional staff to carry out such activities.

Needed, in addition, is the development of professional teams, probably mobile, which could develop procedures for reaching the isolated elderly on a reasonably regular basis. Members of such teams might include, not only counselors, but also occupational therapists, physical therapists, leisure time specialists, and nutrition experts.

Just which services would be provided through this team approach would depend upon the particular needs of the elderly served. Basic,

of course, is the question of long-range goals. What is it that our Government and our people want to do for the rural elderly, often poor and isolated? In my opinion, the answer is that we want these citizens to have the opportunity to live out their lives with dignity, self-respect, and a strong sense of self-worth.

The amazing thing is that, according to a research study in this area, self-respect and self-worth can be followed by increases in socialization, memory, and reality testing. At the same time, there can be decreases in feelings of suspicion, depression, and anxiety.

Positive action in behalf of the rural elderly to bring them the services already available in the incorporated communities seems likely to involve the utilization of trained teams of helpers—counselors, therapists, and specialists. If rural elderly are unable to get to the services they need, let's take the services to them. Only when an effective delivery system is realistically activated will these often forgotten citizens have the opportunity of regaining their birthright of life with dignity and freedom from fear.

Senator CHILES. Thank you very much, Harold.

Yes, sir.

STATEMENT OF J. L. JOSHUA, GAINESVILLE, FLA., DISTRICT 3 HRS OUTREACH COORDINATOR FOR FOOD STAMPS

Mr. JOSHUA. Senator Chiles, I am J. L. Joshua, district 3 HRS outreach coordinator for food stamps.

I certainly appreciate your coming down to visit us today, to listen to the needs of the elderly. I am not considered an elderly person, but I am reaching there daily. This is something we are all going to do eventually.

Senator CHILES. We all hope to. [Laughter.]

Mr. JOSHUA. Like the young lady before me, I would also like to show you some statistics. In my district, which encompasses 16 counties, of all the people who are eligible for food stamps, we have 51 percent not participating, and 25 percent of these are the elderly. Now we wonder why these people do not participate in the food stamp program. Ofttimes, they do not realize that the food stamp program is a basic right, just like social security, and are often confused by misinformation.

"GRASSROOTS REVENUE SHARING"

This is one of the reasons that prompted me to seek title IX funding mechanism, so I could hire social workers like Mrs. Warren there to go out into the county and to speak to the elderly in the rural areas—to let them know about the program itself and that they, too, can benefit from the rights that they have. We have found that one worker, such as Mrs. Warren, when out in the field informing and assisting, can bring into that community close to $10,000 in new food stamps. Many people may not realize it, but food stamps are paid entirely by the Federal Government. It is like the community's own grassroots form of revenue sharing. We are improving the community's economics through the social worker's efforts.

I would also like to say that the American public is rather strange, in a way. They will open their hearts to individual cases, but are turned off by mass portrayal. When the social worker's assistants are out in the field, they are speaking to people on a 1-to-1 basis. The elderly need this. The mass media's attempt to inform people about services that are available does not work for the elderly, because half the time they cannot get to the service center. They may hear on the radio that there is some health service being performed in Gainesville, they may be 70 miles away, and there is no possible way for them to get there.

Transportation Services Needed

Because of my travels throughout the county, I have formed and now would like to express my opinion on what is needed for the elderly community. First of all, transportation. In some of the district counties there is no transportation system whatsoever. As was mentioned before, to travel from one place to another, it costs a lot; we have clients who have to pay up to $7 to go to a food stamp office to receive a $10 bonus. Now this turns them off automatically. Transportation is needed.

We also need the senior citizens centers. Last week we opened up a food stamp outpost so that the elderly will not have to travel long distances to obtain the food stamp services.

Also, nutrition education is needed. We have the congregate feeding sites, but that is a 5-day venture. We need nutrition education for the elderly who cook at home and no longer cook for two or more. They hate to cook one meal, and a lot of times the seniors do not eat that one meal. So we need a program that would allow senior citizens to go to a restaurant and perhaps receive a discount so they would not have to cook this meal. This is just a few ways to improve the diets of the elderly.

Another point, and I believe Mrs. Warren mentioned it earlier, was the fact that staffing is a problem. With thanks to title IX, we have been able to place senior citizens to make home visits to those elderly participants who are already on the food stamp program. Participants who need such assistance as grocery shopping, purchasing stamps, and transportation, could be helped by social workers and satisfy a great need.

So again I would like to thank you, Senator, indirectly, for the title IX funding that is the instrument to help these needy elderly persons to participate in the food stamp program and improve the economy.

[A supplemental statement of Mr. Joshua follows:]

Supplemental Statement of J. L. Joshua

Hunger and malnutrition are not unknown conditions in America today. Generally both of these conditions result from inadequate income, lack of nutritional knowledge, or both.

Both hunger and malnutrition pose a serious threat to the health and well-being of a significant number of the 95,000 persons that make up the elderly population in HRS district III.

Limited income is one of the most serious problems facing older persons. However, many older persons face additional problems which when combined

with limited income significantly contribute to the high incidence of hunger and malnutrition among this age group. Lack of transportation or limited physical mobility may inhibit their ability to shop for food. Those who live in rented rooms may not have cooking and refrigeration facilities. Those older persons who live alone or who are isolated from families and friends, simply may lack the motivation to prepare adequate meals for themselves.

All of these physical, social, and psychological factors combine to produce a way of life which fosters malnutrition and persistent physical and mental deterioration for millions of older Americans.

While much has been accomplished to resolve the above problems, much remains to be done. We in district III food stamp outreach have utilized resources made available through Federal grants title, IX, etc. With these resources we have hired aides to perform additional outreach duties which alleviates some of the problems of the elderly: transportation services, food purchasing, etc.

The weakness of this project is, after the grant expires and the aides are terminated, it leaves a big void in the operation of the services to rural elderly. Permanent aides in the food stamp program are a necessary must.

Another area we in outreach would like to pursue is the allowing of restaurants to accept food stamps from the elderly. This project would stimulate some of the elderly to try something different, something out of routine, especially on weekends for those who perhaps participate in congregate feeding during the week.

Also, more elderly would be tempted to use food stamps if they could eat out.

Thank you again for taking the time to listen to our problems.

Senator CHILES. Thank you very much.

Yes, sir.

STATEMENT OF SIDNEY KNIGHT, GAINESVILLE, FLA.

Mr. KNIGHT. Senator Chiles, it is a delightful experience to meet with you. Seeing you walking around reminds us of how you were elected, so it is a delight to be able to talk to you personally.

I think I have only two major points.

Senator CHILES. Give us your name, if you will.

Mr. KNIGHT. Sidney Knight.

I am perhaps one of the three citizens so far who have addressed you who is not otherwise part of the aging profession these days. I am retired. I am 75 years old; I am active. I am somewhat not in need of the kinds of services we are concerned with giving to those who do need them.

We would like to make this point. This hearing is for rural environments. I would like to make the point that isolation can occur in urban areas just as much as in rural areas.

Senator CHILES. Yes, sir.

"ISOLATION HAS NO BOUNDARIES"

Mr. KNIGHT. A half a mile away, there can be all the services in the world available for an older American, but if that older American is at home, does not have transportation, does not have friends, that older American in an urban area is every bit as isolated as the similar person in a rural county. The only difference, perhaps, is that the amount of effort to provide and bring services to that person in the urban area is somewhat less than for rural, the transportation, perhaps only a half a mile instead of 20 miles, and the hospital may be within 2 or 3 miles by ambulance instead of 25 or 60 miles.

But the isolation, which is the point I am talking about, is every bit as difficult for that person to overcome. So when you are thinking of the needs of the rural areas, I think nearly all of those needs can be translated to the other areas.

The further point that I feel is true is that that isolated person is harder to find in the urban area than in the more identifiable rural areas. That is my personal opinion.

Senator CHILES. I think the point you make is very valuable. I have gone to some of the programs and, in fact, delivered some of the meals on wheels in the program in Dade County. Some of the areas that I went into down there in some of those really ghetto areas where people were living, I am sure you know those particular people that had been found—I went away worrying how many people have not been found who are living back in some little area that no one has ever found.

RURAL ELDERLY AT A DISADVANTAGE

Even though there are senior centers, and you tell yourself that Gainesville has a better chance than Alachua because they can go down to a senior center if they live nearby, maybe they don't know it exists or are afraid to go there. If someone really does not go and get them and take them by the hand and take them there, they are just as isolated as much as they can be. And outreach for the urban areas is just as important, yes, but we just happen to be centering these hearings on rural areas because we are trying to determine how, when the formulas are set up that are just based on numbers—in other words, you are giving your opinion based on the numbers—we know that works to a disadvantage against rural areas because they are spread apart so much and because the services cost so much more. We are trying to find out what other problems there are. The point you make is very, very valid.

Mr. KNIGHT. I could illustrate that by perhaps referring back to the medicare alert program we had in this county in 1966. We knew we had gone over every street in the rural areas, every bypath, every dirt road, and inquired at every place where there was any habitation. We were not so sure we had done the equivalent in urban Gainesville.

The second major point I would like to make is the one that you have touched on many times in your questions. Not enough attention is paid when we are talking about any program to say "This only takes care of x percent of the needs." That is true for two reasons: one, we don't know what the dimensions of needs are; second, they are difficult to determine. I believe we don't think enough about it. We hear how wonderful these programs are, but it is very seldom that the person that is presenting the program will say, "But we think we are hitting only 15 percent of the need." They ask for more money but they do not give a specific percentage figure.

We might, when we talk about the RSVP program, say, "We have a fine 15 percent RSVP program in Alachua County," so people know. Rather than the community saying, "Why do we spend all this money this way," they should be informed, "You are taking care

of only 15 percent of the people in this particular situation or this particular program." I would like to emphasize that very strongly. We are touching only the surface in many cases on what the real dimensions of the needs are.

Consolidation or Fewer Programs?

Senator Chiles. Hopefully again one of the outcomes of the hearings that we are holding—that have already been held in some seven States, and we will go into other States as we go into the Older Americans Act—would be to find some way to see if we can consolidate some of the programs that are out there going on which you are touching 5 percent and 10 percent and 15 percent. Maybe we would be better off if we had fewer programs, but if we had a program available to a lot more people, and meet the need, and everyone who would seek to get into that program would know that because it is a Federal program—if they were qualified, they could get into it. So, you know, you would like to hope that that might be the result. Knowing how the Government works, I sure would not want to promise that, but that would be one of the things we would be trying to get at.

Mr. Knight. I have never felt consolidated.

Senator Chiles. Yes.

Mr. Knight. As an example of a need where the percentage of need being met is almost zero in our community, I would like to refer to the need for homemakers and the fact that that could be a very cost-effective program.

Senator Chiles. I agree 100 percent. I am disappointed to find that Alachua County does not have a homemaker program. I have held a number of hearings in home health care and alternatives to institutionalization, and one of the most important factors has been the home services.

Mr. Knight. And this applies to a great many people who are not only the low-level income, but all kinds of older Americans, when they get a very bad congestion.

Senator Chiles. Yes, sir.

Mr. Knight. How can they be treated for pneumonia if they don't know? How are they going to find out? Get an ambulance at $50 or $60? What is needed is to put a telephone call in, so somebody can come and look at them and say: "I don't think this is so serious, your temperature is up only 1 degree. I will be back this evening and if it is any higher, I will call the doctor," and so forth. Frail people, convalescent people, and people who have what might be incipient illnesses need to be able to have somebody come to their home and take care of them.

Senator Chiles. Yes, sir.

Mr. Knight. So that they do not cost the community many, many more dollars by having to use the more recognized services, such as hospitals and nursing homes.

Thank you very much.

Senator Chiles. Thank you, sir. I want to thank each of you.

STATEMENT OF REV. A. C. SUMMERS, GAINESVILLE, FLA.

Reverend SUMMERS. Senator, may I say just a word?

I am A. C. Summers, I am retired—76 years old. About half of my income comes from social security, and I didn't put the money there in the beginning. I got into it late. I have already used up all I put in, I am just getting it from the Government, so I am trying to pay them back a little bit. I put in over 3,000-free hours over at the VA hospital and that amounts to several thousand dollars in pay that I could have gotten if I did work for pay.

I want to tell you that we have the best setup here in this county. I was interested in these other counties, but we have the best setup here for growing old that I know of anywhere that I have ever been. We thank you for helping us in Washington—to help us to grow old a little easier knowing that half of my income is not going to be cut off.

Senator CHILES. Thank you very much. I am glad to hear your statement.

Thank you all very much for your attendance today.

[Whereupon, at 1:08 p.m., the hearing adjourned.]

APPENDIXES

Appendix 1

LETTERS AND STATEMENTS FROM INDIVIDUALS

ITEM 1. LETTER AND ENCLOSURE FROM CARTER C. OSTERBIND, DIRECTOR, CENTER FOR GERONTOLOGICAL STUDIES AND PROGRAMS, UNIVERSITY OF FLORIDA, GAINESVILLE, FLA., TO SENATOR LAWTON CHILES, DATED DECEMBER 15, 1977

DEAR SENATOR CHILES: I am sorry that I was unable to attend the recent hearings on "The Nation's Rural Elderly" that you conducted here in Gainesville. I had a longstanding commitment to attend a gerontology conference in San Francisco and was unable to change my plans to be here.

A number of people have commented favorably on the hearings—both those who attended and those who read the reports in the paper. I have also had the opportunity to read some of the testimony that was presented and I believe it dealt with matters that are of greatest concern to the elderly, and to the citizens generally, in our area.

I would like to accept your invitation to submit some comments for inclusion in the hearings. I have attached my comments which are on the role of colleagues and universities in developing services for elderly in rural areas. The illustrations are drawn from the activities at the University of Florida and in the Center for Gerontological Studies and Programs.

Sincerely,

CARTER C. OSTERBIND.

[Enclosure.]

ROLES OF COLLEGES AND UNIVERSITIES IN DEVELOPING SERVICES FOR THE ELDERLY IN RURAL AREAS

(By Carter C. Osterbind)

In carrying out their educational, research, and service functions, colleges and universities can both directly and indirectly contribute to improving the quality of life of the Nation's rural elderly. At the University of Florida, the Center for Gerontological Studies and Programs provides leadership in the university and the State in meeting educational needs in the field of aging through instruction, research, and public service. In carrying out these activities, the center staff becomes deeply involved in educational and research programs that focus on many of the personal, social, economic, and other problems of older people. Not only do the students in these programs acquire knowledge about all aspects of aging—the characteristics of older persons, the areas in which they live, and the way they interact with their environment—but they become involved in research projects and programs that directly serve and involve older people themselves.

The center program involves most of the colleges in the University of Florida. While all of the activity in the university in the field of aging is not carried out within the center itself, there is a coordinated effort to bring the significant education, research, and service resources of the university to bear on the problems of older people and their potential for contributions to society. Examples of some of the activities at the University of Florida provide a more concrete picture of the services of colleges and universities to older people. In cooperation with the center, the College of Education has carried

our projects in which students studying to be professional counselors have worked with older citizens groups in developing peer counseling by older people themselves and in assessing the types of problems that older persons need to be counseled about. These cover a broad range of subjects including income, housing, health, family relations, bereavement, etc. In the training process the students go into small towns and communities, into nursing homes, and other facilities and provide useful counseling services under the general direction of their professors.

The department of anthropology and the division of continuing education have carried out projects in the public schools in rural areas to involve high school students in the development of information about community resources and service needs. The students have developed profiles of resources and related these to the needs in their community. This work has stimulated the interest of students in their own communities and attracted the interest of their parents and citizens generally. The reports of the students have been presented to public officials and the students have, in effect become advocates for improvements in community services to meet the needs of older people as well as others.

Students in counseling, sociology, and clinical psychology have participated in clinical programs of the medical center and the Veterans' Administration Hospital and in programs carried out in retirement and convalescent homes in the community. A project now proposed for title I of the Higher Education Act will involve these students in a program utilizing a mobile (van) unit to deliver information and recreational materials and programs to rural elderly who are not involved in other programs like congregate meals, etc.

In the institute of food and agricultural sciences, there is a long tradition of public service to fulfill the university's role as a land-grant university. The cooperative extension service has an outreach to all of the rural areas of the State. Through the extension service and the division of continuing education, more than 13,000 senior citizens received direct help from the university in a recent year. These contacts were made through workshops, short courses, programs, and personal contacts. Many thousands more were reached through publications and mass media programs. These programs focused on medical, legal, economic, nutritional, and other types of problems that confront the older person.

You have heard about the activities of the department of community health and family medicine from the testimony of Dr. Richard Reynolds and Dr. Wilmer Coggins. The services that department has provided through the rural clinics and through the nursing home at Dowling Park are evident. It is evident also that there is a mutual benefit. As Dr. Reynolds has so effectively stated:

"The University of Florida College of Medicine four-county rural health care project represents an engagement between the university and the community. Both have something to offer the other. The university is committed to education, training, and the advancement of knowledge, particularly information that may enrich the human condition. Communities are responsible for developing and providing social services that improve the welfare of their citizens. This project suggests even greater potential of making it possible for both the university and the community to discharge more easily their obligations to their mutual constituency."

Our attention to the development of programs like this on a more extensive basis is of great importance.

Another significant program is being carried out in the college of architecture. The college has a new curriculum providing a specialty in the design of housing and facilities for older people. The students in this program study the total environmental needs of older people—they are trained in a multidisciplinary environment. With the continuing large immigration of older people into Florida, these students will contribute much to the welfare of our older people through improvements in the design of housing and other facilities.

An all pervasive aspect of the training, research, and service programs of the colleges and universities is that they are continuing improvements in services and service delivery.

ITEM 2. LETTER AND ENCLOSURES FROM FARLEY P. BUTLER,[1] VICE PRESIDENT FOR PLANNING, ALACHUA GENERAL HOSPITAL, GAINESVILLE, FLA., TO SENATOR LAWTON CHILES, DATED DECEMBER 1, 1977

DEAR SENATOR CHILES: At your hearing in Gainesville, November 22, 1977, you requested me to furnish a digest of our THRIFT plan. Accordingly, I am enclosing a copy of the news release issued at the time Alachua General Hospital initiated the THRIFT plan, plus a copy of the Ryan Advisory newsletter which mentions the plan.

Briefly, the THRIFT plan offers special prices on certain high-volume tests. To receive the special price, the patient must have the test scheduled through his physician's office. He must come in on a scheduled basis (as an out-patient) and must pay for the tests in full. We assist patients in filling out the proper insurance forms, but it is the patient's responsibility to mail the forms in to the insurance company which will then reimburse the patient directly.

By scheduling these tests for nonpeak periods, we can better utilize our facilities and employees. In addition, since the tests are paid for in advance, the cost of billing, etc., is decreased. These two areas of saving are passed on to our patients.

The THRIFT plan is, I think, especially good for the elderly, most of whom do not have scheduled work hours. The savings on these tests, many of which are part of annual physical examinations, are considerable.

I did not mention at the hearing another of our programs which caters to the elderly. Our social worker assists in placing patients in nursing homes, helps arrange for convalescent care, helps obtain special equipment from the appropriate agency, and otherwise counsels with both the patient and family. This is especially helpful with our older patients, many of whom are lonely, disoriented, and in need of posthospitalization care.

Alachua General Hospital is constantly seeking to better serve the community. Your support is appreciated in obtaining more effective and economic health care for all ages.

Sincerely yours,

FARLEY P. BUTLER.

[Enclosures.]

[News release from the Public Relations Department, Alachua General Hospital, Gainesville, Fla., Sept. 28, 1977]

HOSPITAL ANNOUNCES "THRIFT" PROGRAM FOR PATIENTS

Alachua General Hospital (AGH) President Edward C. Peddie has announced a new program which will enable participating patients to reduce some of their health care costs.

"Beginning October 1st," said Peddie, "we are implementing 'The Hospital Rate Incentive For the Thrifty' or 'THRIFT' plan. Under this program people who need certain medical tests will be able to have the tests on an out-patient basis at a reduced cost. The tests will be scheduled through their physician's office and the patient will come to Alachua General Hospital on an appointment basis.

"Our only other requirement is that the patient must pay for the tests at the time of service. We will assist those patients who have insurance coverage in filling out the appropriate forms for reimbursement, but it will be the patient's responsibility to file the insurance claim. The patient will be reimbursed directly by the insurance company."

Peddie said the hospital is able to offer the THRIFT plan because the program will enable the hospital to more efficiently utilize personnel and facilities.

"The tests will be scheduled for the periods of time when there is generally less work from the patient floors. This will enable us to even out the 'peaks and valleys' of our workload, thereby increasing operating efficiency."

Peddie went on to say that the new program is one of many in a continuing effort on AGH's part to reduce health care cost to the patient.

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[1] See statement, p. 1359.

"Earlier this year we initiated the 'short-stay surgery center' at AGH which permits patients having certain uncomplicated procedures to come into the hospital, have their surgical procedure, and go home on the same day. We are continually looking at ways of improving services to our patients as well as helping them obtain good health care as economically as possible," said Peddie.

He compared the THRIFT plan program to the use of a self-service pump at a gas station.

"Like many people, I generally use the self-service pump at gas stations. The reason I do is simple—it saves a little bit of money. It isn't quite as convenient for me since I have to get out of the car and do the work myself, but the savings mount up and make that small inconvenience a worthwhile one.

"The THRIFT plan program is similar. It isn't quite as convenient for the patient because he may have to make an extra trip to the hospital, whereas before he could just wait until he was hospitalized to have the tests all run. And, like many self-service gas stations, he will have to pay cash for his tests," said Peddie.

"The new THRIFT plan gives patients the option of deciding for themselves whether the savings is more important than the convenience. Those who wish to save money will be able to do so. They will get the same good product, but it will take just a little more of their time."

According to Peddie, patients will be able to pay for their tests under the THRIFT plan by cash, check, BankAmericard, or Master Charge.

Below is a list of the tests which will be available under the THRIFT plan and the percentage of price reduction.

	Percentage off
Radiology:	
Chest X-ray	41
Lumbar spine X-ray	24
Upper gastro-intestinal series	18
Ultrasound (obstetric)	20
Respiratory and pulmonary: Pulmonary function study	15
Neurological studies: Electroencephalogram	17
Cardiovascular studies:	
EKG, complete routine test	38
EKG, stress test	30
Pathology:	
Glucose test	48
Sequential multiple analysis 12/60	50
Sequential multiple analysis 6/60	51
White blood count with differential	30
Complete blood count with differential	29
Complete blood count without differential (hemogram)	30
VDRL (venereal disease test)	30
Urinalysis	50
Pro-thrombin time test	50

[Excerpt from the November 1977 issue of Ryan Advisory for Health Services Governing Boards]

HOW TO MARKET COST CONTAINMENT

Alachua General Hospital, Gainesville, Fla., gives it a go by promoting THRIFT, "The Hospital Rate Incentive For the Thrifty." Anyone needing certain medical/lab tests can schedule them on an outpatient basis through their physician's office. Those who do will get *reduced costs.*

The trade-off: Outpatients must pay on the spot. (Cash or bank credit card). The hospital will help fill out insurance forms, but patients are responsible for filing. Advantage to the hospital: reduced paperwork . . . tests are scheduled during "down time" on patient floors to smooth out personnel workload.

ITEM 3. STATEMENT OF H. W. BARRICK, JR., M.D., DIRECTOR, FAMILY PRACTICE RESIDENCY PROGRAM, TALLAHASSEE, FLA., MEMORIAL HOSPITAL

First, let me agree with most of what was said at the hearing in Tallahassee. There absolutely must be some alternative to institutional care. There is no way that institutional care can be the answer to the care of our elderly

people, either from the standpoint of their welfare or from the cost factor either. There will shortly be far too many elderly people who need assistance for either the local government, the State government, or the Federal Government to assume responsibility for these people. There will be enough people to care for these older people only in their own communities and, therefore, whatever program is forthcoming must be one under local control. Only the local people have the closeness to the situation to see the real needs, to adapt to the local needs and capabilities, and to provide the type of personal care which is not only effective, but acceptable to the persons being helped. Therefore, local care must be controlled locally. As a corollary to this, there must be an identifiable person in charge of this and who is responsible for running these programs. This person must have some flexibility, but must be held strictly accountable for what goes on and subject to censorship for incompetence as well as anything dishonest. These people must be removable for a cause.

In conjunction with this, the redtape must be reduced. The amount of paperwork and justification must be reduced, i.e., in our home health care at this hospital, which is excellent, 25 percent of the time of the home health care personnel is spent in administrative reports and justification, etc. This is unnecessary and certainly expensive.

Another principle which I believe needs to be followed is that the families of these people need to assume their responsibility. The responsibility for care of these older people cannot be shunted off to the "government." We must insist that people pick up their own burdens. These people do, however, sometimes need help. For these people who are willing to assume this responsibility, we need to give them whatever help is justified and necessary, whether it be simply an opportunity to be relieved from this occasionally or to help them in a modest financial way.

I am absolutely sure that the more people we can care for in their homes or in homes of others, the less the cost will be.

Another problem is that of setting standards by the Federal Government which are unrealistic, unnecessary, and completely out of keeping with local conditions and needs. Again, by placing this at a local level much of the problem will be eliminated. No one is in a better position to evaluate the conditions than the families of the people involved.

Thank you for what you are doing to help with this situation, but the cost must be kept down.

ITEM 4. STATEMENT OF NEAL E. LANE, DIRECTOR, DELAWARE COUNTY, N.Y., OFFICE FOR THE AGING

I have been very much concerned with the state of service delivery to our older citizens in rural areas. I am particularly distressed by the disparity in availability and in accessability of such services between urban and rural areas. We have an excellent opportunity to improve this situation in the forthcoming revision of the Older Americans Act. My remarks are directed to this issue.

I might say at the outset that this is not a continuation of a presumed conflict between urban and rural interests. It is not the intent of anyone to reduce or penalize services to the urban older American. Rather, we desire to establish parity in services to older Americans, wherever they live. Perhaps it will take extraordinary measures on the part of the Federal Government and perhaps it will require patience on the part of our urban neighbors, but we must address the issue. It is no longer sufficient to say that the problems of the rural elderly are the same as those of the urban elderly. While it may be true that the generic problems are the same, the abilities of rural areas to respond to these problems are much different. Let's admit this and meet the challenge this presents. Let us not turn away again.

Recently, the third annual conference on rural elderly affairs in New York State was held. Having already received Mr. Oriol's invitation to present a statement to the Senate Special Committee on Aging, I made a concerted effort to obtain the maximum input as to the concerns of the persons present. Most of the testimony herewith presented is based upon the concerns that were identified at that conference.

I do have several thoughts to bring to your attention before discussing the specific points brought out in the New York State Conference on Rural Affairs. In my opinion one of the most distressing feelings present at that meeting,

and this can be generalized to include those not in attendance, was the feeling of powerlessness. The feeling that there is not sufficient influence in the rural areas to insist that the policymakers pay attention to the needs of the rural elderly. I can only hope that this feeling of powerlessness is not allowed to fester into alienation. We must take steps to bring the expertise and the resource that is present in the rural person into the system.

Another crucial factor in the success of the aging network in rural communities is the direct provision of services by area agencies on aging. The consolidation of programing for the elderly through the AAA is a principal issue which must be addressed in the upcoming revisions to the Older Americans Act. In rural areas, with few exceptions, we deal with very conservative legislatures. It is not enough to provide planning, coordination, and pooling activities. The local legislatures want to know what "good things" you were going to do for "older people."

The aforementioned activities are rarely understood, let alone being a priority of local government. To be viable in a rural setting, an area agency on aging must also deliver services. Going a step further, we can institute all the publicity campaigns, make as many speeches as is humanly possible, but nothing alerts the populace to the needs of the elderly as dramatically as action—action in the form of a new transportation system or in the form of a homemaker/home health aide project. Perhaps, though, the principal reason that the impediments to providing direct services must be toppled is in the most basic premise of the Older Americans Act. The area agency on aging, in the final analysis, has the ultimate responsibility for the state of elderly affairs in its planning and service area. No matter what is said, or how many different providers of service to the elderly there are in that PSA, no matter what their commitment, the agency that has the ultimate responsibility for the quality of life of the older Americans within its community is the area on aging. The area agency on aging must have the flexibility at the local level to determine whether they will provide the service, or whether it will be subcontracted. All titles of the Older Americans Act must flow through the area agency on aging. To do less is to prostitute the area agency concept.

We have all heard the arguments against permitting an area agency on aging to deliver direct services. I think we should review these. It has often been said that if we incorporate all services to the elderly within the area agency, within government, we will lose the independent advocate who does not have the constraints that an arm of local government has. The contention being that a private, nonprofit agency can confront local officials and gain advantages for the older citizenry. It may well be the case that local private nonprofit organizations use confrontation to advocate for their cause. Further, when the majority of these agencies were established, that was the accepted way to achieve political goals. Well, the 1960's are no longer with us and times have changed. Significant and stable gains are more apt to be realized when reason and influence within the system are used.

It is my opinion that reason rather than confrontation are the politics of today. I do not deny that at times there arrive certain circumstances that call for an outcry. At the same time, I ask, who better than the seniors themselves should participate in confrontation advocacy. We have all seen the great effectiveness of "gray power" at all levels of government. One of the most unique and positive strengths of the Older Americans Act is the section that gave rise to support for gray activism. Who could have predicted the impact of mandating advisory councils to the area agencies on aging and the other provisions of the Older Americans Act which require that seniors be injected into the system? We do not intend to silence other agencies. We invite them to continue their vocal advocacy on behalf of the elderly.

Another argument which is frequently used against direct provision of services is that an area agency's efforts in planning, coordinating, and pooling would be reduced. I can think of no better preparation for planning than to be directly involved with the service. In that situation you know the shortcomings of the service delivery system inside and out. The same applies for coordination and pooling. If you know all the parts of the puzzle and are working with them on a daily basis, that should give you the most complete information possible to coordinate the system and to pool outside resources for the benefit of that system.

Of greater significance than my opinions are the concerns that were identified at the recent conference on rural elderly affairs in New York State. I present these now for your consideration and for your action:

(1) Funding of mandated services: Services to older Americans should not be mandated unless funds to implement those services accompany the mandates. It must be understood that most rural areas do not have alternate resources to provide mandated services. The options such as subsidizing an existing service provider to enable them to expand their services to the elderly, or to negotiate a subcontract arrangement with another organization to provide the mandated services are frequently unavailable in rural America. Therefore, to actually comply, new service delivery modules must be established. Certainly, this is a much more expensive proposition than subsidizing or subcontracting with other agencies. (This is interrelated with section (3), Allocations, subdivision (d), minimum core of services.)

(2) Unification of services to older Americans: All titles of the Older Americans Act should flow through the area agency on aging. This would enable the true coordination of services at the local level and would minimize fragmentation and duplication. This would be particularly true in the area of administrative function. It is only a matter of time before local government questions the duplication that exists when a number of agencies administer a variety of programs to the elderly. This is universally true, but is particularly evident in rural areas. As it stands now, the four funded titles of the Older Americans Act could be administered by four different agencies within a planning and service area. I think the long-range implications of this situation are obvious.

(a) In the unification of services under the Older Americans Act, we must guarantee the integrity of the various Titles. The basic provisions of Titles III, V, VII and IX must remain intact. Further, the allocations under these Titles should be reserved for the services mandated. This should be true at all levels--Federal, State and local.

(b) It was also recommended that we carry the idea of unification of services a step further. The Older Americans Act should require a commitment from all Federal agencies that any service program designed for older Americans should be funnelled through the area agency on aging at the local level.

(c) The section prohibiting area agencies on aging from providing direct services should be stricken. Area agencies in rural areas must have the flexibility to directly serve the older citizens of its planning and service area. This should not be misinterpreted to mean that we mandate the direct provision of services. We certainly understand that it is frequently to the advantage of urban areas where there are a number of agencies competing for contracts to subcontract services. But, as has already been alluded to, this type of healthy competition is not usually present in rural areas. It is imperative that we guard against the situation where a single service provider forces the terms of a subcontract arrangement by utilizing the section of the Older Americans Act restricting direct provision of services by area agencies on aging. The argument that the area agency would lose its planning and coordinating function if it became a direct service provider is, in our opinion, unsupportable. There are sufficient guarantees in the Older Americans Act that require these functions. The area agency must show annually what it is doing in these areas in its area plan. The area agency's funding is based upon its area plan and, therefore, reasonable efforts in planning and coordination are essential if the area agency is to continue to receive Federal funds.

(3) Allocations: Whenever funding and funding levels are discussed, a great deal of interest is exhibited by most of the individuals affected. This was indeed the case at the rural conference. There were four basic suggestions made which all have merit. Perhaps the most effective means of determining allocations for rural areas would be a creative application of a combination of the following listed suggestions:

(a) The Federal Government should require a minimum base allocation for rural planning and service areas. New York State already has established a minimum base allocation formula for its grant programs.

(b) The development of a weighted formula which would give additional credits if the area lacked certain minimum services and certain funding options. Unquestionably, this suggestion could be very cumbersome and difficult to

To take advantage of the obvious individual strength and to improve their morale, programs planned for the elderly require their own involvement—at the very least, their strong advise and consent.

Thank you.

ITEM 6. STATEMENT OF HELEN R. HEFFERNAN, TALLAHASSEE, FLA.

I would like to explain the foster grandparents' program in Tallahassee. A most important word is "prevention." Words on paper cannot explicitly describe our program. It gives us independence and dignity, because we feel important, it gives us an incentive to get out with people, exchange ideas, and an opportunity to express a lot of love. We have been exposed to a new sector of life, in Sunland. In case we took life for granted, this program makes us more thankful for being healthy mentally. Senator Chiles, it may not prevent our journey to melancholia, depression, and utter helplessness we senior citizens often suffer from. I hope you can help us expand our program so many more can enjoy living, like I am, helping at Sunland.

My social security check is $191 a month but my psychological attitude is worth $1 million. I am helping two helpless, profound brain damaged children, one black and one white. This program educates both races to love each other and respect each other. I could go on and on about our program.

We need more money in our budget so we can spread more love for these innocent children and give more senior citizens a chance to feel as wonderful as I do. We have all ages—65 to 80. I am 69.

There is a beautiful story involved in this program, if someone would become interested.

I enjoyed the meeting at Georgia Bell and you were wonderful to take the time from your busy life.

Appendix 2

STATEMENTS SUBMITTED BY THE HEARING AUDIENCE

During the course of the hearing, a form was made available by the chairman to those attending who wished to make suggestions and recommendations but were unable to testify because of time limitations. The form read as follows:

DEAR SENATOR CHILES: If there had been time for everyone to speak at the hearing on "The Nation's Rural Elderly," in Gainesville, Fla., on November 22, 1977, I would have said:

The following replies were received:

ANONYMOUS

One of the biggest contributions our Congress can make to all the elderly is to eliminate the ceiling on what they can earn without giving back their social security pension. Those hurt most are the ones with small pensions—they can least afford to lose it. If you will do the mathematics on a pension of $200 a month and the amount left when it is eliminated because of earnings—the amount left to survive is not great. The increased earnings do return more income tax to the IRS, so the earner pays to have the pension eliminated.

They did pay for the pension. If strings are to be attached, then do so to all types of pensions—civil service, military, etc. The elderly are willing to pay taxes on it, but not the confiscatory restrictions now imposed. Let's be fair on this. The proposed small graduated increases in the earnings ceiling is less than inflation.

HELEN C. HILLING, GAINESVILLE, FLA.

Excessive cost of medical care is a problem shared by rural and urban elderly, and for that matter by the majority of health consumers. For this reason, failure of the Congress to act on cost controls this year prolongs the suffering of many people and allows time for further increases in cost. I am aware that this is a difficult problem, realistic in terms of methods, and that the Congress, being generally sympathetic to the business and industrial community, finds it hard to stand up to the organized health and medical lobby and answer the doctor's questions: "Why us?" Your staff has many answers I am sure to separate health care out of the commodity field. But sometime Congress may come around to being able to represent all of the people. Fortunately, older people are becoming more articulate, better organized, conscious of and using the power of their vote. With respect to the latter, one problem lies in the limited choice of candidates committed by demonstrated practice or voting records to the needs of consumers. In this regard your voting record, Senator Chiles, on consumer interest legislation is gratifying to many of us in Florida.

Cost controls of hospital and health care may not result in less costly total investment from GNP in health and medical care. But ceilings on charges accompanied by better enforcement procedures could result in improved quality and wider distribution of health resources.

The elimination of some wasteful, expensive regulations having to do with medicare could reduce cost and save patients' pain and discomfort. For ex-

ample, the regulation that patients must be hospitalized for 3 days prior to admission to a nursing home if medicare is to pay for their care results many times in unnecessary hospitalization. Doctors and other members of clinical teams in ambulatory settings (some of whom make home visits) are well able to decide when patients require medicare. They should be able to make referrals directly accredited to nursing homes or to agencies able to work with patients and their families to complete arrangements.

I can understand the wish of the Congress to support State rights and State regulation. But when States do not work effectively and there is not compatible effort between Federal regulations (as for medicare) and State licensing in nursing homes, the Federal Government, if necessary, through the investigative rulemaking process, is the only mechanism with sufficient authority to carry it out.

Federal health insurance should not have been placed in the hands of private insurers, including Blue Cross-Blue Shield. It should have been from the first an extension of the Social Security System. Private insurers have no incentive for restraining the amount of money which passes through their hands—in fact, quite the opposite. Blue Cross-Blue Shield has a dismal record throughout the country, yet they manage to evade regulation on insurers in some States, fail to practice accountability, and get rate increases at will. The very evening that you held hearings in Gainesville, a Mr. White from the Atlanta Regional Office of HEW was shown on TV, reporting excessive charges authorized to Blue Cross-Blue Shield and for medical equipment and supplies. But no correction was indicated at State level and the Federal HEW declined to act "until they get a national policy." That could take 20 years, and the subscriber pays.

I realize this is a Florida problem but it demonstrates the urgency of Federal control and regulation. Blue Cross-Blue Shield was reawarded its last contract by Lt. Gov. Jim Williams without competitive bids. Recently they got a large rate increase on the ground that they would go bankrupt. At the same time it was announced that they had withheld accounts from auditors. About 3 years ago when it appeared enough people were so disgusted that they might not get their contract, they took out dozens—if not hundreds—of full-page ads begging for support. The cost of those ads were enough to bankrupt any company, and they could surely not be considered a fair business expenditure. There could and should be full and careful audit of these companies and some limit on advertising—just as there have been efforts to limit the amount on nontaxable research in some industries.

I should like to mention two other things which present serious problems to all medical consumers. Because of the percentage of their incomes going to health and medical costs, the elderly are particularly victimized. To the extent that it works at all, the present peer review system does not sufficiently well protect patients against malpractice—especially unwarranted surgery and excessive use of drugs. There are those other than medical doctors who could well serve on these panels, especially persons trained in pathology and certain biomedical sciences, and medical administrators should be permitted to participate in hearings.

My second of these last comments has to do with the existing health systems agencies (formerly comprehensive health planning agencies). The rules on membership still permit them to be controlled by doctors or professional health workers in many areas and they should not be self-perpetuating boards.

These are only a few illustrations of the problems which beset the elderly in their need for health and medical care, but the majority of them can be related to practical solutions.

On a related but again somewhat different topic, I should like to suggest that provision be made in the health manpower education act for subsidy of certain non-income-producing services in those few nonprofit nursing homes which conduct educational programs jointly with accredited institutions. These homes, especially the small ones, cannot afford the cost of educational staff nor added social and rehabilitative service staff needed in teaching, yet their contribution to education in geriatrics can contribute dramatically to turning this field around.

DIANE MORTHLAND, OCALA, FLA.

Marion County has no public transportation system and this works a hardship on our congregate meals program. The folks with the needs are there, but unless we can provide a way for them to come in to the meal sites, the service delivery system breaks down. The program's 15-passenger buses (three) cannot take care of all needed transportation in the county; i.e., transportation to meal sites, transportation to doctors' appointments, grocery stores, banks, food stamps, etc., and delivery of meals to home-bound elderly. Additional transportation is needed. I feel title VII programs should be allowed to serve a larger percentage of home-bound meals.

C. WILLIAMS, CROSS CITY, FLA.

They are the neglected children of today. They, mostly the women, do not drive. Medical care must be brought to them. Nursing and adult homes are needed for those no longer able to care for themselves—and their housing is inadequate.

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