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NUTRITION NEEDS OF THE ELDERLY

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BEFORE THE

SUBCOMMITTEE ON NUTRITION

OF THE

COMMITTEE ON AGRICULTURE,

NUTRITION, AND FORESTRY

UNITED STATES SENATE

NINETY-SIXTH CONGRESS

SECOND SESSION

AUGUST 12, 1980—WICHITA AND KANSAS CITY, KANS.

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NUTRITION NEEDS OF THE ELDERLY

TUESDAY, AUGUST 12, 1980

U.S. SENATE,
SUBCOMMITTEE ON NUTRITION OF THE
COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY,
Wichita, Kans.

The subcommittee met, pursuant to notice, at 9 a.m., in the Fourth Financial Center, Hon. Bob Dole, presiding.

Present: Senator Dole.

Also present: Senator Boschwitz.

STATEMENT OF HON. BOB DOLE, A U.S. SENATOR FROM KANSAS

Senator DOLE. Well, I think we are ready to go here. I would just say in a preliminary way that Senator Rudy Boschwitz will be a little late getting here because of some pressing business in New York. There is something going on in the city and he'll be here somewhere after 10. He is also a member of the Agriculture Committee, and is the Senator from the State of Minnesota. He will be here within the next hour, I hope, but in the meantime we have about 14 witnesses. We would hope to have some time when we conclude for anyone in the audience to have input, or if anybody has a written statement they would like to be made part of the record, even though you are not scheduled to testify, this may be included in the final record of the hearings. If you think you have something during the course of the morning that may have been overlooked or you think should be emphasized, we would be happy to have your written comments on it. Please send those comments to my office in Washington, D.C., or you can send them to our office in Wichita. In other words, we would like to have all the information we can pick up. We'll be in Kansas City this afternoon with additional witnesses, and we also have a couple of witnesses there concerning the WIC program.

It is my pleasure to be here with you in Wichita this morning, and I thank you all for the work you have done in preparing your testimony for this Senate Nutrition Subcommittee field hearing. Some of you have traveled quite a distance to get here in time for the proceedings, and I am glad to see that you have arrived safely.

Today we will listen to witnesses who represent a wide variety of issues and program involvement with regard to nutrition as it affects the elderly citizens of Kansas. These hearings are on nutrition needs of older Americans, and Senator Boschwitz and I are seeking information that will be helpful to us at the Federal level in making nutrition programs for the elderly more effective. In particular, we look forward to hearing testimony from those people who represent the rural

elderly, because the problems of the elderly in low density population areas are of great concern, as we prepare for the reauthorization of the Older Americans Act next year. The study that was authorized by Congress on this very subject will not be completed in time to be of assistance in this process, and we would appreciate any comments, views, or recommendations that you may have in this regard.

In 1961 the first White House Conference on Aging took place which heightened public awareness of aging issues. The conference recommendations were well received and, as a result, in 1965, two of the major recommendations—medicare and the Older Americans Act—became law. These two major pieces of legislation remain the most significant vehicles for assisting the elderly in America. However, the climate that initially inspired these programs is far different from the current climate. We are now faced with some entirely new sets of problems and challenges for solutions.

The 1970's brought increased public disillusionment with an unsuccessful war on poverty. We have been subject to spiraling inflation that has taken its greatest toll on that segment of our population which is forced to live on a fixed income—the elderly. These people have, for the most part, led productive lives, only to see their savings wiped out by the high cost of basic necessities at a time when they no longer have the opportunity to find employment that will enable them to attempt to supplement their meager incomes.

The current administration's economic policies have ripped to shreds the hopes of the elderly for a carefree retirement, and they find themselves living in fear of being poverty stricken during a time when they had hoped to be able to relax after a life of hard work. The food stamp program is becoming more of an income maintenance program instead of the supplemental nutrition program which was its original intent. This happens because the ravages of inflation have caused increases in the cost of all other necessities like housing, energy, transportation, and medical care. What little income exists evaporates quickly as the great hand of inflation sweeps by. Invariably, nutrition takes a back seat to the other necessities of life.

At the beginning of 1980, an estimated 25 million older Americans made up over 11 percent of the population. Today every 9th American is age 65 or older, and their numbers are expected to increase over the next decades. We must prepared ourselves for dealing with the implications of growing numbers of our Nation's elderly which are expected to increase by 40 percent as we head toward the year 2000.

In Kansas, there are nearly 400,000 individuals who are age 60 or over. Of these numbers, about 40 percent are elderly who reside in rural areas. Their problems are complicated by distance and a lack of accessibility to available services. This imposed feeling of isolation further complicates the delivery of services to a significant segment of our Nation's elderly. Psychological effects of this isolation have profound effects on their daily habits, including nutrition intake. Given the fiscal environment in which we find ourselves as we head into the 1980's, there is a great emphasis being placed on limiting Federal spending. The economy affects Government and vice versa. The higher the rate of inflation—and today we are thinking in terms of 18 percent—the more the Federal Government must spend to provide the same level of benefits and services. Unless an emergency situation

arises, such as a severe and imminent need for energy assistance, emphasis will be placed on making more efficient use of existing Federal programs.

However, there is a sense of responsibility toward our Nation's elderly population and the budget will not be balanced at their expense. There is a prevailing protective attitude toward those who cannot help themselves. They are the victims of economic circumstances beyond their control, that they have not caused, and over which they have no control—circumstances that nonetheless control them. From the Federal level we can expect to see policies of controlled Federal spending emerge. This will require improved program administration and increased responsiveness to the needs of an aging population. Existing programs in social services, education, housing, employment, crime prevention, and other areas must be tailored to better serve the needs of our older Americans.

It has been satisfying for me to witness the implementation of the removal of the purchase requirement in the food stamp program. As a major proponent of this change, I am gratified to see that this single modification has had its greatest effect in increasing food stamp program accessibility for the elderly and those in rural areas.

I don't condone fraud and abuse or mismanagement of Federal funds. However, these funds should be channeled to meet the requirements of the truly needy, particularly those who are elderly. We cannot turn our backs on those who worked long and hard to make life better for all of us. A Federal effort was called for and is now with us. We must work to tailor our continued national commitment to the changing needs of older Americans. With your assistance, this can be accomplished.

I will be most interested in hearing from the health professionals, program administrators, and recipients who have been kind enough to consent to testify today. We in Washington do not have all the answers. Only by hearing from those involved in these programs at the grassroots level can we hope to legislate intelligently on these important issues. My commitment to satisfy the needs of our elderly is undiminished. I welcome this opportunity to hear from you and to work to improve the delivery of needed Federal services.

However, we must give consideration to budgetary problems. They are real in the Congress, and I'm not certain anybody has the answers. Because of inflation, we don't seem to have the dollars to go around, so I think we have an obligation to review the effects of inflation on all Americans. As some here may know, there was a controversial decision to eliminate the purchase requirement. I think Senator McGovern found that there were just too many people in low-density areas who didn't have the actual money to put up for food stamps. I think the purchase requirement was based on abuses. Now, this program has reached almost \$10 billion per year. We understand it is an easy target for some critics, and it's our responsibility to reduce potential abuse. If anybody has any comments I would like to hear them. Having said that, I would like to call my first panel of witnesses: Mrs. Barley, Mrs. Whitson, Mrs. Bishop, and Mr. Reece. I think we have four. We have in effect four panels, and each person, because of the time constraints probably will have to limit his or her testimony to 5 minutes, but the entire statement will be made a part of the record.

You can proceed in any way you wish. You may prefer to read your statement, or perhaps you would rather just summarize your statement. Please proceed any way you wish. In order to hear the 14 witnesses and have time for questions and then some input from the audience, we have to set a sort of arbitrary time schedule. There are no trapdoors if you go over 5 minutes. I guess I'll have to use this.

Mrs. Barley, do you want to start?

STATEMENT OF ELLEN BARLEY, SITE MANAGER, FRIENDSHIP MEALS PROGRAM, WINFIELD, KANS.

Mrs. BARLEY. I am Ellen Barley, and I'm the site manager of the friendship meals program in Winfield, Kans., and I want to comment on the age limit for participation in the nutrition program for the elderly. I believe it is set too low. It distorts the statistics of those in need of the program. Most people, in my opinion, who are in their sixties neither need nor want to be included. The age limit should be advanced to at least 65. Now, I want to comment on some of the regulations.

Section 31.3 of the Federal Register regarding this program refers to the "greatest economic need." I'm not suggesting that a means test be used to determine who those in the greatest economic need are. However, I am suggesting that it is almost impossible for a site manager to make this judgment. Many persons are able to dress well and present a neat appearance on a very small income and therefore appear to be prosperous when they are not. They have addresses in the good part of town and may have slipped into economic distress due to inflation. Furthermore, I do not know how one is supposed to go about refusing service to those known to be in neither economically deprived nor in greatest social need. The bottom line seems to be persons aged 60 or above are eligible for the meals.

Again referring to the social needs, the 15 or so paragraphs used to make those definitions seem to be saying: "Serve the minority elderly." Perhaps this can be accomplished in urban areas by the placement of the nutrition sites. This definition is of little use in nonurban areas and in any case, might be termed a form of reverse discrimination.

In addition to providing nutrition equal to one-third of the daily requirements of an elderly person, "Friendship Meals" in Winfield accomplishes the following: It provides a pleasant social atmosphere for elderly persons where they may meet for recreation and fellowship. It allows the able-bodied elderly to participate in essential volunteer activities. It brings to the attention of the participants other services which are available to the elderly. It contributes to the morale of the participants in that many who perhaps would spend the day in robes and slippers come instead to the center clean and neatly dressed. It presents in various forms at least six nutrition education lessons at the center annually. It calls upon other community resources for various programs of an educational or entertainment nature as well as provides some health services such as blood pressure checks.

Now, I would like to comment on the meals for the homebound. This program serves two categories of elderly persons: Those who are chronically ill and those who need service during a temporary illness,

or when convalescing from a serious illness. The weakness in this program is that it furnishes just one meal a day when three may be needed. Also, it makes no provision for weekend meals. In many cases family, friends, church, and community can fill this gap. In others, there may be real hardship.

Now, just a brief comment on programs for the elderly in general. I believe we have about 135 Federal agencies in existence in addition to the various State, county, and local agencies. Care needs to be taken that the programs for the elderly and the persons running them do not lose sight of their purpose, and become instead a means of creating jobs in all categories from the highest paying State and Federal positions to the lowliest "Green Thumb" job.

Senator DOLE. Did you say 135 Federal agencies?

Mrs. BARLEY. Yes. Some method needs to be devised to determine the necessity for each agency, the efficiency with which it is run, and the quality of results obtained or services rendered.

The birth rate in this country has now declined to below zero population growth. The aged are increasing percentagewise each year, and while their needs must be met, the need of young people to be able to provide for their families and for their own old age must not be forgotten. All programs for the elderly should concentrate on essential services, with the elderly themselves encouraged to meet as many of their own needs as possible. That concludes my statement.

Senator DOLE. Thank you, and I think if it's possible then, I'll ask some questions, unless you have to rush off somewhere. I think Mr. Whitson is next.

**STATEMENT OF CARL WHITSON, PRESIDENT, WINFIELD
FRIENDSHIP MEALS SITE COUNCIL, WINFIELD, KANS.**

Mr. WHITSON. I'm Carl Whitson. I am from Winfield, Kans., and I'm a member of the board of directors for the API and as one of those thousands of older Americans who are continually increasing in numbers, I have become familiar to a limited degree during the past several years with some of the problems confronting many of us.

As a volunteer worker and observer, I have become aware of the time, energy, and money expended in behalf of senior citizens. In some instances the help offered has been rejected because it is inconsistent with needs and desires of eligible recipients.

The national nutrition program for older Americans is one with which I am most familiar. My knowledge and experience has been gained as chairman of the project council comprised of representatives from 10 counties in the area, serving on the board of directors of Aging Projects, Inc., and as president of the Winfield Friendship Meals Site Council. I am presently serving on the board and the site council. I have also interested myself in operations of senior citizens programs under State, county, and local administrations.

I am fully convinced that there is a definite need for a nutrition program for senior citizens, not only from the standpoint of physical nourishment, but also in the case of Friendship Meals, an opportunity is provided for fellowship for those who find the associations to be mentally stimulating and beneficial, especially to those who may have physical disabilities.

But some of those who participate probably could do without the service and suffer no undue hardship. Those who may need the service will not accept it for one reason or another. Expansion of the hot meal program by delivery to those unable to leave their homes is being stressed with increasingly favorable results.

The administration requirements and the costs of all social service programs are often criticized. There is the allegation that funds are wasted and mismanaged in some instances. It is contended that there are too many salaried people required to meet the legal requirements of the law. Another criticism is that there is a lack of communication between the various agency personnel at times because of differences in interpretation of Federal rules and regulations. Often those non-professional volunteer workers who serve on councils are confounded by the regulatory directives. This results in the necessity of employing legal consultants, advisers, and assistants as interpreters.

Federal Register, volume 45, No. 63 of rules and regulations effective March 31, 1980, of the Older Americans Act is cited as an example. This act already has been amended eight times. In the process, it is not known whether it has been shortened or expanded, but in its present form, it still contains more than 1,000 column inches of legal verbiage which is difficult of understanding by the lay volunteer workers serving on local councils and boards.

Apparently, efforts are made from time to time at simplification, and to make improvements. For example, it is stated in the 1978 consolidation amendments to the Older Americans Act that consideration was given to provide more effective coordination and use of community resources in planning and providing services, and to eliminate duplication and overlapping functions. This is commendable, and it has been suggested further steps might be taken to eliminate wherever possible some of the personnel and the waste of time, energy, and money in the use of allocated funding. Some of the supportive services might well be eliminated.

Sometimes, in funding which has been granted on the basis of estimated need for a fiscal year, it is later found that the funds were not needed for the purpose for which they were intended. But we are told that the money must be spent. The result is that some expenditures are made without just cause and little reason. The philosophy seems to be that "if we don't use the money, somebody else will." This seems to be true, but the philosophy does not lend itself to attempts at control of rampant liberalism in Government funding.

When reports of mismanagement and abuses in the use of Government tax money come to the attention of the Congress and State legislatures, they should be investigated and corrected where proof is established. Too often, irregularities when proven are swept under the rug or tossed out the window with little condemnation or censure.

In my judgment, the nutrition program carried out by the Aging Projects, Inc., in the 10-county area in Kansas has been managed and directed legally and in conformity with rules and regulations. It has been done by capable, efficient and dedicated personnel to the best of their abilities, in my opinion.

The nutrition program should be continued to operate basically under Federal law, and not relegated to complete control and direction of a State administration. But revisions and simplification in Federal regulations and directives will, of necessity, need to be made.

As a member of the board of directors of Aging Projects, Inc., I believe that I express the consensus of the board in that every effort will be made to do whatever possible to do to foster continuation of the program. This will be done in what we believe to be in the best interests of those we serve within our jurisdiction.

It should be kept in mind that compassion for the needy elderly and efforts to give assistance to them is closely allied with concerns at all times for integrity in the application of funding for their benefit.

We need to concern ourselves also for the younger and productive segment of our social structure upon whom rests much of the burden of increasing taxation for financing the many funded programs.

In conclusion, and in general, it is unrealistic, if not impossible, and in final analysis, potentially destructive for any government to attempt to provide all things for all people all of the time.

Senator DOLE. Thank you. That's refreshing. Mrs. Bishop?

**STATEMENT OF LUCILLE BISHOP, PRESIDENT, SUMNER
COUNTY COUNCIL, BELLE PLAINE, KANS.**

Mrs. BISHOP. Good morning. I'm Lucille Bishop from Sumner County, one of the largest wheat-producing counties in Kansas. My town is Belle Plaine, located in the heart of Paradise Valley. I am treasurer of the local site council, president of Sumner County council, and a member of Aging Projects, Inc., board. Nutrition is a vital element in preventive care in bolstering the capacities of seniors to function at home and delay the process of deterioration—mental, physical, and social—which tend to hasten institutional care.

Nutrition programs came to Sumner County a little over 3 years ago. Now, we have eight sites—another one planned for 1981. Some of our sites have kitchens, satelliting from other towns. Others are served from restaurants or other sources. Two are funded by mill levies, one receives 60 percent of the funding from mill levies. Remainder are funded by Government sources, National and State.

Much planning by citizens, both young and old, has gone into getting these sites in operation. Much volunteer help is used in keeping them running. A strong, active site manager and good cooks are much added assets. County health nurses hold clinics regularly, checking for blood pressure, glaucoma, and diabetes. We feel that these checks are beneficial as perhaps an unknown problem will be discovered, followed by a visit to the doctor, which will keep a senior from having a more serious problem.

Sumner County is a fortunate county. We feel that we, as a county, are demonstrating a model county program with our centers being supported by mill levy funds. Administration on Aging, title 3 B and C funds, general revenue-sharing funds. State money, and most important of all, seniors' personal contributions. This has taken much planning when you realize that a little over 3 years ago we had one site and very little interest in Federal programs.

We feel that we have laid, and are continuing to lay, the proper foundation by sound planning and development. There are a lot of helping agencies, but the Government must feel that seniors lack the skill to run their own programs. Among us, we have hundreds of years of experience. Special project money is held out to us with many strings attached, and also with a parental attitude on the part of the

administrators, so we feel we have to fight for what we feel and know is right.

We do have some problems; transportation is one. I know I'm getting away from nutrition, but this is an important area. Too long, we have awaited on Kansas Department of Transportation for buses. Early in 1979, we were led to believe we would soon have buses. All of 1979 passed and no buses. Early 1980, we were again told soon we would have buses. We even put our money in a special account in the bank, money supplied by our county to pay a share of the cost. The last time we heard, they are nearing the end of the production line and here it is ending 1980. We have received word recently and we have even sent our money to Topeka to share our share of the costs and we feel that will be taken care of in the near future.

Weatherization delay is another problem. Survey after survey, if a roof leaks or insulation is needed and the senior qualifies, do it now, not after another survey to see if he really needs it. I know I have gotten away from nutrition again, but these needs are also vital in the lives of seniors, especially those of us who are on fixed income. What good is a nutrition program if we have no way to get there?

I would like to see better cooperation between agencies that administer to the needs of the aged, since they are working for the aged. Let's cut down on the administrative costs, the nitpicking, the jealousy between agencies and the delay in each agency in the administering of moneys allotted to seniors. Cut out the redtape. I do not like to see delay caused by an agency complaining about the wording of another's paperwork. With our 150 programs for seniors, the system breaks down as it gets to the local level on the meshing of the programs to meet seniors' needs. So lots of wasted time, redtape, jealousy on the parts of agencies to share information slows down the programs so the beneficiaries of this program, the seniors, suffer.

All things considered, I think we have a fine program going that is doing much good where it is really needed, but I would like to stress the need for better cooperation between agencies, speeding up the process of moneys moving down from the governing bodies to us.

I do want to tell you about our Senior Olympics held in South Haven, a very small town of about 400. Such a feeling of friendliness sharing of lots of good competition. There were inquiries from all over the United States. The residents from the local nursing home were wheeled over, three women competed in the softball throw. Don't you know that was the highlight of their day? I attended the last three Governors' Conferences on Aging. I was impressed with the tremendous amount of planning that had gone into them. At the last panel of the conference at Hays this year, young people were discussing their dreams and plans for seniors. How their world would be in 2025. You just know when listening to them plan that we as a nation are going to be OK and that our life is going to continue to be better.

I do want to say that Belle Plaine, this Sunday we are having open house honoring our volunteers. This is done yearly. We would be happy to have you and Senator Boschwitz. I have a small booklet of information on our site which I would like to give you.

Thank you for asking me.

Senator DOLE. Thank you. Now, Mr. Reece.

STATEMENT OF ORVAL REECE, PRESIDENT, SENIOR CITIZENS
ASSOCIATION OF GARDEN CITY, GARDEN CITY, KANS.

MR. REECE. I'm Orval Reece, Garden City, Kans. I really wear several hats in regard to programs for older people.¹ I'm here on this particular panel as a member of the advisory committee for the aging. However, I'm also meeting today, later on today as a member of the State Legislative Committee of AARP and NRTA, Association of Retired Persons and Retired Teachers. However, the other hat, which takes much of my time and which I find is the most satisfying position I have, is as president of the Senior Citizens Association of Garden City. That is a group which now has a membership of between 700 and 800 members. We have activities and we'll have like 200 and 300 persons attending, not at one time, but 150 or 175 at one time, but they attend our covered dish dinners, dances. They love the activities.

Now, they have gotten involved in some serious programs such as exploring with the local police, high priority for older persons who may be more vulnerable than other persons. We also just had a meeting where we had the attorney from the Kansas Legal Services out to analyze what we were paying in our own locality for residential rates for utilities and we had the member of the council there and this, we think, indicates with a number of persons we have that in 10 days the member of our organization we have the satisfaction in feeling that now older people do have some control over their affairs when they can organize and be politically effective and I want to stress right at the outset, I don't think it's because the elected officials really fear that. I don't believe that the block vote is that effective as a group in voing, because they change their minds so much. They have different ideas, but the fact is the elected officials really listen to people and we are pleased about that and I'm especially pleased to be a member working with our State, State representative and senator. Now, that's not much of a statement, but the reason I'm not going into more detail, the other people have pretty much said the things I was going to say from the preliminary part of my paper, and as I listed these persons, thought, I thought back when I first—at when I first had the concept, of the community concept, of a community being the organization for services. I heard this about 1966 or 1967 out in San Francisco. I think it was the Secretary of Health, Education, and Welfare, and wondered at the time. It sounded real good, but I wondered whether it would work, but I was optimistic and now as far as southwest and northwest parts of the State that I know that well, I guess the situation is still the same. I wonder if it will work, but I'm still optimistic.

I might mention that in all due respect to the dedicated Federal employees, that we in my opinion made a mistake in income maintenance procedure for our older people when we went from the old age assistance, county administered, the State supervised, but with expertise furnished by the Federal Government. That change at least in my opinion has been a downward step for the welfare of older people when we look at what is paid in SSI to an old age person, it simply pushes it out of perspective and in a service program you need local involve-

¹ See page 93 for the prepared statement of Mr. Reece.

ment and you need to have that local involvement. You need to have county, you need to have financial responsibility. At that time we did have, so with that financial responsibility, the local community worked as a unit and the assistance that these programs really had been suited for older persons.

Now, I see that I've only got 5 minutes here, so I'll go on. The multipurpose center financed by the local communities through the mill levy seems to be the instrument best suited to utilize funds provided through the Older Americans Act. It appears likely that these centers will increase in the southwest part of the State as communities and the local appointed boards in charge of the levy funds begin to see the possibilities through their being used as nutritional sites and the local delivery system should become more integrated and local nutritional expertise better utilized.

At present, although other agencies with qualified nutritionists on their staffs have made their expertise available, it has been little used. The development of a single State agency concept and subsequent area agencies has given much impetus toward needed nutritional programs for the elderly, but special attention should be directed toward some adaptations in rural areas. The small rural community may have relatively good resources toward developing a multipurpose senior site well suited in delivery of nutritional programs.

Pass on funds should be made available to approved local senior centers.

A small village may have one cafe which is a social center of sorts. For the low income elderly, use of food stamps for meals might best suit the individual.

Health professionals should make more use of referrals to congregate meals just as they now do to the local Meals on Wheels. Locally provided Meals on Wheels, doctors, the nurses from the home health services, they provide for the referrals, but we don't have very many referrals for the congregate meals.

Input is needed from the professionally trained nutritionists, especially from the dietary and health organizations in the local community should be used as available, and I know in Garden City, because we know that, but it's been largely ignored. Congregate meal sites should have an educational component. Actually many congregate meal sites provide only one to five meals a week, but by utilizing group process methods, there will be incentive to improve and make more attractive meals eaten at home.

At a top level, on down, there should be less attention to the numbers game which seems to affect all bureaucracies, and more of a sense of identity of those persons involved in the implementation of the helping persons and the sponsoring groups are basically—basically groups of localities where we are organized. The agencies feel they have a sense to be able to control it, and these are paid people in the service delivery systems.

Thank you.

Senator DOLE. Thank you, Mr. Reece. And now, I guess I sort of passed all that back down to Mrs. Barley, and I'll ask a few questions. I think it's been expressed by both Mrs. Barley and Mrs. Bishop that one problem in rural areas was transportation. Do you find that to be

a major problem with reference to your efforts in Winfield—transportation, getting people to the site?

Mrs. BARLEY. No, we have the senior citizens shuttle bus which operates very successfully and cooperates very well with the nutrition site.

Senator DOLE. And then you mentioned a possible indication of weakness in the program, is the fact that there is only one meal served per day for meals on wheels?

Mrs. BARLEY. Senator, may I correct that? That's not meals on wheels. I was not referring to meals on wheels program, although I think your comment is correct, but I was referring to the distribution and the meals delivered from a congregate meal site to homebound. It's two separate programs. In either case, one meal might not be enough.

Senator DOLE. Well, could you expand? What do you have—do you have one meal in either case?

Mrs. BISHOP. Yes.

Senator DOLE. And none on weekends?

Mrs. BISHOP. And none on weekends.

Senator DOLE. Do you have any suggestions on how we can expand that program without getting into some of the other troubles that Mr. Whitson pointed up as far as your bureaucracy and regulations? It seems to me that it is certainly a good program, but one meal a day, 5 days a week, may not be adequate.

Mrs. BISHOP. The only thing I could suggest, and this would certainly be a very broad suggestion, we need to concentrate on what is the most essential programs and it's possible that money is being spent in other areas for something that is good that could be spent on more food to people, which is better. And don't ask me to pick out the programs to eliminate, because I'm not knowledgeable, but I feel that anything that involves this much expense, that it does need to be looked at very carefully as to where it does the most good.

Senator DOLE. I think someone indicated that there were 135 Federal agencies, somehow involved in different programs for older Americans, and it almost sinks by the weight of all that bureaucracy. Any program would have a very difficult time surviving that many Federal agencies, and I have some questions as to whether you thought there was enough support from the Federal and State, too many agencies involved, too many regulations, too many wasted salaries? I'm not certain how you get down to picking out where the waste is. It's difficult.

Mrs. BISHOP. Do you have any suggestions for us, you who have to write the legislation?

Senator DOLE. I think I made the statement that each agency should have to justify its reason for existence and maybe at the time it was instituted, there was a flood of things that it could do. What exists in the law that they are now no longer using?

Sunset law, that might take care of Congress. I think you made a good suggestion. I think what we are looking at is who derives the greatest economic benefit, the necessity and the social need, but, at times, I guess it has to go back to Congress. Many of these agencies do not create themselves. They are created by an act of Congress—sometimes with rather fuzzy authority. Unless they are clari-

fied, it's really not fair to criticize an agency. Sometimes later on down the line they don't know what the intent of Congress is. I think the intent sometimes is good but often it gets lost in some of the verbiage, as Mr. Whitson pointed up. I think Mr. Whitson, if I could make an observation, if we just put this in plain language, English language, and maybe reduce it by a thousand-fold, that we would have a better program?

Mr. WHITSON. It would help us peons on the local level to understand what our responsibilities are, what we can do to help the programs rather than to swamp us little people with a lot of legal terminology that's completely useless and senseless, and I think what you are saying is true, that we just need more action and fewer words, and we could probably get the job done better.

Senator DOLE. You also indicated that, and I agree. I think your last statement was certainly the Government can do everything for one, but I assume regarding the nutritional needs for the elderly that we ought to do the most for those who are in real need. I think we have an obligation and one that we probably haven't fulfilled in the best way, because we can't do everything.

Mr. WHITSON. Probably too much attention has been given to lumping all of us senior citizens into one group, and saying we have an x number of senior citizens and this is what we all must do. We must break these down in segments in order to do the best way we know how. I'm not bragging or anything of the kind, but there are senior citizens like myself who don't want everything that is offered. At 80 years of age, some of us are holding a full-time job. I understand that some senior citizens do not need this program and we all do not care to be lumped into one group. Some that have disabilities could be separated and the assistance given in proportion to the needs and requirements, and we could do a little better job.

Senator DOLE. I think that is a good point, and it is a problem. How do you separate any program? It's difficult to do this, and the more separation sometimes, the more bureaucracy you have. But I think you are correct, and there is a tendency in this country to lump everyone together, whether you are in politics or whatever. I appreciate the sense of your statement, and I do believe that there has been a great deal of interest in the Congress in doing whatever is necessary and, sometimes in our zeal to be helpful, we may not really help anyone and maybe we just create one layer of bureaucracy after another. These are the things we have to consider. Now, Mrs. Bishop, you have sort of a model program in Sumner County. How many sites do you have?

Mrs. BISHOP. At present, eight.

Senator DOLE. And another one planned for 1981?

Mrs. BISHOP. Yes.

Senator DOLE. You have mentioned the same thing; redtape and the wasted time and the sort of interagency jealousy. Do you have any specific recommendations about how to go about trying to change things? Did you have any specific ideas?

Mrs. BISHOP. Well, I think it would be a fine idea, and I don't know whether it's possible, if the directors of the various agencies were people who had some experience in this type of work before they are put in as head of an agency. It certainly is a complicated program and it takes a lot of study and a lot of time.

Senator DOLE. Now, you have—you have indicated also you have some assistance from Sumner County.

Mrs. BISHOP. We have a mill levy from county to each sight, where the food is completed, the funds are by mill levy. One gets 60 percent of the mill levy and one gets funded by Government agencies and also by senior contributions.

Senator DOLE. Is that same situation in Cowley County, do you have a mill levy?

Mr. WHITSON. Yes, sir; we have a mill levy.

Senator DOLE. What percentage of the total cost, I wonder, does the county pick up that way?

Mrs. BISHOP. I don't know, but it would not be too great. It certainly has helped because two of these probably could not have happened had we not had mill levy money.

Senator DOLE. And we'll be glad to check on your transportation. It appears that there is a problem in your area.

Mrs. BISHOP. Yes; that is a problem in our area and it probably is true in the other sites. We have to—in the counties, the people that do not drive are brought to the site and then you have bad weather and they are not able to drive and when the weather is bad, there are people that need to be taken to Wellington, to Wichita, to the doctors. There comes a time when those older volunteers are not going to be able to do that and then on top of that, several people can be taken in one vehicle, which will cut down on the use of that vehicle.

Senator DOLE. Do you find in your counties that some people are sort of isolated—they may be way out several miles from a site? Are you thoroughly certain that everyone is being contacted now?

Mrs. BISHOP. In around Belle Plaine, yes. Some of the other towns I do not know, but around Belle Plaine, I think so.

Senator DOLE. It was our experience in other hearings that those who lived in the cities have all the benefit of various outreach programs. If they are overlooked, it's certainly not intended, but you get out into the rural areas, and it's almost impossible to reach everyone. They are somehow forgotten.

Mr. REECE. A great many of these older people, when they are no longer able to maintain an active life, they do move to town, you know.

Senator DOLE. That's what happened in Russell. Now, Mr. Reece, do you have any solid recommendations for the legislature if you were going to be called before them?

Mr. REECE. I would like, if possible, to have at least on a demonstration basis Federal funds passed right through to approved senior citizens. In Finney County, we have a mill levy that provides approximately \$200,000 and with that size program, they should hire a professionally trained person, you know, experienced in group work process, and really dedicated with a good salary, they can get that kind of a person and then with that kind of a person, to use whatever kind of funds are available through Federal funds, then I think it would be much better used. I sure think that, you know, in the general field here, we have Congress that sees the Meals on Wheels and it's very visible program, but still a lot of people in the field, they don't know what it is. It's all out there. There has to be some kind of adaptations. It's difficult to set it up as in the rural areas to any kind of a program.

Senator DOLE. Is there a site in Holcomb, out in Finney County?

Mr. REECE. We bring people in from there. The mill levy furnishes us very little money for transportation for the local options. The Meals on Wheels, we pay what the persons can't pay to pay for those things. We have the cooks and the clerical help and people call in and the scheduling and things like that, but the things they do do, which is expensive and badly needed, they have in my opinion a good transportation system and I agree with your remarks about the problems about the transportation and money, wherever it would be to do it.

Senator DOLE. Is it the feeling, I have already asked specifically Mrs. Barley, but as far as expansion of the program, can that be done without a great deal of additional cost?

Mr. REECE. Senator, the program now, programs now reach about 1 percent of the elderly in Garden City. We started out about 5 years ago concentrating on those who needed it most, which is mostly elderly, low income minority persons. Now, I don't—as I visit that place and see almost none of the minority groups, there is a group that comes down there, they look to the center to play cards. Anyway, they come down and get a meal. You don't have to cook because you are going to be out anyway. Just a generalization how that 1 percent that it serves, I doubt whether many of them get that much that is necessary. It's a tremendous thing to try to go through the requirements the way they are doing now. I prefer the development of the local center, but with a community, a local community especially older people in the setting up this community, with that involvement I don't see setting it up and trying to do it through directing out the directives and compliance material and all of this. It just gets to where it's unpredictable, I believe.

Senator DOLE. Is there any way to estimate in your respective counties what percentage is being served and what percentage is not being reached in the program of the persons who really would benefit?

Mr. REECE. I would say the persons who need it most, I don't think even half of them are, we have, because I checked it out a few days and a few people I have known there, there are people who are receiving private supplementation of their SSI and they don't go to the meals, the congregate meal. They don't have money to buy it.

Senator DOLE. Would that be the same in Sumner and Cowley County? Do you have an idea? Has there been any survey as to the economic need, and who may not be participating in any of the programs?

Mrs. BISHOP. I don't have the figures.

Mr. REECE. If there is anyway that we could have a list of the low income and homebound that would be a tremendous measure in being able to plan for that. We are in Garden City planning a census of the homebound. I'm sure there is no way we can get the number receiving SSI which that is really low level for income of persons, but because that's all confidential, confidential supposedly to protect the older person, but protects them from receiving benefits, too.

Senator DOLE. Well, I appreciate very much your statements and your additional comments, and as I have said, when you get back home, if you have something that you want inserted in the record, we'll be happy to do that.

Next, we'll call on William Hays.

STATEMENT OF WILLIAM C. HAYS, PH. D., DIRECTOR, UNIVERSITY GERONTOLOGY CENTER, WICHITA STATE UNIVERSITY, WICHITA, KANS.

Mr. HAYS. My written statement is quite extensive, so I'll try to in steps summarize it.¹ I really want to make four points to the committee. First of these is that the need for the nutrition programs is very real and it's continuing. This is based upon research that we have conducted here in Wichita, and the surrounding rural areas and on the statewide needs assessment that was completed and which you will probably hear testimony on this afternoon. Our estimates are that approximately 6.4 percent of the population in Wichita does not have—the older people do not have enough to eat, even in the high income and the label, at least as a pocket of prosperity, I think that's kind of a shocking sort of comment.

My second point is that the problem is very much a multifaceted problem. It's not simply diet alone, but a number of other questions; income, isolation is very poor, the simple fact that married people are much more likely to have better nutrition than widowed persons. In our society eating is a social occasion, and we eat with other people and being isolated and lonely, definitely has a definite effect on nutrition. Educational and ethnic differences are certainly important, probably because they reflect the pattern that people who have low educational levels have not had the high income levels over their lifetime, and upon retirement, have had even lower income over others, the programs such as the congregate meals program and the Meals on Wheels program, are very important programs. I think they are just fine and do a very adequate job in the areas that they serve. I think they are limited in the number of ways, the current evidence from the need survey both for the Wichita area and statewide, indicates that just as many, if not more, high income older persons are using the congregate meals site as are those with the greatest need. I don't know what the solution is to that, whether consideration needs to be given to some kind of money test as complicated as that is, or what exactly.

Senator DOLE. You may be coming to a startling statement in that 44 percent of the residents of Kansas and 58 percent of the residents of Wichita didn't even know about the nutrition programs.

Mr. HAYS. That was in 1976 and 1977, and that's currently the situation and that's really shocking, given the area agencies and many agencies, what they have done and very active jobs, I think this information and the referral and trying to have outreach to older persons, that particular reason why that's the case, I don't know, but if the most visible kind of programs are not known by the older citizens, I think that's a real problem.

The last point is simply that I hope in time of budget cutting and austerity that we won't make the nutrition programs of older people the victim. I think many programs are just getting started in my own area of research and training. Certainly we are starting to establish major programs. I believe Robert Butler testified before your committee 3 years ago, and I hate to see those kinds of programs cut just

¹ See p. 94 for the prepared statement of Mr. Hays.

when the results are starting to be productive, and I know it's difficult for Congress to support programs that are not as visible and have the impact as the congregate program and the Meals on Wheels programs, but I hope—

Senator DOLE. I would comment before we go to the next witness, that I don't know of anyone who wants to balance the budget that way, but I assume that even from the previous panel, if we could eliminate administrative costs, money we spend on writing and rewriting legislation, you wouldn't object to that?

Mr. HAYS. No.

Senator DOLE. It's what finally gets to the person that may have been needed?

Mr. HAYS. One of the comments in terms of the regulations and the complications of the regulations, it's always been ironic that the Administration of Aging would give us substantial funds for training students, but there are no requirements in any of the Older American Acts that the employees have to be trained in the area of aging.

Senator DOLE. Jan Heaton is our next witness. What's the MS stand for?

**STATEMENT OF JAN HEATON, M.S., R.D., KANSAS
DEPARTMENT OF AGING, TOPEKA, KANS.**

Ms. HEATON. Master of Science, Registered Dietitian. I work for the Kansas Department on Aging.¹ I do appreciate the opportunity to speak to you about nutritional needs of the elderly, but before I do, I would like to say something that is a little bit off the area of nutrition, but it's important. I would like to thank you for the positive response that you gave in meeting the health needs of older Kansans during the heat energy crisis. I really appreciate that.

Senator DOLE. I might say in working up all the different programs to help senior citizens with their fuel costs, the question was raised about what happens in areas where it gets extremely hot, and there was almost laughter in the committee. Nobody ever died of heat. That argument was laid to rest this year, because of the number of tragic deaths and that is why I suppose it was so easy to pass that particular legislation.

Ms. HEATON. Most of what I have to say is in my written testimony, so I will go right on to my recommendations.

First is the food stamp program. The continued support of current procedures, which do not require purchase of food stamps is necessary to insure maximum participation by older adults. Continued coordinated outreach efforts are necessary as the statewide needs assessment indicates that 34 percent of those over age 60 in Kansas do not know whether or not they are eligible for food stamps. The impact of inflationary increases in social security payments on an older person's eligibility for food stamps should be recognized. Often the inflationary increases in social security are just enough to put an elderly person over the income eligibility guidelines for food stamps. A small increase in social security benefits results in an older person's loss of food stamp benefits. Consideration should be given to a transition period of 30 to 60 days so affected older persons have an opportunity

¹ See p. 98 for the prepared statement of Ms. Heaton.

to get ahead before losing food stamp benefits. Congress should continue to watch very carefully the model projects involving food stamp cash-outs for SSI recipients. We must all look at the impact of this project as perceived by the elderly.

In reference to the national nutrition program for the elderly, section 307 of the Older Americans Act specifies that project income generated may be used only to "increase the number of meals served." Specific consideration should be given to the fact that at some point increasing the number of meals served may not be the issue, rather enhancing the program by improving quality or providing modified diets may be more important. In addition, Congress must recognize that a decrease in III-B funds affects the nutrition program. III-C funds provide the meal services, but as of September 30, 1980, may no longer provide transportation to get the participants to the meals.

It is a grave mistake to look at the nutrition program in isolation from the other support programs such as transportation. We must look at the nutrition program as a total package designed to enable older persons to continue to live in their communities and in their own homes for as long as they can and care to. In addition, continued emphasis should be placed on development of methods and techniques that not only improve the participants' diet, but enhance their self-esteem and self-reliance. Further evaluations of nutrition program efforts, including nutrition education, should be conducted to determine the long-term benefits of the program on the health of participants.

I would also like to address individual nutrition needs. While the needs for optimal nutrition in the healthy aged individual differ little from those of younger persons, it is important to consider that the aged constitute a much less homogeneous group than do younger persons. Each person differs from another as a result of both genetics and the stresses of life. Each individual also has specific personal attitudes toward food and varying physical and mental conditions. For these reasons, even more than with younger persons, dietary needs of the elderly must be individualized. Individual dietary counseling should be a part of all health care programs. Specific consideration should be given to informational emphasis on and provision of modified diets in nutrition programs. The feasibility of including an individual's needs for a specialized diet in their allocation of food stamps could be investigated. Provision of modified diets should be stressed in both the congregate and home delivered programs authorized by the Older Americans Act.

Twenty-nine percent of the respondents in the Kansas needs assessment stated that their physician had recommended they adhere to a special diet. Assessment of individual nutritional status should be included in individual health care both in the home and in the community setting. Improved nutrition may not cure conditions suffered by older individuals, but it will help to prevent a worsening of those conditions.

As far as nutrition and health education is concerned, I feel that information and education should be provided on a consistent basis to older adults. Focus should be placed on the multiple interactions between physiology, age, lifestyle, health, disease, and nutrition. Educational efforts need to address nutrient-drug interactions and the

effects of stress and illness on nutrition status. Continued effort should be made to apprise older persons of health care benefits and services available to them. Nutrition and health education activities can be successful in gaining participation from older people, and in bringing about improvement in knowledge of nutrition and health, if competent personnel with adequate technical training provide responsible leadership. Medical and nursing schools should be encouraged to include courses in geriatrics and nutrition in their curriculum. Kansas Senate Resolution 1622 encourages schools of nursing to offer courses in geriatrics and gerontology, so we are making some progress in that.

In summary, the increasing numbers of older adults coupled with inflationary pressures requires increasing funding from Federal, State, and local sources, as well as more emphasis on cost-effective programs. Continued support of adequate nutrition, health, and supportive services will allow many elderly Kansans to maintain a relatively independent lifestyle and vastly improve the quality of their lives.

Senator DOLE. If you can wait a while, I may ask some questions. Next, please.

STATEMENT OF DR. A. J. WRAY, WICHITA, KANS.

Dr. WRAY. Thank you, Senator I would like to apologize for the doctors. I don't think we have been very concerned with the nutritional concerns of the elderly. I mean, we usually come up after a crisis that has arisen and try to correct it rather than try to get into the preventive aspect of it.

The eating habits of the older people vary a great deal and often the diet is nutritionally deficient for their particular condition. The nutritional requirements for the elderly are adequate fruits, vegetables, and meats, just as for other adults, but these foods are often difficult for the older people to acquire.

Many of the elderly people have physical and other medical conditions such as diabetes, congestive heart failure, and various allergies and drug interactions that require very close control in order to maintain the best health possible.

Many of the elderly have poor dentition which makes eating a balanced diet very difficult.

Many necessary food products such as certain meats have become so very expensive that frequently older people will neglect purchasing these foodstuffs for their diets and buy more simple foods that are less nutritive.

The emotional and social changes that older people encounter often make it difficult for them to get adequate foods. Many elderly widows have prepared hearty meals for their families most of their lives and then find themselves living alone. They have no desire to spend a lot of time in the kitchen preparing adequate meals that are just for themselves, and so they will eat convenience foods that require very little preparation. They do not want to heat up the kitchen, or house, or make a big chore out of their meals.

The elderly seldom have sufficiently high protein diets, nor do they get enough bulk in their foods.

Older people with diabetes often have so many diet restrictions it becomes particularly hard for them to get an adequate balanced diet.

Many elderly have cardiac troubles that require a diet low in salt, which is hard for them to understand and follow.

Obesity is also a form of malnutrition and restriction of high caloric foods is important and supervision is often necessary.

The financial position of many older people is often very poor, and since they often cannot get out and shop for the best food bargains, they buy from local neighborhood stores that will deliver, but who charge more for the items and therefore diminish the amount and quality of the foods they get.

Certainly the Meals on Wheels programs and the community feeding programs in various locations have contributed to better eating habits for many of the elderly. It seems that the older people in large cities have a better chance of having adequate Meals on Wheels programs that will give them well-balanced nutritional diets than if they lived in smaller towns where these programs have not yet been instituted. Of course, the rural elderly usually have no chance to benefit from these programs at all.

The food stamp programs also have helped the older people get food that they otherwise often would neglect to buy on their frequently low incomes.

I think that many older people are unaware of these nutrition programs. It seems the programs should be advertised to let them know that they are entitled to adequate diets. Perhaps enclosing fliers with the social security checks frequently would be effective.

It would also help if the stigma associated with food stamps for the welfare people, as opposed to food stamps for the elderly with only social security income could be changed.

I think our Government has made good strides in the past few years to improve the nutrition of the elderly, and I think we can improve further by continued investigation and implementation of these various programs. The programs are very necessary and beneficial. Most of these people have worked very hard most of their lives. They helped countless others in their productive years. We owe them much and they deserve the best we can give them.

Certainly each individual's problem is different, and there is no one answer that will solve the whole situation, but if we keep working in these directions I think that we will have a healthier and happier geriatrics population.

Thank you.

Senator DOLE. Thank you, Dr. Wray, and I'm reminded by the staff in having attended some of the hearings in nutrition education, that attention to the nutritional needs of the elderly as part of the curriculum in medical school is not required. I'm not certain about the University of Kansas, but we had hearings on education in medical schools in Omaha, and they had increased the attendance. It would be changed in medical education because it's been shown in testimony that diet is related to disease. A large percentage of deaths in the United States can be attributed to diet. Do you know of any change in the universities in that regard?

Dr. WRAY. Yes. In the family practice area, they have a section on gerontology now and it's being developed in many other medical schools. It's very recent.

Senator DOLE. I know that even in child nutrition education, we finally have a program that gives 50 cents per child for nutrition education. I don't know what it costs for driver's training, but it's only 50 cents per child for nutrition, and a total of \$27.5 million nationwide. It seems to me that we could save billions of dollars if that child learns proper nutrition during the early years.

Dr. WRAY. I think that's true.

Senator DOLE. So instead of trying to attack the problem at the point where everybody has the problem and we're headed in the direction of universal medical care, we are starting to look at the end.

Dr. WRAY. In the early ages.

Senator DOLE. You indicated you had a good suggestion also: maybe mailing out a notice in either the SSI checks or social security checks, which seems so simple. I don't know why the Government has not thought of it. That's probably why. It's so simple. In the 1977 act, it was stated that posters should be placed in social security offices, but not everybody visits the social security office, and some, I'm sure, are not concerned about reading the wall posters, so I'll check to see if that violates any law. I can't think of any. Do you as a matter of practice, and do other physicians that you know of around Kansas, refer elderly patients with nutritional needs to some of the programs?

Dr. WRAY. Yes, very frequently, and also the nutritionists will refer those people to the physician if they do need that kind of help, and I think that's a real asset too, because many of these people that think they have illness would like somebody to come and feed them, really don't need the service. It would be better for them if they did get out.

Senator DOLE. I think Jan mentioned some percentage of the number of people that don't even know the programs exist, and a number of people who never go to a physician. I think there has to be a recognition on the part of all of us who have responsibilities that there are lots of people that won't participate for a lot of reasons. Every case is different, as you indicated. Do any of you have any specific recommendations as far as outreach or more focus on any level or how more people can be aware of the programs?

Mr. HAYS. I think one of the things that might be tried, and I know that both Kansas University and Kansas State as well as Wichita State are developing it.

The State, particularly in front of the Home Extension network, I think might have a real opportunity to develop outreach activities, both for educating older persons about nutrition and for getting education to them about the existing nutrition programs.

Senator DOLE. Mrs. Heaton indicated that 29 percent of those surveyed or recommended by physicians needed special diets. Again, there is potential for a vast program and I wonder how we administer special diets. I mean, on airplanes, you let them know in advance. You get on planes, you get your special meal. I don't know. The Government could probably never cope with that. The plane would never take off.

Mr. HAYS. Well, I feel that we could do something to meet individual needs.

Senator DOLE. Seems like we are going to have to.

Ms. HEATON. We already take reservations for meals in the congregate and the home delivered meals programs and as he mentioned, there are specific diets that would probably be needed more than others, such as a low sodium diet. In Kansas, we need diets that would be specific for our specific population.

Senator DOLE. Has there been any indication of the correlation between diet and drug intake by the elderly? We should be getting back to the basics of illness.

Dr. WRAY. I suppose you are referring to elderly people that have to take a dozen or so pills. If they still have the desire to eat adequate foods, and I don't know of any studies that have been done with reference to that, but it certainly seems to be often true. That's right.

Ms. HEATON. As I pointed out in my testimony, education about nutrient-drug reactions and interactions can help. You can know when to take a certain drug in relation to the time you eat, which may help to increase what you eat.

Dr. WRAY. Senator, on the forms that we get from Meals on Wheels asking if this individual would benefit from the program, we are asked if there is any special diets. We can note on there if they have to have low salt or low fat or what the situation requires.

Senator DOLE. Do the three of you believe that we are making progress as far as more people knowing about existing programs? You have heard the previous witnesses say some are in the program who needn't be in the program, and, on the other hand, some are not on that should be.

Mrs. BARLEY. I think one thing that is at least, I see it on the local level as a major shift, is a move of information from a passive kind of service, the service was available if you called in to a much more outright, outreach kind of system, probably part of that, it's probably visible because we publish a newspaper that goes to every household that has—that is clearly eligible. That kind of mechanism, and I think statewide there is more of that kind of direction, and so there is going to be more information out, I believe.

Senator DOLE. Well, we publish a nutrition newsletter, but I'm afraid it probably goes to professionals. I'm not certain. It contains that much valuable information.

Mrs. BARLEY. We'll have to put an announcement in our newspaper that it's available.

Senator DOLE. Does anybody else have something to add that might be helpful to our evidence? I appreciate very much your testimony and thank you very much.

We next have a group of program administrators, Mr. Schneider, Mrs. Hart, and Mrs. Hayden. Mr. Schneider is the administrator of the food program section for the State Department of Social and Rehabilitation Services in Topeka; Mrs. Hart is the director of the Central Plains Area Agency on Aging in Wichita; and Mrs. Hayden is a program specialist for the Kansas Child Nutrition Project, aging division, in Hutchinson.

I'll again say that your entire statement will be made a part of the record. If you care to summarize or comment on what someone else may have said you may do so.

STATEMENT OF JOHN SCHNEIDER, ADMINISTRATOR, FOOD PROGRAMS SECTION, KANSAS STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES, TOPEKA, KANS.

Mr. SCHNEIDER. I am John Schneider, the administrator of the food stamp program for the State of Kansas. I wish to present to this committee facts concerning the impact of the food stamp program on the nutrition needs of low income Kansans and in particular, those 60 years of age and older.

Program participation in the State of Kansas will reach 100,000 persons within the next several months. These 100,000 individuals represent nearly 40,000 households. This yields an average family of 2½ persons. Our studies indicate that the average food stamp participant (man, woman or child) has a monthly gross income of \$110 and receives \$35 in food stamp benefits each month. These food stamp benefits, when coupled with the other earnings, represent one-fourth of all personal income.

These figures are all averages. What is most dramatic about the food stamp roles in Kansas is not the average person, but rather, the most common family living situation. By far, the most common household participating in the food stamp program is not a family at all. It is the one-person household. Forty percent of all food stamp households consist of a single individual. The second most prevalent household size is two persons, 22 percent. It is safe to assume that most of these 20,000 plus one- and two-member households are made up of elderly individuals.

How does the most common household compare to the average household? The bulk of the elderly households receive their non-food-stamp income in the form of social security or supplemental security income benefits. For persons living alone, these benefits are two or three times the \$110 income of our average participant. For two-person households, these funds provide twice the cash income of our average participant. In addition to these facts, it should be noted that the standard deduction, presently \$75 per household, provides a greater per capita deduction for individuals in these small households. Medical costs, if paid by the participant, are also deducted from households containing elderly or disabled individuals. If these smaller households have these advantages, why do we receive so many calls and letters from elderly persons seeking further help with their food bills? What makes their plight different than our average participant who receives less cash income?

The answer can be found by analyzing the deficiencies within the thrifty food plan. This plan is used by the USDA in determining what a household with a given number of members must spend to attain a minimum nutritional diet. Its base is a household of four persons; a man, a woman, and two growing children. Once the cost of their minimum dietary needs is established, it is scaled up or down to fit all household sizes. The current figure for a family of four is \$209. Based on this, a one-member household's minimum food cost was set at \$63. Assuming that the mythical four-person household's food costs are accurate, I do not feel that the one-person household figure accurately compensates for the single person's lack of economy of scale food purchasing power. Although the trend in marketing is toward

the single individual, the price is very high. It does not compensate for the lack of mobility which prohibits many of the elderly from taking advantage of sale prices in a number of stores. The older individual must, instead, shop near his or her home. Finally, the \$63 figure does not take into account the special dietary requirements of many elderly persons suffering from a variety of illnesses. This is, by far, the most common problem mentioned by elderly participants. I feel that these and other considerations well known to gerontologists and nutritionists should be considered in developing this thrifty food plan.

I am not proposing new special deductions for the elderly. The special deductions that already exist have been largely ineffective and as is the case with any itemized deduction, has resulted in more work for a relatively inelastic supply of staff and thus, has reduced the caliber of services to all participants. I would suggest instead that these special problems of the elderly be reflected in the thrifty food plan and furthermore, would suggest that the current itemized medical deductions for the elderly be incorporated as a special standard deduction. These actions would meet the needs of the elderly and at the same time, accelerate the eligibility process. I recognize that the cost of the food stamp program is about to reach the \$10 billion level, and that such proposals would increase this cost significantly. In order to avoid the cost of such proposals, I propose that a number of factors affecting large households' nutritional needs be reviewed. The thrifty food plan does not take into account the many meals that persons in larger households receive away from home, often free or at reduced prices. Examples of this include school lunch, school breakfast, and meals provided by day care centers and homes through the USDA's own school programs and child care food programs. I do not agree with Senator Helms who believes the value of such services should be counted as income to the household. Instead, these in-kind benefits can be worked into the thrifty food plan and would, through reducing food stamp benefits, offset the cost of recognizing the special problems of the elderly. All of this can be accomplished without further complicating the eligibility process.

I recognize that these proposals tend to categorize certain groups of participants when actually each household has its own unique set of circumstances. This categorization is, however, a must when just a few hundred eligibility workers must serve the needs of 100,000 people. Far too many special deductions, exemptions and prohibitions are aimed at helping or discouraging small groups of individuals. While some of these actions have been effective, all have caused loss of responsiveness to the needs of the majority.

My final comment to this subcommittee regards the outreach provision of the food stamp program. We are required to promote participation among potentially eligible persons. This is an extremely difficult thing for State staff to do. Because eligibility workers and supervisors are hard pressed to provide the responsiveness that current participants deserve, it is difficult for them to promote further participation. It is also difficult for these workers to understand the existence of the outreach requirements in light of the constant threat of benefit reductions or cutoffs due to program over spending. I strongly suggest that funds presently devoted to outreach be diverted to the various nutrition education programs administered by the USDA.

This education directed toward low-income households would be of great benefit to current food stamp participants and would, I believe, be a far better promotional tool for the food stamp program than any current methods.

Senator DOLE. I think this might be a good point to make when we were talking about 37 cents per meal average food stamp benefits. There is some feeling that the food stamp program has a lot of undeserving people in it, and I'm certain there may be some who fall in that category. Because of this reputation, I don't know of any program that has more congressional problems, and it's going to have to be reauthorized, so there is going to have to be more scrutiny. But I hope we don't lose sight of the need for the food stamp program. To me, it is major legislation when it costs \$10 billion, but a lot of that increase of cost is because of inflation. Poor people suffer from inflation, too, and it seems to me that it's a very easy target in the Congress. As you already know, everybody gets up and attacks the food stamp program. I'm not certain of the facts, but I can understand some of the frustrations. I think to get it right, we are talking about a benefit of 37 cents per average?

Mr. SCHNEIDER. About \$35 a month on the average. The elderly I have been discussing do not get anywhere near that amount per month. The bulk of the ones on social security being that their only other source of cash income, there is nearly 3,000 of them only getting the \$10 minimum level, and if they get even more relying on SSI income, which is between \$250 level, at least prior to the increase recently, they probably were averaging \$20 per person benefits.

Senator DOLE. Mrs. Hart?

**STATEMENT OF IRENE HART, DIRECTOR, CENTRAL PLAINS
AREA AGENCY ON AGING, WICHITA, KANS.**

Mrs. HART. I have to collect my thoughts. I had an important item on the Wichita city commission agenda and it was considered before I got there, so here I am again. We have a new sponsor. We'll be located at the Sedgwick County Courthouse next year.

I am Irene Hart, director of the Central Plains Area Agency on Aging.¹ You have heard today from the experts who have described local surveys and needs assessment results, and who have identified from firsthand experience the nutritional needs of older persons. Since my area of expertise is planning and service system development, particularly as it relates to area agencies on aging and the Older Americans Act, I will limit my remarks to that area. My opinions are not necessarily those of the National Association of Area Agencies on Aging, but do reflect to a great extent the position of the Central Plains Areawide Advisory Council.

I hold the position of director of the Central Plains Area Agency on Aging. We have the responsibility for three counties: Harvey, Sedgwick, and Butler, in south-central Kansas for the total older population of over 60,000 persons. The majority of our constituency resides with the city of Wichita, Kans.; however our jurisdiction extends to include rural areas of the Flint Hills and Mennonite com-

¹ See p. 101 for additional material furnished by Mrs. Hart.

munities in the heartland of Kansas. The nature of the concerns of Central Plains older residents varies widely, as does the need for our responsiveness to those concerns.

If a characterization can be made of our older constituents, it would be one of self-reliance, optimism, a strong sense of community, and of the continuity of life.

Three years ago the Central Plains Area Agency on Aging developed a nutrition plan for our three-county area. I would like to quote briefly from that document since it very appropriately states that the basic premises for our involvement in nutrition:

Food influences not only survival but is essential for growth, health, and vigor. Today, food remains a basic need which satisfies not only an individual's physiological needs, but also complex social and psychological needs as well.

Food is essential for life and the nutritive value of food is a positive factor in determining health and the quality of life from the time of conception until death.

A nutritionally adequate food supply is a contributing factor to the maintenance of health and to the delay in the onset of some degenerative changes associated with the physiology of the aging processes.

The provision of adequate nutrition in early years can contribute to a more productive and enjoyable life in later years.

A broad, positive approach to meeting the food and nutrition needs of the entire population of all ages should be developed and implemented nationwide.

And in this respect, I would like to support Mr. Whitson's statement regarding the diversity of the elderly population.

Our responsibility then as area agencies on aging is to develop a range of responses to the diverse nutritional needs of an heterogeneous older population. These responses can be roughly described as being either preventive or supportive.

Preventive nutrition services are those which lead to maintenance of health and enhance the quality of life of independent senior adults. In some instances, the actual provision of a meal or assistance in obtaining food stamps or groceries are the best preventive services. In other instances, the facilitation of self-help groups and provision of education to obtain the most effective use of limited financial resources may be the most appropriate preventive service. In still other instances, the social contact, the pleasure of sharing meals with others, and the development of new interpersonal relationships are in themselves the best method of prevention.

Supportive services are those which maintain the level of auxiliary support for persons who become functionally disabled and are unable to maintain themselves in their own home without some personal assistance. Supportive nutrition services may include providing a prepared meal, home delivery of groceries, and nutrition education regarding the preparation of special-diet or single-serving meals.

Area agencies on aging, because of their system development responsibilities, must have the flexibility to respond to these diverse nutritional needs. Gains made during the last 15 years in improving the nutritional status of older Americans may be erased by the effects of inflation on fixed incomes. Increasing health care, transportation, housing and energy costs reduce the amount of dollars available for food, even in middle-income families. If congressional goals regarding nutrition are to be reached, the current system of nutrition service delivery must be modified. I would like to direct specific comments to the Older American Acts of 1965, as amended.

Both title I and title III of the Older Americans Act outlines general goals and specific objectives for improving the quality of lives of older Americans. The act describes the development of a comprehensive and coordinated service system designed to progress toward reaching those goals, yet the specifics of the act predetermine the response toward meeting nutritional needs of the elderly.

Exclusive reliance on the congregate and home-delivered meals programs has narrowed the options available for meeting older persons' nutritional needs. It is well known that the congregate meals program provides an excellent preventive service and the home-delivered program provides a vital supportive service, but these two programs should not constitute sole response of the Older Americans Act to nutritional needs of the elderly. These two programs are expensive and resources will be hard put to keep up with inflation and the increasing numbers of older persons. A variety of options need to be available both to the individual and to the area agency on aging. Some of these other nutrition services might include food cooperatives, mobile groceries, garden communities, community canning kitchens, senior citizens specials in local restaurants, senior participation in school lunch cafeterias, and companions to share meals in the individual's own home.

Title III-C of the Older Americans Act should be broadened to apply to a variety of nutrition services. The current authorization is already in the law, section 331, but the Administration on Aging interprets title III-C funding to be restricted to meals, outreach, and nutrition education exclusively. Recently, we asked for permission to fund a mobile grocery under the previously mentioned section of title III-C. We were told that that service was ineligible under nutrition services, but was an eligible project for funding under title III-B, social services. To me, that is an incredible distinction of service definition. Enlarging the scope, particularly of preventive nutrition services benefits those who do not now participate in the congregate meal program; those who perceive the program to be welfare or charity, and the elderly who are not comfortable in a social group atmosphere.

If the area agencies on aging are to have the flexibility needed to develop the comprehensive and coordinated service system, then we must have the latitude to pursue a variety of responses to older persons' nutritional needs. One or two patent answers provide an inadequate response to nutritional needs of the heterogenous over 60 population.

Area agencies on aging are not alone in providing nutrition services to holder Kansans. The food stamp program is well established in Kansas and would be more widely used but for the pride of many older persons and the asset limits for eligibility. Extension home units, sponsored by county extension offices, have been successful in some of the rural areas of the State in providing nutrition education to its members.

Community action programs have made progress in establishing food cooperatives, community gardens, and other self-help programs geared toward low-income persons. However, only 23 out of 105 counties are served by community action programs and residents of the remaining 82 counties are denied access to Community Service Administration-sponsored nutrition services.

Some rural school districts have explored the possibility of combining school lunches with the congregate program, such as allowing older persons to purchase and eat lunch with the schoolchildren. Both schools and the older residents of the community have been receptive to the idea, but we have been forced to encourage that program to develop outside the congregate nutrition network. Because of the rules and regulations, if the school program became officially linked with the congregate nutrition, then the program becomes subject to all kind of technical requirements, which would force an undue hardship on a school generous enough to serve its elderly neighbors. By remaining outside the congregate network, participants may not have easy access to other supportive services such as legal and psychological counseling, and social, recreational, and educational activities provided at many nutrition sites. Also, low-income elderly may not be able to participate since they would be unable to pay the entire cost of a school meal. The concept does have merit, however, and we are exploring it further.

Nutrition services are a vital component of a comprehensive and coordinated service system, particularly in the development of community focal points, satellite centers, and a continuum of care. One of the strengths of the Older Americans Act is its emphasis on a single planning, coordinating, and administrative agency in a given region with the sole responsibility for development of a service system within that region. The act and regulations have specifically clarified the role of older persons, elected officials, and the general public, and other organizations and how they may shape the development of that system. We, as area agencies on aging, appreciate the opportunity to work in a partnership with the Kansas Department on Aging and the Federal Government to bring about changes in the current system and to enhance the quality of life of our present and future older Kansans.

These are, however, technical changes which should be considered in the upcoming reauthorization of the Older Americans Act. These changes would eliminate some major technical problems which are reducing our capacity to bring about significant change in the current service system to make it more responsive to our elderly residents. These changes are as follows:

(1) Consolidate title III-C1 and title III-C2 into a single authorization, allocations, and reporting system. We very much appreciate the inclusion of the home-delivered meal funding into the act, as it provides means for a response where there was none before. However, the establishment of dual bookkeeping, fiscal reporting, statistical recordkeeping, participant counts, meal costs, and so forth, has thoroughly confused an already complicated task. We sincerely recommend consolidation within nutrition services, or the elimination of dual recordkeeping requirements.

(2) Remove the restrictions imposed in subcontracting nutrition services. Several special interest groups were protected by a grandfathering clause included in the 1978 amendments. Although the vast majority of nutrition service providers provide excellent, efficient, and effective service, there are some that do not. These inadequate providers are protected from defunding or change in subcontract by provisions in the Older Americans Act. If we are to follow a policy of free and open competition to provide service as specified by the area agency,

then the contracting restrictions included in the law and the regulations must be removed.

(3) Broaden the definition of "nutrition services" to include services other than meals programs with their associated outreach and nutrition education components. If one objective of Congress is to prevent hunger and malnutrition in our older residents, then we must have the latitude to use a variety of tools in the process of reaching that objective.

(4) Increase the availability of community action programs to residents of unserved areas and mandate coordination among area agencies and community action programs. This action would increase resources available to low-income elders and ensure that joint planning occurs to make best use of all resources.

We would like to thank the committee for providing the opportunity to express our concerns and hope that our recommendations receive consideration in the upcoming reauthorization of the Older Americans Act.

Senator DOLE. Thank you. We may have some questions, if you can wait until Alice is finished. She is next.

**STATEMENT OF ALICE HAYDEN, PROGRAM SPECIALIST,
KANSAS CHILD NUTRITION PROJECT, HUTCHINSON, KANS.**

Ms. HAYDEN. My name is Alice Hayden, and for the past 8 months I have been a program specialist for the Kansas Child Nutrition Project working with five Federal food programs in a seven-county area. One of the programs I work with the most and which covers the broadest spectrum of people is the food stamp program. Several of the clients I have worked with have been in the over-60 category. Based on my experiences of the past 8 months, my purpose in giving testimony at this hearing today is primarily twofold: one, to emphasize the need of the elderly for the food stamp program, and two, to present some areas of concern in the present program in which improvement is needed.

According to John Schneider, Kansas food stamp director, an estimated 20,000 elderly people participate in the food stamp program. This number represents about one-fifth of the total food stamp recipients in the State of Kansas. Although I have obviously not worked with all 20,000 elderly food stamp recipients, I have worked with several elderly food stamp clients within my region. Based on this direct experience, I have found that even though this is a supplemental food program, a majority of these clients depend either primarily or totally on food stamps for their food budgets.

For example, an elderly couple I have worked with had an income of approximately \$320 per month, but after shelter costs and medical costs, very little money was left for food. Prior to receiving food stamps, Mrs. T. was not refilling her medication in order to have money for food.

A second example is a gentleman in his eighties who has had cancer and receives costly treatments which are not covered by medicare. He has been paying out one-half of his monthly income for other insurance coverage. Otherwise, his medical costs would exceed his total income. The small amount of food stamps he receives is vital to his food budget.

A third example is a woman in her seventies who has been receiving

\$160 per month. She has been receiving \$30 in food stamps and informed me that that amount would probably take care of her food costs.

When taking into consideration that food stamps supplement only about 40 cents per meal, it is not surprising that such meals as noodles and a jar of baby food meat must often provide nourishment for two people for three meals.

Since so many of the elderly people rely heavily on food stamps for much of their food budget, another concern is the reduction in food stamp allotments due to the 14-percent increase in the social security payments. Because that increase amounted to more than \$25 per month for many elderly food stamp recipients, food stamps were reduced by approximately \$1 out of every \$3 social security was increased. This reduced the overall increase to about 9 percent, which is substantially below the inflation rate.

Even though there are a substantial number of people who need and are using the food stamp program, my experience has shown that there are some areas in which the program could be improved.

One of these areas is in the accessibility of some of the local SRS offices. The SRS office I am citing as an example is centrally located for the majority of the elderly food stamp population it serves. The office hours are 8 hours per day, 5 days a week, which accommodates most of the clients. The problem I am citing here is with transportation. Since this office is located in a predominantly rural area, there are several outlying towns that are between 20 and 30 miles from the SRS office. This is a considerable distance to come if you are elderly on a fixed low income and possibly without any transportation. An example of this situation is a 75-year-old woman who is a client of mine who had to leave her home very early in the morning to travel 30 miles in heavy fog to be at the SRS office before 8:30 a.m. for "group intake" and her interview.

Transportation is not only a problem with the rural towns, but within the city as well. Many elderly people do not have their own transportation and cannot afford cabfare. Although there is some transportation provided for the elderly by the Department of Aging, scheduling becomes a problem if the person needs to be somewhere at a certain time, especially when all appointments are made for 8:30 a.m. with no other options offered such as a later appointment, home or telephone interviews, or the use of an authorized representative to go to the interview if the person has a problem getting to the office for some reason. I am aware that these services supposedly exist, but due to a lack of staff, these services cannot be made readily available. There is only one caseworker for food stamp clients in this particular office.

In connection with the accessibility of the food stamp program in this area, another concern is a lack of an adequate outreach program for the elderly. In speaking with representatives from various agencies, such as the Salvation Army, retired senior volunteer program, the Department of Aging, and area aging information and referral, I have learned that at the present time there is very little outreach being done through the SRS office except for posters and notices. I realize this is due in part, again, to a lack of staff. For the last 6 months I have attempted to perform some of the outreach services to the elderly by visiting various senior citizen groups and meal sites in the area and giving updates on the food stamp program, helping to

determine eligibility when asked, providing assistance with applications, going with elderly clients to their interviews as a representative, and talking with other area agencies. To improve the outreach program, there needs to be better coordination and unity between area agencies in order to provide better services to the community they serve.

The next area that needs to be examined is that of general services to and treatment of elderly clients. From my observations and general observations of other area agencies, the elderly, as a group, receive adequate services and treatment from the SRS staff. However, there are two areas that could be improved. One, there is a lack of adequate explanation, and two, there is apparently no process for screening applicants for expedited issuance of food stamps. In dealing with the elderly as a group, these areas are of special concern because the elderly are often reluctant to take part in the services to begin with, and hence are easily intimidated. These applicants sometimes need a little extra explanation and reassurance when going through the initial application process. Along these same lines, this applies to the treatment of the elderly by the case worker during the interview process. Again, the lack of staff may result in the lack of time for adequate explanation and some curt treatment, which may intimidate the elderly.

In conclusion, the elderly who are recipients of food stamps depend a great deal upon the food stamp program for food supplements. As a whole, there is adequate treatment by the SRS staff and seems to be few problems once the elderly are participating in the food stamp program. The main problems are a lack of awareness of the program and the accessibility of the program due to a lack of transportation and/or the distances which some clients must travel, the present rigid scheduling system, the lack of other options such as home or telephone interviews or the use of an authorized representative. These problems could be solved in part through a more active outreach program in which coordination between SRS and area agencies could result in making some of these services more readily available.

Senator DOLE. Well, I thank you very much for your statements. I would like to introduce you to Senator Boschwitz, who just arrived from New York. Senator Boschwitz, we appreciate your being here. We have been keeping pretty much on time. John Schneider has been basically the key person here, and he indicated in his statements some of the problems in the food stamp program. We are not talking about a program that was designed for wealthy Americans. As I pointed out to the audience earlier, Senator Boschwitz is on the Agriculture Committee. I don't have any questions to ask of this panel. I think their testimony pretty well covers their recommendations and reinforces statements from earlier testimony. Do you have anything else you want to add, John?

Mr. SCHNEIDER. Just possibly on outreach, just for a moment. I feel I need to put a pitch in for local office staff. We have, like I said, 100,000 people, we believe served by a few hundred eligible workers. It's not their fault that people don't participate, but they find it very difficult to want to promote further participation when their cases can be as high as 650 or 700 cases per worker, and in households, they find it difficult to tell those people who do not participate to participate when they

are threatened with the cutoff of funds due to the cramp on the programs. It's extremely difficult to send out outreach literature and then a warning to participating clients that their stamps may be cut off. We did avert that this Federal year, but it's definitely a possibility in the further years.

Senator BOSCHWITZ. May I make a comment?

Senator DOLE. Sure, if there are no other comments, then we'll call up the next panel.

Senator BOSCHWITZ. When you were speaking about the congregate program, were you referring to the inability to obtain outreach and congregate?

Ms. HAYDEN. I was referring to the food stamp program.

Senator BOSCHWITZ. As I understand it, in congregate meals there has been quite a bit of outreach and quite a bit of volunteer help as well.

Ms. HAYDEN. None of these problems could have—

Senator BOSCHWITZ. Not too much in the food stamps?

Ms. HAYDEN. Correct.

Senator BOSCHWITZ. They are not in our Federal dollars. I noted that there is \$51 million of the \$254 million allocation for the congregate meals that is used for staff, outreach, and nonfood type of services such as transportation. I wondered whether or not enough of that was reaching Kansas.

Ms. HART. This upcoming fiscal, this fiscal year, the first year that nutrition did not fund transportation and other supportive services, and nutritive indication in the past, we have been able to fund programs for transportation, nutrition and transportation for going to and from the grocery store and supportive projects, but the effect of the fiscal 1981 that is not available any more, that is to be picked up through the social security funding, which has not received an increase.

Senator BOSCHWITZ. I am particularly interested in the Meals on Wheels program and I notice the allocation for it is quite high, approximately \$3.6 million in 1980. Has that program worked well here?

Ms. HART. Yes, it has. Many of the communities sponsored several years ago and developed their own Meals on Wheels programs. This is the first influx of Federal money to—it's been additional to the recipient and to the programs. It has caused problems once the Federal money comes in and all the restrictions come in, have just been confounded.

Senator BOSCHWITZ. We'll try to change that. I know that from my constituents in Minnesota as well. How many people are participating in your particular program?

Ms. HART. They are serving approximately 475 meals a day and nearly 100 meals a day on weekends.

Senator BOSCHWITZ. You were then concerned approximately with the three counties of the metropolitan area, is that right?

Ms. HART. It's a diverse area. The Wichita metropolitan area is in one county. We have rural Flint Hills in another county, and the Mennonite farming area in a third county.

Senator BOSCHWITZ. And out-State Kansas is very active probably in the out-State programs?

Ms. HART. I don't know what, but rural Kansas is difficult to pull a congregate program together because people have to come together. It's centered in the small towns.

Senator BOSCHWITZ. Well, since you are involved with the food stamp programs, I'm sure you are aware that Bob Dole is really the leader on the Republican side with respect to food stamps. In respect to voting for food stamps, which is a program that requires more controls than it has, Bob is really an outspoken advocate of expanding the food stamp programs and other than Senator McGovern, probably more so than anybody in the Congress. While I have not been there very long, I presume that he was among the leaders who got the legislation off the ground in the House and I presume the same thing in the congregate meals, of which I am a particular supporter. And I notice from the minutes at least, it's a very successful program. Do any of you have any other comments?

Ms. HART. I would like to add one thing. We have heard a lot of problems about the food stamp program, but it's the old issue of commodity, but I think it's worth the problems that it's causing.

Senator BOSCHWITZ. I also find that in Minnesota it operates almost as smoothly as it does here in Kansas. There, it operates a lot better than it does in Chicago, Cleveland, and all points east, where it's quite abused. If you like, I'll go into a long talk about various controls I have suggested. All of which have been beaten back by some of my colleagues, Mr. Dole included.

Ms. HART. I would hope you would consider those are not the same in Cleveland, when you do put on those controls, I hope you remember they will affect us.

Senator BOSCHWITZ. I would like to impose some controls and the only thing that holds me back, frankly, is that the more controls we seem to issue on the national level in an effort to bring efficiency and get a better program for our dollar, the more complicated we seem to make the programs and the more restrictive and the less effective we seem to make them. My philosophy agrees very much with the person from New York, who said just give us the money and let us run it. Thank you very much for coming.

Senator DOLE. Now, we have a representative of a congregate meals program, Mrs. Jean Cowles. Why don't you go ahead, Jean, and we'll let them follow you.

STATEMENT OF JEAN COWLES, EXECUTIVE DIRECTOR, MEALS ON WHEELS, SENIOR SERVICES, INC., WICHITA, KANS.

Mrs. COWLES. I am Jean Cowles, director of Senior Services here in Wichita.¹ We have a Meal on Wheels program and also a roving pantry program. Our Meal on Wheels program serves about 475 meals a day and 70 meals on Saturday. We deliver a meal and it is a supplement with the idea that people will have a hot noon meal and enough to tide them over in the evening, then our meals are delivered by volunteers. The program is supported with the Social Security Department, social workers go out and make sure the people qualify for the meals and meet the income guidelines and they certify that the people really are eligible for Meals on Wheels.

¹ See p. 108 for the prepared statement of Mrs. Cowles.

Our roving pantry program is simply two people, one answers the phone in the morning and takes grocery orders and shops for the groceries in the afternoon and the other person delivers those groceries.

The recipient pays for their own groceries either with cash or food stamps or check, but the delivery of the groceries is free. A lot of our Meals on Wheels program recipients also use roving pantry because they still need transportation.

Senator BOSCHWITZ. Volunteers are involved in that as well?

Mrs. COWLES. No. Before I came I talked to the people in our social services department to see, and asked them what the needs of the recipients and Meals on Wheels were referring to on the roving pantries, or if they knew of any special needs. They named five. Weekend meals is one of them, although we do serve 70 people on weekends, they are people we feel are people most at risk. We wondered about the other people who live alone and have no family, if they are really getting an adequate nutrition over the weekends. Our social workers think that homemaker service and anyone in home services are a need that is probably not being met, that even though the nutrition needs of the recipients are being met, and a lot of them need home health aids and home chore service.

Some of our clients need someone just to visit on a regular basis. A lot of them have absolutely no family, no one to count on and they often need somebody to just call on them regularly. Our volunteers are often the only people they see day after day. The volunteers that deliver the meals in our Meals on Wheels program is funded from several different sources. We receive CDBG funds from the Government's title XX funds, from SRS. We get some money from the area agency. That's just within this past year, and we have county money. Every source of funds that we have has a different kind, different forms to fill out. We have to fill out, send in applications to each source of funding and two of those sources of funding, CDBG and SRS title XX, the clients have to meet an income guideline.

Senator DOLE. The same guideline?

Mrs. COWLES. Not the same, they are different in CDBG and they have to meet different guidelines in order to be funded.

Senator BOSCHWITZ. Pardon me for interrupting as we go along, but what percentage of your funds come from private donations? I understand it is a small amount.

Mrs. COWLES. Yes.

Senator BOSCHWITZ. Could you tell me the amounts involved?

Mrs. COWLES. We receive about a third of our funds from our CDBG, about a third from SRS, and then this past year we received about \$30,000 from the area agency.

Senator BOSCHWITZ. And that represents somewhat less than a third?

Mrs. COWLES. Yes, the total program runs on about \$300,000 a year.

Senator BOSCHWITZ. How much?

Mrs. COWLES. \$300,000, so that last \$300,000 is made up with county funds, contributions and area agency money.

Our roving pantry program has a difficult time serving people who are blind and hard of hearing because they find it difficult to use the phone. If we had enough funds, we would have an outreach working program to go to their homes and help them with their grocery orders.

Senator BOSCHWITZ. Do you find that the hard of hearing often have TTY phones?

Mrs. COWLES. I don't know of any that do so far.

Senator BOSCHWITZ. I don't know of any programs in the Government that do. I put one in my office first thing. I was the first Senator to do so. As a matter of fact, I don't know of any Government program that would help in that particular area.

Mrs. COWLES. I don't know of one either. The last point I wanted to make was simply with all those different fundings, if all the funds came from one source, so that we had to send in one application and report to one funding source each month rather than a number of them.

Senator BOSCHWITZ. Do you have any idea which one of the sources?

Mrs. COWLES. I would hate to say.

Senator BOSCHWITZ. I'm very much in favor of the idea of block grants. The revenue sharing concepts do away with some of the categorical and some of the difficulties that are always a part of categorical grants. Now, Kathryn.

STATEMENT OF KATHRYN HELSEL, DIRECTOR, AGING PROJECTS FOR SOUTH CENTRAL KANSAS, HUTCHINSON, KANS.

Ms. HELSEL. Yes, sir. I am Kathryn Helsel, Senator, and I would like to welcome you to Kansas and I hope in the next few minutes you learn quite a bit about our programing. I'm sorry that Senator Dole isn't able to be with us at this point, and I'm sure you will remember it, but we were testifying here 3 years ago and a very dear friend of ours who preceded me in testimony, and would you let the record show that Ellis Stackfletch, shortly after that hearing 3 years ago was away and suffered a massive heart attack and we have since lost his leadership and felt the Senator would like to know that what I have done, I would like not to come off of the written testimony, but highlight some of it in order that we can speed this along and perhaps get to some meaningful questions.

What I have done is take from 3 years' perspective. When the Senator was here last, asking about how programs were going along, and I would like to approach these areas of concern from three levels; local, State, and national. I believe that I have some expertise in each of these levels, as I am director of a nutrition program, president of the Kansas Association of Nutrition and Aging Service programs, and vice president of the National Association of Nutrition and Aging Services programs. I would like to approach the concerns of how the amendments to the Older Americans Act are working and make some possible suggestions to the amendments for 1981.

Our local concerns since your last visit for hearings on senior issues on August 9, 1977, 3 years ago, at that time API had 16 nutrition sites in operation and serving approximately 700 meals a day. We have only been able to financially support with Federal funds two more nutrition programs, one in Cedar Vale and one in Kingman, and the other two are mill-levy-funded nutrition centers with only USDA going into the program as Federal funds. So, Senator, you can see that growth has more than been curtailed because of lack of adequate funding. Of the four centers opened, two of them have been at the county's own initiative and expense. In reading back through what I said 3 years ago, I can truthfully say that the changes at the

local program level have not been for the better. Instead of approximately 41,000 seniors, we now have approximately 47,000 seniors. Instead of 21.6 percent there is now 24.2 percent within the PSA who are 60 years old and older. Three years ago, we were able to serve 1.5 percent of the senior population. Now, we are only serving 1.1 percent with Federal funds. The Federal money guideline figure to APJ for fiscal year 1977 was \$266,520, for fiscal year 1980, \$334,390, a 24 percent increase which does not come near covering the cost of the 41 percent inflation we have had in the past 3 years.

Yet today, aging projects could open 18 new nutrition centers within the PSA if funds were available. These communities have been on the waiting list for as long as 4 years. As I have said before, it does take time, energy, and effort on a lot of people's part to help with the understanding and acceptance of Federal programs at the local level within a rural community.

The 105 percent which was required by the law for fund distribution to rural areas made absolutely no difference for the rural programs in Kansas, as the State basically had been doing that in the past. For Aging Projects, Inc., the requirement of no supportive services will make no difference. The fiscal year 1980 budget has less than 2 percent in for supportive services.

Currently, 87 percent of our budget goes toward the cost of the meal with just a little over 10 percent going toward administrative costs which includes the board and project council expenses. Had it not been for the efforts of seniors themselves, help from the Area Agency on Aging and others of us who worked for senior programs, the rural seniors living in south-central Kansas would have practically no programming. County mill levies have been passed by the voters in 8 of the 10 counties. This mill levy funding constitutes approximately 50 percent of the money spent for senior programs. However, in counties with sparse population, low per capita income and a high percentage of seniors, county mill levy funding is but a drop in the bucket toward helping meet the needs of the rural senior. It may be a very sad scenario that after 6 years of operation in fiscal year 1982 we may be looking at having to withdraw Federal funds for program support in some communities because we can no longer afford it.

The right to maintain an independent lifestyle faces the rural senior in almost all programs. Transportation projects, once initiated, will take 3 to 5 years before a bus to serve a county over 1,200 square miles and 5,000 persons 60 years of age and older can be on the road. Senior housing, 12 units with funding from HUD and FmHA, for a small town, even if all works correctly, will be 3 to 7 years. Weatherization programs are made almost unworkable because of agency overlap and duplication.

Because so few people with decisionmaking authority have ever grown old 50 miles from nowhere, it is doubtful that the plight of the rural senior will ever get better.

As to the State's role in the nutrition program, the State of Kansas has been a department for approximately 3 years. During that time the department has had six different secretaries. Needless to say, this does not allow for much stability at the State level. The secretary for the past 1½ years, who has just resigned, had during her administration 14 key employees leave. The State has 20 approved positions

for the department. The only things that one can say has remained constant at the State level is a staff member responsible for nutrition programs. The woman who was involved with the development of nutrition programs in Kansas in the beginning is at the department in a fiscal position at this time. However, that does allow for a perspective of nutrition programs as they grew and developed within the State. The second individual who was involved with nutrition programs has since left KDOA. The third individual is currently with the State in program operations and is also a dietitian, which adds insight into the needs of programing for nutrition and elderly. Currently the State nutritionist is a dietitian and has been actively involved in helping train nutrition project staff, establishing criteria for nutrition programs, advocating for elderly nutrition needs and in general, helps the State understand the needs of the senior as it relates to the title III-C(1) and C(2) programs.

Because of the change in the law, the direction of the State Department leadership has been to ignore service providers and expend departmental energies on building the capacities of the area agency on aging directors.

The almost 1½ years which elapsed between the time the amendments were passed and the final regulations implemented, probably hurt the total aging network more than any one single thing. During that time great voids were created. States, area agencies and service providers were allowed to interpret, at whim, what the new 1978 amendments actually meant. What we are seeing now is over 50 interpretations of the amendments and regulations and within many States, the area agencies taking over much of the State's responsibilities. In talking with people from other States, I wonder if the aging network will survive, let alone that a service will be actually delivered to a senior.

The prohibition of direct services provided by an area agency is being enforced by most of the States and appears to be allowing for the development of service providers who are more community focused and able to provide the contracted or grant service as required by the law.

As it relates to the reauthorization suggestions, so that the Older Americans Act itself does not become a welfare program, it must continue to have no means test as a way of receiving services. There is much talk about providing 100 percent federally funded floor services for individuals 75 and older with States and communities providing the services for those 60 to 74.

Senator BOSCHWITZ. May I interrupt you just a moment? Are you also running into the same problem that Jean is of having in reporting on different forms to State, county, and Federal?

Ms. HELSEL. Currently our funds are coming mainly from the title III-C (1) and (2), so it means two reporting forms to the State. As the counties develop, we are going to have accounting problems. We don't have as much Federal and State money, different types of moneys as Jean, so we don't have the kinds of forms of the split in homebound and congregate meals. However, we believe it's worth it, and it does allow those funds to be divided as identified as these mill levies have been. And I think that should help guide Congress as they look at the reauthorization of the Older Americans Act, because even though

there is very little proof that a meal a day is actually going to keep you from being malnourished, the proof does come in the mental health improvement and getting up and getting out and the socialization, so the institutionalized problems are kind of augmented.

Senator BOSCHWITZ. That's one of the things I have seen in Minnesota and one of the reasons I like it so well. It really becomes as much a social event and very health and rejuvenating event in addition to the nutritional value. I think I would say it a little stronger than that.

Ms. HELSEL. We have never been able to do any of the necessary testing when you have a program. It should have been done yesterday, and we have not been given the opportunity to do the testing in their actual physical well-being and attitude toward self. Someday we'll be able to do that, I'm sure. I would like to see the regulations enforced through oversight hearings, both from the Senate and the House, and that more emphasis be placed on the actual consumer of the service being mandated to hold membership on board of directors for area agencies and service providers.

We would concur that the use of USDA cash in lieu of commodities has indeed helped the nutrition programs and should be continued.

Finally, we would like to see Congress, as it relates to the appropriations, continue to be realistic about the amount of money that it takes to run a nutrition program nationwide, and that the timeliness of the appropriations be of high priority so that service is not interrupted by delayed action of the congressional body.

Senator DOLE. Let me tell you, it's not easy to support the food stamp program for those of us who have gone out on a limb for it. I understand some of the problems. We have the same differences on the Federal level, that some may experience on the local level. I don't think that it's ever going to end. This is a very easy target, the easiest target for somebody who wants to get up and shoot it down as a worthless program. We still have a majority in the Senate and in the House who believe in the program, but it's tough. But most folks do believe in older Americans.

Senator BOSCHWITZ. I think it's 380 to 1. In your absence I told them that you were much a more fervent spokesman and influential factor for the food stamp program than I, and that you and Senator McGovern are the two most outspoken persons in the Senate for the program, and that I was interested in putting some controls on it.

Senator DOLE. It's got to be a bipartisan effort. We are going to have to do it again next year, and I know that it was said before you came in here that this was nothing but a publicity stunt.

Ms. HELSEL. Senator, sometimes it is difficult to see the work of the Senate subcommittee.

Senator DOLE. You are not there.

Ms. HELSEL. No; that's right, and you receive these written things coming in to you from different groups, both locally and nationally. You have asked sincerely for our opinions and then we can't see any results from it.

Senator DOLE. I think the big impact it has is that you can't bring everybody to Washington. It's much easier for one or two of us to come to Kansas or Minnesota or whatever than have people come to Washington, plus I think you have a chance to really find out. I think you will find that, in the past, recommendations have been incorporated, but I don't write the law; myself, you understand.

Ms. HELSEL. I understand that.

Senator DOLE. But I think I do a pretty good job at it.

Senator BOSCHWITZ. Let me comment on that, because I have been in the Congress a couple of years. Before that I was a businessman and I share your frustrations at the way things work and how slowly they work. If you go to Washington, let's presume, and you come to a hearing, more likely than not there will only be a couple of Senators there as well as the records, which are voluminous. We have 165 committees and subcommittees in the Senate, and maybe that's a mistake. Because there are only 100 Senators, we belong to many of them so we are spread pretty thin. The pace is remarkable and certainly much more aggressive and busier than I was as a businessman. But I can understand your frustration. One of the reasons I like to go to hearings away from Washington is they are less formal and I learn more.

Senator DOLE. You hear from different people.

Ms. HELSEL. That's very encouraging to hear, and certainly, I believe that our representatives and congressional people should be in the field from time to time. However, when seniors make an effort to contact your offices and do try to tell you what's happening, very seldom that falls on deaf ears.

Senator DOLE. We would have to have evidence of that.

Ms. HELSEL. We do, and I think that some of your offices have been contacted and there has been no response whatsoever.

Senator DOLE. I could probably make the same charge, if I looked around and said you are not responding; but politics later. Back to the reauthorization.

Senator BOSCHWITZ. May I add one other thing? Being a freshman in the Senate, I was absolutely astounded at the amount of mail and the amount of contact that people try to get with me. My State has 4 million people, and I think you have about 3 million, and I get an average of 500 or 600 letters a day, and when something is hot, sometimes 2,000 letters a day. It's very hard to keep up with it.

Ms. HELSEL. A few comments on the reauthorization of the Older Americans Act. I hope that you all will indeed not allow the means test to come back in. I know that there are some Senators who are hearing that we have got to have a means test. The program is not a welfare program, and we still understand that it's available to everybody, and I hope the intent of the law does not change on that. I think that there needs to be a better evaluation system as to program quality and quantity as it relates to the actual writing of that law. There is some talk that those will be special focus on those folks 75 and older, with less emphasis on the 60 to 74. I think for rural seniors that are 75 and older, it's going to be a very expensive service. The talk is it would be 100 percent floor service, 75 and older. I think it might be mandated by the act, but that rural senior, it would be too expensive to serve him under the law, what would be allowable with an institution, and I think we really need to take a look for floor service at 75 plus in the rural.

Senator BOSCHWITZ. I like the direction that the Senate is taking on scrutinizing legislation for disincentives in all possible legislation as it relates to keeping an extended family situation. I understand that the committee is doing a great deal of investigation into this.

Ms. HELSEL. Because so few people with the decisionmaking au-

thority have ever grown old 50 miles from nowhere, it is doubtful that the plight of the rural senior will ever get better, and is going to continue to be overlooked.

Senator BOSCHWITZ. Thank you.

STATEMENT OF VENETA EDIGER, COORDINATOR, MEALS ON WHEELS, McPHERSON, KANS.

Ms. EDIGER. Senator Dole and Senator Boschwitz, thank you for this opportunity to present our nutrition program for the elderly to you at these hearings. People meeting people needs. That is what Meals on Wheels in McPherson, Kans. is actively doing every day of the year, whether there is a blizzard, heavy rain, or it's Christmas Day. Our service oriented program of delivering a hot, well-balanced meal by a volunteer to the home of an elderly shut-in has been organized for 9 years and has reached over 275 different people. Untold hundreds of thousands of dollars have been saved in our community alone because this program enables people who would otherwise require institutional care, to remain in their homes. The dignity and self-respect gained by these people staying in their own homes is impossible to calculate, but is a national resource nonetheless.

As important as food is to all people, for an elderly shut-in, the knowledge that once each day a friendly visit can be expected is also reassuring to them. In addition each volunteer while delivering the meal, observes the recipients' condition. If they are sick or need extra attention for many different reasons, the coordinator is notified and gets in contact with family or a neighbor whose name she has on file for that elderly individual. This is as helpful to all concerned for the general welfare of our elderly recipients, as the food is for their bodies.

Meals are contracted from the local hospital and are delivered from their facility at 11:15 a.m. by four volunteers of the community to a maximum of 24 people. These volunteers donate 1½ hours of their time each week, as well as the use of their car, driving from 3 to 5 miles each delivery. Volunteers range from retired couples and homemakers to youth in our churches and 4-H clubs.

Senator BOSCHWITZ. Excuse me for interrupting. Where is McPherson?

Ms. EDIGER. McPherson is located about 60 miles north of Wichita, along the interstate.

Senator BOSCHWITZ. And its population?

Ms. EDIGER. 11,600 people.

Senator BOSCHWITZ. And are most of the deliveries that are made quite near to one another in the same building or in the same neighborhood?

Ms. EDIGER. OK. All of these deliveries, all of our recipients are divided into delivery routes, or into one area of town.

Senator BOSCHWITZ. You only make 24 deliveries in the entire city of McPherson?

Ms. EDIGER. Yes.

Senator BOSCHWITZ. For a population of 11,000?

Ms. EDIGER. The average age of our current recipients is 86 years old with five of our people being over 90 years old, seldom do we have a recipient that is in the sixties, but we do have guidelines that we will

serve anyone over 60 years of age. At the present time, we are serving three couples all of whom are between 80 and 90 years of age, and all of whom have been married around 65 years. I think it's great that a program can keep people together in their homes.

Approximately one-third of our 24 recipients are in need of special diets such as diabetic, salt-free, low fat, et cetera. Others are on the program by a doctor's recommendation on referrals from area hospitals upon a patient's dismissal from the hospital.

Our recipients are on for either short-term, not to exceed 2 weeks; intermediate term, from 2 weeks to 2 months; or indefinitely, which generally means until they can no longer care for their other needs and must go to a permanent care facility or they die. We had one person who was confined to a wheelchair as a result of a stroke who received meals for over 8 years.

In 1971, when the program began, only 12 people were receiving meals. However, for the last 7 years, an average of 20 to 24 meals are delivered daily, which is the maximum that both the hospital and our volunteers can handle. Throughout the past 9 months, our waiting list became so long that through cooperation with Aging Projects, Inc., an additional 6 to 8 people in McPherson, or a combined total of 30 to 32 people, are receiving home-delivered meals. It is anticipated that this will level out at this number for a year or so. In the last year, over 1,800 volunteer hours and 5,500 miles were used in delivering 7,270 meals to 50 different elderly in the city of McPherson, which has a population of over 11,600. The average age of our current recipients is 86 years old, with 5 over 90 years of age. Although we serve anyone over 60 years old, and those under 60, if they have a special need, are handicapped, et cetera, the vast majority of people are over 75 before they call on our services.

Senator BOSCHWITZ. And what kind of awareness is there in McPherson of the program? I presume pretty good.

Ms. EDIGER. Yes. We have always had good coverage through our local newspaper and word of mouth, and we have had no problems and we always have more people that want on than we have room for.

From one-fourth to one-third of our recipients are people who have moved to McPherson from the rural areas of the county. However, if there is a request for a meal in the rural area and the family would be responsible for delivering the meal, our program would provide a meal to anyone beyond the city limits, and so the family could take care of it.

Senator BOSCHWITZ. You mentioned the price of these meals is \$1.60 to \$2.32. Do the recipients take care of the price of the meal themselves?

Ms. EDIGER. I did want to note that one of the suggestions on one of the other testimonies was that local schools might be a support of local avenues of delivering meals, and in one of these communities they did explore from the local school. They did not, for one reason. They don't have school in the summer and therefore don't prepare hot lunches, and they found the food that is prepared for school age children does not always meet the nutritional needs of the elderly, they don't like pizza and sloppy joes and a few things like that, that are quite often served at schools.

Senator BOSCHWITZ. One of the problems that I have seen that has not been mentioned today is that we have people that know of the

program, but do not want a home-delivered meal. In other words, they just do not want to be imposed upon. They would rather suffer nutritionally.

Ms. EDIGER. Women resist giving up their role of working in the kitchen, and it's hard to face the fact that they cannot do this any longer. Many times parents will fight their children and say no, I don't want this or say, I don't want this. It's not for me. We cannot force food on our senior citizens. They have to want it also.

Senator BOSCHWITZ. I respect the elderly for wanting to remain on their own, there are certain very positive aspects to it. I suppose you tell them that there are two other meals available?

Ms. EDIGER. You can try, yes, or if they are being dismissed from the hospital, you send the meals only for 2 weeks, 3 weeks, until they can get their strength back, and you always reassure them that they can go off when they want to. Many times they have seen the positives of the program and they will stay with the program. The only major problem our program has had is financial, which has resulted in the last 15 months.

As stated earlier, until mid-1979 the price of our meals was very reasonable and therefore, nearly all recipients were financially able to pay for their own meals. However, in mid-1979, the provider of our meals, McPherson Memorial Hospital, due to circumstances beyond their control, had to raise the price of the meal from \$1.75 to \$3.30, which was almost double what they were charging. The Memorial Hospital administration states that the hospital does not have the cost of \$3.30 in the meal which they are having to charge to our recipients, but it is because of the effect of the medicaid-medicare reimbursement formulas relating to the respective cost reimbursement reports. Therefore, Meals on Wheels recipients are having to pay for overhead which does not really apply to their meals. While a small increase would have been understood by all recipients, almost doubling the price of a meal was devastating.

As a solution to the problem, after exploring many ideas, the Meals on Wheels board applied for State title XX funds, as a subsidy for these recipients, and were approved. We are now in the beginning of our second year of receiving title XX funds.

The irony of this problem is, Memorial Hospital is having to charge Meals on Wheels recipients a price that is over their actual cost because of a program, medicare-medicoid reporting system, which is supposed to aid the elderly. The Meals on Wheels board turns to another Government program, title XX, for financial aid for their elderly recipients to assist them in paying the hospital the price of the meal. This is putting a burden on tax dollars that need not exist. Our elderly recipients have been confused and do not understand why, just as those who administer the program do not understand either. If only Memorial Hospital and Meals on Wheels could have continued their financial arrangement prior to mid-1979, less Government involvement would have saved the Government money in providing this valuable service to the community.

It is imperative that Meals on Wheels use the Memorial Hospital facilities because of the special diets and weekend and holiday deliveries to our recipients. Our town is not large enough that either of the rest homes, which could provide special diets and weekend meals,

could begin to handle the number of elderly who have a need for home-delivered meals in this community.

With Meals on Wheels receiving title XX funds, the added amounts of paperwork has also put an additional strain on the administrative budget, which depends on county mill levy money for the elderly, limited Federal revenue sharing money, and donations from the community. The initial objective of people meeting people needs is struggling to stay alive, but it will.

The effectiveness of the Meals on Wheels program in McPherson, Kans., is that it has grown from 12 home-delivered meals in 1971 to 32 people receiving meals in 1980. It has allowed over 275 people to remain in their homes indefinitely. This is an untold savings as opposed to supporting that same person in a nursing home, not to mention their personal happiness and self-respect which cannot be calculated in dollars and cents.

Meals on Wheels are vital to all communities, our McPherson City and McPherson County people only wish more throughout Kansas and America would be organized. Our elderly are important, and it is a vast savings to our Nation to keep them nutritionally healthy.

When Memorial Hospital was having to raise the price of meals from \$1.75 to \$3.30, the Meals on Wheels board applied for title XX assistance in the amount of \$7,987 in June of 1979 to be administered as a supplement of \$1.05 per meal for every recipient. Our application was approved, not at \$1.05 per meal supplement, which could not be approved because of clause 17 of the Federal Social Security Act, but at \$3 per meal. When Meals on Wheels inquired if there was a limit to the amount, the answer was no, just a \$3 limit per meal; 20 of our 24 recipients who had been paying \$1.75 per meal were then suddenly given their meal free. The elderly recipients really did not understand the situation. During the fiscal year of July 1, 1979 to July 30, 1980, we spent \$15,204 of title XX funds.

During April of 1980, the Meals on Wheels board again applied for title XX assistance for July 1, 1980, to June 30, 1981, in the projected amount of \$18,192 for our title XX qualifying recipients, inquiring again if there was a limit to the amount of funds available. The answer was no.

On June 17, 1980, the coordinator for Meals on Wheels of McPherson was informed they were approved for only \$7,059 effective July 1, 1980, which was the same amount they had supposedly been allocated in the previous fiscal year, but the first time Meals on Wheels members were made aware of it, even though they had inquired several times.

Apparently, from our Meals on Wheels investigation, the State department on aging had allocated this amount in July 1979, but somewhere communication failed between their department and the social and rehabilitation department, or in one of the departments who administered the funds and as a result, McPherson Meals on Wheels had 20 elderly recipients needing and receiving meals with over 60 percent of their anticipated funds cut and effective almost immediately.

Needless to say, the elderly recipients who struggled through the change in July 1979 are even more confused in July 1980. Meals on Wheels are struggling to survive this hard blow, but it is the elderly recipient who is made to suffer, in some instances by eliminating some meals each week, when really everything—money and nutrition—is

supposed to help them. The one to be helped ultimately was hurt, and it was the elderly.

If our guidelines and requests could have been answered and acknowledged in the beginning, it would have saved heartache and thousands of tax dollars. The local administrators of local programs should have more input in Government control of their programs.

Thank you, Senators, for giving us, in McPherson, a chance to tell you about our program needs and successes.

Senator BOSCHWITZ. In the Senate we always bow to seniority.

Senator DOLE. I might ask Ms. Helsel now: In your area you are serving an average of 943 congregate and homebound meals per day; is that correct?

Ms. HELSEL. That's correct.

Senator DOLE. Now, how big is your staff? How many staff—paid staff people—do you have in those counties?

Ms. HELSEL. In the counties of the 20 centers, each center has a part-time center manager, and we have 10 onsite preparation kitchens, which averages about two people per kitchen. Our central office operation, which takes care of \$811,000—that's the total amount of your grant—we have five individuals at a central office level. All other staff—the remainder of the 49 staff—are in the field on a part-time basis.

Senator DOLE. But the total administrative cost then is \$811,000?

Ms. HELSEL. No; approximately 10 percent of that \$811,000, which includes travel—we have the cars in the PSA and we have travel for 10 board members and for the project council. The State of Kansas requires that that is administrative costs.

Senator DOLE. We had some early witnesses, Mr. Whitson and Mrs. Barley, who talked about how we can save money in the program without taking it away from the recipients. Do you have any suggestions? I can understand that we have had inflation at 10 to 20 percent. That's one reason we are short of money. You point that out in your statement. Many of the problems are due to inflation, and we have had to appropriate more money just to keep even. I assume that if we get a handle on inflation, you would be able to do some of the things that you haven't been able to do since 1977. If we were going to set out to try to cut the cost in all these different programs through legislation, do you have any specific suggestions?

Ms. HELSEL. We were finding most cost effectiveness is the growth of the existing centers, those meals that are above our guideline figures costing us about 2 cents per meal extra; we see cost cutting coming in, and establishing onsite preparation and satelliting it out, because we can do it better than trying to contract it with a restaurant or nursing home or whatever. It does take an initial outlay for the kitchen. Our cost cuttings would be possibly not allowing non-seniors to eat as a senior citizen. We have put some restrictions on that and found that it does help. I think really it's maybe not been cost cutting, but a better understanding of what the participants' contributions can be used for, and participant contribution, we are fortunate, is running around 75 cents a person, so that money turns right around and puts right back into the program. That is one-fourth of our budget and less than half of the \$811,000 is Federal funds, and as we develop the State's resources, as we develop the local resources and put all these things together and dividing it up, and giving it

the attention that is needed, we are ready for all that, because we are looking at, I would like to see the regional office, Federal regional office, look at as if you see the costs that are spent at a level really necessary. There may be some extremes like the central office.

Senator BOSCHWITZ. Where is the regional office?

Ms. HELSEL. For here, it's Kansas City.

Senator BOSCHWITZ. How large a group is that?

Ms. HELSEL. I think there are approximately 10 to 12 folks.

Senator BOSCHWITZ. So they don't know very much about the regional area back in that office? Is that what you are saying?

Ms. HELSEL. I think that's the problem; we have quarrels with it. The further you get away from the people, the more problems we have.

Senator DOLE. We had an earlier witness, I think Mrs. Barley, who said she wasn't qualified to make a judgment as to whether certain people's economic conditions entitled them to participate, and she is one of our employees, right?

Ms. HELSEL. Yes. We have a constant problem with the instructions to the site managers. They are to use their best judgment. All managers in our program have been supplied with the bureau of means levels. The site manager is supposed to make a judgment on that, and you can't—we have to use a guesstimate, and if we were to get an honest—we can't give an honest, realistic answer.

Senator BOSCHWITZ. You don't think there is much abuse in that area?

Ms. HELSEL. If you are going on what the regulations ask you to do on the Bureau of Census, there probably is, because there are very few people—we figured out that often if you are making minimum on social security, it's just a few dollars, within a few dollars of what the Bureau of Census is. There are a lot of people out there that live only on their social security checks. However, it's not a percentage that one would like to say yes, we are doing 67 percent low poverty participation. There is a whole list of computations; the person's ability, the kind of living conditions, and Ellen is absolutely right. One person may have one dress and it's a nice dress, but it's 5 days a week, and she needs to clean it every day and you can't make it that nice.

Senator BOSCHWITZ. We had a Senator that wore the same outfit 5 days in a row and we gave him an award. He didn't look that neat and clean. But, what's impressive is the ability of those with mental health disorders to keep going. That keeps them out of other facilities and probably makes the program overall very, very cost effective.

Ms. HELSEL. I would hope that you both would guard against any means testing as we get into it.

Senator BOSCHWITZ. You mentioned that earlier. You also mentioned, Kathryn, that you served only 1.1 percent of the elderly?

Ms. HELSEL. That's correct. We have a total population in those 10 counties of senior citizens of 47,000 people.

Senator BOSCHWITZ. 47,000?

Ms. HELSEL. 47,000, so the way I arrive at a 1.1 percent were the unduplicated people we project in a program period during 12 months, and those folks are not necessarily the ones that receive 5-day-a-week service, so we are able to receive a very, very minute amount of people.

Senator BOSCHWITZ. Are you talking, Kathryn, about the Meals on Wheels or the entire congregate?

Ms. HELSEL. I'm talking congregate and homebound, both of them, founded out of the Older Americans Act.

Senator BOSCHWITZ. My notes in preparation for this hearing tell me that this serves approximately 134 million meals to 2.7 million participants and that the total operation to the elderly is 34 percent. There are 34 million individuals and they are serving how many different people?

Ms. HELSEL. 2.7 million, which is about 8 percent, and we are not able to come close to that when you are dealing with a community—our size of cities vary from 44,000 people to 400 in South Haven, so that you don't have those masses of individuals in an urban area, and oftentimes, I think that's one of the reasons it curtails us, that when you are getting into a rural program, that they are serving all the seniors, but not everyone who needs served. But we need 18 new programs to serve the rest of the PSA. Transportation is out of the question, when you start transporting 40 and 50 meals to the next town.

Senator BOSCHWITZ. It would seem that the mental health aspect of the whole program as well as taking the elderly to the schools would have dual impact upon not only the kids.

Ms. HELSEL. We started a program in a school with the understanding that it's hard, because they are not every day, but we ran into a menu problem, that the school was not able to change their menus, as she mentioned, pizzas and that type of thing. It's fun for awhile and in fact, the senior person likes the little folks being in there intermingling and interaction, but the new wore off fast. Pizza got old and sloppy joes got old and pretty soon the conversation ability dropped off and we did a trial, but there have been situations throughout the United States where it's worked very nicely, and it is taking advantage of existing facilities, which we all need to take.

Senator DOLE. I want to ask Jean a question, you serve 450 to 500 daily, and then 70 weekends?

Mrs. COWLES. The weekend meals we have paid for and delivered by volunteers. The only thing we have to do, they use our kitchen and our facilities and our cooks.

Senator DOLE. And do you have any idea how many people aren't being reached that ought to be included?

Mrs. COWLES. On weekends?

Senator DOLE. Any time.

Mrs. COWLES. If you serve 450 to 500 5 days a week, somebody mentioned earlier that the census does not show how many people are homebound, and we have never been able to find out how many people really are homebound. Again, that takes a judgment call.

Senator DOLE. Who prepares the 450 to 500 meals a day?

Mrs. COWLES. We have our own kitchen. It's the same facility that we started with 11 years ago, and when we started, we were delivering 70 meals a day and we still had the same facility, and are delivering 450 meals a day.

Senator DOLE. Is there any other contact other than just delivering the meal?

Mrs. COWLES. Our social workers call on them at least every 6 months.

Senator DOLE. Is the meal a kind of "here it is" arrangement, and then you don't see them again?

Mrs. COWLES. Most of our volunteers, because they do deliver 12 meals or so, they can't spend very much time, but most of them do have people that they go back and call on even.

Senator BOSCHWITZ. Bob and I are going to ask Veneta to drop a line about raising the medicare-medicaid relation.

Ms. HELSEL. Senator, that is happening with all the Meals on Wheels programs, even the contract meals out of the hospitals.

Ms. EDIGER. It compounded the problem that we have in McPherson, because we are too small a town. We have two other rest homes in town that can provide the meals on weekends, and the special diets that we need. One-third of our program is special diets, but they are too small, the kitchens are too small to take care of the number of meals that we need. We imperatively have to use the hospital facilities. The hospital in return wants to provide their facilities for the community. They feel like this is their way in reaching out into the community, but they have got to charge that price.

Senator DOLE. I think we have pending right now in the Senate a medicaid-medicare group of amendments. Maybe there's something that we can do there.

Ms. EDIGER. Our administrator testified in your April hearings in Kansas City. I hope that it's progressing.

Senator DOLE. We appreciated it very much, and let me say before this panel departs that we appreciate their testimony and their expertise. I would also add that anybody who wants a copy of the testimony will be presented a copy. If you would like a copy, you could leave your name as you depart, or you could write to our office and request a copy of it; or write to any of these ladies, and they can request a copy of it. We have a few minutes, if anybody in the audience has a statement that they would like to make a part of the record. I'm not certain we have time for any additional testimony, but if anybody has any notes you have written down, or anything that we should listen to, please speak up.

STATEMENT OF JIM MILLER, WICHITA, KANS.

Mr. MILLER. I'm Jim Miller, 932 North Topeka. I noticed that on the program you have nine witnesses and you have only four of the people you are trying to reach. The elderly are the ones you should be asking. I would say for advice, you should consult not the ones that are being paid for doing the job, but those who are getting the service.

Senator DOLE. That may be a fair criticism. We'll have some of these people testify in Kansas City this afternoon. We did try to balance our witness list.

Senator BOSCHWITZ. It's generally hard to be right.

Senator DOLE. It's a good point.

VOICE. I'm in the health care community and that's what I want to know: Why they want to go to them. I don't go to them. I go to the elderly people. How do you get the most to those people for the fewest dollars? That's the problem. We don't have enough money.

Ms. HELSEL. I did intend to bring a Meals on Wheels brochure. Frankly, a number of those people are hesitant. They are embarrassed. They would rather not have their picture on television as being the recipient of some Federal program. Maybe we can do it through Kath-

ryn or somebody, but the elderly do resist sort of being a public spectacle. It's not really a spectacle, but they would rather not do it that way.

Mrs. COWLES. Senator, you mentioned a moment ago how more bucks could get down to meet the budget. Perhaps you all should not look at not requiring—I'm not 50 percent of the title III-B moneys for service that are already existing. The area agency has to spend hours justifying why that service is already in place. I think you have heard clearly that gives us the money and we have already identified our needs. We don't need other things, et cetera. So, taking those kinds of restraints off of those funds could begin taking care of the needs as expressed by the participants.

Senator BOSCHWITZ. You are really preaching to the converted. I gathered, Bob, from earlier conversation that this lady may not be one of us from the standpoint of political preference. She is singing our song in that she wants to get it to the local level with as few restrictions and restraints as possible, and make it more efficient.

Senator DOLE. Excuse me. Anyone else in the audience? Identify yourself.

Ms. ARDELL. I'm Jan Ardell from Belle Plaine, site manager. Transportation has been identified. As a site manager, this is very, very important.

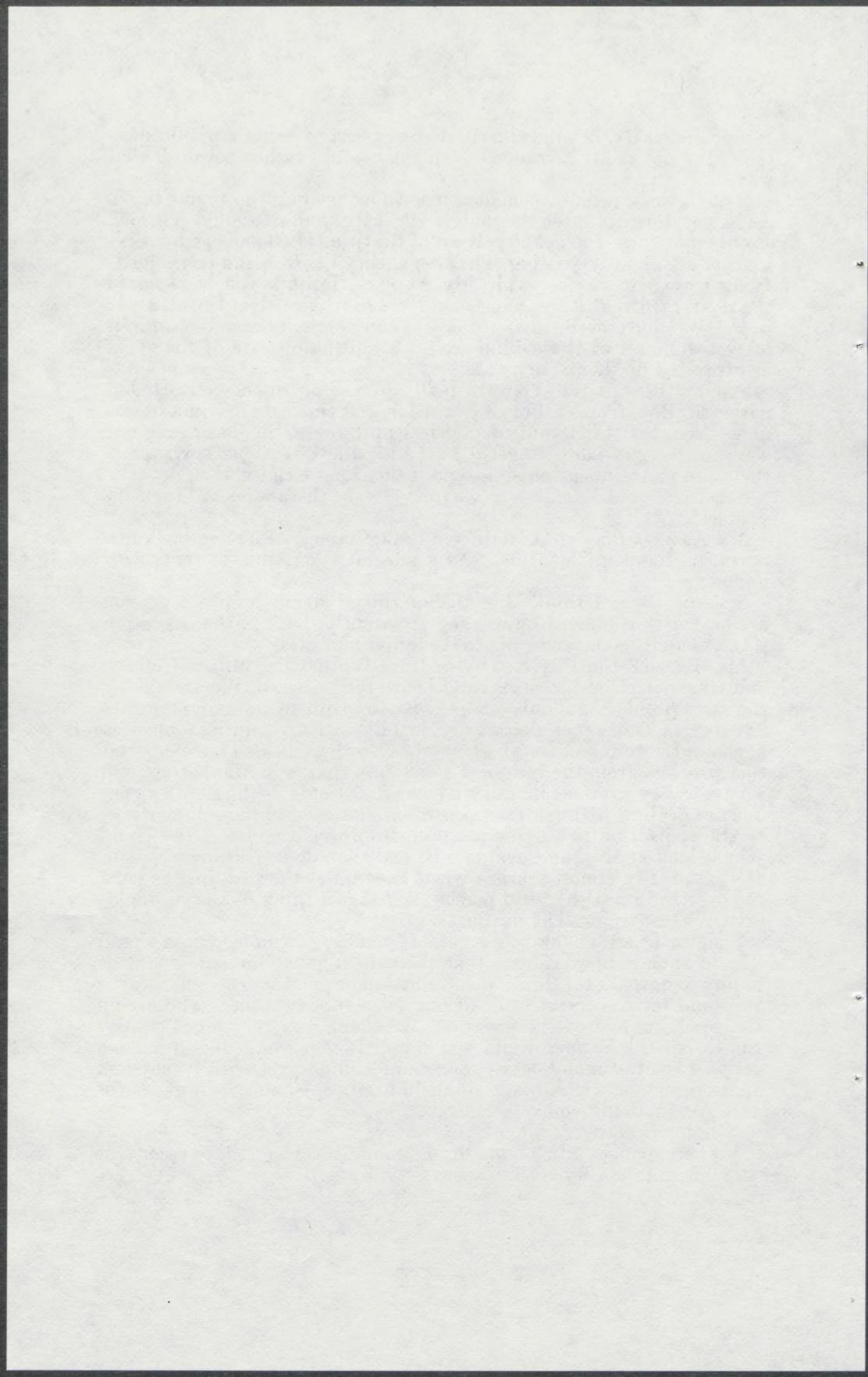
Senator DOLE. I think Mrs. Bishop talked about the problems you are having in Sumner County, and apparently that's in the resolution stage, not only countywise but to the individual sites.

Ms. TAYLOR. I'm Phyllis Taylor from White City, Morris County, and transportation problems can't be overemphasized. We are having the same problem, not only with the participants to and from the sites in Morris County, but also we are dealing with 18 counties. Our area agencies try to take care of 18 counties, so there is also a transportation problem from the technical assistance, that is in Manhattan, and we are a very rural community, so we are not only dealing with space. We are dealing with not too good roads, not even in the summertime, so transportation is a desperate need in Morris County. If we could take a look at this, and evaluate it, and then do something about it. It's just really almost a crisis when I see miles that are just as hard to cover for a healthy, well person, and then I think of the rural elderly. It's just tragic. Thank you.

Senator DOLE. Thank you. Again, if you have a comment you would like to submit in writing rather than do it in public, we would be happy to have that. I think we have had some good suggestions. Maybe we could try to contact some of our friends here—others who are on the receiving end of the program. We thank you very much. Nancy Smith is here. Nancy, would you stand. If you would like to have a copy of the testimony, leave your name and address with Nancy and write to me, or write to any of the other people, and we'll get it for you. Again, thank you very much.

Senator BOSCHWITZ. Thank you.

[Whereupon, at 12:30 p.m., the subcommittee recessed, to reconvene at 3 p.m., in the City Hall, Kansas City, Kans.]



NUTRITION NEEDS OF THE ELDERLY

TUESDAY, AUGUST 12, 1980

U.S. SENATE,
SUBCOMMITTEE ON NUTRITION OF THE
COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY,
Kansas City, Kans.

The subcommittee met, pursuant to notice, at 3 p.m., in the City Hall, Hon. Bob Dole, presiding.

Present: Senator Dole.

Also present: Senator Boschwitz and Representative Winn.

STATEMENT OF HON. BOB DOLE, A. U.S. SENATOR FROM KANSAS

Senator DOLE. I apologize for being a bit late. We were a little late getting out of Wichita and we had to circle around a little bit, and there is no way to walk when you are up there that I have figured out.

Some of you may have attended our last hearing on health care, and we were pleased to have Congressman Larry Winn with us then as we are pleased to have him here today. Larry, I think you all know Congressman Winn. Larry is on my right, and on my left is Senator Boschwitz from the State of Minnesota. He has been in the Senate now for 2 years, and he and I are both members of Agriculture Committee, which deals many of the programs we hope to discuss this afternoon.

I would just say at the outset that we have a total of about 14 witnesses, and I know that we want to hear from all of you. And at the end of the hearing, if there is someone in the audience who hasn't been called on or if you think of something during the afternoon you would like to have submitted for the record or some question you would like to raise, we certainly want you to have an opportunity to speak up. We hope that we can maybe limit the witnesses to 5 minutes, and then we will have some time for the questions. If somebody has to rush out to catch an airplane or otherwise leave before they are called upon, we would be happy to either call you out of order or have you submit your statement.

This is an official hearing. The recommendations, suggestions, and criticisms made of the programs we'll be discussing will be printed. If you would like a copy of the proceedings, you should leave your name with Steve or Chris, and we will be happy to send you a copy of the hearing. If, following the hearing, you think of something that was not touched upon by anybody here, or if you find that you disagree with any of the witnesses, please send me a personal letter, and that will be made a part of the record.

I will start the proceedings by just inserting in the record a very brief statement. I thank the many witnesses that come from rather great distances.

We had a good hearing this morning in Wichita. Let's stop for a minute to put this in focus: When we talk about the needs of the elderly, I am not certain how many people really understand that about 400,000 Kansans—or nearly 20 percent of the State's population—are 60 years of age or older. And this number is increasing steadily, 51 percent of these Kansans have social security as their only source of income. We cannot close our eyes to the needs of this significant segment of our State's population, so I think this hearing is particularly timely. We are in a period of high inflation as well as budgetary restraint and constraint; and we hope that we can pick up some ideas not only on how to improve various programs, but maybe to streamline them in order to cut some of the costs and still not affect the benefits.

In fact, we would hope that we might be able to attract more older people to these programs. We learned this morning from one of the witnesses that only about 1 percent of the senior citizens in her area are being served, notwithstanding all the publicity about the programs during the past several years.

So having said that, I call on Congressman Winn.

Do you have any opening statement?

Mr. WINN. No; I don't. Thank you. I just want to listen to the testimony.

Senator DOLE. Senator Boschwitz?

Senator BOSCHWITZ. I'm with the Congressman.

Senator DOLE. Our first panel will be Mr. Mullikin, board member, Central Plains Area Agency on Aging; Mrs. Rosella Caldwell Swisher, member, Areawide Advisory Council on Aging, Kansas City; and Mr. Myron Dice, program director, Crosslines Council of Kansas City. I think, if it's all right, we will go in the order that you were called.

Mr. Mullikin, we just left Wichita, and we are happy to see you in Kansas City. I understand that you are from Wichita.

Mr. MULLIKIN. I complained a little bit about that one time, Senator Dole.

Senator DOLE. Well, let's proceed. Again, we apologize for being late.

STATEMENT OF CHARLES MULLIKIN, SPECIAL ASSISTANT TO THE SECRETARY, KANSAS DEPARTMENT ON AGING, TOPEKA, KANS.

Mr. MULLIKIN. I want to thank you, Senator Dole, for asking a second-class citizen to appear on your panel. Senator, you and I have met several times, of course, and have corresponded often. Six years ago when you were in Wichita, I planned to be at every hearing or meeting you held. At that time in our history, the railroad pension was troubled. I was asking, pleading and praying you would vote in favor of saving the pension. Every time we would meet, you would tell everyone there, "That is my retired yardmaster." I want to thank you once again for your favorable vote in that.

Senator, I have been on the area agency on aging board in Sedgewick County almost from its beginning. If we would go back a little over 8 years ago, there were very few programs for senior citizens. The first one in Wichita, I believe, was a Meals on Wheels program, but it was not financed by OAA funds. The nutrition program was

the first of those. At our first nutrition site, one could sense the cold feeling of the participants as they came in the door. I am sure most of them thought in their minds: Are we going to be a second-class citizen asking for a handout? At first, they would eat their meals, glance around with fear in their eyes. We tried everything we could think of to get those citizens to become involved in our programs. As time went on and these participants began to feel that they were welcome and it was their program, they began to bring their cards, games, and handiwork to the site. New friends were being made. I also remember the first romance and wedding at a site.

Yes, Senator, nutrition is much more than the food we eat. It's just as important that we do meet new friends and see strange faces. Nutrition has filled a need for a lot of citizens and caused them to have a happier and fuller life.

Senator, as you know, my age group doesn't make friends as well as citizens 30 or 40 years younger. As I watch our nutrition program grow and participants grow with it, I am most happy.

Senator Dole, this summer is the 74th time I have seen the Sun shine on the Kansas and Nebraska plains. Both my father and mother homesteaded in these great plains and I am proud of my heritage. My grandfather and grandmother died in my childhood home; they died happy. They left this world while being with their family. They were not shoved off to some nursing home to die looking at strange faces and walls. They knew we cared. They shared the food my mother prepared for the rest of the family, whether or not it was nutritious by today's standards.

Many changes in the way we live have taken place since then. My parents lived on a ranch in western Nebraska; my grandparents both died before the age of 75. Since many more people live beyond the age of 75 today—in fact, 8 percent in Kansas are over 85—their children are often not able to provide home care for the aging parents, nor can we continue paying the high cost of nursing home care. In Kansas, it cost \$85 million last year to take care of people in nursing homes on Medicaid. And it cost, I think, in the Federal—you probably know—it cost the Federal Government around \$20 billion last year; and they figure in 5 years it will be up to \$40 billion—figures that we have got to do something about.

In Sedgwick County, we deliver over 600 meals a day to shut-ins. The are people who cannot get to nutrition sites, some are in wheelchairs, some have just returned from hospitals and are not strong enough to care for themselves. Those, for the most part, are females living alone on a low income.

I believe most children do not want to see their parents put into a care home, but at the present cost of living, it almost takes two paychecks to keep a home operational. I believe we should start paying the children for keeping their parents in their home. This should be strictly a family choice, but coupled with day care centers where they could leave their aged relatives on the way to work, pick them up in the evening, might help. I just don't think that it would cost the Federal Government as much as nursing home care is costing. I believe we all would have a much happier life. I would like to see the Older Americans Act money used in this way. I can't see where legal aid should be where we have to spend so much money on a program as

we are required to do. I would add a lot more to that, some other programs we have to have that I don't believe in. The four most important programs we should have are nutrition, transportation, handyman, and other inhome services.

I would like to talk a little about the area agency on aging boards. As I said before, since retiring from the Santa Fe Railroad, I have spent my time, paid my own expenses, to be involved in aging programs. And as far as I know—maybe I should look around, I didn't see all this panel around here—as far as I know, this is the only panel testifying here today that is not on a taxpayer's expense account. We're paying our own expenses.

At first, the area agency on aging boards were none too aggressive in the thought and planning of the programs. Today, that's changed. We have board members who have studied the Old American Act and their amendments. I am pleased to say that the 1978 amendments give the volunteer boards much more power. That is where it should be, on the local level with the citizens who live in the community.

And I would like to talk just a little bit about title XX's money. Is my time up? It's not up yet?

I would like to talk a little bit on title XX money and the Meals on Wheels program. I will go back a little farther than that. You know, Kansas is one of the few States that has a Department of Aging right under the Government. We got those by hard work, and now we get \$300,000 of title XX's money. But do you think a simple businessman was doing it, they would just turn that title XX money over to the Department of Aging? No, it's got to go through SRS and come back down, and the people that handle that and finally get that money have to keep an extra set of books. And there surely is some way that we can get this Government on kind of a business dealing where we don't have to go through so many hands to handle just \$20,000 or \$30,000 in the State of Kansas.

And it's not only that program but so many of them. I feel sorry, now, we have to pay out of the money that we are supposed to be paying to put into the programs for the elderly, we have got to pay a lot of salaries, that something should be done about it. I don't know what it would be, but I would like to help work on some of it.

And I want to thank you again, though, Senator Dole, but I am not pleading for any pension this time. Six years ago, I was following you around.

Senator DOLE. I appreciate it. If it's all right with you, we'll hear from the other members of the panel, and then let me ask questions of all three of you, unless you are in a hurry to get back to Wichita.

STATEMENT OF ROZELLA K. CALDWELL SWISHER, KANSAS CITY, KANS.

Ms. SWISHER. Senator Dole, I am Rozella Caldwell Swisher, I have been working with the area agency on aging and with senior citizens for the last 3 years. My husband and myself had the honor of being Senator Dole's interns from Kansas to the senior citizen seminar, and I might say that we were highly stimulated; we had efficient directions from his staff. I guess I'm here today because we have tried to put into effect some of the things that we learned in Washington.

Senator Dole, I wish to compliment you for all the things you have done for the seniors. With being a senior myself, I know the problems.

If you will notice that my testimony is just a little different, it's in outline form because no one told me how you make testimony. But I'm not a person to do a whole lot of writing. I like to talk what I have to say.

If effective coordination and wide use of community resources in planning and providing services to older Americans is the best, we must reevaluate and change some of the rules. I must say that as I was going over the Federal Register, part 4, volume 45, No. 63, of the grants for States, I found it rather difficult to interpret some of the rules and regulations. I would like to address, first, the definition, because being a former educator, I always tried to tell my children what we were talking about and why we were talking about it. And then we went about, after planning, putting into effect that which we had set up.

The definition in section 1321.3 on page 21127—I had just a little difficulty and I wish you would consider this—the “greatest social and economic need” replaced with the terms “low income” and “minority.” I find as I work with the advisory board and I find as I work in the field with senior citizens that we spend too much time attempting to interpret what the Federal Government has sent down to us, the long sentences.

I thought I could read and write fairly well after teaching 45 years, but I find that if I had to reduce those sentences to simple terminology so that I would understand them, it would be difficult.

We have spent much time in our area agency on aging in Wyandotte and Leavenworth Counties—which, Senator, I think is one of the better ones—and I like change but I like change when it would help us to put our plans into effect. Being a minority, I know what it is; and being a senior, I have been fortunate with a fair degree of health and with mobility; but many senior citizens of the minority groups have the lowest income and we have some difficult problems.

I think the definition is too broad and it is difficult to aid in implementation or in classification. We find in our area agency on aging councils that we spend sometimes 3 to 4 and 5 hours when we could be planning for serving our senior citizens in interpreting just what you would like to have us do in the nutrition area.

The second topic I would like to address is the direct provisions of services of the area agency, section 1321.97, page 21137. I think I did my testimony in outline because there was such a mass of material and I wanted to get down, as the children said, to the real basic facts. My contention is, and the contention of the women with whom I work in concerned girls and women working for seniors, is where area agencies place priority. I don't want to brag and I don't like the word “prejudice,” but I am a little biased about the Wyandotte-Leavenworth Area Agency on Aging because I think we render a fine service—but I think where agencies like ours have been successful in operating the nutrition program, that information and referral services should be permitted to continue.

The key to the area agency is service to the aging and not interpretation of rules and regulations. We have a setup right here in our city hall where we have the director of our area agency, we have our

director of our nutrition program, we have our information and referral. In fact, we have the services housed in one place. And we are constantly talking about funds, and we have to have money. But if we were to separate these, we would have two or three or four or more problems. Where we are now, we can go directly, if an emergency comes up or if a problem comes up, and we can talk it over with not only our directors but with our staff members; and I believe that if we would keep our services together rather than separating them, we would save the taxpayer's money because, after all is said and done, the taxpayer's money is your money and my money, that we would be able to give better service to our aging.

No. 3, I would call your attention to the supportive service section of 1321.147 on page 21141, food requirements. The supportive services are an integral part of the nutrition program. Our nutrition program is the very basis of life for our senior citizens. Much time has gone into the correct diet; much time has gone into even special diets in some areas, not as much as I would like to see, but that, too, takes money.

I think such services as health and welfare, counseling, escort services, shopping assistance, transportation should all continue under supportive services and be housed in one place. We cannot only save money but we can give service to our seniors.

If services are awarded in title III(B), column 3, page 21141, additional funding should be provided. Yes, we do need additional services. We do need services under title III(B), much more than we have, but we are constantly talking about cutting down and we need the funds. I think that that's the thing we should be reevaluating.

The area agency on aging in Wyandotte and Leavenworth Counties is currently planning on State funds of \$91,000 for supportive services for 1981.

Then I have a question to ask. Why are the nutrition education and the outreach programs the only programs remaining in the nutrition program? As I visited a site a few days ago, I found that the nutrition education program was not working well. And right here I would like to slot in one thing for the seniors. I think as far as possible, we should hire seniors to work with seniors. Not that our young people don't have their degrees and their know-how, but working with seniors goes far beyond degrees and know-how. It's that loving, tender care that we as seniors need.

I would like for you to reevaluate and to think about that question. Many of the seniors don't understand the terminology of the young people who are coming to the sites. They don't like for them to tell them specifically what they should eat in spite of the fact that it's good for them. It's the way they relate to them.

Senator DOLE. If you could sort of summarize, it would be appreciated, because we're going to be running out of time.

Ms. SWISHER. Then I would like to say this, my contention is in the area of health, in the area of home-delivered meals and these home-delivered meals which we are required to deliver in 7 days, we are going to need additional funding.

I would say this, first let us simplify our Federal rules and guidelines so that our directors will have time for implementation and service rather than interpretation. And that specifically in the area of transportation, we need help.

I want to compliment Senator Dole and his staff and Congress for all the things they have done for senior citizens. We are appreciative, we are a knowledgeable group, we have a lot of power and we only ask you to do those things and to reconsider some of the things that would make senior citizens happy, healthy, participating citizens. I thank you.

Senator DOLE. Now, again, if you can wait, we will hear Mr. Dice and then perhaps we will ask questions of the panel.

STATEMENT OF MYRON DICE, CROSSLINES COUNCIL, KANSAS CITY, KANS.

Mr. DICE. Honorable Senators and Representatives, I extend my gratitude to you for holding these hearings today in order to receive grassroots input on a very important program to many older Americans.

For introductory purposes, I am Myron Dice, a voting citizen and taxpayer of Kansas City, Kans., for 16 years. In my job role, I serve as a program director of Crossline Council, a private nonprofit community development agency.

When the title VII nutrition program was added to the Older Americans Act, I served as president of a coalition of agencies in Wyandotte County that began the first operational nutrition program in the State of Kansas. So we were pioneers in the effort.

Senator BOSCHWITZ. What is Crosslines Council?

Mr. DICE. It's a nonprofit social service and community development agency supported by interfaith groups.

Senator BOSCHWITZ. That's the crosslines part?

Mr. DICE. Yes; I was basically serving in a volunteer capacity in terms of implementing the nutrition program through the coalition of agencies.

Senator BOSCHWITZ. Fine.

Mr. DICE. Having participated in the nutrition program at its inception, I commend you and other congressional supporters of the Older Americans Act for enacting new and creative social legislation through implementation of the congregate nutrition program. It has significantly improved the quality of life for many other Americans in our community.

Of first importance is the continued financial support of the Federal Government to the nutrition program. Local participation, leadership commitment and inkind commitments are strong in our community for this program. The continued financial support from the Federal Government is a necessity due to the financial struggles of our community.

Of secondary importance, I submit several specific responses to the final rules and regulations published in the Federal Register on March 31, 1980, which implement the Comprehensive Older Americans Act Amendments of 1978:

1. Section 1321.3 definitions. The act specifically states preferences for serving those with greatest economic or social need. Previously, the act had stated preference for serving low income and minorities. The final regulations define greatest economic need as low income. In my opinion that's fine. In regard to the definition of greatest social

need, many commenters disagreed with the deletion of reference to minorities. The final regulations have included minorities in the definition. Furthermore, the definition includes language barriers and cultural or social isolation. In our community, these are important preferences in regard to the Spanish-speaking older Americans. Such preferences for service need are very important in the development of services for our community.

2. Section 1321.75 comprehensive and coordinated service delivery system. This regulation addresses the need for a comprehensive and coordinated service delivery system for social and nutrition services. I support that concept. However, the bureaucratic design for implementation may have the opposite effect. The act designates nutrition services in title IIIc and supportive services in title IIIb. The bureaucratic design of the final regulations seems to increase the separation of supportive services and nutrition services for administrative and fiscal accountability reasons. Specifically, supportive services such as shopping assistance, health and welfare counseling, transportation must now be separated from nutrition services funds and awarded through supportive services funds. Furthermore, the fiscal requirements in section 1321.181 require separate allotments for congregate nutrition services and home-delivered services. If a nutrition project is providing both congregate and home-delivered meals, it must establish accounting procedures that completely separate the two. Such feedback may look impressive at the Federal level, but it merely increases staffing costs at the local level to meet the requirement. Bureaucracies are too often the major barriers in developing a coordinated service delivery system. Please watchdog this problem.

3. Section 1321.109 preference for older persons with greatest economic or social need. This section includes the regulation that service providers may not use a means test. I support the continued prohibition upon a means test. In our community, open participation of older Americans who desired to participate has been an important factor in the success of this program.

4. Section 1321.111 contributions for services under the area plan. Two regulations have my support wholeheartedly: (1) provide each older person with a free and voluntary opportunity to contribute to the cost of the service (2) nutrition services providers must use all contributions to increase the number of meals served.

5. Section 1321.141 (b) eligibility (2) home-delivered nutrition services. From past experience with the program, I believe the new definition for homebound eligibility is more acceptable. Furthermore, the allowance of the spouse to receive a home-delivered meal if it is in the best interest of the homebound older person is much more supportive to the bonds of the couple. I appreciate such sensitivity.

6. Section 1321.147 good requirements for all nutrition services providers. The Administration on Aging is pushing for congregate and home-delivered meals 7 days a week, implementation of special diet menus, usage of special food containers and utensils for blind and handicapped. All of these provisions are ideal, but all must recognize that each additional implementation carries with it a price tag. Additional requirements cannot be implemented unless additional funding resources are available.

In closing, I share a past experience to increase our awareness about

the restrictive influence of arbitrary regulations. When the first regulations were passed down for the nutrition program, AoA recommended a 10 percent restriction on home delivered meals. No such restriction was in the statute. Kansas and some other States required a 10 percent restriction. In our community, participants in the congregate program identified many homebound older persons that needed home delivered meals. Our community had needs for more than 10 percent of the meals to be home delivered. In fact that need has still not been met adequately. Excessive requirements and restrictions can become a barrier to meeting the needs of people. Such a warning is important to a creative program that is funneled thru three major bureaucratic levels—Federal, State, local.

The nutrition program has touched the lives of many older Americans in our community and across the Nation. It has the potential of reaching many more and even changing the life style and attitude of many isolated elderly. Let us commit ourselves to its continued creative potential among the senior citizens of our community.

Thank you.

Senator DOLE. I read your statement before I left.

Larry, do you have any questions of the panel?

Mr. WINN. No; I don't have any questions, Senator.

I would just like to say, I think what we're hearing here from the entire panel is something that we hear in practically everything. We have too many administrative costs and too much duplication of effort, and we need to see why Congress can't spell out more to the bureaucracy or the agencies involved what the intent of Congress is. We have a tendency to get bogged down in what we want. We think they understand it but it doesn't always work that way. I think that's what the panel, each of them, is saying.

Mr. MULLIKIN. Let's go back to this title XX I was talking about. See, according to the Federal laws, each State has appointed some organization to handle title XX money. In Kansas City, that's SRS. Well, their agency, we're separate from them altogether, but we get \$300,000, it goes through SRS all the way down. And why couldn't the Governor just say, "Here, you give area agency \$300,000"? It's much simpler when it doesn't have to go through all the hands.

Senator DOLE. We were told this morning—I'll have to check it, I don't have any reason to doubt it—but there were 135 different agencies that dealt with programs affecting senior citizens. Now, just the sheer weight of that bureaucracy probably killed most of the programs, if, in fact, that's the case. And I am certain every administrator probably has the highest motives, but even they can't move.

Mr. MULLIKIN. That's right.

Senator DOLE. And the point that Mrs. Swisher raised about the definition was brought up this morning by someone who really focused on just about the same thing. He spends half his time trying to figure out how to define who comes within the realm of greatest social and economic need? Is the site manager qualified in a congregate meal program to make that determination?

And I think Myron indicated the same. So, if nothing else, I think we have to continue to simplify the programs and make certain that more of the money gets funneled through to the right agency without bypassing somewhere. And we hope that Larry on the House side and

we on the Senate side can help make the program a little more efficient.

Senator BOSCHWITZ. I think the panel is singing a song.

The fact is that we would like to give the money in noncategorical grants. And we think that the local government, which is closest to the people who are being served, is more able to determine how to spend it with some guidelines.

But Mrs. Swisher in her testimony talked about various sections of the law and Mr. Mullikin talked about section 20. I hope that it is recognized that every law has various titles. People sometimes inquire to me about title VIII funds, title IX funds, title XX funds, and it is necessary to go and find what law they are referring to.

Mrs. Swisher discussed the definition that appears on page 21127. And, I would agree that the Federal rules and guidelines as they are printed in the Federal Register, about 75,000 pages a year, are really very difficult to deal with. I'm a newcomer to the Senate and have not really been able to fathom exactly how to break through all of that material unless done by grants.

Now, most of the grants are categorical. That means that they come with the rules and regulations attached making it necessary to keep two sets of books as we heard about in the case of Wichita, Bob, and even more sets of books than that in other cases.

So you really are singing a song. And, I notice here, Mrs. Swisher referred to section 1321.147. I quite agree that it is indeed very hard to cope with. I wish I could give you a simplistic answer. My approach, again, is the idea of grants.

I want to tell you again. If I may, Charlie Mullikin spoke about Bob Dole, and I, being here to listen to and not to commend the participants, but much of this legislation with respect to feeding and nutrition are the results of Bob Dole who is now the ranking representative on the Finance Committee and soon to be the second most senior representative on the Agriculture Committee where we serve together and where we discuss these matters frequently. He has really taken a leading position on our side, the Republican side. Senator McGovern is on the Democratic side, with respect to the various feeding programs, including those for the elderly.

Mr. DICE. Senator Dole, one comment in terms of the categorical grants. I think it is important to recognize that this would be termed a categorical grant under the Older Americans Act, and I believe it's very proper being there. If that money were given through revenue sharing unmarked to the cities, I doubt seriously that we would have the funding base available at all that we have today in terms of the Older Americans Act under title III. So I believe it's an important factor there.

I think what we're pretty much disagreeing with from the panel's side here right now is that there tends to be too much segmentation of the title III itself by the bureaucracy. Title III brought together three titles in the law, but we are not saying that the regulations have brought together all the services, and may have, in fact, even segmented it more in terms of service delivery.

Senator DOLE. Right. Those are the points you made in your statement that I think perhaps Rozella underscored, and we appreciate it very much. Thank you for your testimony.

Now we have, it says, "Panel of Experts." I put the onus on the next two witnesses, Dr. Jerome, professor of the Department of Community Medicine, University of Kansas Medical Center; and Mr. Mullikin, special assistant to the Secretary of the Kansas Department on Aging.

As I said earlier, you can proceed in any way you wish. Your entire statement will be made part of the record. If you wish to comment on previous witnesses' testimony or summarize your statement, we may have questions from the panel. So you can proceed any way you wish.

STATEMENT OF MARGARET MULLIKIN, SPECIAL ASSISTANT TO THE SECRETARY, KANSAS DEPARTMENT OF AGING, TOPEKA, KANS.

Mrs. MULLIKIN. Let me give you my verbal remarks which are going to be on the last four pages of the document. The other is the written testimony that I prepared for the group.¹

Senator Dole, Senator Boschwitz and Congressman Winn, I appreciate this opportunity to testify to some of the activities currently provided by the existing nutrition programs, to speak to some of the reasons why they are not serving those in greatest need and to raise some issues for discussion in considering future planning.

Senator BOSCHWITZ. Are you related to Charlie?

Mrs. MULLIKIN. I am Charlie's wife. And that is how I am usually identified. I was very surprised earlier today when somebody said Margaret is Charlie's wife. It's one of the first times I have ever heard that.

I might say it was Chris' desire that we appear as a husband and wife team. We don't come from the same perspectives and we don't always agree.

Senator DOLE. That's why we had you separated, he is on one panel and you are up here where he can get away.

Mrs. MULLIKIN. I think I agreed to identify the fact I am a gerontologist or one of those people who makes aging a study—not a nutrition expert. But I'm also an older person. I don't brag about my age as much as Charlie does, but I am, of course, an older person and can assure you after 46 years of marriage, I haven't gotten any younger from that experience.

I am not going to bore you with population details as the material does, because that's already been presented. One of the things I would like to point out is that there hasn't been much emphasis so far placed upon those who are 75 years of age and over, and these are the most vulnerable, I believe, due to problems of malnourishment, to health problems which proper diet could help.

What we find in this "needs" assessment that was done in late 1971 in Kansas City, that only 5 percent of those in this 75-year-age-and-over bracket who know of the available programs are eating daily meals at the congregate meal site.

Senator DOLE. What percent?

Mrs. MULLIKIN. Five, only five percent of them. And, you see, only 56 percent of the respondents, the total respondents, even knew about

¹ See p. 110 for the prepared statement of Mrs. Mullikin.

the program. And 2 percent of those, of the total number of respondents, are having meals delivered to their home.

Now, all of the indications are that the need is much greater than that. If we look at the fact that 20 percent of those 75 and over have indicated that they had some or great difficulty in preparing meals, and 4 percent said they simply couldn't do it, we have got 24 percent here, you see, that apparently have considerable difficulty preparing their meals. So that it seems clear that considerable need does exist but is not being met.

Now, a factor that contributes to the fact that nutritional needs of older people are not being met fall into several areas. One of those would be income. This has been addressed in many different perspectives. I want to put a new slant on it.

One, anyone who has visited a grocery store in the last few years knows what the inflated costs have done to the food budget, and certainly modifying grocery buying patterns is one that older people, particularly those in this age bracket that I am talking about that went through the years of the depression, have already had considerable experience. I well remember when I was married in 1936, I managed to put food on the table for \$5 a week, and that \$5 a week wasn't that easily come by.

Other demands on the budget such as high utility bills that are being faced by all of us at the present time are going to mean there are fewer dollars with which to buy groceries, because one of the things we know is that we older people pay those bills first, and then if there is money left over, we buy groceries. I had a call from one of the area agency directors in Kansas—and this does not appear in this testimony, it's in the larger document—last week and she reported on three bills. Now, keep in mind none of these persons had air-conditioning. One who was on SSI had a utility bill of \$67 from June 10 to July 10; two others on social security of \$238 a month each had a utility bill for the same period of \$117 and another one for \$137 or \$138. Now, what's going to be left to buy groceries after those electric bills are paid? So high utility bills is a very real problem.

Going to No. 3 on this page 2 another real problem in food selection that has or has not or may or may not have nutritional value is the dental problem that all of us who are older eventually face.

In Kansas 67 percent of those who are 75 and over wear dentures; 62 percent of those who are 60 and over do also; another 2 percent in that survey indicated that they needed them and did not have them.

How well dentures fit wasn't asked, but certainly how well they fit has considerably something to do with how easily it is to eat and the foods that we select.

The costs of repair and replacement represent a major expense that few of us who are older can afford. I called my dentist when I was preparing this, and I said, "What would a new set of teeth cost?" And he said, "Between \$600 and \$800." And he said, "There are others in town who charge more, but we try to keep it reasonable." Well, believe me, I said, "I need to see you some day, but it's not going to be soon."

Another thing that needs to be taken into consideration—and I'm going to No. 5 on this outline now—is the difficulty in keeping the pantry and refrigerator stocked. You know, it isn't easy for us as we get older to carry bunches of groceries, big sacks of groceries. Our

physical strength simply isn't as great as it was in the past. And the days of home delivery of groceries are long since past. Getting to the supermarkets, all of which are out in the suburbs, is something else again. And where is that transportation going to come from for persons who live alone unless it's going to come from some well-wishing neighbor or relative or perhaps an agency that supplies it. And this is not going to be on demand, it's not going to be when you happen to run out of milk or some other needed staple; we are going to get to go when it's convenient for somebody else to take us.

There are a few programs, but they are very few, for the home delivery of groceries, and this is a very real need.

There are some personal problems that I am going to skip over, so I want to focus in on No. 6 which is eating alone, which is certainly not conducive to good nutritional practices. And I'll tell you right now, I know only too well—my home is in Wichita and I'm working in Topeka commuting on weekends—I simply don't pay much attention to what I prepare for myself. And when you look at the high percentage of older people who are living alone, even though the great majority of those are women and you might assume that they are indeed going to prepare foods that are good for them, there is just no evidence, and I doubt it seriously.

Eating is a social event and without someone to share it, we pay much less attention to planning it, preparing a balanced nutritious meal. As a matter of fact, we eat to live, period.

Last, many older persons do not take advantage of the nutrition programs that do exist and that they may know about because many of us question, Are they charity? The particular age group of which I am speaking and of which I am a part has grown up in an era when rugged individualism was stressed. We were expected to look out for ourselves and to the best of our ability, we still do it. And as a consequence, anything that we think is a handout, we're going to tend to avoid.

Now, we appreciate the actions that have been taken to address some of these problems—for example, stretching the food dollar. Food stamps, have been very helpful; but keep in mind, food stamps are income related and although 36 percent of those 75 and over in the "needs" survey have less than \$4,800 per year and 8 percent have less than \$2,400, only 5 percent of those respondents say they have applied for food stamps even though an additional 7 percent said they knew they were eligible but they simply hadn't asked for them. And then, of course, we had 34 additional percent that didn't know whether or not they were eligible, which says something about our informational system.

A food sales tax rebate of \$20 was made available in Kansas in 1979, and although we estimate that some 240,000 older Kansans had incomes of under \$10,000 which would have made them eligible for that tax rebate of \$20, only 29 percent of them asked for it. Again, a matter of, I think, the expression of pride.

We do have, through 210 meal sites, approximately 8,000 meals served 5 days a week, and there are 16 home-delivered meal projects. One of the largest of those home-delivered meal projects you heard about in Wichita this morning, I'm sure they are serving between 450 and 500 persons a day, and 80 of these also receive weekend meals.

However, in the "Needs" survey, 64 percent of those with low incomes indicated they probably would not attend a congregated meal site. So one needs to wonder why.

My recommendations to you, if I have time for those—and I guess I do not.

Senator BOSCHWITZ. Mrs. Mullikin, I notice that we kind of went through twice the time because your testimony is indeed very interesting. I kind of read ahead a little bit on your recommendations which also emphasizes the points that you have made in stating the problems. I wondered, with your permission, since we have nearly a dozen additional witnesses, if we could go on to Dr. Jerome, and if you feel that some parts of your recommendations are not covered, then we can come back to you.

Mrs. MULLIKIN. Just so long as you get them.

Senator BOSCHWITZ. I read them and they are succinct.

Senator DOLE. Don't leave, we may have a question. Everything will be put in the record, all the statements.

Dr. Jerome.

Dr. JEROME. Thank you, Senator. I assume that you have copies of my testimony?

Senator DOLE. Yes.

STATEMENT OF DR. NORGE JEROME, DEPARTMENT OF COMMUNITY MEDICINE/COMMUNITY NUTRITION LABS, UNIVERSITY OF KANSAS MEDICAL CENTER, KANSAS CITY, KANS.

Dr. JEROME. Senator Dole, Senator Boschwitz, and Congressman Winn, ladies and gentlemen, it is a great pleasure for me to be here and to share some of my ideas and insight on nutrition needs of older persons with the Subcommittee on Nutrition.

I am Dr. Norge W. Jerome, a nutritionist and an anthropologist and professor of community health in the School of Medicine, University of Kansas Medical Center in Kansas City, Kans.; and a 13-year resident of Johnson County, Kans.

Permit me, Senator, to first register my appreciation to you, Senator Dole, for your long-term consideration and interest in the health and well-being of our citizens, particularly the mature and advanced citizens, the older Americans. I believe that you have fully demonstrated your conviction that food and nutrition is basic to the health and the quality of life of each individual.

For the past 15 years, I have focused my research, teaching, and service on integrating human nutrition and cultural anthropology in order to develop and implement new and functional designs for human service delivery systems. I have been applying this cross-disciplinary approach to my work in Kansas City, Kans., since 1967. The cross-disciplinary approach to my work in Kansas has sensitized me to some very special nutritional needs of older Americans. I have also been sensitized to the losses incurred by the U.S. society as a whole in its failure to recognize, utilize, preserve, and build upon the collective nutritional wisdom and experiences of our older citizens. My comments and recommendations on the nutritional needs of older Americans stem from this cross-disciplinary sensitivity and my willingness and ability to learn from the thousands of lay people who have par-

ticipated in my research and service activities throughout my professional career.

First of all, I would like to state that I strongly support the new and revised title III regulations of the Older Americans Act as amended because I believe that appropriate integration of the social and nutrition services delivered to older Americans should improve the quality of life of all Americans, and decrease the cost of duplicated services and personnel. Of course, appropriate integration means reducing the bureaucratic hassles and snarls that were described earlier by some witnesses.

In implementing the regulations, special emphasis must always be placed on the very special nutritional needs of older people. These special nutrition needs are associated with the metabolic and other physiologic changes which accompany aging, and with such physical limitations and other personal and social changes which accompany aging.

Although individual variations do exist, it has been well documented that, in general, aging brings about changes in body composition such as an increase in the percentage of body fat; physiological and metabolic changes accompanying aging include, but, of course, are not limited to, a decrease in basal metabolic rate, a decrease in total-body potassium, and a decrease in taste acuity. These and other metabolic changes signal a need to evaluate and possibly modify an individual's customary dietary patterns and nutritional intake.

Other life changes which signal special nutritional adjustments are a decrease in physical activity, loss of teeth or ill-fitting dentures and loss of appetite. Changes in life style as one grows older also lead to changes in dietary patterns and nutritional intake. These data indicate that each individual should be closely monitored to assess whether adjustments to such changes lead to the ingestion of diets of poor nutritional quality.

In addition to these "normal" changes, nutrition is of particular relevance to many of the chronic degenerative diseases associated with aging. These include coronary heart disease and hypertension. Health and medical care for chronic diseases can become even more complex when biomedical interventions such as multiple drug prescriptions are not accompanied by comprehensive social and nutrition services at the community level. Some of the nutrient-drug interactions can limit the absorption and metabolism of ingested nutrients, thus indirectly reducing the individual's nutritional status.

Let me now refer specifically to some of the nutritional needs of older Kansans. A recent needs assessment survey of 2,501 noninstitutionalized older Kansans 60 years of age and over, which was commissioned by the Kansas Department on Aging and which was briefly described a few minutes earlier, revealed that two of the three major diseases afflicting older Kansans are nutrition-related. High blood pressure was cited by 36 percent of the survey's respondents and heart trouble by 22 percent of the respondents. Arthritis was mentioned by 68 percent of the respondents, I believe, but we have no evidence at this stage that this condition is directly related to nutrition.

The needs assessment survey also showed that 29 percent of the respondents reported that they had been advised by their physicians to follow some special dietary regime, mostly for salt restriction. A

majority of the respondents, that is, 68 percent, reported that they were taking at least three different kinds of prescription drugs. I would like to repeat at least three different kinds of prescription drugs. No doubt, self-medication with nonprescription drugs went unreported. It is not unusual to find older person consuming 9 or 10 different drugs per day—prescription and nonprescription.

An individual might incur nutritional risk through multiple drug use, even when consuming a nutritionally adequate diet at a congregate meal site or at home. It is important to bear in mind that only 5 percent of the population of older Kansans participate in the congregate meal program. The data cited clearly indicate that nutritional monitoring should be regarded as a vital part of the social and nutritional services offered by area agencies on aging and other service delivery programs. Some of the special nutritional needs of older Kansans could be met through nutritional assessment, nutritional monitoring, and through what I would like to term a nutrition exchange, without incurring additional costs to the program.

From a nutrition-anthropological perspective, I would like to make the following five recommendations:

First of all, the serving of meals that are not only well balanced and nutritionally sound, but that also include bulk or roughage. Most of the congregate meal sites that I have visited provide one type of bread—that made from white refined flour. The choice of bread should include whole grain products. Fresh fruit should be served frequently. Levels of sodium and calories should be monitored and reduced where necessary. I recommend, again, whole grains, fresh fruits, and reduced levels of sodium and calories in order to take advantage of the changes—physiologic and other life changes—that senior citizens are undergoing.

Second, nutritional assessments combined with social assessment and monitoring should be conducted periodically but continuously within program service areas. These procedures would assist in identifying those individuals who are consuming multiple medications which could adversely affect their nutritional status. These procedures will also insure that individuals are making appropriate nutritional adjustments to their changing social and environmental situations.

Third, nutritional assessments combined with social assessments and monitoring to insure that older Kansans who must make certain dietary adjustments in meal preparation and consumption have the relevant information to make lifestyle adjustments with ease, style, and grace.

Fourth, informational programs emphasizing nutrition exchange. I prefer the term nutrition exchange to nutrition education when referring to informational programs involving our older citizens. I consider it quite insulting to present didactic information to individuals who have clearly demonstrated that they have passed the age of formal, didactic educational programs. In her testimony, Mrs. Swisher referred to this type of didactic, insensitive nutrition education that often takes place in conjunction with services directed to older citizens.

I therefore make a strong recommendation for nutrition exchange between program personnel and older Kansans in order to preserve and extend those dietary traditions that are obviously preserving older citizens to the age of 60 and beyond.

Nutrition exchange should not be viewed as a one-way didactic exercise by nutrition specialists to older citizens. Instead, nutrition exchange should be viewed as the conduct of a meaningful dialog on food, nutrition and health between program personnel and program participants. Specialists should learn from lay people and vice versa. Lay people should impart information to nutrition specialists and vice versa.

And, finally, I would like to recommend that programs be community specific, that is, community specific nutrition and social services geared to meeting the individual nutrition needs of older Kansans, and individual variations in living styles of older Kansans.

Without prolonging this any further, I want to emphasize the need to focus on individual variations in nutritional and sociocultural needs. Too often as I encounter programs within the community, I find that they are always designed to meet the so-called needs of "average" citizens. These hypothetical individuals are nonexistent—particularly among senior citizens. Consequently, if we can somehow redirect our programs to take into account the variations that exist within our various communities and the individual variations in needs, strengths and resources, I believe that we will have, for example, more than 5 percent of all Kansans participating excitedly in congregate meal programs.

I thank you very much for your time and attention.

Senator DOLE. That same question was raised this morning in Wichita, about how 20 percent—I believe that was the figure—you probably know the survey—needed special diets. I guess those are available, aren't they, in congregate meals?

Mrs. MULLIKIN. The regulations say they are supposed to be, but to my knowledge, there are not too many providers that are living up to that because of the expense.

Senator DOLE. Do you have the same—

Dr. JEROME. Yet special meals should not be more expensive than so-called "regular" meals. There is no reason why a low-salt diet should cost any more than what is termed a regular diet, for example. Of course, the cost of personnel or of nutrition specialists could increase the costs of these services, however.

Senator DOLE. I guess maybe they were looking at the economies of scaling; if you have 30 ham and eggs, that's cheaper than 10.

Dr. JEROME. I see, a question of mass feeding versus individualizing food patterns. My recommendation for systematic programs in nutrition exchange should reduce costs considerably.

Mrs. MULLIKIN. I think that is the problem. To my knowledge, I am familiar with regulations, and notice that it does put the emphasis on the special diets. But if that is being met anywhere as the regulations spell out, I am unaware of it.

Senator DOLE. I think Dr. Wray from Wichita mentioned this morning that he was making referrals in at least Meals on Wheels—that's another area we'll probably get into later and we need more physicians to understand nutrition exchange.

Mrs. MULLIKIN. But you have got to understand Dr. Wray is a unique individual. He gets indoctrinated by me every once in a while.

Senator DOLE. He did a good job this morning.

Dr. JEROME. Yes; but the point must be reinforced that these programs are part of health care delivery and must be coordinated

throughout the system. Otherwise, our citizens will be lost in the shuffle.

Senator DOLE. I think they are excellent statements.

Do you have any questions, Larry?

Mr. WINN. No; I don't have any questions. Again, I just want to say that your testimony, Dr. Jerome, and your different approach to this problem is most unusual. As my father is 85 and my mother is 82, I can read right with you. And you hit one word that I see constantly in them and, I'm sure, in many senior citizens: pride.

Mrs. MULLIKIN. Pride.

Mr. WINN. Really important.

Mrs. MULLIKIN. It's particularly true of my generation of old people. I do not think it's going to be that strong in later generations of older people, but remember, it's an interesting paradox. The social reforms that occurred during the 1930's as an outgrowth of that near disastrous depression have been supported all our lives by those of us who were then young. We have gladly spent our tax dollars for those, but when it comes to participating in them, they say, we have a tendency to say, It's for them, not for us.

Mr. WINN. Thank you very much.

Mrs. MULLIKIN. And it's paradoxical.

Senator DOLE. Thank you.

Another thing, as you're leaving, Dr. Jerome touched on some drug-related problems. If the average is three, I can think of a number of people I know where it's five and six prescription drugs a day, and that may be counterproductive.

Dr. JEROME. It definitely is counterproductive.

And I think that these programs ought to monitor drug use in relation to diet and health. Some monitoring does take place in spots. However, the physician doesn't do it, the nurse doesn't do it, the individual is too old or sick to take care of that sort of monitoring. Someone or some group has to do it. And this, as far as I'm concerned, is the major medically related nutrition problem of the elderly right now. The problem of nonmonitoring is compounded if over-the-counter drugs are added to the ones that are prescribed.

Senator DOLE. Which they probably didn't report.

Dr. JEROME. Probably. Exactly—indicating a true role for nutrition monitoring combined with social assessment and monitoring.

Senator DOLE. Thank you very much.

Our next witnesses are program directors who should have all the answers for us. Mrs. Anita Favors, director of the Wyandotte-Leavenworth Area Agency on Aging, Kansas City; Mrs. Jacqueline Fellows, nutrition director, Area Agency on Aging, Kansas City; Mr. Jim Lyons, director, North Central-Flint Hills Area Agency on Aging, Manhattan; Mrs. Barbara Roth, nutrition director, North Central-Flint Hills Area Agency on Aging, Manhattan.

UNIDENTIFIED VOICE. Mrs. Roth is ill.

Senator DOLE. Something she ate?

UNIDENTIFIED VOICE. Something she ate.

Mrs. FAVORS. Good afternoon. Senator Dole, Congressman Winn, Senator Boschwitz—

Senator DOLE. Say it fast.

STATEMENT OF ANITA FAVORS, DIRECTOR, WYANDOTTE-
LEAVENWORTH AREA AGENCY ON AGING, KANSAS CITY,
KANS.

Mrs. FAVORS. I really practiced that.

First of all, I would like to begin by saying that we don't have all the answers, as you suggested. But it's always encouraging and it's always enlightening to attend hearings such as this one to determine and to hear new input into solving some of the problems that we encounter daily.

My name is Anita Favors and I'm director of the Wyandotte-Leavenworth Area Agency on Aging. I have been involved with the title III(C) nutrition program since its inception in the latter part of 1973.

The issue I would like to address today is one regarding home-delivered meals, and, specifically, the title III(C) program funded under the Older Americans Act. I don't think I need to sell any one of you on the value of home-delivered meals to homebound elderly persons; however, I would like to take this opportunity to expound on the potential benefits.

One of the most important benefits of the home-delivered meal to an elderly person is that this one meal per day may be a deciding factor in maintaining a person in dignity in his or her own home rather than placing him or her in the home of a relative or in an institution.

Precarious health status may be improved by proper diet, which also may prevent hospitalization or institutionalization.

Persons may possibly be released from hospitals earlier if the release coordinator knows that meals can be made available at home.

Certainly, isolated homebound persons will benefit from the socialization of a daily, friendly visit from a meal deliverer.

And, finally—

Senator BOSCHWITZ. May I ask just a point of information? This morning in Wichita, the testimony said that a person was delivered six meals. They mentioned that when a meal is delivered, socialization is also involved. How long does a person normally stay when a meal is delivered? Not in and out, apparently?

Mrs. FAVORS. I think it depends on the setup of that particular location or the way that the meals are delivered in that particular area. In our area in Wyandotte County, in particular, we have a driver who delivers some of the home-delivered meals and then we have individuals who are participants at the nutrition sites who, when they pick up their meals, they pick up a certain number of meals and deliver them to the homes of individuals in their counties.

Senator BOSCHWITZ. Are the drivers paid?

Mrs. FAVORS. The drivers are paid; the participants are not paid.

Senator BOSCHWITZ. So they spend 5 or 10 minutes with each person?

Mrs. FAVORS. Yes, as they deliver the meals. And sometimes this is the only contact that a person might have with any individual during the entire day. So it does provide that person with the capability to provide a daily surveillance on the health and physical condition of

that person; and it also facilitates appropriate referrals for other services that might be needed.

Senator BOSCHWITZ. I'm sorry to interrupt you.

Mrs. FAVORS. In general, a home-delivered meals program can improve the quality of life for the recipient. In cases where home-delivered meals prevent institutionalization, the financial savings are realized not only by that individual recipient and his family but by the community as a whole.

Now that I have sold you on the value of home-delivered meals, I would like to address three specific issues related to the program as it exists in our area.

Being in a basically urban area with a high concentration of elderly persons, the need for home-delivered meals far exceeds the ability for us to provide them. Since 1973, in Wyandotte County alone, the Wyandotte-Leavenworth Area Agency on Aging has maintained a waiting list of up to 400 persons for home-delivered meals. Before the advent of the separate home-delivered meals program under the 1978 amendments to the Older Americans Act, the nutrition program was serving a maximum, as Mr. Dice has discussed, of 15 percent of the congregate meals as home deliveries. This area was most pleased to receive separate funds for a home-delivered meals program; however, the amount of funds we received allowed us to increase the number of meals served by only 50. We still have an overwhelming waiting list, and no recruiting has yet been done to locate the people who are isolated and hard to reach.

Senator DOLE. Do you have any idea what percent you are not reaching? We don't charge that against your time.

Mrs. FAVORS. You won't charge that against my time?

We could probably go along with the general consensus that's been here today. We feel as though we probably reach 5 percent of those people.

Senator DOLE. I can understand this may be happening in rural areas where people are separated by 10 or 15 miles, but it would seem that in urban areas it ought to be better than that.

Mrs. FAVORS. Our problem is not locating the people because in urban areas they come to us for the most part. Our problem is being limited in being able to serve them.

Senator DOLE. You don't have the money?

Mrs. FAVORS. Right. I feel as though there could be two approaches taken as a solution to the problem in urban areas.

No. 1, and this is the one we really don't want to talk about, and that's that more funding be allocated, nationally to the home-delivered meals program or that special funding consideration be given to urban areas with high proportions of elderly and minorities.

The second issue I wish to touch on is the administrative problems encountered in record keeping of the two separate nutrition programs. This is something that Mr. Dice touched on; however, I would just like to provide a few details.

Two entirely different sets of account records have to be maintained. Each contributor must be labeled congregate or home-delivered and tallied separately in project income records. Two different 10-percent

matches must be made to obtain Federal funding. Salaries of persons functioning in both programs must be divided up and paid by separate programs. Volunteer hours for people packaging the meals must be separate from the regular function of serving the meals to congregate participants.

All in all, it is an accounting nightmare. Also the cost in man-hours is certainly prohibitive and this cost, naturally, decreases the number of meals that we could potentially be serving.

The third and final point I wish to emphasize is the need for home-delivered meals 7 days a week. This policy has been suggested in the current act, the Older Americans Act, but not mandated. We've found that in visiting the homebound, that an overwhelming percentage live alone and have no one to assist them. Their weekend meals must consist of tea and toast, cereal, or other cold items. This is something we've documented through surveys.

Senator DOLE. I think you're right. I mean I think that's an area we have to address, because it's understood that everybody works regular hours but you still have to eat.

Mrs. FAVORS. Right.

Senator DOLE. And maybe that's an area that we can address.

Now, when you go without a proper meal on Saturday and Sunday, is it customary that the Monday meal is a little heavier than Tuesday, Wednesday, Thursday, and Friday?

Mrs. FAVORS. No; it isn't. It's about the same each time.

The problem is the person can only eat so much and they tend to eat small meals.

Senator DOLE. So they don't eat more because they haven't eaten?

Mrs. FAVORS. Normally, when you don't eat, your stomach has a tendency to shrink, so probably you aren't eating as much.

Senator DOLE. I haven't had that problem, but I think it's a problem you have to address. Again, it's because of the statistics that Mrs. Mullikin is giving us about how many people are alone and how many people can't prepare their own meals and how many have difficulty. You know that you have 20-some percent on a weekend.

Mrs. FAVORS. True. This is something we would like to address, but, of course, that would mean an expansion of funding to be able to serve even the people we presently serve. And, again, that would be something we hope you would consider in terms of increasing the allocation of funding to the home-delivered meals program.

I would like to thank you, Senator Dole, for your interest and activities on behalf of the elderly and for allowing me this opportunity to present this testimony.

Senator DOLE. Thank you.

Now let's listen to Mrs. Fellows and Jim Lyons.

I might say that Mrs.—is it "Roth," is that how you pronounce that?

Mrs. FELLOWS. Yes; Barbara.

Senator DOLE. We will make her statement part of the record. If not, she can mail her testimony.

Mr. LYONS. It is a part of this.

Senator DOLE. Fine.

STATEMENT OF JACQUELINE FELLOWS, DIRECTOR, NUTRITION PROGRAMS, AREA AGENCY ON AGING, KANSAS CITY, KANS.

Mrs. FELLOWS. Senator Dole, Senator Boschwitz—I got it right, Anita—and Congressman Winn, it's a pleasure to be asked to testify before you. I am Jacqueline Fellows, nutrition project director for the area agency on aging nutrition program of Wyandotte-Leavenworth Counties, which is a mouthful.

We usually just call it "Triple A Nutrition." Our title III(C) program of the Older Americans Act is a public one sponsored by the city of Kansas City, Kans., in PSA 01. We have been in operation since 1975 and have 26 sites in the two counties. We serve, on a daily basis, about 1,423 meals. We serve both congregate and home-delivered, but Anita and I divided our testimony up and I drew the congregate, so that's what I will be talking about today.

Our first nutrition sites were opened in November 1973, under the auspices of CASE, Inc., a private nonprofit corporation. Then, in December 1975, the project was taken over by the city and I have been its director since then.

Since your hearings, Senators, are primarily geared to finding ways to improve the program, we would like to offer the following suggestions.

No. 1, more funds should be allowed into the title III(C)1 program, congregate meals, so that a measurable and significant impact can be made on the nutritional needs of the elderly. We've all heard the stories of the elderly buying pet food because that is the only protein they can afford on their budgets. Our program, in contrast, offers seniors a balanced, nutritious noon meal providing one-third of the RDA.

In the two counties served by the area agency on aging nutrition program, there are over 33,554 persons 60 years of age and over, 7 percent of the total population. Our present level of funding only allows us to serve between 1 and 5 percent of the persons eligible to receive the meals. We have been forced to impose quotas at each of our nutrition sites and participants wanting to eat have been turned away. We have received the precise same amount of funds in the 5 years I have been in charge of the program; the Federal funds have never varied \$1; the same amount of funds for 5 years.

Senator DOLE. You mean they have never increased to account for inflation?

Mrs. FELLOWS. Never: \$468,132, 5 years.

Senator BOSCHWITZ. The statistics I developed before I came here would indicate that more money was enacted in 1980 than in 1979.

Senator DOLE. We are not getting it here, apparently.

Senator BOSCHWITZ. Well, Kansas, no, that's right. Minnesota got more but you didn't. We have a few more people. Very, very slow growth.

Mrs. FELLOWS. Also, title III (C) in our area cannot look to revenue sharing and county mill levies, et cetera, to trim our costs because our local governments are deeply in debt. We hope that when Congress convenes to work on reauthorization of the Older Americans Act, that thought will be given to the millions of elderly persons that go without

a noon meal, and that there will be a marked increase in the funds for the elderly nutrition program so that the goals of the act can be met.

Senator BOSCHWITZ. Incidentally, there was a amendment to the authorization of the appropriations bill on the congregate meals to add \$100 million, and we both voted for that. It did not pass—did it pass? I forget if it did; I don't think it did, as a matter of fact.

Senator DOLE. It passed the Senate.

Congressman WINN. It didn't come to the House.

Mrs. FELLOWS. Glad you were thinking of us.

Second, I would like to think again of something that has been touched on, the supportive services program which was removed from title III (C) and transferred to title III (B). I recommend they be returned to the nutrition program. The lost services include transportation, shopping assistance, escort services and health and welfare counseling. All of these are an intricate part of nutrition services and have been provided by the nutrition program since its inception.

Our morning begins each morning at 7:30 with about 15 or 20 phone calls with messages specifically about transportation. Next year, these messages will have to be transcribed and transferred to other people, often in an entirely different location.

Shopping assistance, especially for the homebound elderly, is tied directly to nutrition education which still remains within the province of the nutrition program. Often, the homebound have no access to grocery shopping. Their grocery lists lean toward the convenience foods and wise nutrition counseling is necessary. There is one elderly woman who was ordering two large cartons of cokes a week, and the nutritionist went out and finally convinced her she should spend some money on fresh fruits and vegetables to counteract the sugar. So shopping assistance is a very important part of the nutrition program.

Escort services are provided on the buses and at the sites. Many elderly people need assistance in getting from their front doors to the van, and then on board; and then a great number need assistance in bringing their meals to the table. These services have been provided in the past by scores of nutrition program volunteers.

Health and welfare counseling, which includes blood pressure checks, urinalysis, blood checks, have always been scheduled by the nutrition program to fit easily into the daily schedule at the sites. Under the new act, they'll be scheduled by outsiders who know nothing of daily affairs at the sites.

So we would like to reiterate that we feel supportive services should be returned to the nutrition program.

We could site a multitude of examples of how the title III (C) program has helped senior citizens in our area so we can imagine the effect the program has had on the elderly throughout America; but we're almost overwhelmed when considering all the unmet needs.

With every year that passes, our 60-plus population increases and inflation continues to cut into the fixed incomes of the elderly. Perhaps no other program except social security has as much effect on the lives of the elderly as ours does. We beg of you and your fellow Members of Congress to continue and to expand your support.

Senator DOLE. Thank you.

Mr. Lyon.

STATEMENT OF JIM LYON, DIRECTOR, NORTH CENTRAL AREA
AGENCY ON AGING, MANHATTAN, KANS.

Mr. LYON. Senator Dole, Senator Boschwitz, and Congressman Winn, than you for the opportunity to make this presentation. I regret that Barbara is not here. She brings a certain charm to the material which I will probably not do.¹

But, in any event, when Chris Bolton called, she said she wanted to know something of the successes and the problems of a rural area agency on aging, and we endeavored to define the issues in my presentation.

The first thing, the planning and service area of our area agency on aging is 13,000 square miles and 18 counties and 60,000 persons over the age of 60. And we have five population centers of 50,000 or less and there are 260 villages and innumerable farms within the planning and service area.

In addition to the size of the area, the older people are widely dispersed through these areas, and the great number of the villages and towns have a disproportional percentage of older people. And in most places, the percentage of older people will be as high as 25 percent.

The North Central Flint Hills Area Agency on Aging is 6 years old, and during the period of its existence, there has been considerable opportunity to assess the value of the nutrition program and other agency offerings to the population who have participated.

Now, I make a note here about rural versus urban. We have discovered the reality of that saying, people relate to people and not to programs. And ours is a very personalized kind of service system. Although the initial reception of the congregate meal program was somewhat skeptical, it has now established itself as a central part of the several thousand persons in the 18 counties. In addition to providing nutrition, of course, it has provided the opportunity to get together, or the socialization benefit, as it is sometimes called. We have been concerned that in official circles, the socialization that has resulted as a result of the nutritional program has been played down.

I think we have been privileged to observe the dramatic changes in lives that have occurred because people can get together with their peer group. And we are sure that the combination of nutrition and socialization has slowed down the process of disengagement and has helped innumerable persons remain independent and viable in their communities. And I'm sorry there isn't some concrete way to show how socialization is a real benefit, but it must indeed be a benefit that we cannot overlook.

Senator BOSCHWITZ. Well, you know, I think most people in political life like me have some sense of that because these congregate meals are nifty places to go. We would like to go where the folks are. And all of us—I'm sure I speak for the Congressman as well—normally try and make some of those which are in the middle of the day, and so we have seen that socialization is a very important aspect of the whole program.

Mr. LYON. Wonderful. Thank you very much.

¹ See p. 115 for the prepared statement of Mr. Lyon.

This is not to overlook those people who have a special need for the program. My point is that the nutrition program is an inclusive and not an exclusive program with an emphasis upon persons 60 years of age and older, including the frail, the vulnerable and others.

Now, to help the older individual maintain responsibility for his own well-being and foster his independence should be the goal of all aging service programs. I think, though, that in a rural setting, we encounter problems that are unique, and one of those problems is the necessity for spanning large distances. And so the development of a comprehensive and coordinated service delivery system which meets the needs is very important.

And I brought a prop. I am not going to explain it, but this is a rough approximation of the outline of our counties. And all of these different colors on here are aging services that are offered in each one of those places. So you can see at once that the need for a comprehensive and coordinated service delivery system is very great.

We now offer 25 nutrition sites across the 18-county area and we plan to serve 250,000 meals this year. In fiscal year 1981, we are going to expand and serve 328,000 meals. And, of course, part of the key to this expansion is the local communities and the support of the nutrition program so that local people are involved on a day-to-day basis with everything that goes on.

To coordinate the nutrition service, we are in the process of developing central kitchens in our area which will allow nutrition sites to serve one or more other sites in that vicinity. And in two areas, we are crossing country lines. This may not be a new idea to some, but it's a new idea to many people who have managed to maintain the integrity of an independent program within a particular county, to see aging services in a larger context.

Mr. WINN. Excuse me, Mr. Lyon, does that cause any problems?

Mr. LYON. Only if mill levy money, for example, would be expended, in which case some interlocal agreement would have to be worked out so that the county that would have the initial payment—for example, the cost of utilities to prepare a meal—they will be repaid that. But an interlocal agreement between the counties would have to exist, yes, sir.

We must pay special attention to the identification of the frail elderly and meeting their needs, and we have an outreach program in progress now. We hope by the end of fiscal year 1982 that we will have identified 3,600 of the frail and vulnerable elderly.

Already, this summer, we have found that more people are coming to the meal sites, and we have uncovered a need for modified diets and home-delivered meals. During the heat emergency, a number of people made themselves known as needing the service.

I think the independence in an older Kansan is a characteristic we must take care to preserve; and so we generally offer participants the opportunity to participate at the meal site by contributing whatever they can afford to contribute. And I should very much hate to see that aspect of the program disappear. People, as they are able to pay, also feel some responsibility—

Senator BOSCHWITZ. Is there any threat that that part of the program will disappear?

Mr. LYON. No; but I have heard talk that in some places, it was not being stressed, and that concerns me. It should be stressed. Independence is what we are trying to foster in the older person and they like to be able to pay their own way if they can.

I think finally that one of the strengths of Mid-Kansas Senior Services, which is what we call a program area, is the fact that it is a direct service of the area agency on aging. We share administrative personnel, we share other costs and we share responsibilities.

And our field representatives attend county council on aging meetings and aid in local program development. They conduct site counsels, they do a good many things for the nutrition programs and communication is greatly enhanced. Costs are much lower because of shared administration and funds which might have been spent for a wholly separate administration are diverted to the expansion of the nutrition service.

We feel in the rural area that the area agency providing the nutrition program as a direct service has been a real boom. We think the nutrition program is a marvelous activity. We have seen lives turned around and we are greatly privileged to be a part of it.

We thank you very much for the opportunity to say something about it.

Mr. WINN. I have no questions. Thank you. Very good.

Senator BOSCHWITZ. Yes; I enjoyed the testimony.

And I wondered if you could tell me, Anita, there was some repetition, as there should be, but what percentage of the participants in the home-delivered program are over 75? That's No. 1. Second, perhaps each of you would briefly comment on what kind of checks do you go through? We spoke about this over in Wichita. What kind of checks do you go through to see if the people can come instead to the congregate meals?

Mrs. FAVORS. OK, Jackie can probably answer better than I can in terms of how many elderly people are 75 and older receiving home-delivered meals; but I can answer the question in regard to the checks and balances. We do personal home visits on an annual basis to check and see how our home-delivered people are doing and so forth and so on. And we also require doctor's statements from a person before we put them on the home-delivered meals list, a statement which says, "This person is basically homebound, and it would be detrimental to their health to come out to congregate sites."

Senator BOSCHWITZ. You also talked about getting some input from the people who went there every day. This certainly is a check. But is there any systemized type of communication between you and those who are delivering?

Mrs. FAVORS. The site supervisors are our communication between the people that are being served and the people that—

Senator BOSCHWITZ. They make a point to try to find out?

Mrs. FELLOWS. And you have several site supervisors in the audience today. But I might say I have been totally amazed. Now, today I got two home-delivered meal forms, one was 96, the other was 92. When those come in, we just put them on permanent home delivery automatically. But I would say between 35 and 50 percent on permanent home delivery are over 75.

Mr. WINN. I'm interested in those statistics, too. I wonder, in your

own jurisdictions, could you furnish the Senate committee with that information?

Mrs. FELLOWS. Yes; I mean I think that would tell the story that the Senator is trying to get at. Right.

Mr. WINN. Thank you.

Senator BOSCHWITZ. Bob, do you have any questions?

Senator DOLE. No; I read Mr. Lyons' testimony. I had to go back and make a quick phone call then.

But we need that from the rural jurisdiction. I think it's been my feeling—and I don't have any quarrel with the way programs operate in urban areas—but I think there has been less stress on rural areas and that's why we thought we could highlight that.

Thank you.

Senator BOSCHWITZ. I will give that back to you.

Senator DOLE. Is that your 18-county area?

Mr. LYON. Yes, I didn't bring the chart legend along, but those colored dots and stars are the services in all of the counties.

Senator BOSCHWITZ. This Minneapolis in Ottawa County, you should give special preference.

Senator DOLE. It has two stars there.

Mr. LYON. The red half-circles are nutrition sites; the blues are consumer assistance and information clearing houses; the small blues are community service advisors or information people; the yellow, transportation; the greens are senior centers; and the round ones are private home-delivered meal programs. And that isn't a complete map. It needs to be updated.

Senator DOLE. That would be helpful, too. Have you had this reproduced?

Mr. LYON. I can reproduce it for you, Senator Boschwitz. I think it would be helpful in our committee session. But that is a rural area, 260 small towns.

Senator BOSCHWITZ. Thank you.

Senator DOLE. Well, we have a couple of other people who have come a long distance, and we appreciate that very much: Mrs. Mildred Harkness, a board member of the Southwest Kansas Area Agency on Aging from Scott City, Kans.; and Mrs. Marjorie Smith, supportive services coordinator, Southwest Kansas Area Agency on Aging in Great Bend.

Senator BOSCHWITZ. Mrs. Harkness, where is Scott City?

Mrs. HARKNESS. You have three maps on the back of my testimony, and we are from the great big one, from Senator Dole's district.

Senator DOLE. I will be out there Friday morning.

Mrs. HARKNESS. If I am there, I am going to take you down and show you our center. And you will see at the top of the page, Scott County. Scott City is in there on the last page.

Senator BOSCHWITZ. Great Bend down that way?

Senator DOLE. No; it's in central Kansas in Barton County, but it's on Highway 96. Highway 96 is right there.

Senator BOSCHWITZ. We are going to see how you do with my name.

Mrs. HARKNESS. Senator Rudy Boschwitz—

Senator BOSCHWITZ. Correct.

Mrs. HARKNESS [continuing]. Hon. Senator Dole—

Senator BOSCHWITZ. Say, I'm honorable, too.

Mrs. HARKNESS. I know you're honorable, but you just said your name.

Senator BOSCHWITZ. Not always.

**STATEMENT OF MILDRED HARKNESS, SOUTHWEST KANSAS
AREA AGENCY ON AGING, SCOTT CITY, KANS.**

Mrs. HARKNESS [continuing]. And Congressman Winn—I had not met him before—we are glad to appear before you. I am Mildred Harkness.

If you will notice that that big map back there has got 28 counties on there, that's my area, PSA 6. We cover one-fourth of the State.¹

I am an appointee of the Scott County, Kans., Board of County Commissioners to the Southwest Kansas Area Agency known by the Kansas Department of Aging as PSA 6, a planning and service area. We are composed of approximately 15,189 square miles.

The Southwest Area Agency is composed of 28 counties, three regional planning commissioners: The Greater Southwest Regional Planning Commission in Garden City which has 19 of our counties; Indian Hills Regional Planning Commission and Golden Belt Regional Planning Commission, which have 9 others, and their office is at Pratt, Kans.

These 28 counties cover approximately one-fourth of the State and it is all rural distance.

As a rural board member, taking into consideration the nutrition needs of 28 counties presents us with a great challenge. Each one of our 60-plus aged people, whether in nursing homes, homebound, temporarily ill or recovering from illness and under doctors orders, are equally important to us as well as those who are able to come in our minibuses or in their own car pools to the nutrition sites. Regardless of race or creed, they need proper nutrition. Giving proper nutrition to these people is being done in our area through the central kitchen and satellite kitchen concept.

We have seven central kitchens located at Minneola, Ness City, Larned, Scott City, Hugoton, Medicine Lodge, and Syracuse. We serve from these central kitchens 11 satellite kitchens which are Dighton, Garden City, Rolla, Satanta, Protection, Englewood, Plains, Ashland, Pawnee Rock, and two new ones, Kismet and Sawyer. We also serve nine sites that are catered, three from restaurants, two from Trinity Hospital, two from schools, one from a nursing home and one in a convent.

As an example—I know a lot about my own county, but when I sit on the board, I am representing 28 counties—the Scott County Senior Center also houses a county health nurse and a central kitchen who cooks for Scott City; Garden City, which is 40 miles south; and Dighton, which is 24 miles east, which are satellite kitchens of Scott City. Altogether, we serve 800-plus meals in southwest Kansas area agency each day. Each person receives one-third of the daily minimum needs of nutrition that he needs.

We serve all that come to the nutrition center and those we know of through outreach work, but I'm sorry to tell you we're on a quota and we cannot nearly serve all our people that are needed.

¹ See p. 118 for the prepared statement of Mrs. Harkness.

Senator DOLE. What percent are you able to serve? Do you have any idea?

Mrs. HARKNESS. I imagine it's probably this 5 percent that they are all talking about.

Senator DOLE. But you could identify many more than that?

Mrs. HARKNESS. Yes, and I will do so in this testimony.

Senator DOLE. Good.

Mrs. HARKNESS. At first, people in my area, being proud workers of the rolling prairies and with farm background, felt this was a welfare program or a concept known long ago as the county poor farm, a stigma taking away their freedom and not being able to take care of themselves—poor and proud. This spirit of proudness has been made through positive thinking and work into a cooperative effort to live again and really be alive. They look after each other. We have six marriages from our senior center and people are happy quilting, playing in the band—maybe I'd better stop.

Senator DOLE. That's all right. You go ahead.

Mrs. HARKNESS [continuing]. Playing cards—

Senator DOLE. You came a long way.

Mrs. HARKNESS [continuing]. And receiving education programs from legal services, booklets to make inventories of their belongings and where they are, how to protect themselves from thugs and thieves—both their homes and their bodies. These are a few examples. We also have woodcarving, color TV, and ceramics. We had a blind man who was ready to give up; in fact, he said he was going to shoot himself. And then he got out his old fiddle, his wife brought him over, and now he plays in our band. He holds his head high and last year he celebrated his 50th wedding anniversary. He played for the Governor last Friday in the "Hit and Miss" band. And I have many other examples.

Senator BOSCHWITZ. Hit and Miss?

Mrs. HARKNESS. They hit a few and miss a few. But they bought a Hammond organ and put it in the building.

Senator DOLE. Maybe I'd be able to see him.

Senator BOSCHWITZ. I had no idea what goes on in these congregate meal centers.

Mrs. HARKNESS. I want you to listen to this, that a formula for division of funds should also in our area contain distance covered if it can be so that we can maintain and take care of nutrition we have. But we're growing, as more are reaching the 60-plus age than are leaving it. We also have more people moving in. We have two big feed plants coming in and they are bringing older people.

Our formula in this State is, those 60-plus-two times low-income-plus-two times minority; but travel is not included. I don't live in the far corner of the PSA but I drive 97 miles one way filling my car with board members to our office in Dodge City, which is in the center of PSA 6. It takes approximately 2½ hours to get there for our board meeting and our nutrition people spend a lot of time driving over these 28 counties to these sites. I think that we should be able to get more money to get sites in targeted areas so that our people can all be served.

Our people give approximately \$125,000 per year in their envelopes,

which is known as project income. This is used in our budget for the next year. We need more transportation money put in nutrition funds for buses.

We, in Scott County—I won't read that because that tells about our center. But we did build a center without any of your tax money. It was all donated and it cost \$100,000. I would like to show it to you. But it does contain the central kitchen and the county health department. But we have received many gifts from people there. The latest which we received Friday—the First National Bank purchased and gave to the nutrition program a blue ribbon prize beef to be used in our nutrition program.

We have never asked for a mill levy but I feel many of our counties should, and many have a mill levy to help them. Some have received funds from local foundations. However, we still need help in targeted areas and help since also gasoline is high, as you well know, and to cover all this distance and get the help that we need to these people.

I thank you for all that your committee has done. We need more here for home health care, help in reporting on elderly abuse for our elderly in their homes and in family homes. We also need more home chore help in this area for our nutrition people who cannot do these, whether they are low income or not.

I, myself, am a handicapped person. I have a pacemaker. My husband has cancer. And we're both what you consider disabled and we need this help, but we would be willing to pay for it if it was available. And there are many others that are like us, but there are a lot of the low income that need it badly, also.

I especially want you to know I appreciate the honor of testifying in the area of nutrition and what it's done for southwest Kansas, but I feel badly that we can't yet bring nutrition to our whole area. We have several towns—such as Modoc, Healy, Marienthal, and Shallow Water, which are close to Scott City—and many others in other of the 28 counties which don't get nutrition because we need many buses to bring them in or some place where there are 504 handicapped equipped, and most of these people in these towns are full of people 60 to 95 years old that need nutrition. We also have older rural farm people who live too far from town who also need nutrition. So we still have a challenge on how to do this on the money we have and the distance that is covered.

If you will notice that my 28 counties are on the first map marked over here, and this is the number of over 60. Of course, this is still from the 1970 census. This is what we have spent from title III funds in 1979 and 1980 in these counties. But, as I say, we have many targeted areas of small towns that we're not reaching.

I'm really sorry about this last map; it really shook me up. Take, for instance, Clark County and the elderly over 60—18.3 percent are over the age of 60, and of that age, 55.7 are below poverty. My own county shocked me a little bit—9.4 are elderly, over 60, and of that, we have 18.5 under poverty.

I thank you for the testimony that you allowed me to give.

Senator DOLE. Thank you very much.

Marjorie, you are next.

**STATEMENT OF MARJORIE SMITH, SUPPORTIVE SERVICES
COORDINATOR, SOUTHWEST KANSAS NUTRITION PROGRAM,
BARTON COUNTY COMMUNITY COLLEGE, GREAT BEND, KANS.**

Mrs. SMITH. Yes. I'm Marjorie Smith. You notice my report is signed by Anna Hoagland. Anna Hoagland is project director. I'm the administrative assistant and I have been and am the supportive service coordinator for the 28 counties.

On a national level, these programs are to provide older Americans, particularly those with low incomes, with low cost nutritionally sound meals served in centers where there are other social and rehabilitative services provided. Besides promoting better health for the older segment of the population through improved nutrition, the program is aimed at reducing the isolation that is so often associated with old age due to lack of mobility and/or loss of a loved one.

Our southwest Kansas nutrition program serves the 36,000-plus seniors who live in the 28 counties of southwest Kansas. We serve over 800 meals a day at 27 sites; 18 of our sites are served through seven central kitchens where we pay the kitchen staff and buy all the supplies. Nine of our sites are catered, three from restaurants, two from a low-income multipurpose center, two from schools, one from a nursing home, and one from a religious institution.

The success of our program may be attributed to the site managers who are responsible for outreach, delivery of homebound meals, transportation to the sites, and completing the numerous forms required by the Government. Here in southwest Kansas, we're dependent on and thankful for the numerous volunteers who help the site managers transport the meals and the participants, and who keep our sites comfortable and active. We've also been very fortunate in hiring cooks who are skilled in keeping quality high and cost per meal low, and in contracting with caterers who are very reasonable in their charges.

Our program is staffed by five persons, the secretary, a bookkeeper, dietitian, administrative assistant, and project director. We are sponsored by the Barton County Community College and funded through the Southwest Kansas Area Agency on Aging and the Kansas Department on Aging. Moneys are provided through title III, the State, USDA reimbursements, and local contributions.

Recently, Kirschner Associates, Inc., and Opinion Research Corp. prepared a longitudinal evaluation of the nutrition programs nationally. The report was prepared for the Administration on Aging, U.S. Department of Health, Education, and Welfare, and they concluded that "community setting may also influence project costs. Rural projects can incur higher costs due to their isolation and the resulting difficulty of transporting food, supplies, and participants to the sites." This appears on page 67 of that report.

We in rural southwest Kansas, are not only handicapped by the higher costs involved—and to the costs mentioned, we can add that in serving fewer meals per site, the local administrative budget increases and maintenance is multiplied—we are handicapped because of the funding formulas. The funding formula is based on the numbers of the 60-plus population, minorities, and low income. This is un-

derstandable. However, if rural projects have been demonstrated as having increased costs, they need attention also, attention in the form of money for meal transportation, maintenance, and local administration.

Rumors are circulating that our nutrition program is working in its efforts to keep our seniors healthy and active. At each site visited, you can hear of more than one instance where a senior's health improved due to the meals and support received through the program. It is reported that one doctor in Medicine Lodge said that seniors who attend our program regularly have cut their visits to him by 50 percent. We need to document this story and more stories. The companionship and support received at these sites contribute to the good health of the participants as well as the nutritional requirements.

These meals must follow a pattern set by the State and Federal regulations. Compliance to this meal pattern is insured through the approval, by the project dietitian, of a 4-week cycle menus prepared by the caterers, cooks, or the project dietitian. The special needs of the elderly are considered in all menu planning, preparation, and service. We feel that these special needs are met best in the sites served by our central kitchens where we are able to train personnel, manage costs, counsel staff, and, in general, better control the quality of the meals and the cost. Approximately 80 percent of our home-delivered meals and 70 percent of our congregate meals are served from our seven central kitchens.

Transportation to the sites and delivery of homebound meals is, in our program, provided on a volunteer basis. Senior centers may apply for grant money to buy minibuses through the area agency on aging; however, all costs incurred and services provided after the approval of the grant are the responsibility of each local site. And, once again, volunteers must be given credit for the success of the program and for the enormous savings in this area. Our ability to serve as many sites and as many meals as we do would be curtailed enormously if we had participant transportation costs.

In summary, we are serving approximately 10 percent of the eligible population in southwest Kansas; 3,500 unduplicated persons were served in the first three-quarters of the fiscal year 1980. Our special concern is reaching those who are isolated. The funding formula does not give allowance for the increased costs of rural projects. Partly, these increased costs are due to transportation of meals, local administration, and multiplied maintenance. Our special needs should be considered when available money is distributed.

As an aside, we have also been concerned that rural projects be consulted when rules and regulations are written on a National or State level so these policies and regulations reflect our needs as well as the needs of the urban projects.

We appreciate the opportunity to express our pride in the southwest Kansas nutrition program and our concerns that these special needs of the rural programs be considered.

Thank you.

Senator DOLE. Thank you, Mrs. Smith and Mrs. Harkness. I don't have any questions. I think you have again highlighted, as Mr. Lyon did, the added problems you have in rural areas, and I think it's a significant matter that should be considered by the Congress.

Larry, do you have any questions?

Mr. WINN. No; I don't have any questions. Coming from this area and only representing 3½ counties, I don't know how you do the job that you do when many of your recipients are out so far. How do you publicize your program?

Mrs. HARKNESS. We have an Older and Bolder that is presented to each participant. It's a paper put out by the agency. We have a toll-free number, both to the nutrition site and to the agency, and it grows mightily word by mouth.

Mr. WINN. Are you able to use the radio out there? It's big. Do you use public service time?

Mrs. HARKNESS. Yes; we use the radio; we use public service in the newspapers; but I will have to be frank with you, I'm ashamed of some of them. They don't like to publish those public service things.

Mr. WINN. Radio; it's required.

Mrs. HARKNESS. Radio does, but I am talking about newspapers.

Mrs. SMITH. One of the things is through our information outreach service where announcements of the meal availability, location, the other services that are available are supposed to be printed locally in the newspapers and are put on in some places, even TV, southwest Kansas is a vast area of a lot of nothing. Sometimes you feel that way when you are driving through it. But everybody has got a radio and this is our greatest advertising medium.

Senator DOLE. We'll have to be out there the next hearing we have; we'll get into that area.

Mrs. HARKNESS. Good. We'll be glad to have you.

I would like to say in behalf of Governor Carlin and the Senators and Representatives here, I do work on the coalition, which you have probably heard of, and I have been a member of it ever since we got the department on aging. I worked with Charlie and some of them on this. And through the efforts and through the senators and representatives of Kansas, last year and the year before, we got \$875,000 of Kansas money. This is the first Kansas money we had gotten. And we did give this mostly to nutrition, entirely to nutrition. And this helped us a lot, but it doesn't do everything. But the people, I think, themselves do a lot of it, volunteers.

Senator DOLE. We appreciate this very much. Do you have any questions, Rudy?

Senator BOSCHWITZ. I wanted to say to Mildred that the maps you gave us show that some counties, Rush, Greeley, and Wichita Counties, had no funds at all.

Mrs. HARKNESS. That's right. We don't have enough funds to go around and we have to maintain the program after it's once started.

Senator BOSCHWITZ. So you simply don't do anything in those?

Mrs. HARKNESS. We work with them and so forth and now Wichita County—now, this is nutrition, title III (C) funds—now Wichita County has got a mill levy and the chamber of commerce bought them a minibus and we have given them tires for that. Greeley County, they have a minibus now through the title III (B) money, and some of these others do have minibuses. Now, this Grinnell, they have several gas wells there and their mill levy is quite high and they haven't asked us for anything. And they run their own program but they do attend all of our meetings and give us much help and support and, I am sure, we give them some support.

Senator BOSCHWITZ. Do you have the same experience as Anita or Jacqueline who said that the amounts of money have remained constant, stable, without—

Mrs. HARKNESS. Very much so. And our title III (B) money, now, that's not nutrition, I know, but that has to be cut right half through in the middle for access and for—help me, Jim.

Mrs. MULLIKIN. Access in home and legal.

Mrs. HARKNESS. So half of our money is gone there before we start trying to make a center or something for them because they don't have enough of it. But that is cut in the new regulations half in two.

Senator BOSCHWITZ. I find these very helpful.

Mrs. HARKNESS. Our center is called more or less a multipurpose center in Scott County.

Senator DOLE. You will be there on Friday?

Mrs. HARKNESS. If I get home in time. Are you going to be at the Broiler or the Robinson?

Senator DOLE. It beats me. I am going to be in Scott City.

Mrs. HARKNESS. The Governor was there. We had 336 out at our breakfast and we really enjoyed him.

Senator DOLE. Thank you very much.

Mrs. HARKNESS. And I will see you there, probably. Thank you.

Senator DOLE. I might say to anybody in the audience, every witness will receive a copy and to anybody else that would like a copy, it's available.

If there is anybody in the audience who would like to make a statement other than the last two on the list, Chris or Steve or Jim Wells there would be happy to discuss this with you, if you would just raise your hand.

Now, I requested an addition to the program—it doesn't tie into the senior citizens part—but I have been a longtime proponent of the WIC program and I don't think we are expanding it enough in Kansas. So I wanted to invite Sarah Harding, State WIC director, and Mrs. Rose Bondy, the WIC coordinator in the Kansas City, Wyandotte County Health Department, are here.

We appreciate your waiting so patiently, and you can proceed in any way you wish. Your entire statements will be made a part of the record.

While they are coming up, is there anybody in the audience who would like to submit a statement for the record? You already have one in the record.

Mrs. MULLIKIN. Yes; but I wanted to comment on Representative Winn's comment on radio. Older people have a tendency to go to bed at 10:30 after the evening news. A good many of the spot announcements on TV or radio on these programs come on around midnight because I occasionally see them. And I think that if we could prevail upon them to bring them on at an earlier point in time, they might reach more people.

Senator DOLE. That's a good point.

Senator BOSCHWITZ. You have to talk to the radio stations individually. It probably is the most effective way to get that done. They have to give a certain amount of their time to public service.

Mrs. MULLIKIN. But there are no time constraints on them.

Senator BOSCHWITZ. And I am very familiar that they take time,

often the time where they can't sell ads as easily. So push them a little bit.

Senator DOLE. I will call on Mrs. Harding first.

I have just been reminded by staff that the bill I have introduced that has passed the Senate but not the House would provide for an increase of 300,000 participants per year through 1984. I think it's a good program that hasn't expanded as we think it should in Kansas City, for a lot of reasons including budgetary restraints.

I think everything is fairly quiet now.

**STATEMENT OF SARAH HARDING, STATE WIC COORDINATOR,
TOPEKA, KANS.**

Ms. HARDING. Senator Dole and Senator Boschwitz, I just want to thank you, first of all, for the opportunity to provide you with an overview of the special supplemental food program for women, infants, and children, more often known as WIC, in the State of Kansas.

My name is Sarah Harding and I am the State coordinator for the WIC program in Kansas.

Our program, which is funded through the U.S. Department of Agriculture, is administered by the Department of Health and Environment and the Bureau of Maternal and Child Health in Kansas. It is most encouraging to see the interest in nutrition for probably the two most important population groups in the Nation today, that being the elderly and the women, infant, and children group, because we are looking at two times in life when nutrition can mean the difference between quality and quantity in life.

The WIC program is designed to improve the nutritional health status of low-income, pregnant, breastfeeding or newly post partum women, infants, and children up to the age of five who are found to be at nutritional risk. WIC provides supplemental food and nutrition education as an adjunct to good health care during the critical times of growth and development in order to prevent the occurrence of health problems and improve the health status of eligible persons.

More features about the WIC program can be found on a green sheet entitled "What is WIC?" and a yellow booklet, "A Guide to Participation in the Kansas WIC Program" that you should have at your fingertips.

Senator DOLE. Could I just interrupt there, and probably you know this—I think it may be in your statement. I am just reminded by staff that a recent Harvard study shows that, for every dollar spent in the WIC program, you save three in future medical costs.

Ms. HARDING. Yes, this information is addressed in the written comments, of which you have a copy. The Kansas WIC program began as a pilot study in Shawnee County in 1974. From that time on, the WIC program has blossomed, and particularly in the past year it has expanded extremely rapidly. In February 1979, the participation level was 10,204 women, infants, and children. By July 31, 1980, which is my most current statistic, we had 16,139 participants in the program. By October 1, 1980, there will be 31 participating counties and approximately 15 local agencies administering programs in the State of Kansas. And at this time, our participation level should be close to

18,000. We are currently expanding at the rate of 450 participants per month, and I hope that this can continue.

You will notice in your information you have a copy of a map that indicates where the WIC programs are located in Kansas. You can see we are fairly well scattered. We have some rural and we have quite a few urban participants which I will talk about in just a minute.

The total potential eligible population based on statistics gathered in October of 1979 is 41,856, and I sincerely believe that this is a low estimate. Currently, 38 percent of the eligible potential population is being served by the WIC program. It is projected that by June 30, 1981, 21,551 persons could be served in Kansas by the WIC program if program growth is allowed to continue.

Approximately 8,624 persons reside in urban areas or in counties with a population over 50,000; 7,505 of the WIC participants reside in rural areas. Determination of the areas to be served by WIC is based on the requirements of the Federal regulations for each State agency to develop an affirmative action plan. You have a copy of our affirmative action plan with your materials. It lists all 10 counties in the State of Kansas, and it ranks them according to—

Senator DOLE. Do we have that?

Ms. HARDING. Yes; it is on two pages. And the counties are scored as to the potential caseload that could be served in each county.

The counties that have an asterisk by them are currently being served. You will notice that some also have initials by them, like "SK," which stands for southeast Kansas; "MH" stands for migrant health; and "UT" stands for united tribes.

The asterisk star is for programs that began operation in 1979, and then there should be some other counties added on at this time that we are projecting to begin by October 1, 1980, those being Bourbon, Butler, and Lyon Counties.

Because of the nature of affirmative action, the areas with the highest concentration of population are usually served first. This is because, of course, you have the highest birth rate in those areas. Of the persons participating in the Kansas WIC program, we find that most individuals are nutritionally at risk because of low hemoglobin or hematocrit. However, there are other factors which are seen in the Kansas WIC program which predisposes persons to poor nutritional status and related health problems.

Approximately 25 percent of the pregnancies occurring in women participating in the program are in women under 19 years of age. And in 18 percent of all pregnancies, conception has occurred less than 18 months after termination of the last pregnancy. Almost half of the pregnant women observed have inadequate diets. Approximately 5 percent of the pregnant women have diseases complicating pregnancy. Ten percent of the infants in the WIC program are premature, being born after less than 37 weeks gestation. And two-thirds of the children have inadequate diets as reported. These are just some of the highlights of the statistics which we have.

Funds available for the operation of a WIC program in the State of Kansas have been more than generous in the past year. Now, let me say "available", that doesn't mean that these are funds that we are actually receiving and using. Because of the State budgeting process, approval for necessary staff and funding for expansion of the

program is delayed. Therefore, full utilization of available funds is not always possible. It is the hope and the intention of the State WIC office that we can continue to meet the needs and allow the continued expansion and growth of the WIC program with support from within the State of Kansas and continued support by USDA.

Current information that has been provided—and apparently my information isn't quite as current as yours—through our regional office indicates that the spending level for the coming quarter beginning October 1, 1980, or the beginning of fiscal year 1981 and possibly for the following three-quarters may only be equal to what we are receiving for the quarter we are currently in.

We have projected at this time that if expansion of the Kansas WIC program is to continue at the current rate and the needs of Kansans eligible for the WIC program are to be met, then during the State fiscal year of 1981, we'll need increased funding. If our funding level is maintained at the current level, funds will be 17 percent less than what we need and we'll only be able to serve a maximum of 18,000 participants during the State fiscal year in 1981 in Kansas. And that would be about 1,200 more than what we're currently serving.

As the rate of inflation continues, and the word about the WIC program spreads, the program in Kansas can be expected to grow at a very rapid pace. If funds made available to Kansas increase, statewide coverage by the WIC programs could be a reality within 3 to 4 years or maybe even sooner. Many requests for development of WIC programs in unserved areas are received each week. I can't tell you how many we do get from people who are interested in starting a WIC program and are seeing a need for it. A cost-benefit and cost-effectiveness study was done of the WIC program, as you mentioned, Senator Dole, and it indicated that in the high risk prenatal population, not only can supplemental foods have an impact but the WIC program is more cost beneficial than in-hospital treatment and more cost effective than income transfers in decreasing the incidence of low birth rate.

The WIC program is designed to supplement the general diet with specific foods. In addition, it is designed to provide nutrition education and counseling targeted at particular problems in the individual being served. Not only are we in the WIC program zeroing in on the problem at hand or the reason people come in for service such as low hemoglobin and hematocrit or poor eating habits, but we are also impacting on a long-range nutritional status of the individual by providing nutrition education to change the knowledge of the participants regarding nutrition and, therefore, changing their long-range eating habits and activities as related to proper nutrition.

Another positive aspect of the Kansas WIC program is its relationship to overall health care in Kansas. Since, in most instances, WIC is linked with county health departments, WIC is a drawing card that leads a potential participant into other health care services by receiving other health care services, additional health problems may be corrected or potential problems averted.

The effectiveness of the Kansas WIC program can be seen in the change in the risk factors of participants; for example, from a low hemoglobin to hemoglobins of normal levels, increase in birth weight of infants, prenatal weight gain of the pregnant woman. As can be observed, the program has been very successful with the increase of

participation levels throughout the areas we are serving and in the overall attitude surrounding the WIC program. It is an extremely accountable and effective program.

You will note that two other handouts that have been provided to you are comments from a WIC survey done by one of our local agencies in Douglas County, Kans., which is about 45 miles west of here, and another one that was done in Leavenworth County; and some samples of some questionnaires that were received and comments on those questionnaires.

If the Kansas WIC program is to continue to be effective, and a beneficial program for participants and potential participants, several things are necessary. These include funding over and above the current level, in other words, funds to be received from USDA must increase over what we're receiving this quarter; two, the WIC program must be allowed to expand in the State, and to allow this expansion, the Kansas WIC program must be able to know the levels of funding enough in advance to adequately prepare a state budget for the coming year; and, three, more timeliness of notification of actual funding to be received from USDA by the State is necessary to allow the State to proceed with expansion or, if necessary, to curtail operations. Currently, it is often 3 weeks or even 1 month prior to the beginning of the next quarter that we are informed of actual funding levels. Given this time frame, we are not adequately able to prepare for any change that may need to be made.

With these facts in mind, I urge you to continue your support of child nutrition legislation and hopefully not support any legislation which, in fact, may hinder the progress of the WIC program or child nutrition programs and ultimately impair the lives and the health of millions of future Americans.

I urge you to support increases in allocations for the WIC program and the extension of the child nutrition program through fiscal year 1985.

Thank you.

Senator DOLE. I am just advised by staff that apparently the 1981 funding level is the same because of the budget problem. In 1982 and 1983 and 1984, there is an increase. So that supplements your statement there.

Is there any followup after children are no longer eligible for the WIC program? Do they go into another program, or what happens to the 6-year-old?

Ms. HARDING. OK, with a 6-year-old, it depends if they are enrolled in other health services in the area. Maybe Rose can help on that.

Senator DOLE. I assume they would be in school?

Ms. HARDING. There would be the school health programs which we do have in Kansas.

Senator DOLE. School lunch, breakfast?

Ms. HARDING. They would probably provide some followup.

Ms. BONDY. I would also like to mention here, Senator Dole, we find that many of our children around 3, 4 and 5 years old start going to day care centers and are receiving foods there.

Senator DOLE. OK. Rose, if you want to proceed with your statement.

**STATEMENT OF ROSE BONDY, WIC COORDINATOR, KANSAS CITY
WYANDOTTE COUNTY HEALTH DEPARTMENT, KANSAS CITY,
KANS.**

Ms. BONDY. Senator Dole, Senator Boschwitz, Congressman Winn, I am glad to be here today.

My name is Rose Bondy. I'm the coordinator of the Wyandotte County WIC program and I would like to talk to you from a little bit different perspective than Sarah has, but before I do that, I would like to clarify a couple things for the record.

I didn't realize until I looked at the witness list that I was married. For the record, I am single.

Senator DOLE. We don't want to make that mistake.

Ms. BONDY. But I also made a mistake myself. I would like to correct one of my mistakes, exhibit A, which, if you have my testimony, says "Annual Report, 1979." We were so busy trying to get this testimony together than in reality, it's our annual report for 1978. So it's "Annual Report, 1978," instead of 1979.

OK. Now that we have cleared up all of those mistakes, let me go on.

I would like to say thank you, Senator Dole, for asking us to come and tell you a little bit about our WIC program and what we are doing. And also I would like to take this opportunity to thank you for your efforts in helping us to obtain some initial funding for our program as well as your continued support for the WIC program.

Just to reiterate some of the background information that Sarah already gave you, the purpose of WIC is to prevent the occurrence of health problems and improve the health status of those identified to be at risk. And we do this by two ways, by giving supplemental foods and providing nutrition education. WIC participants receive vouchers which allow them to purchase specific nutritious foods at the grocery store. And I want to emphasize that these are specific foods unlike the food stamp program where they can buy generally like anything, candy or pop. These are specific nutritious foods.

Senator BOSCHWITZ. They are packages, as they are sometimes referred to?

Ms. BONDY. Right.

Senator BOSCHWITZ. Are the packages pretty standard from different groups, prenatal, postnatal?

Ms. BONDY. Just to give you a brief explanation of this, the standard food package for an infant would be infant formula for the first 4 months of life. At the end of the first 4 months, we add infant cereal and infant juice.

The standard pack for the children and mothers is milk that's vitamin A and D fortified, cereal that's fortified that meets a certain level of iron fortification, juices which are single-strength juice, non-sweetened, that contains 100 percent of the RDA level for vitamins C and A. That's the standard food package.

Senator BOSCHWITZ. Incidentally, just recently we had to consider whether or not we should lower the iron content of the cereals.

Ms. BONDY. Right. You sound like you are very well versed on our food packages.

Senator BOSCHWITZ. And we vote so often, we voted on that.

Senator DOLE. Probably. We vote on everything.

Ms. BONDY. We have been talking about this for so many years.

Senator BOSCHWITZ. I guess it was an amendment that was accepted by the committee.

Senator DOLE. Done by regulation?

Ms. BONDY. That's right.

Senator BOSCHWITZ. The regulators were trying to establish the number of cereals and lower the iron content that was required, and I believe we got an amendment to the appropriations bill to prevent that. There are seven cereals, as I recall.

Ms. BONDY. OK, to help you understand what we're saying, right now on our food packages, in order to be a WIC cereal, the cereals must contain 45 percent of the recommended daily allowance for iron. And at the State level, we also require that they be low in sugar. We have added that requirement. And there aren't very many cereals that meet those requirements. So it has been proposed that the iron requirement be lowered so that we can have an increased variety of cereals. And I have been with the WIC program for 4 years and we have been talking about it that long, and I don't know what the latest is.

Senator BOSCHWITZ. I opposed the addition of more cereals on the basis that some companies had specifically created cereals, "Special K," "Product 19," and others—

Senator DOLE. And some of those are in Minnesota.

Senator BOSCHWITZ. That was part of it. General Mills is one of my constituents. So I became familiar with it. So I opposed it because some of these cereals have apparently been developed just for this purpose. Do you agree with my opposition?

Ms. BONDY. OK, I would like to say this is a very controversial issue. My own feelings are that I would have to disagree with you, Senator, that I think you have to look at the reality of the situation, that if the cereals are limited and this is all they are getting, they get very tired of this. And the question is, they are not going to get the iron unless they consume it. So would it better to lower the percentage of the iron requirement and thereby say that maybe they will eat the cereal?

So I would have to say for myself, I would be in favor of lowering the requirement, which I think one of the common misconceptions among WIC clients is they think these are the only cereals that are nutritious, and we constantly have to educate the client that that's not the case. So there is definitely some problem in this area.

Sarah, before we go on, do you want to say anything to this?

Ms. HARDING. One cereal that comes to mind that you may be referring to and may have been tailored for the WIC program is one that contains marshmallows and stars. It's called "Kaboom." The sugar content was lowered so that more WIC programs would, in fact, use the cereal. And I think this may be one of the things that you might be referring to.

Senator BOSCHWITZ. I wasn't familiar with that particular one, but go ahead. Pardon me for interrupting.

Ms. BONDY. That's fine, quite all right.

To go on, I was saying that WIC participants receive vouchers which allow them to purchase specific nutritious food at the grocery

store. We have been briefly talking about the standard food packages and we do try to tailor the food packages to the individual's needs. WIC foods supplies those nutrients which tend to be lacking in women's and children's diets. The same nutrients are also necessary for normal growth and development.

We have also mentioned that in addition to giving nutritious food, we also provide nutrition education. This is a very vital aspect of the WIC program because food alone does not improve health status. It is also the intent of our local program to provide the parent or guardian with marketing and budgeting information so that once she gets off the WIC program, she can continue to buy the WIC foods. OK? And our local nutrition education takes two forms. One, we have group education classes between certification visits, and we also provide nutrition counseling at certification time. We have a very extensive nutrition education program of which I am very proud. We also total like 15 classes each week and recently we have started offering classes in Spanish and we are trying to develop special classes for our Indochinese population.

OK, to go on, I would like to briefly talk about the growth of our program. The WIC program in Wyandotte County has been operative since July 1, 1976. As of July 1980, our total caseload had reached 4,535, or a total of 2,802 families. And this is a 40.79 percent increase over the previous year.

How this caseload breaks down into women, infants and children, we have approximately 25 percent women, 25 percent infants and 50 percent children. This last year we had our largest increase since the first year of operation. Our average monthly net increase this past year was 110 clients per month. You also have to take into consideration when you are looking at this that this is a net increase. Because you constantly have clients dropping out of the program because they are no longer eligible, for instance like children that are 5 years of age, women that are like 6 months post partum. So I am saying the net increase is 110 per month.

Senator DOLE. Do you have any idea how many go off every year? I mean how many are you really talking about—probably double that amount?

Ms. BONDY. OK, I will get to that in a little bit when I talk about caseload management.

Senator DOLE. I read that. You have got a problem there.

Ms. BONDY. And I am looking at it from a different angle than many other people do.

Some other interesting statistics are that our average income is approximately around \$7,200 per year per family, and the average family size is 3.5 persons.

OK, just briefly, I want to talk about the effectiveness of our program.

Senator BOSCHWITZ. The average family income is \$7,200, is that correct?

Ms. BONDY. \$7,200.

Senator BOSCHWITZ. Pardon me, I thought you said \$1,700.

Ms. BONDY. Pardon me, it's \$7,200 a year.

Briefly to talk about the effectiveness of the program, I feel that one of the best ways to evaluate the work program is to look at how many clients are no longer using the program because they are not at

risk, that they have actually improved their health status. And every 6 months, our infants and children are reevaluated. We look at their nutritional status. And on a monthly basis, we recertify approximately 350 clients each month. and out of these 350 clients, approximately 9 percent are not recertified because they are no longer at risk. So to me, this is saying that we are effective, or at least to some degree.

Annually, we are required to perform a nutrition education survey of our clients. Sarah has given you some of the findings from a couple of the other counties. We have recently started our survey and the preliminary data indicates that our clients do like the nutrition education they receive. They are learning from it and have been able to improve their eating habits as a result of it.

OK, the last issue that I would like to address today is problems and concerns. I want to zero in on our major problem. And before I do, I would like to say how I interpret our problem and how my recommendations for solving it are probably different than many other coordinators. I have a little bit different point of view on this, but I really feel very strongly about it.

OK, the major problem for an urban agency like ours is caseload management. And there are two aspects of the problem that I want to address. One is a question of quality versus quantity of service, and then also the question of looking at whether we are serving those clients that really need our help the most.

To talk briefly about the quantity part of it, I find that in WIC, you quickly get wrapped up in the quantity, in a rat race, and there are two reasons for this. One is that our administrative funding, like many other Federal programs, is directly related to the food dollars that you get. And you soon realize as a coordinator and administrator that if you need more administrative money, that you ask for more food dollars, and as you accomplish one, you get the other. The other thing that we find is that we are really bombarded daily with requests to get on the program.

We average about 100 families per week wanting an appointment to get on WIC. And, in fact, we're so busy trying to certify these clients that we don't have time to do any real outreach. And by "outreach," I mean to seek out those clients that really need our service, but either haven't heard about us or haven't contacted us for a variety of reasons.

My own feeling—it's a gut-level feeling, I don't have any statistics to back this up—but I feel that we get so many calls inquiring about our program and people wanting to get on because it's relatively easy to qualify for WIC benefits. We do have income guidelines, we do have residency requirements—and our program is for Wyandotte residents only—Federal regulations do not stipulate that income or residency be verified. And in many counties, for residency, this probably isn't necessary; but for an urban county such as ours, I feel like it is.

Currently Johnson County doesn't have a WIC program and although they don't have any statistics, we feel like some of our clients are Johnson County clients. We also suspect that we have Missouri residents on our program.

Senator BOSCHWITZ. Do you have any way to cross-check to see whether or not somebody from Missouri is on the program here and there?

Ms. BONDY. OK, yes, I think we could do some cross-check on that.

Senator BOSCHWITZ. Do you?

Ms. BONDY. OK, no, we haven't, and we need to. That is one aspect that we need to be doing. And I guess what I am proposing is let's verify the residency. Because, you know, if you live in Wyandotte County, you shouldn't have a problem showing something, most clients shouldn't. Just simply, all I want to do is simply ask for something—

Senator DOLE. I think you make a point later on, too—you may have some families equal as far as income is concerned. If you have two families living in the same neighborhood, working at the same place, making the same income and one is receiving benefits and the other is not, that's always difficult to explain. When people are working trying to make ends meet, and somebody else isn't working, it's pretty tough trying to explain the differential.

Ms. BONDY. What the Senator is saying here is that one of the problems I encounter not on a daily basis but occasionally is, let's say I have just told a mother after going over her income, looked at it and it's over our income guidelines, I'm sorry, Mrs. Smith, but you are over our income guidelines. We have even considered hardship. And frequently what she will comment is, well, what about my neighbor, her husband works at the same place my husband does and we have the same number of children. Their circumstances are pretty much the same, they qualify and I don't. And how do you tell that mother, I'm sorry, but maybe she didn't tell me the truth?

So once again, I am saying, hey, I would like to be able to ask for some type of verification of income. Is this really, really too much to ask?

So in looking at our problems, you know, we have had a dramatic increase in our caseload over the past year on one hand, and on the other hand is that the staff that works for me is interested in providing quality of service. We don't want to just serve the people; we want to provide quality service. Hey, we have a reasonable caseload, how can we stay there? And we decided that the best way to do this was to ask the State: Can we develop a policy and procedure for residences and income verification? They gave us the go ahead, so as of July 21, 1980, we started this. It's too soon to tell what's happening. But we have noticed one big thing, we keep track of our fail-to-show rates for certification and there has been a dramatic increase in the fail-to-shows. It's gone from approximately 25 percent to 40 percent. And it's hard to say, but to me, I think one interpretation would be that perhaps some of our clients really do live in other out-of-town jurisdictions and perhaps making over the income.

So in other words, what I am saying is that I think what we had suspected is coming to light.

I would also like to say that much time has been spent in developing guidelines and policy procedures for verifying income and residency. It's not hard. I mean it's a difficult procedural thing to do, but I think it is absolutely necessary.

In conclusion, I would like to say that because of the comprehensive nature of the WIC program, it has improved the health status of low-income families. WIC has come a long way since its first project in 1972 but we have a long way to go before we have what I would call a finely tuned program, and that's what I am aiming for, is a finely

tuned program that is reaching those clients that really need our help as opposed to trying to be the big brother or sister to everybody. Because I think the thing that we find here is that, you know, the word gets around really fast that you can get formula for your baby. And, you know, our generation is a little different than the older generation, they will come in for help a little bit easier. So our problems, I would say, are exactly the opposite of the elderly.

So that is my testimony. Thank you very much.

Senator DOLE. We appreciate it very much and I appreciate your willingness to stay to the end, because I wanted to get a little update on the WIC program since we were here. I would like to thank both of these witnesses for their testimony. I think WIC is a good program, and I think you have made some good suggestions. I noticed your comments about the Veldman amendment and we will take a look at that. It may raise the very question you suggest.

Do you have anything, Larry?

Mr. WINN. No.

Senator DOLE. Senator Boschwitz?

Senator BOSCHWITZ. Thank you, no.

Senator DOLE. I want to thank all the witnesses and the court reporters, and again thank Senator Boschwitz and Congressman Larry Winn for being here on time. I would also like to thank the staff and the officers and others who I know stayed beyond their regular hours, and others that may have come to the wrong meeting. Thank you all very much.

The record will stay open, and, if you have any comments, send them to my office. Again, if you would like a copy of the testimony, let Chris or Steve know, and we will see that you get copies of the testimony.

Thank you very much.

[Whereupon, the subcommittee adjourned, subject to call of the Chair.]

APPENDIX

STATEMENT OF ORVAL REECE, MEMBER, GOVERNOR'S ADVISORY COMMITTEE ON AGING, GARDEN CITY, KANS.

This paper is based mainly on experiences and observations in Southwest Kansas and more specifically the 28 counties included in Planning and Service Area No. 6. However, discussion with other interested older persons indicate the same would also be pertinent to the northwest section of the state. While there are, of course, many facets of nutrition of the elderly in the rural areas, the focus herein will be on the delivery systems of the federal programs, especially those funded by the Older Americans Act and administered by the Area Agency on Aging.

In the interest of brevity, illustrations have been left out but documentation by case examples, etc. is available if the Sub-Committee is interested. It is, however difficult to make overall evaluations and generalizations for all rural communities, since so much depends on older persons themselves in each community, both those involved in providing the delivery program and those served by the program (actually in very small nutrition sites a large proportion of the older persons are both.)

The congregate meals have received priority over home-delivered meals for the home bound elderly in the AoA nutrition program. However, the local home-delivered meals program has filled most of the gap. The local program cost from tax funds is much less as a rule since there is much more volunteer effort and the quality of the meal appears to be about the same. Apparently the local program meets all the known need, but the AoA system is on a quota basis. Since a very large share of older persons would benefit from the congregate meal there is usually little effort made toward outreach. On the other hand, family doctors, nurses in home health programs and others are very active sources of referral for local meals on wheels programs. In an attempt to not have closed group of the very low income, the most frail and the minority elderly, those not so in need who do participate may be criticized by the group.

The concept of grants to communities is difficult to apply to an area of 28 counties. The fact is that a village of less than say 100 persons may from a social viewpoint be a "community" with their own desire to set up their own delivery of services system. Actually some of the smaller communities of 2,000 to 3,000 persons often seem to make the best use of the congregate meal program.

In the small community, in rural areas nutrition of the elderly is tied in the transportation. Usually the elderly person most needing to participate in the congregate meal program must have the service of transportation. Again the small community seems to make the best use of typical mini-bus service.

States vary in the type and level of supervision provided by the single state agency to the AoA administering the nutritional program. The more isolated Southwest Area (and possibly the Northwest Area) have had problems which seem to demonstrate a need for more positive supervision and supervision through on the job training.

The multipurpose center financed by the local community through the mill level seems to be the instrument best suited to utilize funds provided through the Older Americans Act. It appears likely that these centers will increase in the southwest part of the state. As communities and the locally appointed boards in charge of the levy funds begin to see the possibilities through their being used as nutritional sites, the local delivery system should become more integrated and local nutritional expertise better utilized. At present, although other agencies with qualified nutritionists on their staff have made this expertise available it has been little used.

It appears that one of the problems for local site supervision is the amount of attention focused on compliance to "regulations" and "guidelines" passed right

on down from the federal agency (and in their own jargon) to local project supervisors. Perhaps a professionally trained center director, paid from local funds, would find it easier to recognize and utilize the opportunities for leadership within the participant groups and could be an aid to the project supervisor.

In summary the following suggestions and comments are submitted:

The development of the single state agency concept and subsequent Area Agencies has given much impetus toward needed nutritional programs for the elderly but special attention should be directed toward some adaptations in rural areas.

The small rural community may have relatively good resources toward developing a multi-purpose senior well suited in delivery of nutritional programs. "Pass on Funds" should be made available to approved local senior centers.

A small village may have one cafe which is a social center of sorts. For the low income elderly use of food stamps for meals might best suit the individual.

Health professionals should make more use of referrals to congregate meals service as they now appear to be doing for home delivered meals where needed.

Input from the professionally trained nutritionists, especially from dietary and health organizations in the local community should be used as available.

Congregate meal sites should have an educational component. Actually many congregate meal sites provide only 1 to 5 meals a week but by utilizing group process methods there will be incentive to improve and make more attractive the meals eaten at home.

At a top level, on down, there should be less attention to the "numbers game" which seems to affect all bureaucracies, and more of a sense of identity as a helping person for paid personnel in the service delivery systems.

STATEMENT OF WILLIAM C. HAYS, PH. D., DIRECTOR, UNIVERSITY GERONTOLOGY CENTER, WICHITA STATE UNIVERSITY, WICHITA, KANS.

Senators, I thank you for the opportunity to testify before this committee, and I appreciate the concern that the committee has expressed about the special nutrition needs of older persons.

The University Gerontology Center at Wichita State University, in cooperation with the Central Plains Area Agency on Aging, conducted a major needs assessment in Wichita in 1976-1977, a major component of which dealt with nutrition. It is upon this research and upon my experience and the experience of the faculty and staff of the University Gerontology Center, which houses the longest-established undergraduate and graduate degree programs in gerontology in the Midwest, that my remarks this morning will be based.

In the limited time permitted, I would like to make four major points. The first is that the need for better and more extensive delivery of an adequate diet for older persons is a very real problem even in the state of Kansas, the breadbasket of the nation. The second point is that the problem is multifaceted and related to a number of economic and social-psychological variables. Third, while existing programs such as the congregate meals and meals on wheels programs are highly justifiable and for the most part doing an excellent job, they are still not able to meet all the needs of older persons in the area of nutrition. My fourth point is that in an atmosphere of Congressional budget cutting and austerity, I am greatly concerned over the problem of supporting not only basic existing programs such as congregate meals, meals on wheels, and food stamp programs but also much needed programs under development in research, nutrition education for older persons, and development of innovative service delivery models.

THE ADEQUACY OF THE DIET

Based upon research reported in Wichita's Older Citizens: An Assessment of Needs (Hays and Hays (eds), 1976), 92.7 percent of Wichita's older residents surveyed reported that they were getting enough to eat. However, 6.4 percent of those sampled said they did not have enough to eat. Given the limits of statistical inference, this means that 2,036 older persons in Wichita (± 636) said they did not have enough to eat. When asked if they thought their meals were wholesome, 12 percent said "no" and 6.6 percent did not know whether or not their meals were wholesome. Based on our sample, approximately 3,800 older persons in Wichita would rate their diet as nutritionally inadequate and an additional 2,100 older persons would be unable to judge the adequacy of their diet. These statistics, combined with data from the recent statewide survey conducted by

the Kansas Department on Aging, which reported that 29 percent of older Kansas residents have had special diets recommended by their physicians (PSA #02 Data Supplement, 1979), emphasize that nutrition is a real problem for older persons residing in Kansas, the breadbasket of the nation, and in Wichita, which has been described by the news media as a "pocket of prosperity."

THE MULTIFACETED NATURE OF THE PROBLEM

The relationship between adequacy of diet and other factors was one of the major findings of the 1976-1977 Wichita needs assessment. These findings are reinforced by both common sense and the research of other investigators. Among the variables highly related to the question of whether a respondent reported having enough to eat were income, isolation, health, ethnic identity, and level of education. (Details of these findings are provided in Tables 1-6, which are attached.) Of those individuals who reported that their income was adequate, only 2.3 percent said that they did not have enough to eat. Of those individuals who reported that their income was *not* adequate, 26.8 percent said they did not have enough to eat. Two needs assessment variables, marital status and loneliness, were regarded as measures of isolation. In our sample, 9.6 percent of respondents who did not have spouses also did not have enough to eat, compared to 2.6 percent of those who were married. Of those individuals who said they were often lonely, 20 percent said they did not have enough to eat, compared to only 4.6 percent of those individuals who said they were never lonely. Of those individuals who were in poor health, 15.9 percent reported not having enough to eat, while those individuals in excellent health all reported having enough to eat.

The relationship between health and nutrition is itself multifaceted.

Poor health may prevent taking a part-time job to augment an inadequate retirement income. It may cause additional health-related expenses which take money from the food budget. Poor health may make shopping for food difficult, and may reduce appetite or make eating difficult. It is also possible that not having enough to eat is causing or partially causing the poor health. (Hays, 1976, p. 39)

Ethnic identity also influenced adequacy of diet; one-third of Mexican-American respondents that they did not have enough to eat, as did 15.6 percent of the Black respondents. The difference among ethnic groups is probably related to differences in retirement income and social security coverage, which will differ due to past patterns of discrimination in employment. Similarly, education is likely to affect patterns of employment and thus lead to major differences in income upon retirement. This is probably the major reason that 12.9 percent of those respondents with eight years of education or less reported not having enough to eat, while none of our respondents with more than twelve years of education reported not having enough to eat.

A further indication of the multifaceted problem of nutrition for older persons is found in Tables A and B, which follow. The first of these tables describes the responses of the total Wichita sample; the second describes only those 27 respondents who said they did not have enough to eat. These responses not only emphasize the multiplicity of problems associated with the adequacy of diet of older persons but also are highly suggestive of other strategies that the existing problems which could improve nutrition for older Americans.

TABLE A.—WOULD ANY OF THESE HELP YOU TO HAVE MORE SATISFYING MEALS?

	Yes	Percent	No	Percent	Total
Would . . . help?					
Lower food costs	369	89.8	42	10.2	411
Having someone to eat with	190	50.1	189	49.9	379
More convenient grocery shopping	141	36.8	242	63.2	383
More information about nutrition	103	27.4	273	72.6	376
Help in preparing food	102	26.3	286	73.3	388
More information on food preparation	84	22.3	292	77.7	376
Better kitchen equipment	74	18.4	311	80.8	385
A better appetite	71	18.4	315	81.6	386
Anything else ¹	7	1.7	409	98.3	424

¹ Anything else includes better false teeth (2), packaging for 1 (1), food delivery (1), meal planning (1), a clean place to eat (1), and transportation (1).

TABLE B.—27 HUNGRY RESPONDENTS

	Yes	Percent	No	Percent	Don't know	Percent
Would any of these help you to have more satisfying meals?						
Lower food costs.....	25	92.6	2	7.4	0	0
Help in preparing food.....	17	63.0	9	33.3	1	3.7
Having someone to eat with.....	16	59.3	8	29.6	3	11.1
More convenient grocery shopping.....	15	55.6	11	40.7	1	3.7
More information about nutrition.....	12	44.4	11	40.7	4	14.8
More information on food preparation.....	12	44.4	11	40.7	4	14.8
A better appetite.....	10	37.0	15	55.6	2	7.4
Better kitchen equipment.....	9	33.3	14	51.9	4	14.8

INADEQUACY OF PRESENT PROGRAMS

If I have expressed myself clearly, it should be apparent that there is a real need for the existing nutrition programs for older persons such as the congregate meals and meals on wheels programs. It should also be clear that the nutritional needs of older persons are not being fully met by these programs alone. The research conducted in Wichita was done after the implementation of the congregate meals and meals on wheels programs, and needs indicated by our survey represent needs not being met by those programs. According to the recently conducted Kansas needs assessment, 44 percent of the residents of Kansas and 58 percent of the residents of the Wichita area do not even know about existing nutrition programs. Twenty-three percent of these respondents in the Wichita area said that if one of these programs were nearby, they would go to it (PSA #02, 1980, p. 2-41). Data in this report also indicate that, at least in the Wichita area, the services may not be reaching those with the lowest incomes.

I think it is necessary not only to expand existing programs, but to develop new programs, particularly in the area of information dissemination, home help, and supplemental income.

DON'T BALANCE THE BUDGET BY DEPRIVING OLDER PERSONS OF ADEQUATE NUTRITION

In a period of fiscal austerity, it is very tempting for political figures to talk about the absolute dollars which are going to existing nutrition programs for older persons. These programs are substantial and very important. Support of these programs should be maintained. However, other programs also deserve continued support. These include the major research efforts described by Dr. Robert Butler, Director of the National Institute on Aging in testimony before this committee in 1977. There is a great deal about nutrition and aging to be learned, and it would be a grave mistake to end such research just as it is beginning. One of the major findings in our own research is that older persons need more information on nutrition and food preparation. I would think that with minimal funds, the land grant institutions and the extension networks could be used both to develop and to distribute this information, particularly in rural areas. We also need both alternative models of service delivery and comparative cost figures for existing models. For instance, could the Roving Pantry concept be expanded, and would it be cost effective compared to other options? Presently there is no eligibility requirement for congregate meals; what would be the consequence if such a requirement was made? What would be the impact of straight income supplements rather than the expansion of existing programs? What has been the impact of major catering firms versus individualized kitchens on both the quality and the cost of existing nutrition programs?

This list could be greatly expanded. My major request is that the committee look closely at both the need to maintain the present successful programs and also at the need to look for and support both basic and applied research and model project programs. Through such programs, we will not only come to understand the nutritional needs of older persons better but hopefully be able to provide better services in the most cost effective manner.

TABLE 1.—ADEQUACY OF DIET AND ADEQUACY OF INCOME

	Adequacy of income							
	Not enough	Percent	Barely enough	Percent	Enough	Percent	More than enough	Percent
Do you have enough to eat?								
Yes.....	30	73.2	127	92.7	209	97.7	24	100.0
No.....	11	26.8	10	7.3	5	2.3	0	0
Total respondents in each group..	41	9.9	137	32.9	214	51.4	24	5.8

TABLE 2.—ADEQUACY OF DIET AND MARITAL STATUS

	Marital status			
	Married	Percent	Not married	Percent
Do you have enough to eat?				
Yes.....	184	97.4	208	90.4
No.....	5	2.6	22	9.6
Total respondents in each group.....	189	45.1	230	54.9

TABLE 3.—ADEQUACY OF DIET AND LONELINESS

	How much do you feel lonely?							
	Often	Percent	Sometimes	Percent	Rarely	Percent	Never	Percent
Do you have enough to eat?								
Yes.....	44	80.0	76	93.8	113	96.6	146	95.4
No.....	11	20.0	5	6.2	4	3.4	7	4.6
Total respondents in each group.....	55	13.5	81	20.0	117	28.8	153	37.7

TABLE 4.—ADEQUACY OF DIET AND STATE OF HEALTH

	State of health							
	Poor	Percent	Fair	Percent	Good	Percent	Excellent	Percent
Do you have enough to eat?								
Yes.....	37	84.1	139	90.8	163	96.4	49	100.0
No.....	7	15.9	14	9.2	6	3.6	0	0
Total respondents in each group..	44	10.6	153	36.9	169	40.7	49	11.8

TABLE 5.—ADEQUACY OF DIET AND ETHNIC IDENTITY

	Ethnic identity					
	Anglo-Caucasian	Percent	Afro-American	Percent	Mexican-American	Percent
Do you have enough to eat?						
Yes.....	353	94.9	27	84.4	6	66.7
No.....	19	5.1	5	15.6	3	33.3
Total respondents in each group.....	372	90.1	32	7.7	9	2.2

TABLE 6.—ADEQUACY OF DIET AND LEVEL OF EDUCATION

	Level of education					
	1 to 8 yr	Percent	9 to 12 yr	Percent	12+yr	Percent
Do you have enough to eat?						
Yes.....	122	87.1	180	95.2	86	100.0
No.....	18	12.9	9	4.8	0	0
Total respondents in each group.....	140	33.7	189	45.5	86	20.8

STATEMENT OF JAN HEATON, M.S., R.D., KANSAS DEPARTMENT ON AGING,
TOPEKA, KANS.

I would like to preface my testimony by clarifying that I am basically speaking to the concerns and needs of non-institutionalized older adults.

The importance of proper nutrition in maintenance of good health is receiving increasing emphasis as part of a comprehensive health care delivery system. Health maintenance and the prevention and treatment of certain disease states through proper diet and/or diet therapy is particularly relevant to the older adult—those over age 60. The long term health strategy for older Kansans, of which there are 397,000, or nearly 20 percent of the Kansas population, is not only to achieve further increases in longevity, but more importantly, to provide the opportunity for each individual to lead an independent and rewarding life in their later years. Inadequate nutrition takes its toll on the aged by contributing to or exacerbating chronic and acute diseases, hastening the development of some of the degenerative diseases associated with aging and promoting susceptibility to and delaying recovery from illness. Nutritional care must be the responsibility of all those concerned with the health and well-being of older Kansans.

Nutrient intake and physical activity are important determinants of nutritional status for all Kansans. For the older adult, physical changes, chronic conditions and numerous psychosocial factors greatly influence nutrient intake, physical activity, and nutritional status.

There are numerous physiological changes which influence the nutritional status of older adults. Basal metabolic rate decreases 20 percent between the ages of 20 and 90. Digestive capacity, including absorption of essential nutrients, is also decreased. There is a decrease in resting cardiac output and muscle strength. Enzyme capacity is decreased. The senses of taste and smell decrease and many older persons experience dental problems. All of these changes take place at different paces and to varying degrees in individual older persons.

Many of the physiological changes are manifested in the major health care problem of older adults: that of chronic conditions. The most common chronic conditions of older adults include: cardiovascular disease, hypertension, mal-digestion and malabsorption, cancer, diabetes, anemia, and arthritis. Based on a recently completed needs assessment survey in which 2,500 Kansans age 60 and over were interviewed, 12 percent suffered from hardening of the arteries, 36 percent from hypertension, 22 percent from heart trouble, 51 percent from arthritis, 9 percent from diabetes, and 6 percent from cancer.¹ Each of these conditions affect the nutritional needs and status of older Kansans. All have nutritional implications, while cardiovascular conditions, hypertension, and diabetes require nutritional intervention.

A variety of psychological and sociological factors influences the dietary intake and nutritional status of older adults. Emotional conditions may lead to depression and anorexia. Cultural food habits and personal taste preference may be very pronounced in older persons. A lack of socialization at meal time as well as the inconvenience of preparing food for only one person may influence the dietary habits of many older persons. The living situation of the individual is extremely important. In many cases food preparation and storage facilities are extremely poor or totally lacking. Life time conditions to which many of our older adults have been exposed impacts on their health.

Medical services were not as advanced as they are today.

Almost all of today's older adults contracted the standard childhood diseases.

¹ Statewide Summary Report: Needs Assessment Survey of Non-Institutionalized Older Kansans, winter 1979/80, p. S-25.

Adequate nutrition was not as easily obtained; for example fresh fruits and vegetables and frozen foods were not available year-round as they are today.

Work history was likely one of manual labor with longer working hours and fewer safety regulations than today.

Transportation and mobility restrictions greatly impact on an older person's access to a wide variety of food sources. Perhaps one of the most important environmental determinants of inadequate nutrition among the elderly is poverty. Thirty-four percent of the sample of older Kansans interviewed as part of the needs assessment reported an annual income of \$4,800 or less.² Although poverty alone does not precipitate a nutritional deficiency, it affects the availability of an adequate diet and may also reduce the availability of the health care needed to diagnose, treat, and manage the chronic and acute diseases linked to nutritional status. Forced retirement and widowhood are major contributing factors to the financial constructions facing older persons.

In addition to poor diet, stress, chronic or acute diseases, poverty, etc. that may lead to poor nourishment, it is important to note that a great many drugs commonly taken by the elderly may act to cause malnutrition or specific deficiency states. Drugs may act to alter taste perception, alter appetite, suppress nutrient absorption, alter nutrient metabolism in the tissues, and alter nutrient excretion. Nationwide, older people use 22 percent of all prescribed and over-the-counter drugs.³ Sixty-eight percent (68 percent) of older Kansans interviewed in the needs assessment take one or more prescription drugs.⁴ Clearly, the elderly population is receiving a great deal of medication. This is particularly important to note in light of the facts that older persons are particularly susceptible to drug reactions and also tend to be improperly nourished. Thus they are potentially endangered by particular interactions between drugs and foods.

Several surveys conducted in the last fifteen years shed light on the nutritional status of the elderly population. The 1966 Food Consumption Survey indicated that as age increased past 65, the mean intake of nutrients and kilocalories decreased.⁵ Those elderly with lower incomes had less adequate diets when assessed by comparison to the RDA. The Ten-State Survey conducted in the years 1968-70 found that the most prevalent nutritional deficiencies among the elderly were iron and Vitamins A and C.⁶ Obesity was found to be a problem among some women. The HANES (Health and Nutrition Examination Survey) found nutritional deficiencies of Vitamins A and C, iron, and calcium among those over age 60.⁷ In addition, many low-income elderly were found to have very low calorie intakes. It should be noted that these surveys do not include data regarding those elderly in nursing homes. A recent study of elderly men and women in three nursing homes found low hemoglobin level in men.⁸ Inadequate intake of dietary calcium and thiamin were also found to be a problem.

A survey of nutritional status of senior citizens participating in the congregate meals program for Older Americans conducted in central Missouri in 1975 demonstrated that the meal program has an important influence on the total dietary intake of participants.⁹ Between 40 and 60 percent of the total daily intake of each nutrient was found to be obtained from the program meal on the days that subjects ate at the meal site. Females consumed a larger portion of total intake at the meal site than males. A smaller percentage of persons who participated in the program were at risk for vitamins A and C deficiencies than was true for non-participants. Approximately 50 percent of the non-participants had low levels of Vitamin A while a similar lack occurred in only 4 percent of the regular participants. Low levels of Vitamin C were found in approximately four times as many persons who did not participate in the program compared to those who were program participants. In addition, significant gain in the knowledge of nutrition was found for those attending nutrition education classes regularly over those who did not attend the classes.

² Ibid, P. S-4.

³ Natow, Annette, Ph. D., R. D. and Jo-Ann Heslin, M.A., R.D., Geriatric Nutrition, CIB Publishing Co., Inc., 1980.

⁴ Statewide Summary Report, p. S-30.

⁵ Posner, Barbara M., Nutrition and the Elderly, Lexington Books, 1979.

⁶ Ten State Nutrition Survey 1968-70: Highlights. DHEW Pub. No. (HMS) 72-8134, 1972.

⁷ Dietary Intake Source Data, DHEW Pub. No. (PHS) 79-1221, September 1979.

⁸ Stiedeman, Mary, Coerene Jansen, and Inez Harrill, Ph. D., Nutritional status of elderly men and women, J. Amer. Diet. Assoc. 73:132, 1978.

⁹ Kohrs, Mary Bess, R.D., Ph. D., Influence of the Congregate Meal Program in Central Missouri on Dietary Practices and Nutritional Status of Participants, August 1976.

First wave findings of the national evaluation of the Nutrition Program for the Elderly indicates positive effects of the Program on dietary intake as measured by the amounts of specific nutrients consumed. As a result of eating at nutrition sites, intakes of calcium and Vitamin A show the greatest increase.¹⁰

Food stamp program

The elimination of the purchase requirement has allowed more older persons to participate in the food stamp program. At the present time approximately 20,000 elderly persons receive food stamps in Kansas.

Congregate meals program

The Congregate Meals Program as authorized under the Older Americans Act takes into account the total living conditions of older persons. As the study conducted in Missouri reviewed earlier indicated, the Congregate Program may have a significant positive impact on the health and nutritional status of participants. The Congregate Nutrition Program is especially important in that it assures the inclusion of the minimum level of required nutrients in diets of older Americans without changing the established cultural and psychological importance of foods.

Home delivered meals program

The newly authorized Home Delivered Meals Program provides a very necessary service to homebound older persons. In general, the home delivered meals program in conjunction with the local "meals on wheels" programs allows older persons to maintain themselves in dignity in their own homes. Coordination of these programs with other support programs contributes to a more comprehensive health delivery system for older persons.

RECOMMENDATIONS

Food stamp program

Continued support of current procedures which do not require purchase of food stamps is necessary to insure maximum participation by older adults. Continued coordinated outreach efforts are necessary, as the statewide needs assessment indicates that 34 percent of those over age 60 in Kansas do not know whether or not they are eligible for food stamps.¹¹

The impact of inflationary increases in Social Security payments on an older person's eligibility for food stamps should be recognized. Often the inflationary increases in Social Security are just enough to put an elderly person over the income eligibility guidelines for food stamps. A small increase in Social Security benefits results in an older person's loss of food stamp benefits. Consideration should be given to a transition period of 30 to 60 days so affected older persons have an opportunity to get ahead before losing food stamp benefits. Congress should continue to watch very carefully the model projects involving food stamp cash-out for SSI recipients. We must all look at the impact of this project as perceived by the elderly.

National nutrition program for the elderly

Section 307 of the Older Americans Act specifies that project income generated may be used only to "increase the number of meals served".

Specific consideration should be given to the fact that at some point, increasing the "number" of meals served may not be the issue, rather enhancing the program by improving quality or providing modified diets may be more important.

In addition, Congress must recognize that a decrease in III-B funds affects the nutrition program. III-C funds provide the meal services, but as of September 30, 1980, may no longer provide transportation to get the participants to the meals. It is a grave mistake to look at the nutrition program in isolation from the other support programs such as transportation.

We must look at the nutrition program as a total package designed to enable older persons to continue to live in their communities and in their own homes for as long as they can and care to. In addition, continued emphasis should be placed on development of methods and techniques that not only improve the participant's diet, but enhance their self-esteem and self-reliance. Further evaluations of nutrition program efforts, including nutrition education programming, should be con-

¹⁰ Longitudinal Evaluation of the National Nutrition Program for the Elderly, Executive Summary, February 1979, P. 8.

¹¹ Statewide Summary Report, p. S-40.

ducted to determine the long-term benefits of the program on the health of participants.

Individual nutrition needs

While the needs for optimal nutrition in the healthy aged individual differ little from those of younger persons, it is important to consider that the aged constitute a much less homogeneous group than do younger persons. Each person differs from another as a result of both genetics and the stresses of life. Each individual also has specific personal attitudes toward food, and varying physical and mental conditions. For these reasons, even more than with younger persons, dietary needs of the elderly must be individualized. Individual dietary counseling should be a part of all health care programs. Specific consideration should be given to informational emphasis on and provision of modified diets in nutrition programs. The feasibility of including an individual's needs for a specialized diet in their allocation of food stamps could be investigated. Provision of modified diets should be stressed in both the congregate and home delivered programs authorized by the Older Americans Act. Twenty-nine percent of the respondents in the Kansas needs assessment stated that their physician had recommended they adhere to a special diet.¹² Assessment of individual nutritional status should be included in individual health care both in the home and in the community setting. Improved nutrition may not cure conditions suffered by older individuals, but it will help to prevent a worsening of those conditions.

Nutrition and health education

Nutrition and health education and information should be provided on a consistent basis to older adults. Focus should be placed on the multiple interactions between physiology, age, life style, health, disease and nutrition. Educational efforts need to address nutrient-drug interactions and the effects of stress and illness on nutrition status. Continuing effort could be made to apprise older persons of health care benefits and services available to them. Nutrition and health education activities can be successful in gaining participation from older people and in bringing about improvement in knowledge of nutrition and health if competent personnel with adequate technical training provide responsible leadership. Medical and nursing schools should be encouraged to include courses in geriatrics and nutrition in their curriculum. Kansas Senate resolution 1622 encourages Schools of Nursing to offer courses in geriatrics and gerontology.

Summary

The increasing numbers of older adults coupled with inflationary pressures requires increasing funding from federal, state and local sources as well as more emphasis on cost-effective programs. Continued support of adequate nutrition, health, and supportive services will allow many elderly Kansans to maintain a relatively independent lifestyle and vastly improve the quality of their lives.

[The following material was supplied by Irene Hart, director, Central Plains Area Agency on Aging. See p. 24 for the oral testimony of Ms. Hart.]

CENTRAL PLAINS AREA AGENCY ON AGING

NUTRITION

Food influences not only survival but is essential for growth, health, and vigor; today, food remains a basic need which satisfies not only an individual's physiological needs, but also complex social and psychological needs as well.

Food is essential for life and the nutritive value of food is a positive factor in determining health and the quality of life from the time of conception until death.

A nutritionally adequate food supply is a contributing factor to the maintenance of health and to the delay in the onset of some degenerative changes associated with the physiology of the aging processes.

The provision of adequate nutrition in early years can contribute to a more productive and enjoyable life in later years.

¹² *Ibid*, p. 8-29.

A broad, positive approach to meeting the food and nutrition needs of the entire population of all ages should be developed and implemented nationwide.

Although the necessity of a long-range approach to hunger and nutritional needs is without question, there must be immediate concern and provision made for those who are inadequately fed. The dietary requirements of aging persons must be examined to insure their special needs are understood. The same nutrients, proteins, fats, carbohydrates, minerals, vitamins, and water are essential to everyone throughout life, but the amounts of each vary with age, sex, activity, and other factors, including individual variability. The Food and Nutrition Board, National Research Council of the National Academy of Sciences, has developed a recommended daily allowance (RDA) for intake of nutrients. These allowances are based upon considerable research and are constructed so that they provide a margin of safety for individual variations. The RDA should be interpreted as being a goal; however, an individual could conceivably be meeting their own nutritional needs but their dietary intake may be below RDA standards.

An RDA has been established for only sixteen nutrients. Although other nutrients are essential in the diet, research has not yet produced sufficient data upon which a recommendation can be made. The sixteen nutrients and their main functions especially among the elderly have been summarized below:

1. Caloric Requirements

Caloric adequacy is most readily recognized in the adult by weight maintenance. Caloric requirements decline progressively after early adulthood usually due to a decline in physical activity. Basal metabolism also decreases with age. The advantages to health of rigid calorie control are well documented; data reveal that the most favorable health expectation is associated with conditions where weight normally achieved by age twenty-two is maintained through life.

2. Carbohydrates and fats

Carbohydrates and fats are major sources of calories in the diets of most elderly persons. The carbohydrates which are commonly used as food are starch and sugar. No RDA has been interchangeable as dietary sources of energy.

Fats are important in the diet for their palatability and satiety value; also as carriers of fat soluble vitamins and as sources of essential fatty acids.

3. Proteins

Proteins are fundamental in the life processes at all ages because they are part of the structure of all body tissues, both hard (bone and tooth matrix) and soft. Dietary proteins also provide the nitrogen and amino acids for synthesis of hormones, enzymes, plasma proteins, and hemoglobin of blood, and other nitrogen-containing substances. Proteins are composed of some 20 amino acids of which eight cannot be synthesized in the adult human body and must be supplied directly from food. These eight are called essential amino acids. The remaining amino acids can be synthesized in the body from dietary protein.

4. Iron

One of the most common nutritional deficiencies in the United States is iron-deficiency anemia. It is comparatively rare among men; the RDA for both men and women over age 55 is 10 mg. daily.

Iron is an essential nutrient and is found in red blood cells, blood plasma, muscles, and enzymes. It is absorbed into the body through the digestive processes, but in an aging person the number of absorbing cells are greatly reduced, there is a reduced intestinal blood flow, and reduced absorptive capacity of the digestive tract.

4.1. Calcium

Calcium is an essential dietary constituent necessary for bone mineralization and therefore for skeletal growth and maintenance. Low-calcium intakes have been reported as frequent according to dietary studies. Evidence of low dietary intake of calcium can be found in a high incidence of the bone disorder, osteoporosis, among the elderly.

4.2. Fluorine

Fluorine in the diet and in drinking water enters the skeletal structure and becomes part of the bone, thus giving greater strength to the crystalline structure. Careful studies have been made in geographical areas in which there were

high and low concentrations of naturally-occurring fluoride in the drinking water. Evidence of osteoporosis was substantially higher in the low-fluoride area, especially in women.

5. Vitamins

Vitamins as essential dietary constituents were first identified because of the physiological changes which could be clearly demonstrated in the absence of each vitamin. Emphasis needs to be placed as well on the functions of each vitamin in relation to normal body processes. Absence of characteristic symptoms of deficiency is not necessarily an indication that an individual is receiving adequate amounts of each vitamin for health maintenance.

6. Water

Water comprises between one-half to three-fourths the body weight and is essential for the normal function of all body processes. There is a continuous loss of body water by way of the intestine, kidneys, lungs, and skin, and this loss needs to be balanced by a daily intake obtained from food, beverages and drinking water.

NUTRITIONAL STATUS AND DIETARY SURVEYS

Dietary studies provide useful information on the kind and amount of food consumed, therefore revealing food habits, eating patterns, and the frequency of use of specific foods. By calculation of nutrient content from food tables, such studies are indicative of dietary adequacy when compared with some selected standard of reference. As indicators of deficiency conditions and malnutrition, dietary studies should be interpreted with extreme care primarily due to technical factors involved in performing the study and evaluating the results.

Several studies have been made nationwide covering all age groups, but only a few have been made specifically covering elderly persons. As Table 1 shows, a 1965 Department of Agriculture study revealed the following:

TABLE 1.—*USDA dietary study, 1965*

<i>Sex/age</i>	<i>Diet</i>
Men:	
55-64 years-----	Average nutrient content adequate at all income levels.
65-74 years-----	Low in calcium.
75-plus years-----	Low in vitamins A and C, thiamine, riboflavin, calcium.
Women:	
55-64 years-----	Low in thiamine, riboflavin, especially low in calcium.
65-74 years-----	Low in calcium, thiamine, riboflavin.
75-plus years-----	Low in calcium, thiamine, riboflavin, iron, vitamin A.

As noted in the study, the dietary deficiencies increased with age, particularly for women. However, both men and women 75 years and over had lower intakes of nutrients particularly vitamins A and C. Regional differences were not observed.

A study conducted in Rochester, New York, revealed many diets low in calcium and vitamin C. A Boston study revealed low intakes of calcium, thiamine, and iron. A study of women living alone or with others revealed inadequate intakes of iron, calcium, and vitamin A. Nursing home patients studied had low intakes of calcium and vitamin C. A study of low-income elderly in Texas and Louisiana showed inadequacies of protein, thiamine, iron, vitamins A and C, and calcium.

Summarizing the findings of these studies, it has been learned that food intake decreases with age, diets are frequently low in minerals and vitamins, and better diets are found with higher income and education.

VITAMIN AND MINERAL SUPPLEMENTS

These supplements are widely used, more by women than by men, and more in the older age groups. Of those individuals in the above-mentioned studies whose diets failed to meet recommended levels, one-fourth were using supple-

ments that covered all their dietary shortages, one-half used supplements covering some of their shortages, and the remaining fourth were taking precisely the wrong supplements. In general, however, persons whose diets met all standards were more likely to be taking supplements than those persons whose diets only partially met or did not meet standards.

Need

Data from the Wichita State University (WSU) Survey were analyzed extensively in an attempt to determine nutritional needs of the elderly in the tri-county region. Since the only truly accurate way to determine nutritional needs of individuals is by daily dietary intake evaluations, the WSU interview survey provides a more subjective judgment of dietary adequacy on the part of the respondent. The purpose of this component of the survey was to determine if an individual's hunger was satisfied by the amount of food consumed, if the quality of meals was acceptable to the respondent, and what would enable the respondent to have more satisfying meals.

TABLE 2.—ADEQUACY OF DIET (WSU SURVEY)

[In percent]

	Butler County (N=73)	Harvey County (N=65)	Sedgwick County (N=52)	Wichita (N=424)
Do you have enough to eat?				
Yes.....	98.6	100	96.2	92.7
No.....	1.4	0	3.8	6.4
No response.....	0	0	0	.9
Total.....	100.0	100	100.0	100.0

6.4 percent of the respondents in Wichita stated that they did not have enough to eat. (See Table 2.) Since the survey sample was chosen to be statistically representative, it can be projected that 1400-2600 persons aged 63 and over in Wichita do not receive enough to eat. (The number of hungry elderly in the remainder of the region cannot be validly statistically determined.) These figures may be conservative since it is assumed that respondents may be reluctant to provide an accurate answer to the question.

Further data analysis reveals that income, isolation, health, education, and ethnic identity are significant factors in getting enough to eat. Persons with low incomes, who more often express feelings of loneliness, who have poorer health and lower educational achievement levels, and who are non-white are most likely to suffer from dietary inadequacy. It is acknowledged that some of these factors are interrelated, i.e., ethnic identity and lower income, etc. These results reveal the hungry elderly to be persons living alone on meager incomes, probably with poor health, and probably withdrawn from the community.

TABLE 3.—QUALITY OF DIET (WSU SURVEY)

[In percent]

	Butler County (N=73)	Harvey County (N=65)	Sedgwick County (N=52)	Wichita (N=424)
Do you think your meals are wholesome?				
Yes.....	72.7	95.4	98.1	80.9
No.....	6.8	1.5	1.9	12.0
Don't know.....	20.5	3.1	0	6.6
No response.....	0	0	0	.5
Total.....	100.0	100.0	100.0	100.0

Table 3 shows that in the Wichita sample, twelve percent of the respondents said they did not believe their meals were wholesome. Assuming the sample is representative, somewhere between 2900 and 4800 persons do not feel they eat nutritionally balanced meals. Additionally, nearly seven percent of Wichita's older population, or 1500 to 2700 persons, did not have enough knowledge concerning nutrition to know whether or not their diet was nutritionally balanced. In the remainder of the three-county area, 12.6 percent of the respondents indicated they were doubtful that their diets were nutritionally sound. The highest percentage of persons who were uncertain about the quality of their diets were Butler County respondents; 6.8 percent said their meals were not wholesome, and 20.5 percent said they did not know if their meals were wholesome.

TABLE 4.—AIDS TO BETTER MEALS AND STATE OF HEALTH

[In percent]

	State of health	
	Poorer health	Better health
Would more convenient grocery shopping help?		
Butler County	55.0	42.4
Harvey County	11.8	10.4
Sedgwick County	26.9	30.8
Wichita	38.0	29.7
Would mealtime company help?		
Butler County	67.5	48.4
Harvey County	35.3	35.4
Sedgwick County	57.7	53.8
Wichita	49.5	39.7
Would transportation for grocery shopping help?		
Butler County	40.0	21.2
Harvey County	17.6	8.3
Sedgwick County	30.8	15.4
Wichita	39.0	23.3
Would nutrition information help?		
Butler County	5.0	12.1
Harvey County		4.2
Sedgwick County	30.8	34.6
Wichita	30.5	18.7
Would meal preparation aid help?		
Butler County	42.5	24.4
Harvey County	5.9	12.5
Sedgwick County	19.2	15.8
Wichita	31.0	17.8

As previously indicated, food is a determinant in good health and the quality of life. As shown in Table 4, in the WSU survey, the health of the respondents was associated with at least four to five of the aids to better meals. While nearly 31 percent of respondents in Sedgwick County, who described their health, as good to excellent, better than half of the Butler County, and nearly 40 percent of the Wichita respondents with fair to poor health said more convenient grocery shopping would make their meals more satisfactory. Nearly two-thirds of the Butler County respondents, who said their health was poor, indicated mealtime company would be an aid to better meals. In addition there was a consistent demand for mealtime company from all respondents in the tri-county and Wichita area.

Respondents in poor health in Butler County and Wichita were also twice as likely as those in good health to indicate transportation for grocery shopping would be helpful.

There appeared to be little association with poor health and the need for nutrition information. However, respondents in Wichita and Sedgwick County with both good and poor health said more information on nutrition would be helpful to them in having satisfactory meals.

Persons in poor health in both Butler County (42.5 percent) and in Wichita (31 percent) desired information on food preparation. Such need may have come from a change in dietary requirements as a result of medical restrictions.

TABLE 5.—AIDS TO BETTER MEALS AND ADEQUACY OF INCOME

[In percent]

	Adequacy of income	
	Lower	Higher
Would more convenient grocery shopping help?		
Butler County.....	63.6	43.1
Harvey County.....	25.0	4.4
Sedgwick County.....	42.8	23.7
Wichita.....	45.8	23.4
Would mealtime company help?		
Butler County.....	77.3	50.8
Harvey County.....	65.0	22.2
Sedgwick County.....	57.1	55.3
Wichita.....	50.3	39.7
Would transportation for grocery shopping help?		
Butler County.....	54.5	50.0
Harvey County.....	15.0	8.9
Sedgwick County.....	35.7	18.4
Wichita.....	43.1	22.2
Would nutrition information help?		
Butler County.....	4.5	9.8
Harvey County.....	5.0	2.2
Sedgwick County.....	35.7	31.6
Wichita.....	32.0	18.8
Would meal preparation aid help?		
Butler County.....	31.8	35.3
Harvey County.....	25.0	4.4
Sedgwick County.....	21.4	21.0
Wichita.....	38.1	12.5
Would food preparation information help?		
Butler County.....	4.5	9.8
Harvey County.....	5.0	2.2
Sedgwick County.....	50.0	21.0
Wichita.....	26.5	15.1
Would better appetite help?		
Butler County.....	13.6	15.7
Harvey County.....	5.0	2.2
Sedgwick County.....	35.7	5.2
Wichita.....	24.9	10.5

The WSU data reveal that income, for the older persons, is a significant factor in getting enough to eat. Adequacy of income was influential on several of the responses as to possible aids to more satisfactory meals. (See Table 5.) Those individuals with low income in Butler and Sedgwick Counties, and in Wichita (63.6 percent, 42.8 and 45.8, respectively) indicated more convenient grocery shopping would make meals more satisfactory. Butler County respondents with low income (77.3 percent) expressed need for mealtime company although there was a defined need as well for this in Harvey County (65 percent), Sedgwick County (57.1 percent) and Wichita (50.3 percent). Again, respondents with low income in Sedgwick County said nutrition information (35.7 percent), food preparation information (50 percent), a better appetite (35.7 percent) and transportation for grocery shopping (35.7 percent) would help them have more satisfying meals. Meal preparation aid was indicated for low income persons in Harvey County (25 percent) and Wichita (38.1 percent) and a solid demand for both low (31.8 percent) and high (35.3 percent) income persons in Butler County.

Transportation assistance for grocery shopping was greatest in Butler County for both low (54.5 percent) and high (50.0 percent) income persons. The respondents with low income in both Wichita (43.1 percent) and Sedgwick County (35.7 percent) said they need transportation for grocery shopping which would help them have satisfying meals.

The social, cultural and psychological significance of food in our lives can scarcely be overestimated. Sharing of food is one of the prime social contacts; provision of food is one of the prime signs of caring. The pleasure of seeing, smelling and tasting food that looks, smells and tastes good, nourish the personality with sensuous experience even as the vitamins and minerals are making their contribution to the growth and maintenance of muscle and bone. Eating and being fed are intimately connected with our deepest feelings. They are the basic interactions between human beings on which rest all later evaluations of oneself, of the world, and of our relationship to it. Eating experiences condition our attitude, not so much because of how nutritious is the food we are given,

but because of the feelings and attitudes with which it is given. Such is the intent of the Older American Act Title VII nutrition programs which provide hot, noontime meals at designated locations in the community to persons 60 years of age and over. The sharing and social climate of these nutrition sites provide an opportunity not only for a nutritionally balanced hot meal, but for the development of interpersonal relationships and new interests and to alleviate loneliness and isolation.

Further, improved nutrition suggests a substantial improvement in health. According to a report from the Department of Agriculture in 1971, it was estimated there was a 25 percent reduction in heart and vasculatory problems brought about through dietary changes. Given the wide impact on health that has been traced to dietary trends, it seems imperative that individuals be provided with authoritative nutritional and dietary guidelines.

SUMMARY

The focus of this section has been on the nutritional needs of the older person. The paucity of dietary studies made on the elderly show that low-income older persons have lower intake of nutrients, in particular, proteins, thiamine, iron, vitamins A and C, and calcium. Dietary studies made by the Department of Agriculture, Rochester, New York and Boston indicated that the average older person's diet is inadequate in iron, calcium, vitamins A and C, thiamine, riboflavin, niacin, flourine and folacin. In summary, the studies have shown that the diet of the older person is more likely to be affected by less food intake, lower intakes of nutrients, low income and poor health.

The Wichita State University study of the three-county area shows a vast majority of the respondents indicated they do have enough to eat and that their meals were wholesome. However, the study reveals that over six percent of the Wichita respondents said they do not have enough to eat. That not all the respondents who stated they have a sufficient amount of wholesome food found this alone was satisfactory as indicated in their response to the question, "Would any of these help you to have more satisfying meals?" The data show that the respondents indicated lower food costs, mealtime company, more convenient grocery shopping, transportation for grocery shopping, more information on nutrition and in food preparation would help them have more satisfying meals.

RECOMMENDATIONS

1. (a) It is recommended that information in nutrition be designed specifically for the older person with means of delivery via slides, audio cassettes, film with text appearing for the deaf/hard of hearing, radio, Talking Books for the visually handicapped, in an individual or small group discussions.

(b) Further, that classes be conducted at neighborhood association meetings, neighborhood school cafeterias, extension units, Golden Age club meetings, and at congregate meal settings.

(c) It is further recommended that classes include such topics as cooking for one or two, demonstrating the preparation of new recipes utilizing inexpensive foods, and include information on special dietetic needs.

2. It is recommended that information on nutrition and food preparation be transmitted in Spanish, English, as well as Braille for the visually handicapped.

3. It is recommended that a discount program be developed with restaurants for senior citizens to purchase meals, at off peak hours, at reduced prices.

4. It is recommended that food cooperatives for older persons be established wherein foodstuff can be bought in bulk and/or by the case at reduced cost.

5. It is recommended that the community garden program be continued and expanded to increase cooperative gardening projects among older people.

6. It is recommended canning kitchens be established during the summer at school cafeteria kitchens and seasonally at an established community canning kitchen for the preservation of fresh produce.

7. It is recommended that volunteer organizations be alerted to the transportation for grocery shopping needs of the elderly and that they develop a network to provide grocery shopping opportunities, as well as being proxy grocery shoppers.

8. It is recommended a Mobile Market, a traveling grocery store, be made available to provide a convenient shopping opportunity for older persons, at such places as congregate meal sites, elderly housing complexes or housing where there are large numbers of elderly residents.

9. It is recommended that a senior companion program be developed to aid the older person in food purchasing and preparation, to provide transportation to stores for grocery shopping and to be a companion at mealtimes.

10. It is recommended that delivery of meals to homebound elderly be consolidated with congregate dining programs for the purposes of greater efficiency in operation and increased access to supportive services by the homebound.

11. It is recommended that increased funding for Title VII nutrition programs be actively sought for the purpose of expanding the number of persons able to be served by the program.

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STATEMENT OF JEAN COWLES, EXECUTIVE DIRECTOR, MEALS ON WHEELS, SENIOR SERVICES, INC., WICHITA, KANS.

I will describe our agency Senior Services, Inc., and the services we provide, especially those involving nutrition. We are a small agency, but I believe we are delivering needed services in an efficient and economical manner. We have the support of local volunteers as well as that of other agencies and local government.

Senior Services, Inc. is a non-profit, tax-exempt organization which has been providing services to older adults in Wichita for over ten years. The best known program of this agency is Meals on Wheels, which delivers 450 to 500 meals daily, five days a week. Seventy meals are delivered on Saturday and Sunday to those considered most at risk. This program is based on volunteer efforts in the delivery of meals. A volunteer coordinator recruits, trains, and assigns the volunteers. The Social Services Specialists and the outreach workers have the responsibility of:

1. Identifying those people in need of Meals on Wheels;
2. Assessing other needs of the recipients and assuring that those needs are met;
3. Certifying the eligibility of the applicants;
4. Referring people to other agencies when needed;
5. Assisting recipients in the process of becoming self-sufficient and transferring to the congregate meal program when possible.

Roving Pantry is another successful program operated by Senior Services, Inc. The same Social Services Department works with these clients in the same way they work with Meals on Wheels. These clients are able to cook for themselves but for various reasons cannot grocery shop. This program is often used as a transition from Meals on Wheels to being independent. An individual will come home from the hospital and need Meals on Wheels for several weeks. As he becomes stronger, he can cook for himself if groceries are delivered. Later, he may be on his own. Some of the Meals on Wheels clients also use Roving Pantry; they still need coffee, paper products, etc.

Senior Services, Inc. provides some transportation for medical, nutritional, recreational, and other purposes. The Transportation Department coordinates a van equipped for the handicapped and two station wagons. Transportation is one of the growing needs of older people in this community. Public transportation is non-existent on weekends and often impossible for older people to use. Several agencies provide transportation services, but it seems there is never enough.

Information and Referral—Aging, funded by the Older Americans' Act is provided through our agency. This program links older people who need services which enable them to remain in their own homes.

Five Senior Centers are staffed by directors and supervised by center staff. These centers are multi-purpose and offer a central point where seniors can find

services, activities, and socialization. The City Commission has allocated \$500,000 of CDBG funds to be used in establishing a Multipurpose Downtown Senior Center. We hope to accomplish this dream within the next year.

Senior Services, Inc. continues to have good working relationships with other agencies. We work closely with the Red Cross and its Good Neighbor Nutrition Program, the Community Action Agency, the Social and Rehabilitation Services and the Social Security Office to provide services and access to services for older adults in Wichita. A letter of agreement has been signed with the Gerontology Center at Wichita State University. We provide internship experience for their students; they provide us with current information on aging, research, and programs. This enables us to provide better services based on the experience of others in the field of aging.

The funding for Meals on Wheels has come from Community Development Block Grants (CDBG) for several years. Since recently adopted regulations specify that we now receive such funding for approximately one-third of our clients (many of the old and poor in Wichita do not live in designated areas). The rest of the funds are received from Title XX, the Area Agency on Aging, local (county) funds, and private donation. Private donations for the last year were approximately \$8,000.

To picture the type of people we are serving, data on 440 recipients was compiled in the spring of 1979.

The mean age is 78.9 years with a range of 53-101. Our guidelines provide for service to those over age 55, but provision to serve up to 50 handicapped younger persons was made with one of our funding sources. Of our clients 62 percent are age 75 and above, and 93 percent are aged 60 and over.

Ninety percent of clients are head of household; 57 percent of these are female, 33 percent are male. Sixty-two percent live alone, 25 percent are married living with spouse, 11 percent live with other relatives, and 2 percent live with non-kin.

A majority of our recipients have physical and/or mental disabilities. We serve 5 bedridden persons, 19 in wheelchairs, 16 amputees and 40 who use walking aids. Eight persons are totally blind, 16 partially blind, 4 totally deaf and 18 have severe hearing losses. Many of our recipients have more than one limiting disability such as arthritis, cardiovascular diseases, emphysema, Parkinson's disease, etc.

The range of income is from \$43.82 (an insurance dividend) to \$690 per month. The mean income is \$210/monthly. Ninety percent of the recipients receive Social Security income, and 16 percent receive SSI, 18 percent have a private source of income. Some of them have income from more than one source.

To provide Meals on Wheels, we use volunteers to deliver 36 routes daily. Our regular volunteers deliver the same routes (usually weekly) and take a real interest in the recipients. Instead of telephone reassurances, the clients are actually seen daily by a volunteer. This proved very helpful during the recent heat crisis in Wichita. Our volunteers are trained to call the office whenever they are unable to deliver a meal or they feel the recipient is in need of help. A Social Service Specialist from our agency then follows up to see if help is needed. The volunteer is often the only person a client sees for several days at a time. We often feel this daily visit, brief though it may be, is more important to the individual than the food that is delivered.

I visited with the Social Services staff, people who work directly with the Meals on Wheels clients every day, and discussed with them some special needs which they have observed that are not being met. The staff suggested the following needs:

1. Even though we serve meals on weekends to seventy of the most vulnerable clients, we wonder about the others. Some have family and friends to help on weekends. Others are alone or have questionable help. Is the blind lady who eats a TV dinner each Saturday and Sunday, really receiving adequate nutrition? We wonder.

2. SRS provides homemaker service for many of these people. We feel many more need this service. We would certainly support any effort to expand that worthwhile program. The same is true for home chore service. These people need someone to mow the lawn in the summer, and shovel the walks in the winter, and take care of the numerous small tasks needed to hold a house together.

3. Some of our clients need someone just to visit on a regular basis. It is surprising how many of these people have no family close enough to fulfill this function, someone to help with a checkbook or run to the store. The blind lady I mentioned would certainly enjoy having someone walk around the block with her several times a week. Small things, but who is to do it.

4. For some clients, the elimination of the income verification required by CDBG and Title XX would be desirable. A few people drop out of the process at that point, they don't want others to know what their income is, especially interest from savings accounts. Their savings accounts are a source of security to them to be used as a last resort and asking about them is perceived as a threat. They refuse the service rather than reveal the income from such sources.

5. Roving Pantry has a difficult time serving those who are blind, deaf, or too confused to remember to call in their grocery order. It would be wonderful to have the luxury of an outreach worker who could call on the people at home to get their orders.

Like most agencies, Senior Service, Inc. has problems at times. One of the problems we struggle with daily is the different requirements of the different funding sources. The administrative hassle of Meals on Wheels alone—we report monthly to SRS (Title XX), the City (CDBG), and the Area Agency on Aging, all on different forms, and are reimbursed in a different way by each. The county asked that we report to them at the end of the year. Contracts and agreements with each funding source must be complied with—and they are all different. Except for Information and Referral, each of our programs has at least two funding sources. So much time, energy, and money could be saved if all of the funds came from one source, and we reported to only one source.

We believe Meals on Wheels and Roving Pantry and our other programs help make life bearable for many people.

These programs are supported in part by government resources. I wish to emphasize that the programs depend also on the contributions of local citizens and the many hours spent by generous volunteers.

Thank you very much.

STATEMENT OF MARGARET MULLIKIN, KANSAS DEPARTMENT ON AGING,
TOPEKA, KANS.

Senator Dole and other members of the Subcommittee: I appreciate this opportunity to testify to some of the benefits currently being provided by the existing nutrition programs; to speak to some of the reasons why they are not serving some of those in greatest need; and to raise some issues for discussion in considering future planning.

I am a Gerontologist and an old person—not a nutrition expert. Therefore, my presentation will focus on data derived from a needs assessment conducted in Kansas in late 1979; on general knowledge derived from the literature on the aging process; and on an interpretation of the way people of my generation tend to respond to change.

I. INTRODUCTION

The United States is rapidly becoming a nation of middle aged and older people. The median age is now 30; some recently published statistics stated that the number of persons 60 and over now exceeds the number of those who are under 10 and the number of those who are 11-17. Some states, such as Kansas have exceptionally high proportions of their population in the upper age brackets. The most recent figures I have seen estimates the number of older Kansans (those 60 and over) as 407,445.

The fact that approximately one-third of these are 75 years of age and over is of particular importance to these hearings. As the numbers in these higher age brackets increase, so does the number of those who for a variety of reasons may be malnourished. The attempt to reduce these conditions was of course made after the 1971 White House Conference when Congress began to provide increasingly larger amounts of money for the purpose of establishing congregate meal sites. There is no doubt that these have been helpful, as has the home-delivery of meals to those who are immobile; and the attempts to increase grocery money through the food stamp program but I believe the estimate on a national level is that we are reaching no more than about three percent of the older people. In Kansas, according to a needs assessment completed late in 1979, only 1 percent of the respondents reported they ate their main meal at a meal site; (only 56 percent know of the program) another 1 percent reported they received "Meals on Wheels"; only 5 percent reported using food stamps. It should be noted that usage increased for those with lowest income and greater age, but only 5 percent of those in the 75 and over age group who knew of the programs used

the meals daily. Do these low usage figures mean there is low need? That assumption seems unlikely since 12 percent of the respondents indicated they had some difficulty in preparing a meal and 3 percent said they couldn't do it at all!

II.

As a Gerontologist, my specific knowledge of nutritional needs of elderly persons is quite limited. Therefore, I am going to make only a few general statements concerning such needs which have been revealed through reading of the published material.

It is my understanding that as the body ages, care should be taken to make certain that particular nutrients are included in the diet if we are to remain healthy.

There are a number of circumstances that can interfere with accomplishing this fact. All can produce a change in former eating patterns that may mean lowered nutrition. One of those is the lowered budget which older people have to consider when they go to market. Protein is particularly important in the diet; any of you who have purchased groceries in the past few years are aware of how much meat, all dairy products, and eggs have increased in price. Whether or not any of the highly publicized "horror" stories of older people purchasing dog food are true or not is beside the point; all householders have had to modify their shopping patterns to some degree and for persons on fixed incomes, these modifications may indeed lead to unbalanced diets.

Secondly, the tastebuds do seem to undergo some changes as we grow older resulting in the fact that food simply is not as palatable as it once was. Add to this the fact that many older persons are on salt and/or sugar restricted diets, food may turn out to be almost completely tasteless. The result may be that there is a tendency to eat only those foods that are tasty, rather than those that are good for us.

Thirdly, among the present older population, toothlessness (referred to, I believe as endentulousness) is common. In Kansas, 61 percent of those over 60 years of age wear dentures; 67 percent of those 75 and over do so, and 2 percent say they need them but do not have them. Dentures need refitting periodically if they are to be effective. Medicare does not pay for these, and only in a few states does Medicaid help meet this need. Dentures and their up-keep are a high cost item for anyone; for those on a fixed income such expenditures are prohibitive ranging somewhere in the neighborhood of \$600-\$800 according to one dentist. The result is that many older persons get by as best they can, but it also may mean that they eat less meat which is particularly hard to chew. Food stamps and congregate meals are not going to help the person with ill-fitting dentures have a better diet!

There are several circumstances of a social nature that changed eating habits. One of those, is the difficulty in preparing food. Dimmed vision and arthritic hands, not only interfere with performance of simple tasks but they also rob one of confidence in what one is doing. They can also lead to accidents in the kitchen so that one may suffer severe burns, cuts, or other injuries. The response to these types of disabilities may be increased reliance on prepared foods, the nutritional value of which may be highly questionable as well as more expensive. For three years, I grocery shopped for an elderly neighbor and her chief orders were a variety of "frozen dinners". She insisted they were "easier to fix" and that she "sometimes let those burn up".

This points up another fact of aging life; the difficulty in obtaining needed food supplies. If one can't drive, or has little access to transportation, stocking the pantry from markets located in suburban shopping centers becomes a real problem. It means dependence on relatives or friends, (and these may also be old) and carrying any large supply of groceries into the house is not easy for us as our physical strength diminishes with age. Home delivery of groceries is virtually non-existent in this day of the supermarket! Thus simple provision of food supplies becomes a problem as social patterns change.

Lastly, there is the effect of eating alone. As you all know, a high proportion of older people live alone. In Kansas, 39 percent of the respondents in the needs assessment reported they lived alone; 52 percent of those 75 and over do so. Since only 15 percent of the older males in Kansas live alone as compared to 56 percent of the older women, it could be assumed that women are going to be more concerned about meal preparation. I doubt if the evidence supports

this. Eating is a highly social event. Food is tastefully prepared, esthetically served, and enjoyably consumed in the company of or for others. If one eats meal after meal alone, it often loses these pleasurable qualities; all of which can lead to poor nutritional habits.

To summarize, when thinking of "good nutrition" for older persons, it is necessary that concerns other than making sure that "nutritional standards" in the congregate and home delivered meals programs must be considered. Those programs are helpful but they are reaching only a few; low income and unwillingness to participate in any program that is perceived as "charity" will result in less food of the recommended type on the table. The Older American's Act prohibits use of a means test; but apparently many older people do not want to participate in the programs.

Ill-fitting teeth, loss of sense of taste and indeed the tastelessness of food dictated by diet may result in loss of appetite, preference for less nutritious food; or rejection of food difficult to chew.

Added to these are the difficulties in getting food supplies into the home and in meal preparation plus the lack of anyone with whom to share the meal, preparation and consumption of food may become only habit with little concern as to whether or not it is "nutritional". Older persons, like all of mankind are human creatures most of whom have been accustomed to sharing daily life with other humans. It takes real effort to sustain any zest for living when one is alone.

III.

What can we hope to do about these circumstances? First, a brief review of what has already been done might prove to be helpful.

In order to meet the income constraints that are known to exist among many older people certain measures have been taken to attempt to make limited dollars go further. One of these has been the issuance of food stamps which of course makes it possible to buy more groceries for a given amount of money. Because the food stamp program is income-related, many older persons would not take advantage of it.

Although, no specific correlation study has been done of the needs assessment data, 28 percent of the respondents reported annual incomes of \$2400-\$4800 and 6 percent reported incomes of less than \$2400. For those 75 and over these percentages increased to 36 percent and 8 percent respectively. One is led to ask, "why, then, do only 5 percent report that they use food stamps, especially when 7 percent said they knew they were eligible but do not use them?" There is at least one possible answer, and that is, as stated before, the reluctance of this age group to ask for any help they think of as "welfare". They were born and grew to adulthood in a social system that stressed individual responsibility. Even though many of them approved of the social reforms that resulted from the near disastrous depression of the 1930's, they still did not see those reforms applying to themselves. Social Security benefits are viewed as having been "earned" and Medicare is only "age related" not income related. By and large many of this current older population will reject any program if its benefits hinge upon low income.

In all fairness, it should be pointed out that 34 percent of the older persons in the survey said they "didn't know if they were eligible for food stamps". It would seem therefore, that more effort should be made to acquaint older people with this particular income aid that might increase the availability of nutritious food.

In 1979, the Kansas legislature voted to refund \$20.00 of the food sales tax money to all persons whose income was less than \$10,000. At least 60 percent of older Kansans would thus have been eligible for this money. Only 29 percent did apply; although again, 23 percent said they had never heard of it, and another 30 percent said they didn't know whether or not they were eligible.

The nutrition programs provided under the Older Americans Act and supplemented by State of Kansas general funds and diversion of Title XX Money into some home-delivered meals, as mentioned before exist. There are some 210 meal sites where 8,000 meals are served 5 days a week and 16 home delivered projects, one of the largest of which is in one city where nearly 500 meals are delivered 5 days a week and approximately 80, 7 days a week. Again, of those whose income was less than \$4800 and who knew of these programs, 64 percent either said they would not or probably would not go there to eat. Factors other than rejection of help may very well contribute to this attitude, and we need to know what some of those may be. Emphasis placed on nutrition education isn't going to aid the student who refuses to attend school!

This review of what has been done when combined with some of the discussion on the apparent needs makes it possible to recommend that certain actions be considered that might have an effect on the nutritional well-being of our older population.

(1) Recognize the fact that those AOA programs such as the Congregate Meals programs have done and continue to do a great deal of good for those they reach, not only in providing nutritional meals, but also by providing social opportunities for many persons who otherwise might be eating alone and less beneficially.

(2) Examine ways in which more older persons might be reached and encouraged to take advantage of these programs. This possibly requires new approaches such as: (a) Enlist groups other than the aging "network" to provide outreach. I would suggest that introducing information on such programs to school children might be very useful. (b) Conduct at least one pilot research study to determine the factors that lead persons who know about such programs to reject taking advantage of them. The study should include one area where the programs are funded only by government funds (federal or a combination of federal and state) and one area where local tax money helps support them such as the mil levy support for older people's programs that has been generated in some Kansas counties. The purpose of this would be to determine if local tax money going into such programs was viewed more favorably than those coming from Washington or the State.

(3) Another income support measure that should enable older persons on fixed income to increase their food dollar—would be to develop some means of helping them meet the horrendous increases in utility costs. Just three cases were reported to the Kansas Department on Aging last week. One person on Supplemental Security Income (around \$185.00 a month) had an electric bill for the period running from June 10 to July 10 of \$67.00; two others whose Social Security checks are \$238.00 a month reported electric bills for the same period of \$117.00 and \$137.00. None of the three have air-conditioning.

One fact we know to be true; older people pay their bills if at all possible regardless of what they have to go without. The money that has been made available through CSA and SRS for utility bill payment is very apt to again be bypassed by many older people simply because both of those agencies are viewed as "welfare" related. Whether or not Title B (OAA) funds to assist in such a program would be used indiscriminately by those who really didn't need it and those who did wouldn't apply is unknown.

The federal government probably can't intervene in state corporation commission decisions, but as utility costs continue to increase, this is one item that is certainly going to reduce the amount of money older people have to spend on food. Some way of dealing with the problem minus the "welfare" stigma should be considered.

For those elderly who are homebound or unable to get to the nutrition sites, not only should the homedelivered meals program be continued but some extension of in-home services that would not only make it possible for persons to remain at home longer but would also reduce the isolation of those individuals. Two possibilities come to mind. One, increase the Senior Companion program thus providing some minimal financial benefits especially for women whose social security benefits are low and whose marketable working skills provide little opportunity to obtain part time work. Two, on a selective basis, work out a program whereby some of the volunteers who currently deliver most of the inhome meals would stay and visit with the recipient for a short time. This approach would require some funding for the following reasons:

(1) Current standards or maintenance of meal quality at time of delivery requires rather rapid coverage of routes; if visitation was included, fewer deliveries per volunteer would result requiring more volunteers.

(2) The high cost of driving one's own car has decreased the number of volunteers who would otherwise be willing to participate. Some method of subsidizing the volunteers' gasoline cost might help increase the number of volunteers. (One observation that I can make is that if young folk—12 to 16 years of age—accompany the driver, the recipient of the meal seems to be particularly overjoyed.)

Homemaker services is another way in which isolation can be reduced but there seem never to be enough of these to meet the need particularly in cities.

There are only a handful of programs in Kansas for home delivery of groceries. Since 8 percent of the needs assessment respondents indicated they either could not or only with great difficulty carry groceries or small packages if this service could be expanded it would help the individual have the opportunity to have more

nutritious groceries in the house while at the same time maintaining contact with the world outside the home.

I can offer few suggestions on how to reach out to more of those in need. As stated before, involving more groups, perhaps making better use of the media, and extending programs is perhaps all that can be done.

In closing, I would like to say this. The United States has done a good job in examining the nutritional needs of children and in developing programs to meet those needs. It is time they begin to address the same needs among its most rapidly growing segment of population—its older folk. It was their efforts and their tax dollars that supported the programs for children. Can their own needs justifiably be ignored?

SUMMARY OF REMARKS

The size of the older population of the nation and of Kansas is increasing faster than any other age group. Kansans 60 years of age and over now number over 400,000. The fastest growing segment of that older age group is comprised of those 75 and over.

Those who are 75 and over are more apt to have unbalanced diets, and poor eating habits, therefore more vulnerable to malnourishment or diet-related poor health. Both national and Kansas data indicate existing programs are failing to reach as many as should be the case if the goals of the nutrition program are met. In Kansas only 5 percent of those in the 75 and over age group, who knew of the available programs, ate daily meals at the congregate meal sites, 2 percent of the total respondents of this age say they do so; 2 percent reported their main meal was delivered to their home.

Based on the fact that 20 percent of those 75 and over indicated they had some or great difficulty in preparing meals and 4 percent said they couldn't do so—it seems clear that considerable need exists that is not being met. Sound nutritional practices seem to be especially important as the body ages. There are probably several circumstances that interfere with this.

Factors that could contribute to the fact that nutritional needs of older people are not met.

1. Income:

a. Inflated cost of groceries results in modifying shopping patterns which may mean that less meat, dairy products and eggs are purchased.

b. Other demands on the budget such as high utility bills may also mean reducing the usual amount allotted for groceries.

2. Tastelessness may result in changed eating patterns and selection of foods for taste rather than for health.

a. Loss of taste buds.

b. Salt and/or sugar free diets.

3. Dental problems result in food selection that may be chewable but lacking in nutritious value.

a. In Kansas, 67 percent of those over 75 wear dentures; 2 percent say they need them but do not have them. How well the dentures fit is unknown, but costs of repair or replacement represent a major expense few older people can handle.

4. As mentioned earlier, difficulty in preparing food because of arthritic hands, dimmed vision, or some other impairment may lead to dependence on prepared "dinners" that may or may not provide proper nourishment.

5. Difficulty in keeping the pantry and refrigerator stocked is another problem.

a. Few grocery stores deliver.

b. Older people have not the physical strength to carry large sacks of groceries.

c. Only a few programs for home-delivery of groceries have been developed.

d. Transportation needs compound the problem.

6. Eating alone is not conducive to good nutritional practices. Fifty-two percent of Kansans who are 75 and older live alone. Eating is a social event. Without someone with whom to share it, people pay much less attention to planning and preparing a balanced, nutritious meal.

7. Lastly, many older persons do not take advantage of the nutrition programs that do exist and that they know about because they view them as "charity" or as "welfare".

Actions that have been taken to address some of these problems

1. Stretching the food dollar:

a. Food stamps (income related). Although 36 percent of those 75 and over have incomes less than \$4,800 and 8 percent have less than \$2,400—only 5 percent

say they have ever applied and an additional 7 percent indicated they know they were eligible but had not applied. (Thirty-four percent did not know whether or not they were eligible.)

b. A food sales tax rebate of \$20.00 to Kansans with incomes of less than \$10,000 was made available in 1979. Only 29 percent of the estimated 24,000 eligible applied. Some of this was due to lack of information.

c. Through 210 meal sites, approximately 8,000 meals are served five days a week and there are 16 home-delivered meal projects. One of the largest serves approximately 500 persons, 5 days a week; 80 of these also receive week-end meals. (However, 64 percent of those with low incomes indicated they probably would not go to the meal sites.)

RECOMMENDATIONS

1. Continue and possibly expand congregate meals; they are nutritionally and socially beneficial for those they reach.

2. Explore ways to acquaint more older people with the programs, possibly by enlisting groups outside the network such as school programs.

3. Conduct at least one research program to discover the factors that lead older persons to reject usage of the programs. It should also explore whether or not locally funded programs were more acceptable than federal or state funded ones.

4. Increase the food dollars older people have by finding some means of reducing their utility bills. The latter are paid whether anything is left for groceries or not! In conjunction with this, keep in mind that programs funded through CSA or SRS are income related and will be regarded as welfare. If possible, more of that aid should come through OAA where the regulations prohibit a means test.

5. Consider including some part of denture repair or replacement under Medicare.

6. Extension of home-delivered meals and the number of Senior Companions who could reduce isolation and see to it that older persons did eat properly.

7. Reimburse volunteers for gasoline expenditures thus perhaps increasing the number of volunteers and reducing the number of meals any one volunteer would have to deliver and encourage "visitation" with the recipient.

8. Encourage more grocery home-delivered programs.

9. Increase emphasis on nutritional information. Perhaps more use of the media would be useful.

10. Provide for a transition period in the food stamp program that does not cut older persons out of food stamps when social security benefits are increased. At the present time, the increases temporarily reduce their eligibility.

11. Provide more flexibility to the state in determining who can provide the best services to older citizens. Present regulations require that subgrantees be found to provide services (see Federal Register, Volume 45, Number 63, Monday, March 31, 1980, p. 21157, sections 1321.103 (a) through (d)). Some older Kansans place a great deal of confidence in the Area Agency as provider. In some areas, where many service agencies exist, it is better to contract. In others it is not, especially where adequate and efficient mechanisms are already in place.

STATEMENT OF JIM LYON, DIRECTOR, NORTH CENTRAL AREA AGENCY ON AGING, MANHATTAN, KANS.

The planning and service area of the Area Agency comprises 18 Counties and is approximately 13,000 square miles in extent. 60,000 persons over the age of 60 reside in the 18 Counties in five population centers of 50,000 or less, in 260 villages, and on farms within the p.s.a.

Each County has at least one nutrition site. There are 25 nutrition sites, currently, with 3 additional projected for the planning period fiscal years 1981-1983. Approximately 250,000 meals will be served at the 25 nutrition sites in fiscal year 1980. Plans call for an expansion of the program to 325,000 meals within fiscal year 1981.

In addition to the 25 nutrition sites there are more than 35 Senior Centers within the p.s.a. 18 of which have been designated as focal points for service (i.e., one Senior Center in each County has designation as a principal focal point from which services will be offered to the County residents who are 60 years of age and older.) In time, additional focal points will be established.

The planning of the Area Agency as a result of the geographical size of the area and the dispersment of the older population

To give some sense of distance it is 200 miles from a nutrition site located in the southeastern part of the area to a nutrition site in the northwest. Although field representatives have designated geographical areas to serve, none has less than 100 miles to drive to the farthest site in his or her assigned territory. In spite of the distance the AAA has managed to provide an average of 3 visits per month to each County.

In addition to the distance, older persons are widely dispersed throughout the area served. The great number of small towns and villages have disproportionate percentages of older people. In some places the percentage of persons 60 years of age and older will exceed 25 percent. As an example, in one small community in Lyon County, in a population of 250 it is estimated that more than 30 of the people are 80 years of age, or older. The total number of persons in the community who are past 60 will be a substantial percentage of the total population.

In planning services for such a large area with substantial numbers of older persons located in almost every community it is necessary to think in terms of a network which covers the area and makes essential services, including nutrition, available to those persons 60+ who wish to avail themselves of what is offered. In essence, nutrition sites have to be well-located with transportation programs as an adjunct which can travel reasonable distances to transport persons to the services and programs.

The view of the Area Agency concerning the availability of services to all persons 60 years of age and older including the vulnerable elderly

The North Central Flint Hills Area Agency on Aging is 6 years old. During the period of its existence there has been opportunity to assess the value of the nutrition program and the other agency offerings on the population who have participated. The nutrition program has been an unqualified success.

Although the initial reception of the congregate meal program was somewhat skeptical it has now established itself as an essential part of the lives of several thousand persons in the 18 Counties. In addition to providing nutrition which is often difficult to provide at home for a variety of reasons, the nutrition program has created an opportunity for socialization. This "getting together" with one's friends and peers has had a significant part in redirecting the lives of older persons towards positive and constructive attitudes.

Although it is difficult to measure "socialization" benefit the Area Agency has been privileged to observe the dramatic realization that has occurred in the lives of many that life is good and worthwhile. We see a pride and a sense of ownership occurring at the nutrition sites that serves as hard evidence of the importance the site is playing in the lives of the participants. We are sure that the combination of nutrition and socialization have slowed the process of disengagement and have helped innumerable persons in their effort to remain independent and viable in their communities. Because it is difficult to measure results of such an intangible as socialization it tends to be played down sometimes in official circles. If we were wise to enough to measure its impact we might find it to be the most significant element in the nutrition program.

Therefore, while we must agree that those persons who have a special need for the program do not always participate for reasons of isolation, frailty, language barriers, other problems, we must not overlook the enormous benefit that has already taken place in the lives of persons who are currently participating. The nutrition program, and other Agency programs must be inclusive to include both the vulnerable elderly and the viable. It is only within very narrow parameters that we are able to say that one person needs the program more than another. Nutrition programs with their attendant programs and services which promote socialization must be available to all older persons who wish to participate.

It is unnecessary to encourage Congress, or other decision makers, that sufficient money to supply the need should be available. It is heartless and unrealistic in terms of the overall goal of the Nation to foster the independence of the elderly to limit services to a specifically designated elderly population because there is not enough money to provide nutrition to others who may wish to participate. All elderly who participate benefit!

To help the older individual maintain responsibility for his own well-being and to foster his independence should be the goal of all aging service programs. In rural areas, this goal becomes even more evident as we attempt to identify and contact those individuals who may be in need of services but have not partici-

pated because they are uninformed, apprehensive of the service, or unable to get to the services.

A nutrition program for the elderly which serves a largely rural area encounters problems unique to the rural setting. One of these problems is the development of a comprehensive coordinated service delivery system which meets the needs of the rural elderly. We now operate 25 nutrition sites across the 18-county area and plan to serve over 200,000 meals this year. As stated previously, in fiscal year 1981 we plan to expand to 28 nutrition sites and serve 328,000 meals. The key to this expansion is the local county and the community's support of the nutrition program. Local persons are involved from the beginning to plan the site's opening and to operate the site on a day-to-day basis through the nutrition site council. Close supervision is not possible, because of the size of the area and distances between nutrition sites, so we must rely on this community support to keep the local program operating.

We are in the process of developing central kitchens in our area which will allow nutrition sites to serve one or more other sites in that vicinity. Though use of the central kitchen as a cost-effective measure is not a new idea in this state, it is something new to many of the older persons in our area. In two areas, we are crossing county lines to transport meals from one site to another. Again, this may not seem like such a new idea but to begin to bring persons out of their own communities and counties and thinking toward a coordinated service delivery is a great step forward.

In the development of an aging services delivery system in a rural area, we must pay special attention to identification of the frail elderly and meeting their needs. This summer marked the beginning of an outreach program in our area agency which, by the end of fiscal year 1982, will have expanded to all 18 counties and identified a minimum of 3,600 of the frail and vulnerable elderly. When contacted, these persons receive information on nutrition services, senior centers, health department screening, transportation, public benefit programs, etc. We have developed an outreach advocacy committee made up of members of the county council on aging, nutrition site councils, Extension, county health department, RSVP. Local outreach workers contact older persons and report concerns to this committee. We have already seen the attendance at nutrition sites improve because of this outreach though we will have no actual figures till the end of September. Several persons have been referred to the county health nurse and many participated in the heat disaster program because their needs were known. We have uncovered a need for modified diets and plan to begin serving modified diets at some of the nutrition sites in the near future. We are attempting to improve interagency coordination while meeting the needs and fostering the independence of the older person.

The independence of the older Kansan is a characteristic which we must take care to preserve. We have a responsibility to inform the older person of nutrition services which are available and encourage his/her attendance. However, the older person must decide for himself whether or not to participate. Providing the participant the opportunity to contribute for his/her meal is encouraged at each nutrition site to help reduce the idea that the meal is a "hand-out". We have conducted education sessions at each site to inform the participants how their contributions are used to maintain the nutrition program at their site and the other sites in the 18 county area. It's emphasized that whatever amount they wish to give will help continue the operation of the nutrition program. As most persons do contribute, they are quite interested in how these monies are used and feel they are supporting the nutrition programs.

One of the strengths of the Mid Kansas Senior Services nutrition program is that it is a direct service of the Area Agency on Aging. By sharing personnel, administrative costs, and other responsibilities, we are able to continually monitor the nutrition program operations and insure effective operation. Area Agency on Aging field representatives attend county council on aging meetings, aid in local program development and lends credibility to the Area Agency on Aging nutrition program by providing a contact person which the counties and communities can work through. Communication from field to the agency is greatly enhanced as is communication within the agency itself. We are able to sit down together and evaluate how a particular program will impact the development of a focal point through the combination of IIIB, IIIC, and other monies. Funds which might have been spent on administration have been diverted to expansion of nutrition services. Board members have been trained to think of a variety of

services which are offered at senior centers, including nutrition. In our rural area, we help cut down the distance between persons by eliminating the distance between the nutrition program and the Area Agency on Aging.

STATEMENT OF MILDRED HARKNESS, MEMBER, BOARD OF DIRECTORS, SCOTT COUNTY COMMISSIONERS, SOUTHWEST KANSAS AREA AGENCY ON AGING, INC., SCOTT CITY, KANS.

Senator Dole, Senator Boschwitz, members of the Senate Subcommittee on Nutrition, fellow panel members, ladies and gentlemen.

I am Mildred Harkness. I am the appointee of the Scott County Kansas, Board of County Commissioners to the Southwest Kansas Area Agency on Aging known by the Kansas Department of Aging as PSA No. 6 (planning and service area).

Southwest Area Agency on Aging is composed of 28 counties, 3 Regional Planning Commissioners: Greater Southwest Regional Planning Commission, Garden City, Kansas, which has 19 counties. Indian Hills Regional Planning Commission & Golden Belt Regional Planning Commission, these two have 9 counties. Their office is at Pratt, Kansas.

These 28 counties cover approximately $\frac{1}{4}$ of the state and is all rural distance.

We sub contract our nutrition program to Barton County Community College, Great Bend, Kansas. Anna Hoagland is Executive Director.

A. As a rural board member taking into consideration the nutrition needs of the 28 counties presents us with a real challenge. Each of our 60+ people whether in nursing homes, homebound, temporarily ill or recovering from illness under doctors orders, are equally important to us as well as those who are able to come in our mini-buses, or in their own carpools to our Nutrition Centers regardless of their race, creed, marital status, need proper nutrition. Getting proper nutrition to these people is being done in our area through the Central Kitchen and Satellite kitchen concept. We have 7 Central kitchens located at Minneola, Ness City, Larned, Scott City, Hugoton, Medicine Lodge, and Syracuse.

We serve from these central kitchens 11 satellite kitchens. These are Dighton, Garden City, Rolla, Satanta, Protection, Englewood, Plains, Ashland, Pawnee Rock, Kismet and Sawyer. We also serve 9 Sites that are catered, 3 restaurants, 2 at Trinity, 2 schools, 1 nursing home and 1 convent.

As an example: The Scott City Senior Center also houses the County Health Nurse and a Central kitchen who cooks for Scott City Garden City, 40 miles south and Dighton, 24 miles east, who are satellite kitchens of Scott City, Kansas. Altogether we serve 800+ meals in Southwest Kansas Area Agency on Aging each day. Each person receives $\frac{1}{2}$ of the Daily Minimum Needs of Nutrition he needs.

B. We serve all that come to the Nutrition Center and those we know of through our Outreach work. Also those we find out about through Educational programs and socializing at the center other names come up. We have all our centers and Nutrition Sites comply with 504 regulations.

C. At first, people in my area, being proud workers of our rolling prairies with farm background felt this was a welfare program or a concept known long ago as the County poor house, a stigma of taking away their freedom and not being able to take care of themselves poor and proud. This spirit of proudness has been made through positive thinking and work into a cooperative effort to live again and be really alive. They look after each other.

We've had 6 marriages in our center and people are happy quilting, playing in our band, playing cards, seeing movies, receiving education programs from Legal Services. Booklets on how to make inventory's of their belongings and where they are. How to protect themselves from thugs, thieves, both homes and their bodies, are a few examples. We also have Woodcarving, color TV, Ceramics. Even a blind man ready to give up, got out his old fiddle and now plays in our band and holds his head high. Celebrated his 50 year anniversary and is again a proud man. I see many other examples of this.

D. We feel that the formula for division of funds should also in our area contain distance covered in it so we can not only maintain and take care of the nutrition we have but we are growing as more are reaching the 60+ age than those who leave it. Our formula is those 60 plus 2 times low income plus 2 times minority, but travel is not included. I live not in a far corner of our PSA but I drive 97 miles one way, filling my car with board members to our office in Dodge City, Kansas, which is the Center of PSA 6. It takes approximately $2\frac{1}{2}$ hours to get there for our board meeting and our nutrition people spend a lot of time driving when they visit the Sites. I also think we should be able to get more money to get Sites

FY 79
FY 80
Total

TITLE III-C FUNDS BUDGETED FOR FY 79 and FY 80 DIVIDED BY COUNTY

GREELEY	WICHITA	SCOTT	LANE	NESS	RUSH	BARTON				
		FY 79 36,878.08	12,446.35	30,885.39			36,878.08			
		FY 80 41,557.33	14,025.06	34,802.93			41,557.33			
TOTAL		78,435.41	26,471.41	65,688.32	78,435.41					
HAMILTON	KEARNY	FINNEY		HODGEMAN	PAWNEE	STAFFORD				
		FY 79 36,878.08	27,658.56				12,446.35	FY 79 43,331.74	12,446.35	
		FY 80 41,557.33	31,168.00				14,025.06	FY 80 48,827.99	14,025.06	
TOTAL		58,826.56	26,471.41	26,471.41	26,471.41					
STANTON	GRANT	HASKELL		FORD	EDWARDS	PRATT				
		FY 79 18,439.04	39,216.91				39,643.94	FY 79 15,212.21	15,212.21	
		FY 80 20,777.87	39,216.91				44,672.41	FY 80 17,141.74	17,141.74	
TOTAL		58,156.81	78,435.41	84,316.35	32,353.95					
MORTON	STEVENS	SEWARD		CLARK	COMANCHE	BARBER				
		FY 79 24,431.73	18,439.04				22,126.85	46,097.60	11,063.42	15,212.21
		FY 80 27,531.73	20,777.87				24,934.40	51,944.57	12,466.72	17,141.74
TOTAL		51,963.46	39,216.91	47,061.25	98,042.27	23,530.14	32,353.95			

Southwest Kansas Area Elderly and Under Poverty

GREELEY	WICHITA	SCOTT	LANE	NESS *	RUSH *	BARTON				
Elderly-11.2	Elderly- 8.1	Elderly-9.4	Elderly-13.3	Elderly-16.9	Elderly-18.0	Elderly-11.1				
Under Poverty-10.7	Under Poverty-9.9	Under Poverty-18.5	Under Poverty-18.9	Under Poverty-33.1	Under Poverty-29.1	Under Poverty-25.8				
HAMILTON	KEARNY	FINNEY		HODGEMAN	PAWNEE *	STAFFORD				
		Elderly-13.0	Elderly-9.7				Elderly-7.8	Elderly-13.6	Elderly-17.5	Elderly-19.9
		Under Poverty-31.7	Under Poverty-9.4				Under Poverty-19.3	Under Poverty-14.2	Under Poverty-30.3	Under Poverty-25.1
STANTON	GRANT	HASKELL		FORD	EDWARDS*	PRATT*				
		Elderly-7.3	Elderly-5.6				Elderly-7.4	Elderly-11.4	Elderly-17.5	Elderly-16.7
		Under Poverty-14.3	Under Poverty-11.5				Under Poverty-17.7	Under Poverty-25.9	Under Poverty-43.6	Under Poverty-47.4
MORTON	STEVENS	SEWARD		CLARK *	COMANCHE*	BARBER *				
		Elderly-8.1	Elderly-9.0				Elderly-6.9	Elderly-13.8	Elderly-18.3	Elderly-16.1
		Under Poverty-13.6	Under Poverty-16.2				Under Poverty-13.7	Under Poverty-20.3	Under Poverty-55.7	Under Poverty- 43.1

* - high population of low income elderly.

STATEMENT OF SYLVIA WILSON, COORDINATOR, COMMUNITY FOOD AND NUTRITION PROGRAM, ECONOMIC OPPORTUNITY FOUNDATION, INC., KANSAS CITY, KANS.

NUTRITION NEEDS OF OLDER AMERICA, AN ADVOCATE'S PERSPECTIVE

The staff of the Economic Opportunity Foundation, Incorporated has identified many problems in the provision of nutrition services to the elderly.

These problems have been identified as a result of staff's involvement in workshops and hearings for the elderly, discussion with staff of local, state and na-

tional programs serving the elderly, critical observation of locally operated programs designed to serve the Wyandotte County elderly population and, most importantly, conversation with elderly persons.

First, the diversity of the population identified as "elderly" needs to be recognized. There are poor, new poor, near-poor, middle class and affluent elderly persons. There are highly mobile, semi-mobile, handicapped and invalid elderly persons. There are the youthful-old, the old, the old-old among the elderly. And, of course, there are the various racial groups.

Within each of these subgroups exist varying attitudes, values, and needs. Any program or service intended to serve the "elderly" is bound to be less than effective unless it clearly identifies the group that they intend to reach. The program should then be designed with the particularities of the targeted population in mind.

For instance, a congregate meal site operating in an ornate church located in a middle-class, non-minority neighborhood will have difficulty recruiting low-income minority participants, even if transportation is provided.

Social service organizations, especially those serving the "elderly", must seek to remove the "welfare stigma" that is currently attached to most programs. Furthermore, the condescending or arrogant attitudes of program staff must be eliminated. Often the elderly will not apply or follow-up on applications for needed services, such as food stamps, because the person they talked with treated them, "like a child", or as though they were "senile".

Program staff should have experience in working with the elderly or training should be provided as a part of their initial program orientation. Once an elderly person is "turned off" because their pride has been wounded, it is very difficult to gain their confidence again.

Bureaucratic red tape and jargon is confusing to many elderly people. Forms should be as clear and concise as possible. Someone should be available to volunteer to assist anyone who is encountering problems, especially the elderly applicant. In all instances, where elderly persons apply for services such as food stamps, that application should be processed as expeditiously as possible, since often the applicant has no food in the home and will not inform the intake person of that fact.

Programs serving the elderly must be adequately funded in order to hire sufficient, qualified staff and to more fully meet the nutrition needs of the elderly.

Staff must have time to establish a trust-relationship with elderly clients. This can be a very time consuming task, involving transporting clients to the doctor's office, Social Security office, etc.; scheduling appointments, and arranging transportation with other service providers; consoling and counseling of the client and other family members. Most programs, out of economic necessity, operate in a governmental quandry. They provide good services to a few elderly or they provide poor services to many.

The "Band-Aid" solutions being used to curtail the cancerous problems of the elderly are not sufficient. How do congregate meal participants eat in the evenings and on weekends and on holidays? How are the 2,000+ Wyandotte County elderly people who are eligible non-participants in the congregate meal program managing to feed themselves? The same question could be asked about the Wyandotte County elderly who are eligible non-participants in the Food Stamp Program.

During our agency's operation of the Emergency Crisis Assistance Program (ECAP) during 1979-80, food request was second only to request for utility payment. Considering the fact that we served over 600 elderly heads of households, it stands to reason that many Wyandotte County elderly residents are sacrificing food to pay for other necessities and that existing sources of income or food assistance for the elderly are not sufficient to meet their needs.

Local and State organizations, as well as neighborhood groups, must develop ongoing channels of communication to assist the elderly. For instance, during the current heat wave affecting Kansas, many neighbors called to report an elderly neighbor they thought might be in need of a fan or air-conditioner. Many of these people were mentally or physically incapable of providing for themselves, even though they may have been financially secure. Some were living in boarded homes for fear of break-ins. Others were so afraid of high utility bills that they refused to hook up their fans. If neighbors or City workers had contacted service providers *before* the heat wave, many deaths of the elderly may have been averted.

The elderly do not exist in a vacuum nor do the programs that serve them. These problems that are creating barriers in the provision of services to the

elderly poor are some of the same ones encountered in most social service programs serving the general population.

There needs to be an all-out effort to respect the dignity of the individual while providing a service that is needed in the most effective and humanistic manner possible.

Unfortunately, many of the elderly do not have a great deal of time to wait for us to successfully accomplish this task.

The feasibility of combining all services for all elderly under one governmental department should be seriously investigated. This department for Older Americans would be responsible for administration for all federally funded state and local programs. It would recruit qualified persons or train persons (preferably elderly) to staff those programs. By coordinating closely with state and local governments it could develop a comprehensive list of services for the elderly in each state and also design projects to focus on the needs of each elderly individual.

The elderly would be instrumentally involved in the planning, implementation and evaluation of this department from its inception. In this way, the government would be serving the elderly and allowing the elderly to help others like themselves.



