

THE WAR ON POVERTY AS IT AFFECTS
OLDER AMERICANS

A REPORT

BY THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

APPENDIX A—OLDER PERSONS PROGRAMS

(Report of Office of Economic Opportunity to Special Committee
on Aging)

APPENDIX B—POVERTY AND THE OLDER AMERICAN

(First Report of the Office of Economic Opportunity Task Force on
Programs for Older Persons, August 1965)

INDEX TO HEARINGS AND REPORT



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THE WAR ON POVERTY AS IT AFFECTS OLDER AMERICANS

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Mr. SMATHERS, from the Special Committee on Aging, submitted the following

R E P O R T

INTRODUCTION

Within less than 18 months, the war on poverty has changed old attitudes toward the poor of this Nation.

Throughout the United States, community leaders now talk of antipoverty programs with the same positive enthusiasm once reserved for urban renewal, new public buildings, parks, or other community betterment projects.

We are reaching out to those once forgotten. We are experimenting. We can already see results.

During the spring of 1965, information reaching this Committee raised doubts that the war on poverty was serving older Americans as it should. The Committee decided to conduct studies and to hold hearings to determine whether the Office of Economic Opportunity (OEO) would seize a great opportunity, at a time of national commitment, to lead the Nation toward better lives for America's impoverished elderly.

Accordingly, hearings were conducted, as follows: ¹

Part	City of hearing	Date	Presiding
1	Washington, D.C.-----	June 16 and 17, 1965.	Senator George A. Smathers, chairman.
2	Newark, N.J.-----	July 10, 1965.	Senator Harrison A. Williams, Jr., acting chairman.
3	Washington, D.C.-----	Jan. 19 and 20, 1966.	Senator Harrison A. Williams, Jr., acting chairman.

¹ Hearings entitled "The War on Poverty as It Affects Older Americans," 89th Cong. Hereafter referred to as "hearings."

The report's findings and recommendations are based upon those hearings, upon staff field investigations, and upon other information reaching the Committee's attention in the course of its study of this subject. Briefly summarized, the findings and recommendations are as follows:

FINDINGS

Find- ing No.	Finding	Page
1	There are compelling reasons why the elderly poor should be served by the war on poverty:	
	(a) Elderly individuals and families dependent upon elderly individuals are a major portion of the poor...	5
	(b) The elderly poor are the most invisible of the invisible poor.....	5
	(c) The elderly are the most hopeless of the poor.....	6
	(d) The war on poverty can only be successful to the extent that it succeeds in lifting the elderly out of poverty.....	6
2	When it passed the Economic Opportunity Act of 1964 and the Economic Opportunity Amendments of 1965, Congress intended that the programs authorized benefit the elderly as well as other age groups.....	7
3	While there is ample room for future improvement and progress, a good beginning has been made under the war on poverty toward attacking the problem of poverty in old age.....	8
4	There is much potential within the war on poverty to expand presently conducted programs and to inaugurate new programs serving the Nation's elderly.....	13
5	That many elderly poor individuals cannot serve in programs providing gainful employment is no excuse for failure to provide such opportunities for those of the elderly who are capable of serving. As a matter of fact, providing such opportunities for those who can serve can benefit those who cannot.....	13
6	There has been no position within the Office of Economic Opportunity with sufficient responsibility and authority to insure adequate attention to the elderly poor under the programs administered by that agency.....	14

RECOMMENDATIONS

Recom- menda- tion No.	Recommendation	Page
1	The Committee recommends that, by administrative action or, if necessary, legislation, there be established within the Office of Economic Opportunity a high-level position or positions charged with responsibility and given authority to assure adequate consideration of the needs of the elderly in conducting the war on poverty, with tenure and security for the occupant of this position.....	17
2	The Committee recommends that the Director of OEO make the Task Force on Programs for Older Persons permanent.....	18
3	The Committee recommends that the Office of Economic Opportunity develop to their full potential the elderly-oriented programs which it has already begun.....	19
4	The Committee recommends that the Office of Economic Opportunity give to additional elderly-oriented programs the same type of fund allocation and promotion efforts which made Medicare Alert the success it has been.....	22

RECOMMENDATIONS—Continued

Recommendation No.	Recommendation	Page
5	The Committee recommends that the Office of Economic Opportunity further relax its requirement that applications represent a large population base, and that it permit some communities to organize and file applications apart from other nearby communities where organizational disputes and other difficulties in such nearby communities delay the establishment of community action agencies and otherwise impede community action programs	30
6	The Committee recommends that State and local commissions and councils on aging survey possibilities for utilizing the War on Poverty to serve the elderly within their States and localities, and work with community action agencies and with State economic opportunity offices in an ongoing effort to make and keep this great national effort responsive to the needs of the elderly	31
7	The Committee recommends that OEO, local Community Action Programs, and State commissions on aging sponsor or encourage regional meetings of Community Action Program directors and summer training programs to provide trained personnel capable of directing programs intended partially or wholly for the elderly	32
8	The Committee recommends that community action agencies study the various model programs for the elderly and other possibilities for serving the elderly, decide which best fits the needs of their own elderly, and make application for war on poverty funds for such projects	35
9	The Committee recommends that senior citizens' organizations, and other private groups, continue to give their wholehearted cooperation in making the war on poverty successful as it affects older Americans	38
10	The Committee renews its recommendation that legislation be enacted to create a National Senior Service Corps to enlist the interest and energies of middle-aged and older persons in service in the communities where they reside	38
11	The Committee recommends that legislation be enacted authorizing the Administration on Aging to grant all or a portion of the matching funds required of sponsoring agencies that receive OEO funds when, in the opinion of the Commissioner of Aging, such grants will make a genuine contribution to the development of permanent service programs for the elderly	39
12	The Committee recommends that the OEO, the AOA, and other appropriate Federal agencies cooperate in establishing several "demonstration city" or "demonstration county" projects on a scale sufficient to show how Federal resources and Federal programs can be used most effectively and economically to help the elderly poor	41

Already the OEO has shown that it can generate national enthusiasm over headstart opportunities for youth. Now it can take genuine leadership—if it will—to help create the same kind of enthusiasm and help for those born a few generations earlier.

PART 1

FINDINGS

FINDING NO. 1

There are compelling reasons why the elderly poor should be served by the "war on poverty":

- (a) Elderly individuals and families dependent upon elderly individuals are a major portion of the poor;
- (b) The elderly poor are the most invisible of the invisible poor;
- (c) The elderly are the most hopeless of the poor;
- (d) The war on poverty can only be successful to the extent that it succeeds in lifting the elderly out of poverty.

A. THE ELDERLY AS A MAJOR PORTION OF THE POOR

In its first report, the OEO Task Force on Programs for Older Persons drew these major conclusions about the number of older Americans in poverty: ¹

As defined by the Social Security Poverty Index of 1965,² *5.4 million persons past 65 live in poverty.*

Another 1.7 million elderly persons, on the basis of their own income, would also be in the ranks of the very poor if they did not live with families above the poverty level set by the index.

Thus, of the 18 million persons past 65 in the United States today, *more than 7 million are poor, or one in five of all poor.*

Age 65 is not a magic dividing line in terms of aging and poverty. Of those Americans between ages 55 and 64, 2.7 million persons now live in poverty. In addition, more than one-third of all poor families are headed by persons 55 and over, and more than half by persons aged 45 and over.

One out of every four families whose head is 64 or over live in poverty.

Six out of ten older Americans who live alone are poor. They constitute more than one-half of all poor persons who live alone.

B. THE ELDERLY AS THE MOST INVISIBLE OF THE INVISIBLE POOR

Quoting the expressive language of the Task Force report: ³

Isolation (of the elderly) is a pervasive problem. About half of them live alone. They are not congregated in slums or segregated in ghettos. They are to be found in the rooms of rundown hotels of the central city, in old homes and apartments, in mining and railroad towns, in shacks in rural areas.

Elderly Americans go unnoticed not only because of decreased mobility and limited opportunities for mingling with other age groups,

¹ Full text of Task Force report appears as app. B, p. 99.

² The SSA poverty index for persons 65 and over sets incomes of \$1,850 for one urban couple and \$1,470 for an urban individual, with the levels for farm aged at 30 percent less.

³ See app. B, p. 99.

but also because their problems are not as dramatically visible as those of other age groups. Mrs. Margaret Schweinhaut, Chairman of the Maryland State Commission on Aging, once said: ⁴

* * * sometimes I believe if our older people would break some windows or knock down street lights or generally become delinquents, more attention would be paid to their needs. Many of the measures that have been passed to curb delinquency in youth come about because youth make themselves and their needs so obvious that we have to do something about it. The crime rate among the young in addition to, of course, our feeling for young people brings action. But it is the very quietness of the older people that adds to the difficulty of getting programs into operation which older people need so critically.

I am not advocating that seniors go about breaking street lamp lights * * *.

C. THE ELDERLY AS THE MOST HOPELESS OF THE POOR

At our first hearing on this subject, Mrs. Geneva Mathiasen, Executive Director of the National Council on the Aging, testified: ⁵

While many of the elderly are well and live with family or friends, and are engaged in an enjoyable and useful life, large numbers find their increasing years pursued by illness, loneliness, separation from friends and familiar routines, by the death of a spouse, by weakened faculties with which to perceive and deal with a changing world. Their poverty binds them to a future of hopelessness in the midst of a prospering and advancing Nation.

On this point, the Task Force report comments: ⁶

Time holds forth no promise as it does for youth. As they grow older, they grow poorer. For many the chance to make their way out of poverty through employment is small; their health is poor; their education limited. Inflation gradually erodes their purchasing power; real income diminishes. Assets are exhausted. * * * A study of persistence of poverty in 1963 showed that whereas 55 percent of those ages 25 to 45 remained poor, 71 percent of those 55 to 64 and 80 percent of those 65 years and over remained poor.

D. THE ELDERLY AS AN ESSENTIAL ELEMENT OF THE WAR ON POVERTY

Director Sargent Shriver is quoted in the letter transmitting the Task Force report ⁷ as having said:

We have made a good start on major programs for youth, but we will not win the war on poverty until we advance on all fronts, including the broad front that includes the older poor.

Few older Americans live completely unto themselves. Like others, they are members of families and citizens of communities, States, and of the Nation. Their welfare is inextricably interwoven with the welfare of individuals of other age groups. Many older individuals are the heads of families, and the quickest way of preventing and curing poverty among the younger members of their families is to prevent and cure it as it affects the older family head. Due to their poverty, other older Americans involuntarily become a burden upon younger family members, who are handicapped as a result in pulling themselves out of poverty. For these and many other poverty-stricken younger members of our society, it is impossible to launch a successful antipoverty effort without attacking the poverty of the older family member.

⁴ P. 15, "Increasing Employment Opportunities for the Elderly," hearings before the Subcommittee on Employment and Retirement Incomes, Senate Special Committee on Aging, 88th Cong., 1st sess., Dec. 19, 1963.

⁵ Hearings, pt. 1, p. 34.

⁶ See app. B, p. 99.

⁷ See app. B, p. 99.

One of the witnesses at our first hearing, Mr. Lee W. Taylor, Chairman of the Rough River Area Community Action Council, Kentucky, testified as to the adverse effect upon an entire rural community of the poverty of its seniors:⁸

It gives us a built-in, automatic opposition to every form of community improvement project. It is not that these people are basically opposed to progress so much as they simply can't afford the tax burdens which progress necessarily imposes.

The economic health of the elderly profoundly affects the economic health of all age groups in our society. The war on poverty can never be completely successful in making "tax-payers from tax-eaters" or in making those who are now poverty stricken "a buoyant influence upon the economy instead of a drag upon it," unless it is successful in relieving the poverty of the elderly.

In the record of our hearing, there is an excellent, concise statement by Mrs. Geneva Mathiasen, Executive Director of the National Council on the Aging, regarding the philosophical basis of war on poverty programs to relieve the poverty of the elderly:⁹

We are well aware of the needs of children and youth. But we believe a government must show concern for the needs of all its people, and that older people who are spending the closing years of their lives in poverty deserve their fair share of the funds allotted to the elimination of poverty in our country in relation to (1) their percentage in the population of the poor, (2) the urgency of their need, and (3) their contribution over the years.

We would point out further that the time in which they can be helped is short. *Their future is now.*

There are those who say that older people if given a choice would prefer that when funds are limited they be spent for the young. They have been accustomed to sacrifice for the future of their children and grandchildren and will continue to do so by preference and without complaint.

This may well be true. But if it is, there is great question, we believe, as to whether this sacrifice should be permitted and even whether a future purchased for the young through deprivation of the old is a sound basis for preparation for life in the Great Society.

FINDING NO. 2

When it passed the Economic Opportunity Act of 1964 and the Economic Opportunity Amendments of 1965, Congress intended that the programs authorized benefit the elderly as well as other age groups.

The philosophy and objectives of the Economic Opportunity Act of 1964 (Public Law 88-452, approved Aug. 20, 1964) were expressed in its section 2, entitled "Findings and Declaration of Purpose." With emphasis supplied, the second and third sentences of that section are as follows:

The United States can achieve its full economic and social potential as a nation only if *every* individual has the opportunity to contribute to the full extent of his capabilities and to participate in the workings of our society. It is, therefore, the policy of the United States to eliminate the paradox of poverty in the midst of plenty in this Nation by opening to *everyone* the opportunity for education and training, the opportunity to work, and the opportunity to live in decency and dignity.

The report of the Senate Committee on Labor and Public Welfare on this bill (S. Rept. 1218) showed that it considered the elderly

⁸ Hearings, pt. 1, p. 85.

⁹ Hearings, pt. 3, p. 568.

among those to be served by this legislation when it cited (p. 6) as one of the most significant facts of poverty in America:

One-third of all poor families are headed by a person over 65, and almost one-half of families headed by such a person are poor.

The Senate and House committees, in explanations in their reports of various programs authorized by this act, showed an intent that the elderly be included in these programs. In discussing the need for the Adult Basic Education Program, House Report No. 1458 at p. 15 commented "* * * in 1957 nearly 60 percent of all adults with extreme educational deficiencies were over 55 years of age." The intent that the elderly were to be given the benefit of the Adult Basic Education Program is further shown by its provision which included the elderly among those to be counted in determining a State's allotment of basic education funds.

The Senate report, on page 43, said: "The committee anticipates the VISTA volunteers will be drawn from all ages 18 and over."

Despite the clear intent of Congress that the war on poverty serve the elderly as well as other age groups, reports reached the Committee that some of those who have responsibility for one or more phases of the war on poverty were reading into the act a congressional intent that it concentrate upon youth to the neglect of the elderly. To clarify and reaffirm the true intent of Congress, several Senators on the Committee on Aging cooperated in an amendment to the bill which was eventually enacted as the Economic Opportunity Amendments of 1965 (Public Law 89-253, approved Oct. 9, 1965). The bill as thus amended added a new section to the act, as follows:

SEC. 610. It is the intention of Congress that whenever feasible the special problems of the elderly poor shall be considered in the development, conduct, and administration of programs under this Act.

Thus, there can no longer be any doubt that the law requires that programs carried out with Economic Opportunity funds serve the elderly as well as other age groups.

FINDING NO. 3

While there is ample room for future improvement and progress, a good beginning has been made under the War on Poverty toward attacking the problem of poverty in old age.

As he opened hearings in June, Chairman Smathers said that the Committee had not undertaken its inquiry in order "to declare war on the war on poverty." But he did say that, in the national programs against poverty, "there is a risk that older Americans may be forgotten, to the detriment of our national goals."

Some witnesses at our June 1965 hearings criticized those waging the war on poverty as having been slow to act on programs for the elderly. Examples of such testimony:

It is our belief that the OEO has, itself, not yet seen the urgency of dealing with the needs of the aging, and has given priority, in part based on the requirements of the law, to the early development of services to the young. On the other hand, as has so often been the case, local communities themselves are unaware and unresponsive to the needs of the elderly and have not submitted sufficient proposals to serve them to the Office of Economic Opportunity. It is our hope that these hearings will serve as the needed forum to make clear to all concerned that there is a need and an urgency to utilize the Economic Opportunity Act on behalf of the elderly, too. It is not our belief that we need to pit the young against the old, nor the old against the young, but rather that this Nation can

and must find the resources to bring both the young and the old out of their lives of poverty.—*Mrs. Geneva Mathiasen, Executive Director, National Council on the Aging.*¹

We are convinced, of course, that neither the Congress of our Nation, nor the Director of the program, nor the President of the United States will be deterred from going forward with this program to ease the plight of needy people.

I think it is unfortunate, however, that in the case of the youth programs, the program moves forward very fast, but in the case of the elderly, there seems to be an attitude that you must prove beyond a shadow of a doubt that there is actually some need before any action begins. We, who are working in this field, know that we have long since proved it. There is no question about it, so why spend the time demonstrating a need and proving a need that we know exists, just as we know the need exists in the Head Start program for children?

So I have become a little impatient, because I have worked in the field of aging since the middle 1950's and proof has been offered over and over again. Here we are in 1965 having to prove, once more, that need actually exists.

Of course it exists. We all know it exists, so let's get on with the job.—*Mrs. Margaret Schweinhaut, chairman, Maryland State Commission on Aging (representing the National Association of State Executives on Aging).*²

The blinders of "youth orientation" of many officials hinder the war on poverty. The Office of Economic Opportunity (hereafter referred to as OEO) has acted as if they could write off the aged poor and still win the war on poverty. At last check only three projects of the OEO had been approved that had any appreciable effect upon senior citizens. One official with whom I spoke, working on the planning of the war on poverty and the original bill, simply wrote off the aged, saying "there is nothing we can do about the aged poor—they have had it." Recently a senior Congressman, who is a champion of the war on poverty and in his seventies, said about the poor, "It's too late to do anything about it for the aged. They have had their chance, now let the young have their chance."

A major proposal for using seniors as volunteers to do some work needed done by the OEO, was turned down in part because it would have reimbursed the aged poor (those below the poverty line) for a hot meal and transportation costs (\$2 to \$2.50 a day) when they have worked as volunteers for 6 hours or more a day. They felt this would discourage other volunteers from among other more affluent groups and agencies.

The failure to understand the problems and outlook of the aged poor and include them in, is not limited to OEO, but it has definitely tended to exclude the aged poor from OEO's programs.—*Dr. Blue Carstenson, executive director, Senior Member Council, National Farmers Union.*³

At our January 1966 hearings, there were still expressions of dissatisfaction by our witnesses. For example, Mr. John Edelman, president of the National Council of Senior Citizens, said⁴ that only one dollar in a hundred will be spent on programs beamed at the elderly from OEO funds during this fiscal year. However, there was also recognition that progress had been made toward serving the elderly. At this hearing, Mrs. Mathiasen said:⁵

I think that OEO should be greatly congratulated on the format of the Medicare Alert program. The response was immediate, dramatic, and beyond all expectation. Our staff of the National Council on the Aging was not so surprised, but they were overjoyed by the response. We believe that Medicare Alert may well represent a major breakthrough in OEO community action programs on behalf of older people. We believe it has taken the monkey off the backs of local community agencies and has opened the way to future programs based on needs uncovered in the course of this program.

Dr. Carstenson, another witness quoted above, testified at the January 1966 hearing:⁶

We * * * want to commend the Office of Economic Opportunity for taking the first steps in helping the older poor, in response to congressional concern * * *.

¹ Hearings, pt. 1, p. 35.

² Hearings, pt. 1, p. 15.

³ Hearings, pt. 1, p. 127.

⁴ Hearings, pt. 3, p. 556.

⁵ Hearings, pt. 3, p. 573.

⁶ Hearings, pt. 3, p. 613.

THE OEO RECORD

After enactment of the Economic Opportunity Act of 1964, OEO was confronted with a massive challenge, and its action in behalf of the elderly was not as fast as some would have preferred, including, undoubtedly, some within OEO itself. Concern within OEO about the elderly was reflected by the following statement of Director Shriver at our first hearing: ⁷

* * * none of us at the headquarters of the war against poverty is satisfied with what we are now doing for the benefit of the aged.

OEO had not, even before our hearings, been unmindful of its responsibilities to the Nation's elderly. This was shown when three significant actions were taken during the early months of 1965:

(1) On March 1 the agency signed a contract with the National Council on the Aging to draft five narrative model community action programs designed for the elderly poor; ⁸

(2) Director Sargent Shriver early in March created the Task Force on Programs for Older Persons, whose first report ⁹ led to the launching of several well-planned, effective programs discussed at length later in this report; and

(3) Arrangements were made with the Office of Aging to assign one of its top level employees, Louis H. Ravin, to OEO effective March 1 to assist in formulating programs for the elderly and to perform the staff work for the Task Force.

Subsequent to our first hearing on June 16, 1965, other developments in behalf of the elderly included:

July 11, 1965

Director Theodore M. Berry of OEO Community Action Program issued Memorandum No. 3,¹⁰ which was sent to all local community action agencies. In it, three actions by local CAA's were recommended:

(1) "Inclusion of persons on the governing body or policy advisory committee of the CAA qualified to represent the concerns and interests of low-income elderly persons * * *"

(2) "Development of new program proposals which concentrate on the needs of the elderly."

⁷ Hearings, pt. 1, p. 53.

⁸ The model programs prepared by the National Council on the Aging for OEO were succinctly described by Mrs. Mathiasen during her Jan. 19 testimony (hearings, pt. 3, pp. 574-575):

"1. *Operation SWAP*—senior worker action program—to provide for recruitment and placement of men and women 60 years of age and over largely in part-time jobs within their own neighborhoods serving households as repairmen and the business community through a number of occupations identified as being suited to the skills and strengths of older people (full text, pp. 321-327, hearings).

2. *Operation TLC*—tender loving care—another employment program to serve children in a variety of settings. In many ways this was an extension of the Foster Grandparents Program (full text, pp. 310-320, hearings).

3. *Operation Loaves and Fishes*—designed to improve the nutrition and lower the food costs of the elderly poor through providing a mid-day meal at modest cost at a central location where elderly could eat together, having the food available to carry home if desired and providing a home-delivered meals program to the homebound. In addition, the program would give assistance to those eligible for surplus foods, provide educational programs in nutrition, marketing, meal planning, food preparation, etc. (full text, pp. 329-344, hearings).

4. *Operation Medicare Alert*—through which older people were to assist in finding other older people who did not have access to normal communications media, thus not knowing about Medicare or who were unaware of their eligibility or who did not understand the program or how to go about applying for it (full text, pp. 823-832, hearings).

5. *Operation Find*—an extension of Medicare Alert through which isolated elderly people in cities or in rural areas with other needs could be helped to take advantage of existing programs in health, welfare, recreation, and community life (full text, pp. 832-847, hearings).

"All of these model programs were designed for maximum participation of the elderly poor to increase their small incomes or to make their resources go further, and to maximize their continued service and relation to the larger community. Each model was so designed as to provide maximum opportunity for employment within the program itself."

⁹ Reproduced here as app. B, beginning on p. 99.

¹⁰ The text of this memorandum appears in hearings, pt. 3, pp. 810 and 811.

(3) "Introducing changes in the operation of existing programs so that they can more effectively meet the needs of the elderly."

August 28, 1965

The first report of the Task Force on Programs for Older Persons was transmitted by its Chairman, Mr. Charles E. Odell, to Director Shriver.

The President made an announcement which is described in the following excerpt from Mr. Shriver's testimony before us on January 19, 1965:¹¹

On August 28, last year, the President announced the first two stages of one approach to open pathways for older citizens to make their contribution in the war against poverty.

FOSTER GRANDPARENTS

The first of these two stages is what we call the Foster Grandparents Program. Under this program, needy men and women over 55 years of age are employed to help provide personal care and warm human relationships for some of the thousands of young children in the United States who are growing up in charity wards and in institutions for orphans. Child development experts have long known that the lack of this kind of human relationship during early childhood years has a serious effect on these institutionalized youngsters.

Thus far, we have financed 21 Foster Grandparents Projects which will employ approximately 1,000 older citizens to help 2,500 of these children living in orphanages and other institutions. In the coming months, this program will be expanded to give older citizens an opportunity to serve in institutions to help the mentally retarded, the physically disabled, and other disadvantaged youth. These projects have been planned and approved in cooperation with the Administration on Aging in the Department of Health, Education, and Welfare, and we could not have gotten these projects underway as rapidly as we have without their help.

This Foster Grandparents Program we hope would at least double in size over what has been accomplished in these first few months so that I think it is fair to say that the Foster Grandparents Program is moving perhaps not as rapidly as we would ideally hope but, nevertheless, with some degree of success and results.

HOME HEALTH AIDES

The second phase of the President's announcement in August was the Home Health Aides Program. Under this program, low income persons over 45 years of age are recruited and trained as members of health service teams, offering extended medical care in the home for the needy. Home Health Aides will help by performing unskilled nursing tasks and by keeping people who would otherwise be alone in touch with the world.

In addition, where the head of the household is incapacitated, Home Health Aides will help in shopping, in the planning of meals, and in keeping the home clean and healthy and a safe place to live.

This fiscal year we have allocated \$2½ million for this program. However, the implementation of the Medicare program beginning in July 1966 will drastically expand the demand for home health aides, and our program for the calendar year anticipates an expenditure of an additional \$3½ million for this program.

The Public Health Service has been extremely helpful in designing this program and will play a major role in helping communities to organize these programs.¹²

December 23, 1965

Director Shriver announced signing of a contract with Green Thumb, Inc., granting funds for Project Green Thumb, which he, continuing his testimony quoted above, described as follows:¹³

¹¹ Hearings, pt. 3, p. 528.

¹² Mr. Shriver informed the committee on Apr. 26, 1966, that the Home Health Aide Program Guidelines had just been completed. A copy of the final draft appears on p. 86 of app. A of this report. Mr. Shriver testifying on June 2, 1966 before the Subcommittee on Federal, State, and Community Services said, "... our community action program ... is about to embark on a major health aide program involving the elderly. This project, which is just beginning, will be funded we hope for approximately \$20 million.

¹³ Hearings, pt. 3, pp. 529-530.

PROJECT GREEN THUMB

Now, another major effort which we have recently announced was a project we call Project Green Thumb. Under this grant, older rural residents—that is, people over 55—will be employed on highway beautification projects in four States: Arkansas, New Jersey, Oregon, and Minnesota. Through this employment and through other special training, they will gain skills in the areas of landscaping, nursery work, gardening, and so on. Now, we made an initial grant of \$768,000 for this program, and that will provide employment and new income for 2,800 family heads in these four States.

December 28, 1965

Director Shriver announced that funds had been set aside for Medicare Alert, and invited applications from community action agencies who were interested in carrying out such projects. Mr. Shriver, continuing his testimony quoted above, described this program as follows:¹⁴

MEDICARE ALERT

A third program which stems from the report of the task force on aging which was set up to advise us, we call Medicare Alert. Under this program, which is already in operation, older citizens in hundreds of communities across the country will be incorporated in teams to help to inform the elderly poor in their communities about the new benefits available to the poor and to the elderly under the Social Security Amendments of 1965. Because of ignorance, illness, inertia, or communications barriers, many elderly poor do not know about these benefits. Many more do not know how to apply for them.

Now, although Medicare Alert was announced only last month, we already have more than 400 community action agencies which have told us that they intend to include Medicare Alert in their programs. More than half of these community action agencies have already submitted their applications. In fact, we have 205 such applications already in hand and it will cost approximately \$5 million to finance them plus the others which we anticipate.

The 205 applications which are already in hand call for an expenditure of \$2,971,123 to finance those programs. One of the most encouraging parts about Medicare Alert is the number of volunteers who have enlisted to work in Medicare Alert at no cost to the taxpayers.

For example, in Detroit, there are 1,500 persons who have already registered to work in Medicare Alert. In a particular town in South Carolina, all the high school kids have volunteered 4 hours to go out as part of Medicare Alert, again at no cost to the taxpayer.

So I think that this particular program seems to have caught on extremely well and in view of the demand for it will probably be twice as large as we thought it would be when we first announced it.

We hope actually that Medicare Alert will do far more than just bring the story of Medicare to older persons who are poor. That is an important message, of course, but we think we can do a little bit more. We believe that Medicare Alert can constitute a new bridge between community action agencies and older people.

As the elderly persons are contacted and their special problems are identified, we think that communities will develop new ideas and new programs for benefiting the elderly poor. This would be completely in keeping with our efforts under the community action title of the economic opportunity program. We want local communities to come forward with new programs of their own creation and we believe that that Medicare Alert, by awakening them to the needs of the older poor people, will inspire them to come forward with more and with newer programs designed to help the old.

April 7, 1966

Medicare Alert was extended through May 31, 1966, to reflect extension by Congress of the deadline for "signing up" for the voluntary supplementary program.¹⁵

¹⁴ Hearings, pt. 3, p. 529.

¹⁵ Mr. Shriver gave a later report on progress in a letter to the Committee on Apr. 24, 1966: "I am delighted to inform you that our Medicare Alert program was most successful. We had originally planned about \$2 million for this program, envisioning about 80 to 100 programs, and as you know the demand resulted in more than 450 separate projects with funding just under \$7 million. Further, we have authorized the programs to be continued during the extension of the registration period recently enacted by the Congress."

The Committee requested and received from OEO a detailed report of its activities in behalf of older Americans, which is reproduced as appendix A, beginning on p. 43.

FINDING NO. 4

There is much potential within the war on poverty to expand elderly-oriented programs which OEO has already begun and to inaugurate new programs serving the Nation's elderly.

This subject is discussed in detail under our Recommendations 3 and 4, on pages 19-30.

FINDING NO. 5

That many elderly poor individuals cannot serve in OEO programs providing gainful employment is no excuse for failure to provide such opportunities for those of the elderly who are capable of serving. As a matter of fact, providing such opportunities for those who can serve can benefit those who cannot.

At our hearings it was pointed out that there are many of the elderly poor whose incomes cannot be raised by programs such as Foster Grandparents, Medicare Alert, and Home Health Aides, which provide employment for the elderly. These are the elderly who are so weakened by advanced age or disability, so uneducated or undereducated, so lacking in work experience, that there is little, if any, prospect for successfully utilizing them in programs calling for a minimum of skills, experience, and energy.

In view of this category of the elderly, some who seek to avoid the hard work required to make the war on poverty serve the elderly rationalize the absence or inadequacy of programs for the elderly by attributing such employment handicaps to *all* the elderly poor. An example of this type of thinking is the following excerpt from a statement submitted for our June 1965 hearings:¹

It is my belief that the programs which can be conducted under the Economic Opportunity Act are not designed to provide a substitute for adequate public assistance grants and Social Security payments. If a major impact is to be made upon the problem of the aged poor, it should be made through amendment of the Social Security Act to provide more liberal old-age assistance benefits as well as social security payments.

Such reasoning completely overlooks the hundreds of thousands among the elderly who can serve effectively in programs employing the elderly and for whom such an opportunity for service can provide a means of supplementing inadequate incomes from whatever source derived.²

Although incapable of participating in employment programs, the elderly who are incapable of working can benefit directly from such programs. The Medicare Alert and Home Health Aides programs are designed to provide needed services to that category of the elderly,

¹ Hearings, pt. 1, p. 294.

² The National Council on the Aging submitted (hearings, pt. 3, pp. 812-823) a pertinent summary of observations and recommendations made at the National Conference of Manpower Training and the Older Worker in January 1966. Many of the suggestions include specific examples for potential cooperation between OEO and the Department of Labor.

and programs launched in the future to provide service opportunities for the employable elderly will probably meet others of the needs of the elderly who cannot work. In addition, it must be borne in mind that as such programs provide supplementary income for those who are still capable of serving, it enables them to conserve their savings and other resources so that when they, in turn, reach advanced ages and become incapable of working they have something on which to fall back.

Another benefit which those who cannot serve derive from such programs was described by Mr. John W. Edelman, President of the National Council of Senior Citizens, who has a keen insight into the psychology of the elderly, especially as he himself is over 65. He pointed out that, even though they cannot serve, their self-respect and self-image is improved by the knowledge that others of their age are being useful. He said: ³

I am convinced the longer I live with this problem of the elderly that there is a problem, a psychological, perhaps a spiritual problem, which is probably equally important and that is the recognition of the usefulness, the dignity and the continuance of full citizenship participation as full citizens by older people. Projects of this kind will have a profound effect on the thinking, the morale, the feelings of many, many older people, even those who do not actively take part in the operation of these programs for some reason or another.

This Committee during its entire existence has been keenly interested in finding ways whereby Social Security, Old-Age Assistance, and other retirement incomes can be increased,⁴ and we shall continue our work in that area. However, we reject the argument that the only way to attack the financial problems of older Americans is through increased benefits of those types. Such reasoning does not excuse failure to utilize the war on poverty to do what it can to serve the elderly.

FINDING NO. 6

There has been no position within the Office of Economic Opportunity with sufficient responsibility and authority to insure adequate attention to the elderly poor under the programs administered by that agency.¹

From its inception, the Office of Economic Opportunity has had no such position or positions. This function was first carried out, to the extent that it was carried out at all within OEO, by the Task Force on Programs for Older Persons and its executive secretary, who served in an advisory capacity only, without authority necessary to assure adequate attention to the elderly poor.

The executive secretary, Louis H. Ravin, undertook this responsibility on March 1, 1965, on reimbursable detail from his permanent position in the Office of Aging. He served for 6 months, being returned to the Office of Aging on August 31, 1965. He is an able individual with an intense, longtime personal and professional interest in the elderly.

The Task Force on Programs for Older Persons was appointed by the Director as an advisory group, and held its first meeting on March 4, 1965. Its appointment was publicly announced by means of an OEO news release for publication on Monday, June 14, 1965. As a

³ Hearings, pt. 3, p. 563.

⁴ The most recent activity within the Committee on this subject is reported in "Services to the Elderly on Public Assistance," a report of our Subcommittee on Federal, State, and Community Services, Senator Edward M. Kennedy, chairman.

¹ See Recommendation No. 1, p. 17.

result of the work and deliberations of the Task Force, it submitted to the Director an excellent report entitled "Poverty and the Older American."² The submission of the report completed Mr. Ravin's temporary assignment, and he thereupon returned to his permanent responsibility in the Administration on Aging.

The OEO has advised the Committee as follows concerning responsibility for programs for the elderly:³

The principal responsibility for seeing to it that older persons receive adequate consideration remains with the Director of the Community Action Program.

* * * * *

The responsibility for development of programs for the aging is in the Policy Planning Office of the Community Action Program. The Employment Division has the principal responsibility in this area. Both the Acting Associate Director for Policy Planning, Mr. Jule Sugarman, and the Assistant Director for Program Development, Dr. Sanford Kravitz, are personally actively involved in the development of policies and programs for the aged. Day-to-day operations are under the direction of Dr. Earl Williams, Chief of the Manpower Division * * * Dr. Robert L. McCan * * * a temporary program analyst * * * spends the majority, and in recent weeks all, of his time in assisting Dr. Williams on programs relating to the aging. Other members of the staff are assigned, as necessary, to supplement these efforts.

It is clear that none of the individuals named above, with the exception of Dr. McCan, has clear-cut, unambiguous responsibility for assuring that the war on poverty adequately serves the elderly. Any responsibility they may have for this age group is diffuse, and is in competition with their responsibility for other groups. While Dr. McCan is a capable individual who has worked energetically and enthusiastically to make this great national effort beneficial to the elderly poor, it appears that he has little authority. Thus, where, as with Dr. McCan, there is responsibility, there is little authority; where, as with the others mentioned there is authority, there is little responsibility. That there has been as much accomplished for the elderly as has been accomplished with such inadequate organizational emphasis upon the elderly is a tribute to all those who have worked so hard in behalf of OEO programs for the elderly.

² Reproduced in full herein as app. B, beginning on p. 99.

³ Hearings, pt. 3, p. 549.

PART 2

RECOMMENDATIONS

To make the war on poverty more meaningful with respect to the elderly, action must be taken by (1) the Congress, (2) the Office of Economic Opportunity, (3) the Administration on Aging, (4) State and local commissions and councils on aging, (5) community action agencies, and (6) private groups and organizations. Our recommendations are directed to each of these as follows:

Recommended action for—	Recom- mendation No.	Page
Congress-----	1	17
	10	38
	11	39
	1	17
	2	18
Office of Economic Opportunity-----	3	19
	4	22
	5	30
	7	32
	12	41
Administration of Aging-----	11	39
	12	41
Commissions and councils on aging-----	6	31
	7	32
Community action agencies-----	8	35
Private groups and organizations-----	9	38

With appropriate action by Congress and OEO, programs benefiting the elderly will move down to communities in every area of the Nation. With appropriate action by State and local commissions and councils on aging, community action agencies, and private groups and organizations, such projects can be made to move up to war on poverty headquarters. Vigorous action by all concerned is needed if older Americans are to be adequately served.

RECOMMENDATION NO. 1

The Committee recommends that by administrative action, or, if necessary, legislation, there be established within the Office of Economic Opportunity a high-level position or positions charged with responsibility and authority to assure adequate consideration of the needs of the elderly in conducting the war on poverty, with tenure and security for the occupant of this position.¹

The Committee regards this as an essential recommendation. Without this improvement, it is highly doubtful that our other recommendations can be fully effective.

¹ Based upon finding No. 6 on p. 14.

The Committee prefers that this position be administratively created. However, if those administering the war on poverty refuse to recognize the need for such a high-level position and to create it, Congress should act to require it by statute.

The individual who occupies this position should be charged with the *responsibility* of assuring adequate consideration of the needs of the elderly in conducting the war on poverty.

He should have adequate *authority* to achieve this result. He should have easy access to the Director of OEO to make suggestions regarding problems and opportunities in making OEO programs more responsive to the needs of the elderly.

The Committee prefers to leave it to the discretion of those administering the Office of Economic Opportunity as to what precise position or positions should be created. However, it seems that any position of less prestige, status, and power than Assistant Director or Special Assistant to the Director would have less responsibility and authority than would be needed to carry out this recommendation. The Committee would prefer that this need be met by appointment of an Assistant Director in charge of a new Division on Programs for the Elderly, coequal with the existing divisions on the Job Corps, Community Actions programs, VISTA, and Management.

It would be important that the individual chosen for this position be given tenure and job security. Otherwise he would be at a decided disadvantage in dealing with others within OEO who might be unsympathetic with his mission.

RECOMMENDATION NO. 2

The Committee recommends that the Director of OEO make the Task Force on Programs for Older Persons permanent.

The Committee commends the Director of OEO for creating this Task Force and for carrying out several of the major recommendations in its first report. The Committee regards the issuance of that report as a major development in this field, and has included it in this volume as appendix B (beginning on p. 99).

The Director apparently also recognizes and appreciates the contribution to his agency's work which has been made by this group, as shown by his requesting that it continue its work, at least for the time being. The Director called a Task Force meeting on March 10, 1966, and he seems inclined to continue to rely upon it for advice.

The Committee believes that the Task Force can and should continue to play a unique and indispensable role in making the war on poverty a success as regards the older American. As stated in the comment on our Recommendation No. 4, the Task Force is needed to develop and recommend new approaches to meet the needs of the Nation's older poor. In addition, it has an important continuing task of reviewing existing programs and recommending ways to make them even more effective than they already are.

The names of the members of the Task Force appear at the beginning of its report, on page 99. Within its membership are included some of the most experienced, knowledgeable people in the Nation in the field of aging. It would be unfortunate to lose the counsel of this group.

As long as there is a war on poverty and an Office of Economic Opportunity, there will be a need for the expert advice that this Task Force can give. The Committee hopes that it will be made permanent.

RECOMMENDATION NO. 3

The Committee recommends that the Office of Economic Opportunity develop to their full potential the elderly-oriented programs which it has already begun.

Thus far, OEO programs for the elderly have benefited only a small number in this age group. That this is so is cause for neither alarm nor complacency. It may have been advantageous to begin these programs on a modest basis, to make certain that the funds invested were well spent and to encounter and overcome administrative difficulties before expanding them to include major segments of the elderly. However, as time passes, there should be a steady increase in the numbers of projects approved and older Americans benefited. There are potentials for growth in each of these programs, as discussed below.

1. FOSTER GRANDPARENTS

On April 1, 1966, there were 21 approved projects, utilizing 848 older Americans, which constitutes only a tiny fraction of those in this age group who could serve in this excellent program.¹ Thus far, the program has been available only for institutionalized children and has been able to enlist the elderly only when they reside reasonably near institutions having children needing their services. There is much potential for expanding the program to the many additional communities throughout the Nation having such institutions and to serve children who, although not institutionalized, need the individual attention and "tender loving care" which many of the elderly are talented in giving. Commissioner Bechill of the Administration on Aging, in his testimony at our January 20, 1966, hearing,² advised that while his agency's contract with OEO thus far precludes development of Foster Grandparent programs for children outside institutions, consideration is being given to adapting it for meeting the needs of such children. According to Commissioner Bechill, there are potentials for serving even children who live at home, such as retarded children, children who need day care, and children who need special assistance with their schoolwork.

We recommend that OEO and AOA, when their contract for operating this program comes up for renewal in June 1966, write into the renewed contract permission to approve Foster Grandparents for children outside institutions where those administering the program feel the program can be made to succeed with such children. In this way, the program can be adapted to utilize the elderly poor of almost every community in the Nation to serve children in almost every community, not just those in institutions, as at present.

¹ An entire appendix, reporting on progress and achievements of the Foster Grandparent Program, appears in hearings, pt. 3, pp. 751-790; additional information, pp. 68-82.

² Hearings, pt. 3, p. 589.

2. MEDICARE ALERT

It should not be assumed that merely because the May 31 deadline for "signing up" for supplementary insurance benefits will soon expire, this remarkable program must necessarily fade away.

As Director Shriver observed at our final hearing,³ Medicare Alert "can constitute a new bridge between community action agencies and older people."

Many man-hours have been spent in making a going concern of the aggregation of talented, enthusiastic seniors who are participating.⁴ It would be a tragic waste of these efforts to permit it to dissolve after the extended deadline on May 31.

Therefore, the Committee recommends that the Medicare Alert organization be kept intact and be assigned a broader ongoing responsibility, such as that outlined in the model program entitled "Project FIND," the text of which appears on pages 832-847 of part 3 of the hearings. There are many similarities between Medicare Alert and Project FIND, and the skills and experience developed in the former would be put to good use in the latter. Like Medicare Alert, Project FIND would provide employment to qualified, energetic elderly poor individuals to seek out the community's older residents, to discover their needs, and to advise them of rights and services available to them. As explained in the model:⁵

Project FIND seeks to locate the elderly poor living in the community, to identify their individual needs and problems. It also seeks to determine their skills and resources. When appropriate, the project refers individuals to existing health, welfare, employment, housing, legal aid, recreation, or other services. It takes responsibility for expediting such referrals and for facilitating the relationship between the older person and the agency providing the service. * * *

At our third set of hearings in January 1966, the Committee received testimony on a project having similarities to Project FIND which is already in existence, Baltimore's Operation REASON.⁶ This is an OEO-funded, 2-year demonstration program which, among other activities, helps chronically ill aged persons who need medical attention but are not getting it. At that hearing, Mr. Bailey Conaway, Operation REASON project director, testified:⁷

We are finding ever so abundantly that we are dealing with chronic deprivation as opposed to chronic illness alone. * * * It does not take much imagination to realize that * * * consistently inadequate income precipitates much chronic deprivation such as unsafe housing, inadequate diet and clothing, a dearth of recreational opportunities, loneliness, et cetera * * *.

Project FIND, although similar to Medicare Alert as to approach and objectives, would be much broader in scope. Instead of being confined to the narrow concern of taking advantage of opportunities under the Voluntary Supplementary portion of Medicare, Project FIND would extend to all rights, opportunities, and privileges of the elderly. It would uncover valuable information on the community's

³ Hearings, pt. 3, p. 529.

⁴ In hearings, pt. 3, pp. 863-865, there is a report on the Medicare Alert project in Washington, D.C., which gives some idea of the effectiveness of the overall program. Although only a 57-percent sign-up had been expected in the District, 91 percent were enrolled. Of 644 volunteers, 560 were 55 years and over. Of the 269 paid workers, 191 were age 55 and over. Sixteen interpreters were used; participants worked 29,591 hours at a unit cost of 70 cents per signature. As a result of the program 25 community aides found steady employment. Some older citizens are now teacher aides. Project sponsors reported that elderly participants were enthusiastic about "being back in harness again."

⁵ Hearings, pt. 3, p. 832.

⁶ Hearings, pt. 3, pp. 594-612, 855-861.

⁷ Hearings, pt. 3, p. 596.

elderly, which would be of inestimable value in understanding their needs and planning to meet those needs.⁸

There would be advantages of using for Project FIND the same personnel that served in Medicare Alert. Experience gained at all levels should be helpful in avoiding mistakes and difficulties resulting from inexperience. Reports reaching the Committee indicate that Medicare Alert workers have already located many seniors with problems like those they would be seeking to uncover in Project FIND. Perhaps the most significant advantage, however, would be the existence of a going concern in Medicare Alert which could be easily shifted over to Project FIND, without again going through the work, problems, and delays of building an organization from the ground up.

3. GREEN THUMB

In all 50 States there are many retired farmers and others with talent for making plants grow and thrive who could benefit themselves and beautify their communities if given an opportunity to participate in this program. Obviously, there is great potential to be exploited in this operation, and OEO should move expeditiously to inform State highway departments and others of its existence, to stimulate project applications, and to approve those with the greatest merit.

4. HOME HEALTH AIDES

Although approved approximately 8 months ago as a project to assist the elderly, the first Home Health Aide under this program has yet to be trained. Only \$2,700,000 of OEO funds has been set aside for it. In view of the current shortage of trained home health personnel throughout the Nation, there is an urgent need which can be met by the elderly poor who volunteer for this program, and there is much potential for growth in it.⁹

5. OTHER COMPONENTS IN COMMUNITY ACTION PROGRAMS

OEO has approved a number of community action projects for the elderly throughout the Nation, which do not fit into any of the above categories. Twenty-six of such projects are described on page 97 of appendix A. Many or most of those projects were formulated as the result of imaginative thinking at the local level, tailoring project applications to meet special needs of the locality's elderly. While local groups play a vital role in determining the needs of their own elderly and in creating programs to meet such needs, OEO can also contribute significantly to initiating such projects in many other localities throughout the Nation. It can choose the best of such projects as prototypes for nationwide application, and can carry out in their behalf promotion of the type which resulted in so many

⁸ Many examples of FIND or "outreach" programs are in the Committee record. The Roxbury Federation of Neighborhood Centers (hearings, pt. 3, pp. 700-703) in Boston, for example, helps the elderly to assume a leadership role in educating the entire community on problems of the elderly. Operation Well-Being (hearings, pt. 1, p. 277) in Detroit has achieved positive results, and sponsors there are seeking OEO financial support to continue it. An application recently sent to the OEO from a Milwaukee, Wis., community service organization (hearings, pt. 3, pp. 670-672) asks funds for a "grassroots community project," including a "house by house, block by block survey" in certain neighborhoods.

⁹ The Task Force report emphasized the importance of training the older poor to help meet the Nation's health needs. See app. B, p. 108.

applications for Medicare Alert.¹⁰ If possibilities for projects of these types are energetically exploited, it can be reasonably expected that hundreds of projects of this type across the Nation will be added to the 26 such projects already approved.

It is obvious that OEO can only be successful in developing its present programs for the elderly to their full potential if it is adequately organized to pursue this objective. Hence, the importance of our Recommendations 1 and 2 to the implementation of this recommendation.

RECOMMENDATION NO. 4

The Committee recommends that the Office of Economic Opportunity give to additional elderly-oriented programs the same type of fund allocation and promotion efforts which made Medicare Alert the success it has been.

As praiseworthy as are the elderly oriented programs which are already in existence, they should not be regarded as exhausting the possibilities for assisting the elderly poor under the war on poverty. With adequate organization for meeting the needs of the elderly (our Recommendation No. 1) and the continued diligent efforts of the Task Force on Programs for Older Persons (our Recommendation No. 2), new types of programs can be developed and put into effect. Among the most promising possibilities are the following:

1. EMPLOYMENT PROGRAMS

One of the excellent model programs developed by the National Council on the Aging under its contract with OEO was the Senior Worker Action Program (SWAP).¹ There would be nine general types of activities toward employing the elderly which would be carried out under this project:

- (a) Finding and recruiting older workers for the job placement service;
- (b) Interviewing and counseling each job applicant;
- (c) Developing new placement opportunities and finding existing jobs;
- (d) Filling jobs with available workers;
- (e) Counseling and referral to other agencies of job applicants requiring services beyond the scope of the program;
- (f) Developing a vigorous public relations-community relations program;
- (g) Establishing training programs for the staff, and group guidance for the unemployed;
- (h) Building relationships with other community agencies and the total antipoverty program;
- (i) Establishing records and data to facilitate evaluations of the program's experiences.

Another type of activity which could be carried out under an OEO-funded employment program is assistance to local nonprofit groups which counsel and assist elderly jobseekers. Throughout the Nation, there are local private, nonprofit groups of this type which,

¹⁰ Mrs. Mathiasen of the National Council on the Aging (hearings, pt. 3, p. 573) attributed much of the success of Operation Medicare Alert to "an attractive booklet" and cover format prepared by the OEO staff. She also pointed out that application procedures were greatly simplified.

¹ The full text of the model appears in the hearings, pt. 1, on pp. 321-329.

although operating on small budgets, are effective in helping place older jobseekers in employment. Perhaps the major reason why their operating expenses are so low is that they rely largely upon the free services of public-spirited citizens. These people donate their services for the satisfaction they receive in helping the elderly to solve their economic problems and to remain "in the mainstream of society."

An effective organization of this type is Baltimore's Over-60 Employment Counseling Service. As shown in testimony at our third series of hearings,² this group has received a small amount of help under Operation REASON, a Baltimore community action program funded by OEO. However, it had already been in existence several years before it began receiving this assistance.

Other organizations of this type were described in a report by the National Council on the Aging submitted for the record of our hearings,³ an excerpt of which follows:

Experiences of the nonprofit voluntary employment agencies working with the elderly are scattered and have shown varying degrees of success. Some have, however, recorded measurable accomplishments. For instance, the senior personnel employment committee of White Plains, N. Y., founded by a small volunteer group, reports that from February 1956 through December 30, 1964, 965 older persons have been placed in gainful employment from among 1,964 who applied to the agency, and that since 1962 one out of every two applicants has been placed on jobs. The Golden Age Employment Service, of Atlanta, Ga., indicates that since 1958, 42 percent of their applicants have been placed on jobs and that their rate of success also shows continuing improvement, reaching as high, in certain months, as 92 percent placement of available applicants. During 1964, the Tucson On Call Employment Reserve, of Tucson, Ariz., placed 366 of 1,185 persons referred to employers for interviews.

Small as are the operating expenses of these organizations, some of them are badly handicapped by their difficulty in raising even the few thousand dollars a year they need for telephones and office equipment and supplies. With a comparatively modest allocation of funds for supplementing the funds available for carrying out their work, some or most of them could be made even more effective instrumentalities for solving the problems of poverty in old age than they now are.

Another type of employment activity which might be carried out is the senior sheltered workshop. The Task Force report proposed⁴ an increase in the number of workshops and extension of their operations to reach beyond workshop locations into residential areas where the older poor are concentrated, "*and even into the homes of such individuals.*" [Emphasis added.] The Rt. Rev. Msgr. Wilbur F. Suedkamp, from the Catholic Charities of Detroit, Mich., described the success of sheltered workshops in that city,⁵ and said that funds could be used to set up such shops "on a much larger scale than we are doing it."

Another type of activity to increase employment opportunities for the elderly poor was suggested by Dr. Harold L. Sheppard, of the Upjohn Institute for Employment Research:⁶

On * * * MDTA-OEO cooperation, perhaps * * * some of the MDTA courses might include training of older workers to become employees in the various local antipoverty programs.

² Hearings, pt. 3, pp. 594-612.

³ Hearings, pt. 1, pp. 321-322.

⁴ See app. B, p. 111.

⁵ Hearings, pt. 1, p. 75.

⁶ Hearings, pt. 1, p. 50.

Those who attempt to plan employment projects for the elderly poor may profit from the experience gained in the project underway in Milwaukee County, Wis., to provide job training for women on welfare, including older women.⁷

Employment programs, if successful, could have beneficial effects upon not only the economic status of the poverty-stricken senior but also upon his health. The committee has received much evidence that the older American who can remain useful and productive is healthier and happier and less likely to need treatment for physical and mental ills. Therefore, investments in these types of projects might ultimately pay for themselves in better health of the elderly and decreased expenditures for their health care.

2. NUTRITION PROGRAMS

One of the model programs drafted by the National Council on the Aging under its OEO contract was Operation Loaves and Fishes,⁸ which would provide nutritious low-cost meals to the elderly. According to the model—

Meals will be prepared so that they may be eaten where purchased, or packaged so they may be carried home or delivered to the homebound when necessary. In addition to providing meals, the project will seek to stretch the limited incomes of the elderly through implementation of surplus food programs, food stamp plans, and the development of marketing, home economics, and related consumer education. * * *

Again, it seems that investment of OEO funds in a program to improve nutrition of the elderly might, at least partially, pay for itself. To the extent that poor nutrition among the elderly creates susceptibility to certain illnesses, a program of this type would help build better health in the later years.

3. SENIOR CENTERS

As shown on page 97 of appendix A, several communities have already recognized the potential benefit of senior centers to their elderly poor, and have spontaneously applied for and received OEO grants for this purpose. Perhaps the philosophy underlying their sponsorship of such projects is similar to that of one of the witnesses at our Newark, N.J., hearing, Mr. Marshall Stalley, assistant director of Urban Studies Center at Rutgers University, who testified:⁹

Poverty is not merely a matter of income. Income is merely one index of it. The essence of poverty is the impoverishment of human lives and the failure to realize the human potential.

Senior centers employ a variety of approaches to prevent and correct "impoverishment of human lives and the failure to realize the human potential." They are "one-stop" facilities for meeting such needs of the elderly as employment counseling and assistance, health services, information and referral services, volunteer service opportunities, and recreational activities.

There was abundant testimony at our hearings on the value of these centers to the elderly. A model for a Neighborhood Age Center in Boston lists 17 potential functions.¹⁰ The Newark, N.J.,

⁷ Hearings, pt. 3, pp. 674-675.

⁸ The text of the model appears in hearings, pt. 1, pp. 329-344.

⁹ Hearings, pt. 2, p. 458.

¹⁰ Hearings, pt. 3, pp. 697-698.

program for the elderly calls for 10 senior activity centers.¹¹ Mrs. Eone Harger, director of the New Jersey Division on Aging, describes multipurpose centers as helping to create a bridge of understanding among generations.¹² Prof. Louis Lowy of Boston University School of Social Work calls for mobile service centers and describes present services as "fragmentary, uncoordinated, and inaccessible."¹³

In a memorandum submitted by the Maryland Commission on Aging there was the following language regarding the importance of a senior center to the physical and mental health of those whom it serves:¹⁴

Dr. Howard Rusk, well-known New York specialist in rehabilitation, tells how organized activities can save lives as well as dollars. Of the 700 members who attended Hodson Center (the first day center for older people in New York City) in its first 7 years of existence, not 1 person was admitted to a mental hospital, although ordinarily there would have been about 40 admissions from a group of that size hospitalized for senile psychosis.

Enactment of section 703 of the Housing and Urban Development Act of 1965 (Public Law 89-117) will result in the building and acquisition by local public bodies of many neighborhood facilities. This section establishes a program of Federal grants of up to 75 percent of the cost of such facilities. Recognizing that much more needs to be done after the physical facilities are acquired, OEO could contribute greatly to the usefulness of such centers by participating in their staffing and other operating expenses.

4. HOUSING PROGRAMS

During its hearings, the Committee received suggestions for using OEO programs to supplement existing Federal housing programs and to assist in other ways in meeting housing and housing-related needs of the elderly poor. Mr. Sidney Spector, who was then serving as Assistant Administrator, Housing for Senior Citizens of the Housing and Home Finance Agency (succeeded by the Department of Housing and Urban Development), said¹⁵ that housing agencies are providing services through centers, by sponsoring VISTA, and in involving younger people in service to the elderly. He also saw the following opportunities for cooperation between Community Action Programs and Urban Renewal Agency projects:¹⁶

1. CAP's could fund medical screening for displacees well in advance of actual relocation and make available referral and treatment services, both in the donating and receiving neighborhoods. The Boston Redevelopment Authority and Action for Boston Community Development (the antipoverty program in Boston Mass.) already are planning a joint venture of this type.

2. CAP's could finance the employment of professional and nonprofessional personnel to identify elderly families and individuals who will require relocation assistance and to identify their housing needs. Similarly, they could provide valuable assistance in maintaining a followup of the elderly who are relocated to new neighborhoods to assess their adjustment and to provide referral services to local agencies or other resources if necessary.

3. CAP's could finance mover-helpers and other relocation aids to assist displaced elderly people moving into new homes. Volunteers of all ages can be utilized in this process. In New York City, the West Side urban renewal project

¹¹ Hearings, pt. 2, p. 422.

¹² Hearings, pt. 2, p. 434.

¹³ Hearings, pt. 3, p. 735.

¹⁴ Hearings, pt. 1, p. 196.

¹⁵ Hearings, pt. 1, p. 149.

¹⁶ Hearings, pt. 1, p. 151.

has had considerable experience in this activity which has been funded by the urban renewal demonstration program.

4. Urban renewal project site offices could be used to provide social services for the elderly in the area. In the District of Columbia, the Northwest No. 1 urban renewal area has a combination of a site office and a social service program in operation funded by the CAP, with the Redevelopment Land Agency and the United Planning Organization cooperating in service to all age groups.

5. CAP's could fund consumer education services for elderly low-income people living in renewal areas to help them improve purchasing and borrowing habits.

6. The low-income elderly often lack resources to obtain legal and related advisory services. In urban renewal areas, displacees may need assistance in interpreting tenant-landlord rights and responsibilities and CAP funds could be used with great effectiveness to provide such services.

7. CAP's might fund training of local public agency and other community staff personnel to cope with other special needs of the low-income elderly in urban renewal areas.

An active local housing agency can do much to speed community-wide efforts against poverty. In Medford, Mass., for example, the housing authority recently requested OEO funds to provide a multi-purpose center offering services of a public health nurse, a nutritionist, and a director of referral services, and consultation for new tenants in housing. Mr. Gerald A. Palumbo, executive director of the authority, also saw the following opportunities for coordination between housing agencies and OEO programs.¹⁷

(a) Local community action planners might do more in relating the OEO service programs to existing or proposed housing for the elderly as follows:

(1) Bring together those people who are now serving the elderly, including the housing authority, and coordinate existing services and proposed services under local, State, and Federal programs.

(2) Establish informed and effective leadership on a full-time basis to develop total plans and to expedite the processing of grant applications through all levels of government.

(3) Work very closely with the local housing and renewal authorities to plan to meet the needs of the tenants in occupancy of existing housing and of those folks who will be moving to existing or proposed housing either private or public. This latter group has the greatest need for special help before, during, and after the move.

(4) Use the local authority's existing and proposed facilities for meeting the needs of the elderly and take advantage of the authority's eligibility for certain direct Federal grants.

(b) Our experience indicates that we have failed to fully appreciate the many problems confronting the elderly persons who are moving into public housing and to adequately serve them at the time. In too many cases, eligible applicants have refused to move from substandard or otherwise unsuitable housing rather than be confronted with the anguish of making personal decisions alone. This is particularly true of the woman who has been left alone.

Our experience also indicates that there are some single elderly people who fail to adjust to their new surroundings in public housing as quickly as others and some not at all.

We have not been too successful in adequately serving the former group in the absence of capable people in the field. The authority's budget is not adequate for the purpose. Therefore, our services have been restricted to office interviews.

We have been more successful in serving the latter group because they are our tenants and because the other tenants have recognized the signs and have helped directly. In some cases, the Medford Visiting Nursing Association, in cooperation with the attending physicians, if any, have been very helpful.

Mayor Richard Lee of New Haven, Conn., pointed out to the committee¹⁸ that intensive urban renewal activity in that city "has shown that there are an enormous number of human problems in our city, and in every city, which have too long been forgotten and neglected."

¹⁷ Hearings, pt. 3, p. 740.

¹⁸ Hearings, pt. 3, p. 632.

Similar comments were made by Mr. Richard Scobie, director of the Department of Tenant and Community Relations for the Boston Housing Authority.¹⁹ A study in public housing in that city indicates that there are approximately 500 elderly individuals now in urgent need of hospitalization, nursing-home care, or outpatient treatment who are not receiving this care because their need is undetected.

We have concluded that the combination of poverty and social isolation contributes greatly to the health problems of our elderly tenants. The rate of deterioration is far too rapid, and we are convinced that if community services were routinely available which would provide for effective intervention at an earlier stage that the rate of deterioration in most cases could be altered.

Such comments, together with those of Mr. Spector, suggest the need for a close working relationship between community housing administrators, Project FIND workers (when and if available), and senior service centers.

5. CONSUMER EDUCATION

Mrs. Esther Peterson, Special Assistant to the President for Consumer Affairs, gave the Committee this summary of the need for special attention to the elderly in CAP programs:²⁰

As you know, those in the later years of life frequently find themselves at or near the poverty line. For one reason or another, many aged people have great difficulty living within their limited incomes. Their problems are made even more acute by their dependence on relatively fixed incomes, such as retirement payments and insurance annuities. Although Social Security and other programs have improved rapidly in recent years many of the aged still have incomes below the poverty level.

It follows that any program to help alleviate the problems of the poor must pay particular attention to the proportion of the population over 65 years of age.

We are constantly reminded that the proportion of elderly in the ranks of the poor is much higher than in the general population. We see this daily in the heart-rending letters to this office from older persons. We also see it in many other ways.

Your Subcommittee on Frauds and Deceptions Affecting the Elderly, for example, heard one country prosecutor say that 7 out of 10 victims of medical fraud were over the age of 60. Aged people are especially prone to become victims of consumer fraud, deceptive selling schemes and just plain wasteful buying practices. The last mentioned is often the result of buying in small uneconomical quantities.

The retail revolution—symbolized by the replacement of the friendly corner grocer by an impersonal package on the shelf—has thrown older persons into an unreal world where they simply get lost in the maze of the modern marketplace.

She also described two OEO-funded consumer information and education programs as having special significance:²¹

(a) Establishment of a consumer education center in the Washington, D.C., community action program: This is the first community action program in the Nation with a fully integrated consumer education program involving professional staff members and indigenous citizens as consumer aids in identifying consumer problems and keeping clear channels of communication open.

Among other things, the program seeks to organize consumer clinics, protective associations, buying clubs, credit unions, comparative shopping expeditions, consumer-retailer dialogs, and adult education classes.

(b) Approval of plan for Bay Area neighborhood development: This is a demonstration project set up by a group of California cooperatives to develop

¹⁹ Hearings, pt. 3, p. 707.

²⁰ Hearings, pt. 1, p. 175.

²¹ Hearings, pt. 1, p. 177.

and test new materials and techniques for helping low-income people solve consumer problems. A grant of \$256,251 has recently been approved by OEO for this plan.

This office attaches great significance to this project because it is the first truly comprehensive attempt to learn exactly how to "get through" to consumers who are unable or unwilling to help themselves through normal means of communication such as existing consumer information pamphlets.

The specific aims of the program, besides the principal one of developing new materials, include:

An education program aimed at getting the poor to deliberate before buying.
A neighborhood counseling and legal counseling service.

A consumer center in the shopping districts to provide answers to consumer questions at the source.

A door-to-door consumer education program for those such as the elderly and disabled who do not get outside the home.

Development of credit unions to make loans and give advice on credit problems.

Mobilization of volunteer and social agencies to help with consumer education.

Out of this demonstration project may come enough new material to chart new ways of helping poverty victims cope effectively with the complexities of the marketplace.

One of the participants is the Bay Area Funeral Society. This society has made a study of ways to reduce funeral costs.

Mr. William C. Fitch, executive director of the American Association of Retired Persons, gave the Committee a vivid description of an AARP-sponsored Consumers Forum for elderly persons:²²

The speakers were authorities on the subjects and were rewarded by the grateful appreciation of the audience. Typical of the down-to-earth dollars and cents subjects were these: credit, nutrition, understanding the label, frauds and deceptive devices, coin-operated machines, skin and hair care, the clothing we buy, better use of frozen foods, a small garden, cooking meals on a hotplate, and a basic budget discussion on "Where the Dollars Go."

These sessions were so well received that future forums are being planned to include the many other topics so important to the fixed and lower income groups.

Our original plans called for consumer information centers, where this information and material would be available. These could be manned by volunteers and might well be considered as a project within the war on poverty program. Few educational programs could have such direct and immediate interest and impact on persons struggling to maintain themselves with a substandard income and, at the same time, restore their dignity and feeling of independence.

As a member of the Task Force on Programs for the Older Poor of the Office of Economic Opportunity, recently announced by Mr. Shriver, I have an added interest in initiating and supporting projects and programs for older persons within the scope of the present legislation.

* * * * *

I certainly also believe that as Mrs. Peterson has said, as the interest in our program has shown, that this consumer program is really down to earth. It is shocking to see how people would take their limited funds and go and buy without looking at the label. Sometimes they buy larger cans than they needed; sometimes they would get a whole tomato when actually the quality was just as good in the smaller one, but the other one costs twice as much. Many of these people had to be taught how to shop, what to look for, and to make the most of the limited funds that they do have.

There should be community information centers right across the country. This ought to be a part of the community action program.

Mrs. Helen Nelson, Consumer Counsel for the State of California, added other arguments for consumer education to the elderly poor:²³

Having little to spend, an elderly low-income person can afford no mistakes in making his buying decisions, can suffer no losses of money through hidden

²² Hearings, pt. 1, p. 134.

²³ Hearings, pt. 3, p. 641.

credit charges, and may literally have to go hungry if he is swindled of any substantial sum or deceived by a quack or a bunco artist.

Yet the elderly in our society are probably the least able among us to defend themselves from the cheat, the quack, and the swindler. It is the elderly among us who have had the least educational opportunity. Their knowledge of anatomy and physiology may have been gained totally by what they've seen on their TV sets. Their formal education was too often cut short in the fifth or sixth grade, if not sooner.

The elderly poor consumer is even more prone to fall victim to the con man than is the young poor consumer because the miseries of the older one are not attended "by that best of nurses, hope."

6. HEALTH PROGRAMS ²⁴

"Home Health Aides" and "health helpers" would, if the recommendations of the Task Force are carried out, provide useful services, but the Committee believes that such projects should eventually be associated with total community programs concerned with overall health needs.

Mr. Walter P. Reuther, president of UAW International Union, summarized the need when he said: ²⁵

I understand many older persons now bedridden or confined in their homes because of crippling and disabling conditions could, through the use of modern rehabilitation services, be helped to become ambulatory and to become active parts of the community again. There are opportunities in the poverty programs to work with groups of the elderly and to demonstrate that the use of new medical knowledge can enable them to lead more meaningful and satisfying lives.

This statement was supported by much information received by the Committee, including testimony of a witness representing Marlboro State Hospital, New Jersey, who said that 340 patients who were placed out of the hospital within 1 year have received posthospital services including boarding home lodgings, counseling, and legal guidance. ²⁶ He said:

As a result of this experience while we were placing them and helping them to gain a hold in the community, we also saved the State of New Jersey over a half million dollars of costs for hospitalization in the hospitals. [Emphasis added.]

7. OTHER PROGRAMS TO BE DEVELOPED BY TASK FORCE

As implied by our Recommendation No. 2, above, there is a need for continuous "brainstorming" by the Task Force on Programs for Older Persons to develop and recommend additional programs to meet the needs of the Nation's elderly. OEO should be receptive to such recommendations from this panel of seasoned and knowledgeable advisers.

While it is true that community action agencies can apply for funding of projects of the types described in 1 through 6, above, without further action by OEO, there is unlikely to be much development along these lines without OEO action of the type taken in connection with

²⁴ Community Action Program planners will, in the opinion of the Committee, find much useful information and guidance in the findings of a major OEO-funded study now underway in Boston, Mass. There, the Tufts University Comprehensive Community Health Action program is conducting research and providing demonstration services for low-income public housing tenants (hearings, pt. 3, pp. 744-750). The director, Dr. Count D. Gibson, believes that "in the course of the next year we should have very careful and very accurate data concerning the status of the elderly in a low-income population." A similar project is planned for a rural area. Community Action Program directors concerned about health needs may also wish to consult a statement and study provided to the Committee by Dr. John H. Krowles, general director of the Massachusetts General Hospital (hearings, pt. 3, pp. 729-735). A statement submitted by directors of the South End Center for Alcoholics and Unattached Persons in Boston (hearings, pt. 3, pp. 723-726) describes problems that will be encountered by community action staff who work with the elderly and other age groups in "skid row" areas.

²⁵ Hearings, pt. 1, p. 268.

²⁶ Hearings, pt. 2, p. 451.

Medicare Alert. That there were Medicare Alert projects throughout the Nation was largely due to the setting aside by OEO of funds for that program and the vigorous promotion of it by OEO. The same type of action is needed in behalf of additional programs for the elderly.

Again referring to our Recommendation No. 1, it is clear that OEO can adequately carry out its responsibility of developing and launching additional programs for the elderly only if adequate organizational emphasis is given this age group.

RECOMMENDATION NO. 5

The Committee recommends that the Office of Economic Opportunity further relax its requirement that applications represent a large population base, permitting some communities to organize and file applications apart from other nearby communities where organizational disputes and other difficulties in such nearby communities delay the establishment of community action agencies and otherwise impede community action programs.

Mr. James F. McMichael, executive director of the Wisconsin Commission on Aging, responded to the Committee's request for information on his State with a report in which he said: ¹

A * * * serious difficulty results from what seems to be a chronic changing or refining of policy by the Office of Economic Opportunity in Washington * * * changing policy has a debilitating effect on communities struggling with an already very complex act.

Most exemplary of the refinements causing difficulty is the requirement of OEO that applications represent a large population base. Just how large a "large" population base must be is unknown. Dunn County with a population of about 30,000, recently had a community action program turned down because it wasn't "large" enough. Now the desire seems to be to group five or six counties together. When we consider our own difficulty in getting five or six municipalities together in a coordinated program, we shudder to think of the problems involved in working with even larger, more diffuse governmental structures.

An even more extreme example of how this OEO policy impedes community action programs is the experience of communities in Los Angeles County, Calif., during most of 1965. OEO insisted that all of Los Angeles County be served by a single community action group. As to resulting difficulties, the Committee was advised as follows by Mrs. A. M. G. Russell, chairman of the California Citizens Advisory Committee on Aging: ²

Problems which have appeared in California relating to the establishment of programs under the Economic Opportunity Act concerns the requirement that large geographical areas must be organized within one community action program. One example has been the delay (in the Los Angeles area) caused by disagreement over board representation. This condition resulted in the failure of some California cities having a large older population to participate in the early stages of the program.

Dr. Duane O. Crummett, Ph. D., executive director of the Community Planning Council, Pasadena-Foothill Area, submitted a statement regarding the difficulty of launching community action programs in his area, as a result of this policy, in which he said: ³

The greatest single obstacle to accomplishment has been the prevailing concept coordinately generated by county and Federal administrators and imposed county-

¹ Hearings, pt. 1, p. 227.

² Hearings, pt. 3, p. 640.

³ Hearings, pt. 3, p. 646.

wide that local neighborhood needs can best be met through a single central citadel of authority, planning and administering a gigantic Federal largess for people in need. To many this is neither compatible with the intent or the letter of the Economic Opportunity Act nor in harmony with the essential nature of human beings and the neighborhoods in which they reside. Rather, the key to effective accomplishment in this or any similar endeavor is an effective teamwork of Federal and local resources impelled by cooperative involvement of local private citizens representing all walks of life and neighborhoods in a balanced local community council. Here the recipients—those in real need—can have a dominant communicative voice unhampered by overriding influences and administrative edicts from a remote metropolitan colossus unfamiliar with and unresponsive to their self-generated wishes. Recognition of this basic principle—self-contained in the act itself—and its adequate implementation locally in major metropolitan regions of the country, and especially within a huge urban complex like Los Angeles County, would expedite significant uplift for the aged poor as well as for other important segments of the impoverished. This has yet to be accomplished in poverty neighborhoods of Los Angeles County.

It is to the credit of OEO that early in April 1966 it announced approval of decentralization of the Los Angeles County Community Action Program. Under the new plan, any Los Angeles County municipality with a population of 100,000 or group of municipalities and contiguous areas with a combined population of 100,000 may establish its own Community Action agency within OEO guidelines.

This action shows a commendable flexibility, and it is to be hoped that it is an indication that the agency in the future will avoid sacrificing the viability of community action programs on the altar of administrative simplicity.

The Committee recognizes that administrative advantages probably result in many cases from this requirement. However, it recommends that a more flexible approach be adopted, and that communities be permitted to file applications apart from other nearby communities where the alternative will be delay or denial of the benefits of the act.

RECOMMENDATION NO. 6

The Committee recommends that State and local commissions and councils on aging survey possibilities for utilizing the war on poverty to serve the elderly within their States and localities, and work with community action agencies and with State economic opportunity offices in an ongoing effort to make and keep this great national effort responsive to the needs of the elderly.

The best information reaching this Committee on the role of State commissions on aging in war on poverty activities in behalf of the elderly was that concerning the activities of the State Commissions on Aging of Maryland¹ and Wisconsin.² The Maryland commission has worked with local and State Economic Opportunity groups actively and helpfully to bring about the inclusion of programs for the elderly in community action programs. The Wisconsin commission received a \$2,000 grant from the Wisconsin Office of Economic Opportunity to carry out a "Poverty Project." There were three principal goals of this project:

"(1) An assimilation of all statistics related to the indigent elderly to determine their characteristics and to better guide consequent programs;

"(2) To develop poverty program models using poverty funds to assist the poverty-stricken aged; and

¹ Hearings, pt. 1, pp. 14-24; 193-206.

² Hearings, pt. 1, pp. 226-228; hearings, pt. 3, pp. 667-670;

"(3) To work intensively with Wisconsin communities in the development of such needed projects."

Most of the grant was used to compensate the project director, who worked part time. The commission contributed considerable secretarial assistance, materials, and supervision of the project by the commission's executive director.

While this project has been abandoned or suspended because of several major problems, it does show how a State commission on aging can proceed to carry out its responsibilities under the war on poverty.

State and local commissions and councils on aging can do much to encourage community action agencies and State economic opportunity agencies to include the elderly in their planning and to apply for funds for programs for the elderly. If properly approached, community action agencies will probably appreciate having the benefit of the experience and expertise of commissions and councils on aging in developing senior-oriented programs.³

Mrs. Margaret Schweinhaut, representing the National Association of State Executives on Aging, told the Committee⁴ that the Economic Opportunity Act and the Older Americans Act "should work hand in hand" to make the most of both programs. She saw great possibilities for coordination, and submitted⁵ a suggested division of functions between AoA and OEO programs.

The community action agency in Newark, N.J., has made good use of the Senior Citizens Commission in its locality. The commission prepares proposals and submits them to the community action agency for review. Following this procedure, a comprehensive program for the elderly⁶ was prepared, approved by the CAA, and sent to the OEO for final action.

Another locality where there appears to have been effective use of local agencies in planning programs for the elderly is Worcester, Mass.⁷ There agencies and individuals established a Committee of Older Americans To Combat Poverty, to focus community attention on the need to include programs for the elderly in the Community Action Program.

Before enactment of the Older Americans Act of 1965, aging groups would have had great difficulty building adequate staffs to take advantage of opportunities for service in this area. Now that that legislation has passed and its grants for strengthening State and local organizations for the elderly are beginning to be received, the committee hopes that they will find sufficient funds for employing the needed staff.

RECOMMENDATION NO. 7

The Committee recommends that OEO, local Community Action Programs, and State commissions on aging sponsor or encourage regional meetings of Community Action Program directors and summer training institutes or other training programs to provide trained

³ The Rt. Rev. Joseph T. Alves, chairman of the Massachusetts State Commission on Aging, proposed (hearings, pt. 3, p. 674) that OEO technical funds be used to assist planning at the local level for the older poor. He sees this as a way to accelerate understanding and interest in problems of this group at the local level.

⁴ Hearings, pt. 1, p. 21.

⁵ Hearings, pt. 1, p. 205.

⁶ Hearings, pt. 2, pp. 410-414, 420-426, 465-467.

⁷ Hearings, pt. 3, p. 710.

personnel capable of directing programs intended partially or wholly for the elderly.

To witnesses concerned about the apparent youth orientation of OEO and many local program directors, it appeared that much more should be done to bring facts and information about programs for the elderly to the attention of CAP administrators.

Mrs. Geneva Mathiasen of NCOA enthusiastically endorsed ¹ OEO sponsorship of statewide or regional conferences and "people getting together and sharing ideas and receiving stimulation." She praised one such meeting, conducted by the New Jersey OEO in Trenton last October. State OEO Director Bullitt described a transcript of the meeting, "Community Action Programs and the Older Poor," ² as a "best seller in anti-poverty literature." Gov. Richard Hughes told the assemblage that the meeting was a "testing ground for a new national effort." ³

Mr. Eugene Cox, of Milwaukee United Community Services, gave a concise description of need for such conferences: ⁴

It is suggested that an effort be made by the Office of Economic Opportunity and the Division of Aging to bring together project directors, and key personnel involved, at regional meetings to discuss projects which are similar in design. This might provide new stimulus for project improvement or design as well as to suggest possible solutions to problems with which individual communities are faced. It would seem extremely desirable to have persons who function in key positions at the firing-line level throughout the various regional areas get together on an annual basis in workable groups so that the knowledge and insights achieved through such projects can be used to improve the individual well-being as well as to promote the standard of living of the aged persons as a group in our society.

Miss Margaret F. Whyte, of the Washington State Council on Aging, also saw a need for training or refresher courses that would add to the antipoverty manpower resources of the Nation. She suggested that OEO—⁵

Provide for summer in-training institutes and other training opportunities in gerontology for staff and volunteers to work with older people. The shortage of trained and/or experienced staff in the field of gerontology is a major roadblock in expanding services in aging in our State.

Mr. Sidney Spector, Director, Housing for Senior Citizens, Department of Housing and Urban Development, sees greater possibilities for training in two areas: ⁶

In housing for the elderly, with hundreds of projects completed and many more under construction, there already is a serious shortage of persons trained and available to manage or administer these facilities. The shortage will intensify in the next few years as new projects are completed. CAP's could help to fill the void by providing funds with which to finance short- and long-term academic and in-service training of administrators and managers and other staff in housing for the elderly.

* * * * *

Younger members of low-income families could be included in community action programs to assist the elderly, as well as through the Neighborhood Youth Corps. Similarly, OEO's work-training and work-study programs could be used to develop opportunities for younger people to serve older citizens in the community. These programs could finance academic and "on the job" training in

¹ Hearings, pt. 3, p. 571.

² Excerpts from the transcript appear in hearings, pt. 3, p. 634.

³ Hearings, pt. 3, p. 851.

⁴ Hearings, pt. 3, p. 672.

⁵ Hearings, pt. 3, p. 660.

⁶ Hearings, pt. 1, p. 150.

senior citizens housing, ranging from community and social services, recreation and group work to project management and administration.

Mr. Louis Lowy, associate professor of social work at Boston University, gave the Committee its most comprehensive testimony on the need for adequate training of those who work with the elderly poor. Professor Lowy has proposed that mobile service centers be put into operation to reach and help isolated elderly individuals. Obvious as the need may be for such projects, lack of trained personnel could hamper or cripple operations. Professor Lowy explains:⁷

Crucial to the development of better and well-coordinated services and an adequate delivery system as suggested in the concept of a mobile service center is the availability of sensitive and trained staff. While a number of educational institutions in Massachusetts have training programs for people who work with the elderly, it is apparent that they are mostly related to the goals of the educational institution and the goals of the particular profession for which they are offered. This is quite appropriate since professional schools have to train practitioners who work with a variety of age groups. However, there is a need to have short-term training programs for people who work mostly with the elderly and who need specific knowledge and skills for this particular activity. While differential aspect of training are called for in many instances, it seems that a generic knowledge and skill base within a gerontological curriculum should be made available to anybody who is working with older people. For this reason I have developed an "Outline for a Manual for Trainees" * * * and an "Outline for a Manual for Trainers" * * *. Presently United Community Services of Metropolitan Boston plans to have me develop these two manuals in detail so that they can be used as handbooks for training human service technicians (including older people themselves) to prepare staff workers in existing agencies and programs for better services for and with the elderly. I believe that such manuals will be of immeasurable use in assisting trainers to train a cadre of personnel who is better equipped to deliver the services which have been discussed before. Training of personnel—both, paid and nonpaid, young and old, is a vital dimension to insure that services are conceived, carried out, and delivered. Without sensitive, well-trained personnel no program can meet the goals and objectives which it promises to achieve.

At Boston University we have just developed a Council on Gerontology which includes faculty members from all its schools and colleges that have a vital interest in gerontology. One of its major purposes is the further development and coordination of training and research programs which are going on in many schools and colleges of the university. In addition, however, the council is planning to increase its training programs for people in the community who work for and with the elderly. Such multidisciplinary training is a necessary approach to prepare practitioners for services which are determined by the needs of people and not by the needs of the discipline. Such approaches are vital in making a mobile service center concept a reality.

May I suggest that the nationwide development of training programs on a multidisciplinary basis for people who work with the elderly is a basic necessity if we want to implement a comprehensive service program? Without such training it is bound to flounder and instead of bringing the dawn of hope to our elderly people, it will add frustration, disappointment, and cynical resignation to their present plight.

OEO should take the leadership in sponsoring and organizing conferences of this type. However, if it does not, State commissions on aging can do so, either through the National Association of State Executives on Aging, through cooperative efforts of State commissions in neighboring States, or through State commissions acting singly to sponsor statewide conferences for project directors, community action agency workers, and others within their own States.

One important purpose of such conferences would be to improve war on poverty programs for the elderly which are already in operation. Since such programs are new, much can be learned from experience, and that which is learned can be shared at such conferences.

⁷ Hearings, pt. 3, p. 736.

RECOMMENDATION NO. 8

The committee recommends that community action agencies study the various model programs for the elderly and other possibilities for serving the elderly, decide which best fit the needs of their own elderly and make application for war on poverty funds for such projects.

Mrs. Geneva Mathiasen of the National Council on the Aging has given the Committee substantial evidence of local interest in CAP programs for the elderly. She reported¹ that NCOA models are being implemented or are in the planning stage in at least 35 cities. The NCOA has also consulted with State and regional organizations in Hawaii, Kentucky, North Carolina, Ohio, New Jersey, New York, and Pennsylvania. Twelve communities have indicated interest in the Foster Grandparent Program. Mrs. Mathiasen added:

* * * NCOA has stubbornly resisted the notion that there is a lack of community interest in CAP programs for the elderly poor. The experience of our staff in communities has indicated that quite the reverse is true.

Mrs. Mathiasen added, however, that considerable effort is needed at the local level to stimulate awareness and understanding of OEO's potential role on behalf of the elderly. She also asked for "well publicized encouragement" by OEO at the national level.

Throughout the course of its inquiry, the Committee has been impressed with the number of projects—either proposed or operational—that have been prepared by organizations or individuals with special knowledge of the elderly. Many detailed descriptions appear in the transcripts and appendixes of our hearings on this subject. Some have been prepared as models for others to follow. Some have been prepared solely to meet the highly individual needs of a specific community or neighborhood.

We call the attention of interested community action planners to the following items listed as they appear in the hearing transcript and appendixes:

PART ONE

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RECOMMENDATION NO. 9

The Committee recommends that senior citizens' organizations and other private groups continue to give their wholehearted cooperation in making the war on poverty successful as it affects older Americans.

An important role which private organizations have played and should continue to play in the war on poverty is stimulating action by community action agencies to develop and seek funds for programs for the elderly. Some senior citizen organizations have chapters in many different localities. Their national officers should continue to keep their chapters advised of possibilities offered by the war on poverty for assisting the elderly poor, and should advise and assist them in efforts to sell CAA's on filing applications for funding such programs.

In addition, national organizations for seniors can and should work directly with OEO headquarters in developing and promulgating programs for the elderly. An example of activity of this type is that of the Senior Member Council of the National Farmers Union. Without its imaginative development and promotion of the Green Thumb Project, it is doubtful if anything like that project would have eventuated. Therefore, it behooves organizations of senior citizens from various occupations to survey the needs of their members, make those needs known to OEO, and work assiduously to develop and promote programs meeting such needs.

Another way in which private organizations of senior citizens can help is by publicizing OEO programs for seniors as they are promulgated. Thus, their members will be more likely to hear of these programs and to participate in them themselves or pass the word on to their acquaintances who are good prospects for them.

Senior citizens' organizations have contributed the time and efforts of their officers and employees to service on the Task Force on Programs for Older Persons, where they have made a valuable contribution to the success of the Task Force.

RECOMMENDATION NO. 10

The Committee renews its recommendation that legislation be enacted to create a National Senior Service Corps to enlist the interest and energies of middle-aged and older persons in service in the communities where they reside.

We first made this recommendation in our report on "Services for Senior Citizens" (S. Rept. 1542, 88th Cong., 2d sess., Sept. 11, 1964). Two principal proposals are now pending before the Senate to create an organization of that type, S. 2877, which is cosponsored by Senators Williams (New Jersey), Pell, Randolph, Kennedy (Massachusetts), Kennedy (New York), Yarborough, Clark, Douglas, Hart, Hartke, Neuberger, and Ribicoff, and S. 3049, sponsored by Senators Smathers, Randolph, and Long (Missouri).

Neither of these proposals would limit membership in the service organizations created to those below poverty levels. However, there would doubtless be many enlisted who desperately need the additional income to maintain adequate standards of living. In addition, the service rendered by the proposed organizations could play an important role in antipoverty efforts directed to all age groups, including other elderly individuals.

Extensive information on a statewide volunteer program having similarities to the proposed national programs was given the Committee by officials of the Commonwealth Service Corps of Massachusetts.¹ This program enlists part-time and full-time volunteers of all age groups, and offers varying rates of reimbursement. The testimony includes examples of actual or potential service by or for the elderly.

Commissioner of Aging William D. Bechill testified strongly in favor of a nationwide senior service corps.² He said:

A reservoir of experience, wisdom, and skills is represented in the older population. In 1960, there were 4.6 million persons 60 years of age and over in the labor force. Many of those people are now retired or about to retire. Among them were: 126,000 public school teachers; 35,000 lawyers; 3,000 dietitians and nutritionists; 18,000 college faculty members; 12,000 social, welfare, and recreation workers; 11,000 librarians; 32,000 physicians and surgeons; and 43,000 professional nurses.

On the other hand, we see all about us in every community needs that are not being met.

RECOMMENDATION NO. 11

The Committee recommends that legislation be enacted authorizing the Administration on Aging to grant all or a portion of the matching funds required of sponsoring agencies that receive OEO funds when, in the opinion of the Commissioner of Aging, such grants will make a genuine contribution to the development of permanent service programs for the elderly.

Under the law as it now reads, OEO funds can pay up to 90 percent of project costs. The participating agency must pay the other 10 percent.

At first glance, this might seem to be a more than generous allotment. Often, however, the local agency is put under severe strain to meet even that requirement because it may have been operating at a marginal or near-marginal level before OEO funds became available. Mr. Bernard Kaplan of the Senior Centers of Metropolitan

¹ Hearings, pt. 3, pp. 679-689.

² Hearings, pt. 3, pp. 582-583, 589-590.

Chicago gave a detailed account of difficulties encountered even when an attempt to obtain OEO funds is successful.¹

Our agency's participation in war on poverty has meant a significant expansion in our services to about 3,500 additional elderly in economic poverty. The prospect of continuing support from this source presents some very serious problems, however:

* * * * *
 Antipoverty programs require a 10-percent contribution from the participating agency. We have been able to just barely meet this with in kind services of volunteers. If there is to be an increase in this 10-percent requirement, as is now provided in the national legislation, we will have to withdraw.

The war on poverty contract makes no allowances for the time and effort of board and staff. The following is a statement in this regard extracted from a recent correspondence from Senior Centers of Metropolitan Chicago.

"* * * The war on poverty program has had a serious impact on our day-to-day work which has affected our financial position. While there has been no direct cash flow either to or from our OEO funded programs, as compared with our ongoing operation—there has been a measurable drain on board and staff time in behalf of OEO and away from essential fund-raising efforts. We cannot emphasize enough, the severe drain on the time and effort of our personnel in the handling of the OEO program. Please realize that there are 5 new centers servicing a total of 3,500 persons whose program and organization has been developed under the auspices of our executive director and his assistants. This is in addition to our regular program which has expanded significantly during the same period.

"The preparation of our poverty proposal began last November and was accompanied by the participation of staff and board in overall planning with the Chicago Committee on Urban Opportunity. Our participation can best be summarized by dividing it into preproposal consultations, preparation, and revisions of proposal as policy lines became clearer between OEO, Washington, and Chicago Committee on Urban Opportunity and implementation of program * * *."

Similar observations were made by Mr. Robert R. Robinson, executive secretary of the Colorado Commission on the Aging.²

A major stumbling block in the preparation of proposals for submittal is the strict limitations imposed by the requirements for matching funds. We recognize the need to prove community interest in a proposal and that the local community must be encouraged to participate in an economic manner, but we feel the whole purpose of the program is being defeated when a project cannot take credit for the volunteer services provided by members of the community.

The requirement that an economic good must be inherent in the service is most unrealistic. Many older people ask only that they can serve their fellow man, and they are fortunately able to serve without compensation. These people can be utilized in worthwhile programs that would be of benefit to them as well as to their fellow citizens.

It should not be difficult to place an economic value on the services they render. If this is done, then the small community would be in a better condition to meet the matching requirements. This would, of course, pose a problem for the continuation of a project, but when such a project has proven its worth, the community should be more receptive to continuing the program.

The Metropolitan Salt Lake Council of Salt Lake City, Utah, described strains:³

An obvious stumbling block to implementing projects for the aged under Economic Opportunity Act is the 10 percent needed to be supplied by the sponsoring agency. Because there is a strong sentiment in communities to do something for the youth, it is easier to find the 10 percent from community sources for youth-directed projects. Hopefully, current Economic Opportunity Act programs for youth will eventually cut down on the numbers of aged who find themselves in a hapless condition.

¹ Hearings, pt. 3, pp. 658-659.

² Hearings, pt. 3, p. 656.

³ Hearings, pt. 1, p. 286.

In 1960 the two-person family with the head over 65 years of age had an average income of \$2,530. Persons living alone over 65, had an average income of \$1,055. The aged are in the poverty-stricken group and, yet, what can a typical local council on aging do for these people at this particular time in history when neither the public nor many Government officials are aware enough of the problem to support such councils financially so that they can take advantage of the Economic Opportunity Act?

Can the act be amended to give local councils on aging some financial leeway so they do not have to do what this council has done: pledge one-tenth of its annual budget of \$5,000 and the use of its executive-secretary part-time for one Economic Opportunity Act application?

Rubin M. Hanan, chairman of the Alabama State Commission on Aging, reported that many localities are not able to meet matching requirements:⁴

Most of the programs under the Economic Opportunity Act require matching by local communities or State agencies (not title V). Many localities are not financially able to provide this required matching.

In addition, many of our poorer counties are not able to provide the administrative funds that are needed to operate a surplus commodity program. If part of the funds for the programs administered by the Office of Economic Opportunity were available for local administrative costs of surplus commodity programs, many people, including the aging, might be able to improve their health and their standards of living. I understand that this may be done as a part of a community action program under title II. However, the detailed preparation and the requirements for such projects delay the availability of funds for such a project.

The Committee recognizes that due to chronic lack of funds it has not been possible to implement many worthy projects which have long been sought by private or public agencies.

Opportunities to implement such projects with the help of war on poverty funds should not be lost. For these reasons, the Committee has recommended that the AoA be given additional authority to grant all or a portion of the matching funds when, in the opinion of the Commissioner of Aging, such grants will make a genuine contribution to the development of permanent service programs for the elderly.

It should be emphasized that not all war on poverty projects for the elderly would be entitled to AoA financing of the local contribution. It would be required that there be a showing to the satisfaction of the Commissioner that the project, if funded, will contribute to development of permanent service programs for the elderly. With a limited authorization and appropriation for this purpose, it will doubtless be necessary to limit AoA contributions to those projects which demonstrate most merit.

RECOMMENDATION NO. 12

The Committee recommends that the OEO, the AoA, and other appropriate Federal agencies cooperate in establishing several "demonstration city" or "demonstration county" projects on a scale sufficient to show how Federal resources and Federal programs can be used most effectively and economically to help the elderly poor.

In the course of its inquiry, the Committee has received many suggestions for coordination between the OEO and other Federal agencies concerned in one way or another with the war on poverty. Some of those suggestions, such as coordination with the Administra-

⁴ Hearings, pt. 1, p. 182.

tion on Aging, are discussed on other pages of this report. In addition, there are, on pages 141 through 179 of the hearing transcript, statements and answers to questions from seven Federal agencies on their cooperative efforts with the OEO against poverty. The information given on those pages is valuable and helpful, but the replies also make it very clear that great skill in coordination and planning will be required to make the most of programs which could be of help to the elderly poor, especially when conducted in conjunction with OEO projects.

To add to the progress already made by multiagency cooperative efforts, the Committee suggests that the OEO and AoA establish criteria for "demonstration cities or counties" which would offer a clearcut plan for putting all available resources to work to show what can be done in an area to prevent and cure poverty in old age when all agencies cooperate and when adequate resources are made available.

CONCLUSIONS

The Committee commends its recommendations herein to the consideration of the Congress, the Office of Economic Opportunity, the Administration on Aging, State and local commissions and councils on aging, community action agencies, and private groups and organizations—all of which have a responsibility for making the war on poverty serve the Nation's elderly. A good beginning has been made toward that goal, but much more can and should be done than has thus far been done.

The war on poverty can be an important milestone in the Nation's progress toward better lives for its elderly, and the Committee hopes its potentialities along this line will be realized.

APPENDIX A

OLDER PERSONS PROGRAMS

REPORT OF OFFICE OF ECONOMIC OPPORTUNITY TO SPECIAL COMMITTEE ON AGING, MARCH 4, 1966

In order to obtain the latest and most complete information on the status of projects for the elderly in the Office of Economic Opportunity, the U.S. Senate Special Committee on Aging requested current data from the OEO to become part of this report. Among the material provided in early March by the OEO was the following:

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Section VII.	Other components in community action programs.....	97

I. TASK FORCE ON PROGRAMS FOR OLDER PERSONS

The Task Force on Programs for Older Persons is composed of 17 distinguished leaders in the field of aging. The group met on several occasions during the spring and summer of 1965, under the chairmanship of Mr. Charles Odell.

Mr. Louis Ravin was the person on the staff of Office of Economic Opportunity who gave executive direction and coordination to this committee.

The first report of the committee was issued in August 1965.¹

This report has been widely distributed. It has been sent to the regional offices of OEO, to the State technical offices and to every community action agency. In addition, the report was widely distributed to leaders in the field of aging. At this time, 5,000 copies have been distributed. The entire first printing is exhausted, and an additional 5,000 copies have been printed and are now being distributed.

The programs which have been developed in the older persons program area have followed the direction set down in the task force report.

The task force is being called back into session on March 10, 1966. Sargent Shriver has issued an invitation for an all-day meeting. The purpose is to survey what has been done to date, to give direction for work in the immediate future, and to study the relationship between OEO programs in the field of aging with programs of other Federal agencies.

¹Text of task force report appears as appendix B on pp. 99-113 hereof.

II. NATIONAL COUNCIL ON AGING CONTRACT

The National Council on Aging is recognized by OEO as the primary voluntary agency in the field of aging. OEO has sought to draw on the insight, experience, and expertise of this national organization.

OEO made a contract with the National Council on Aging in March 1965. The agreement was written to have the Council provide models for programs, to give advice and technical assistance to OEO, and to stimulate interest and provide assistance at the local level for communities which wanted projects for this age group.

Mr. Jack Ossofsky and Miss Dorothy Newman have served as the professional staff members.

The contract with NCOA has now been rewritten for another year and expanded. There will be an additional staff member employed, but because the agreement was made recently, this person has not yet been employed.

The NCOA wrote and distributed widely three model programs.² In addition, they wrote the basic model for the "Operation Medicare Alert"³ program.

Another model to serve as a followup to the medicare program has been submitted to OEO and is now being reviewed and revised. This program, called "FIND,"⁴ is designed to locate the elderly poor and relate them to needed services. They will be placed in contact with appropriate existing services, and new services will be created as needed.

Memorandum

To: Dr. Robert McCan.

FEBRUARY 4, 1966.

From: Jack Ossofsky.

Re Community contacts.

The following specific communities have received visits and/or consultation beyond the level of routine correspondence by the National Council on the Aging project staff in connection with our contract:

Dayton, Ohio	Chattanooga, Tenn.
Huntington, W.Va.	Nashville, Tenn.
Louisville, Ky.	Wichita, Kans.
Minneapolis, Minn.	Detroit, Mich.
Miami, Fla.	Newark, N.J.
New York City (miscellaneous)	New Haven, Conn.
Trenton, N.J.	Waterbury, Conn.
South Bend, Ind.	Plainfield, N.J.
Harrisburg, Pa.	Wilkes-Barre, Pa.
Seranton, Pa.	Pittsburgh, Pa.
Williamsport, Pa.	Albany, N.Y.

In addition to local communities, the following State and regional bodies were provided services:

New Jersey.	Connecticut.
Ohio.	Council of Southern Mountains.
North Carolina.	Regional Community Action Programs
Pennsylvania.	(Chicago, New York, Austin, Atlanta,
New York.	Washington).

Additional services include:

Work with OEO task force on programs for older persons.

Meetings with national organizations, service and Government organizations, social agencies, labor and farm groups.

NCOA conference and meetings dealing with OEO.

Northeast Regional Federation of Settlements Conference.

Governor's Conferences on OEO related programs in Pennsylvania and New Jersey.

Thousands of pieces of material were distributed nationally, and hundreds of individual letters and calls received and answered.

² Text of the three models appears in hearings, pt. 1, pp. 310-344.

³ Text of the model appears in hearings, pt. 3, pp. 823-832.

⁴ Text of the model appears in hearings, pt. 3, pp. 832-847.

III. NELSON AMENDMENT PROJECTS

Nelson amendment projects are designed for all age categories. However, they may be developed to serve the needs of the elderly. In fact, the elderly poor especially fit the eligibility requirements as stated by law (sec. 205 (d)) of the Economic Opportunity Act of 1964, as amended.

Those selected to participate in Nelson amendment projects as workers must—

Be chronically unemployed;

Have no reasonable prospects for full-time employment;

Be unable to secure either appropriate employment or training assistance under other programs.

Attached is a copy of the guidelines ⁵ for Nelson amendment projects.

Operation Green Thumb, Inc., the first project funded under the Nelson amendment is sponsored by the National Farmers Union. This program will employ the elderly poor in the four States of Arkansas, New Jersey, Oregon, and Minnesota on highway beautification projects and will retrain older farmers in gardening, landscaping, and nursery work.

Under the grant of \$768,142, there will be 280 older persons employed for \$1.25 to \$1.50 per hour working on an average of 3 days per week. The projects are designed in cooperation with the State highway departments, who furnish planting and heavy equipment. All projects are in addition to the planned expenditures for highway beautification, and all projects are on highways for which no other Federal funds are available.

Attached is (1) a copy of the title page of the grant,⁵ (2) a copy of the official budget breakdown by categories, (3) a copy of direct cost per trainee by States, (4) a copy of special conditions required by OEO,⁵ (5) a copy of a memorandum of October 26, 1965, outlining the costs of transportation, a major problem for an effective rural program, (6) a copy of labor standards for Project Green Thumb, (7) copies of pertinent correspondence indicating acceptance of the project by appropriate State personnel ⁵ and (8) a copy of a progress report of February 23, 1966, prepared by Dr. Blue Carstenson, project director.

OFFICE OF ECONOMIC OPPORTUNITY

APPROVED BUDGET FOR COMMUNITY ACTION PROGRAM

Name of grantee: Green Thumb, Inc.

Component title: Project Green Thumb.

Grant period: Effective date to December 30, 1966.

Cost category	Requested amount	Approved amount
1. Personnel.....	\$597, 294	\$597, 294
2. Consultants and contract services.....		
3. Travel.....	93, 090	93, 090
4. Space costs and rentals.....	10, 482	10, 482
5. Consumable supplies.....	18, 472	18, 472
6. Rental, lease, or purchase of equipment.....	10, 532	10, 532
7. Other costs.....	721, 810	721, 810
Total cost of component.....	1, 451, 680	1, 451, 680
Non-Federal share.....	683, 538	683, 538
Federal grant under title II-A.....	768, 142	768, 142

⁵ In Committee files.

Federal funds

	Cost per trainee by State			
	Arkansas	Oregon	New Jersey	Minnesota
Direct cost:				
Wages.....	\$1,543.00	\$1,543.00	\$1,543.00	\$1,543.00
Fringe benefits.....	249.00	561.00	353.00	409.00
Miscellaneous.....	27.50	27.50	27.50	27.50
Subtotal.....	1,819.50	2,131.50	1,933.50	1,979.50
Indirect cost—administration:				
State.....	457.00	420.00	428.00	511.00
National.....	198.00	198.00	198.00	198.00
Plantings.....	143.00	143.00	143.00	172.00
Totals:				
Direct cost.....	1,819.50	2,131.50	1,933.50	1,979.50
Indirect.....	679.50	612.50	620.50	732.50
Total.....	2,499.00	2,744.00	2,554.00	2,712.00
Recapitulation—averages:				
Wage to trainee.....				\$1,500
Fringe benefits to trainee.....				395
Miscellaneous expenses for trainee.....				28
Administration:				
National.....				198
State.....				462
Plantings.....				150
Total per trainee.....				2,733

OCTOBER 16, 1965.

Memorandum.

To: Dr. Robert McCan.

From: Blue Carstenson.

Subject: Green Thumb project.

As Sandy Kravitz suggested it has been possible to make substantial savings by arranging for pool driving. While our insurance people indicate that the difference in insurance costs would be less than \$100 in switching from individual to group riding because of changes in the category of insurance, \$28,620, can be saved by switching to group or pool riding in the three States.

In preparing the accompanying detailed chart, we calculated the size of the county, dividing the county into two parts. The teams will be recruited from and will work primarily in a half county area. Two of the crew members (one will be the foreman) will drive their cars or pick-up trucks and will pick up the trainees at various points in the county and will drive to the place of work. The foreman will also have to drive the length of the project to supervise the trainees.

In consultation with our State presidents and using the Rand McNally Atlas, 1965, we calculated that an average of four times the radius of the half county would be required for travel for each car or truck. Because of group travel we calculated at 10 cents a mile which produced the following results:

	Previously submitted based on 40 miles per trainee at 8 cents	New group travel plan, 2 cars at 10 cents	Amount now requested
Minnesota.....	\$27,300	\$17,040	\$17,040
New Jersey.....	27,300	11,520	11,520
Oregon.....	27,300	24,720	24,720
Arkansas.....	19,000	10,320	9,000
Total.....	90,900	63,600	62,280

¹ In the case of Arkansas, they had planned to pay some member of the crew \$6 a day for the use of his pickup truck to transport the crewmembers, etc. Because Arkansas counties are about half the size of the average counties, this was and will continue to be feasible for Arkansas.

SPECIAL CONDITIONS

Green Thumb, Inc., will attempt in every possible way to cut costs during the operation of the 1-year project. This will be done by attempting to obtain gifts of plantings, equipment, and talent by various State and local agencies, voluntary groups, businesses, and individuals. Every effort will also be made to cut the costs of insurance while maintaining adequate protection.

Such additional moneys saved will be used to increase the number of worker-trainees.

Green Thumb, Inc., will apply for an Internal Revenue Service tax exemption within 30 days.

No funds for plantings will be released to the State project for expenditure until the State project director forwards to the National Green Thumb director documentation by the State highway department of the amount which the State has spent in regard to the project. The national director then will authorize release of 10 percent of the amount documented to that State earmarked for plantings.

The State highway department will be required to state that sites selected for highway beautification will be locations where there is no duplication of funds from other Federal or State sources, and is an additional effort beyond what was planned for this year by the State highway department.

There were no funded community action programs in any of the Green Thumb areas prior to the application, however, Green Thumb will cooperate with any community action program agencies which may be developed or funded in these areas, especially in the recruitment of worker-trainees. However, recruitment shall not be limited to community action programs. State employment services will be used in every instance.

Revised Green Thumb trainee travel cost

	Approximate size of county in miles	Radius for 1/2 county in miles	Miles per team, 2 cars a day (8X radius)	Miles per team per year	Cost per team per year at 10 cents a mile	Cost per county per year
Minnesota:						
Otter Tail.....	20 by 55 miles.	14	112	16,800	\$1,680	\$3,360
Becker.....	30 by 50 miles.	15	120	18,000	1,800	3,600
Walden.....	18 by 30 miles.	9	72	10,800	1,080	2,160
Todd.....	25 by 40 miles.	13	104	15,600	1,560	3,120
Beltrami.....	40 by 45 miles.	20	160	24,000	2,400	4,800
Total.....						17,040
New Jersey:						
Burlington.....	20 by 40 miles.	10	80	12,000	1,200	2,400
Gloucester.....	20 by 25 miles.	13	104	15,600	1,560	3,120
Mercer.....	20 by 30 miles.	10	80	12,000	1,200	2,400
Hunterdon.....	do.....	10	80	12,000	1,200	2,400
Camden.....	10 by 20 miles.	5	40	6,000	600	1,200
Total.....						11,520
Oregon:						
Lane.....	60 by 90 miles.	30	240	36,000	3,600	7,200
Linn.....	35 by 65 miles.	18	144	21,600	2,160	4,320
Marion.....	25 by 60 miles.	15	120	18,000	1,800	3,600
Polk.....	20 by 30 miles.	10	80	12,000	1,200	2,400
Clackamas.....	40 by 60 miles.	20	160	24,000	2,400	4,800
Hood River.....	20 by 30 miles.	10	80	12,000	1,200	2,400
Total.....						24,720
Arkansas:						
Cleveland.....	20 by 20 miles.	5	40	6,000	600	1,200
Pike.....	do.....	5	40	6,000	600	1,200
Newton.....	25 by 30 miles.	13	104	15,600	1,560	3,120
Madison.....	22 by 30 miles.	11	88	13,200	1,320	2,640
Fulton.....	15 by 35 miles.	9	72	10,800	1,080	2,160
Total.....						10,320

LABOR STANDARDS FOR PROJECT GREEN THUMB

(1) *Protection of employment opportunities.*—It is the purpose of this project to provide new or additional job opportunities without displacing already employed workers or impairing job opportunities that would otherwise be available. Green Thumb project cannot (a) result in displacement of workers already employed, (b) result in a reduction of employment opportunities normally available, and (c) result in the reduction of employment or labor costs normally utilized by the State highway departments.

(2) *Wages.*—Worker trainees will be paid wages equal to the State or Federal minimum wage or the prevailing wage in the county for this type of part-time work of highway beautification. No funds will be released to the State projects by Green Thumb until documentation has been obtained concerning local prevailing wage.

(3) *Hours.*—The regular workweek for the State staff will be 40 hours per week. The normal workweek for worker-trainees will be 24 hours per week. The normal day will be 8 hours per day. Any work in excess of 40 hours per week or 8 hours per day for workers will require statements as to why it was necessary under unusual circumstances and where it was also required for other employees.

(4) *Workmen's compensation.*—Workmen's compensation protection must be provided for all workers and funds for employment of worker-trainees will not be made available to the State project until workmen's compensation is provided.

(5) *Employment conditions.*—(a) All employees will be covered by social security and general liability insurance. They will not be covered by unemployment insurance coverage, because of (1) the nature of the project, (2) the definite time limitation of the project (1 year), and (2) it is classified as a work training experience.

(b) The State project director (and by delegation the State field supervisor) is the only person who has the authority to hire and fire workers or apply discipline; however, the working foreman will take direction either from the State director or his field supervisor.

Worker-trainees will be expected to maintain good work standards similar to those of the State highway department.

Worker-trainees will be under the immediate supervision of the working foreman. In matters of personnel, training, work instruction, and administration, the foreman will take direction either from the State director or his field supervisor. The working foreman will also take direction concerning work instructions from the State highway supervisory personnel.

State highway department will also assist in establishing local health and safety standards, in addition to those established by National Green Thumb (as adapted from title V projects under the Economic Opportunity Act). (See below.)

(c) Employees may appeal grievances to the State project director or to a grievance subcommittee of the State advisory committee. These in turn may be appealed to the national project director and the Grievance Subcommittee of the National Advisory Committee.

(d) The State project director, the State Farmers Union offices, along with the State employment service and other State agencies cooperating in the project will aid worker-trainees in seeking further employment. Part of the training program will be devoted to postproject employment. The State farmers union, as a part of its responsibility, will assist workers in finding employment or other aid. The State Farmers Union president or staff and the Green Thumb project director will meet with those individual trainees who wish to work out plans for continued employment. The State Farmers Union will circulate to prospective employers the names and qualifications of trainees. The State farmers union will also make arrangements for discussions with financial institutions and the Small Business Administration officials, etc., for those wishing to start nursery or gardening businesses. The State office will also maintain relationship with the appropriate labor union to assist in continued employment for these workers.

FEBRUARY 23, 1966.

Memorandum

To: All Green Thumb project staff.

From: Blue Carstenson.

Subject: Progress report.

Jim Johnson, project coordinator for Arkansas, reports that the worker-trainees are now at work in Cleveland County as of today. Last Wednesday the crews went to work in Pike County, Ark. Red Johnson reported that their average age was much older than anticipated—about 71 years of age. They had to provide more medical examinations than anticipated because of bad hearts and hernias discovered in the health examinations. The average income of the worker-trainee hired was about \$700 a year. The reduced income ceiling set by the Office of Economic Opportunity is causing the rejection of many more trying to get along on social security. However, Jim indicates that they could hire double the number allowed if they had more money. After a little difficulty on insurance, they were able to get their workmen's compensation.

I traveled to Minnesota and Oregon last week. Percy Hagen was hired as the State director in Minnesota. He has set up offices in Wadena and is working with the Ottertail Community Action Council. He says he has free space offered in Wadena for classrooms. He has been on the job less than a week and every day was well below zero. He hopes that everything will be set to go by mid-March.

Russ Steen has tentatively selected his first 10 worker-trainees. Their average age was about 69. He has hired part-time staffers for 3 weeks to help him do recruiting—Clinton Byers, Vern Mohler, and Bob Elkins. The office is functioning. Meetings with the highway commissioner and his staff, the State OEO director, and TAP committees and the employment service have been most effective.

Hank Wilcox and Sam Lipetz are meeting with local extension and Farmers Home representatives on a recruitment drive which starts next week. They have opened offices in the same building as the State OEO office. They expect to have things in operation by the middle of March. The earlier attack by the Farm Bureau of New Jersey has now been turned into a public relations and organizational advantage. The Extension Service is giving us real help.

The prevailing wage has been set by the State labor departments (in writing) as follows: Arkansas, \$1.25; Minnesota, \$1.50 (tentatively); Oregon, \$1.50; and New Jersey, \$1.50.

The safety hats are being shipped to you and are on the way. We will provide you with a Green Thumb stencil for the hats and vests which can be applied at class sessions. The vests will be shipped in about 9 days.

Additional Green Thumb projects are being actively worked upon in Wisconsin and we hope that the earlier applications for Iowa and Indiana can proceed shortly.

The first national training session will be held in Denver, Colo., on March 11, 12, 13, 14, and 15, 9 a.m. to 9 p.m., at the National Farmers Union headquarters. On board for presentations to worker-trainees will be Dr. Robert McCann, the national OEO representative who has worked with us on developing Green Thumb, Sidney Spector, Director of Senior Citizens Housing of the Department of Housing and Urban Development and formerly director of the Senate Committee on Aging, plus presentations by Russ Steen and Hank Wilcox and appearances by Jim Patton, Tony Dechant, and Walter Hasty.

We will be housed at the Shirley-Savoy Hotel, 17th and Broadway, starting Thursday evening, March 11, 1966.

We realize that this may change starting schedules in New Jersey and Minnesota but we feel that we have to hold this session at the same time as our national convention to save staff time and travel. The Green Thumb Executive Board will meet on either the 16th or 17th of March. The national advisory committee will meet on Sunday, the 13th, at the NFU headquarters at 3 p.m. This will include representatives of the worker-trainees and chairman of the State TAP committees (excluding New Jersey for this time). The next Green Thumb Advisory Committee meeting will be held in Washington.

As soon as you have workmen's compensation coverage and a State prevailing wage, we can release your additional funds for employing worker-trainees. See you in Denver.

IV. OPERATION MEDICARE ALERT

A. WHAT IS OPERATION MEDICARE ALERT?¹

The purpose

The community action program has as one of its major functions the development and funding of programs to help the poor to take advantage of existing benefits and services provided by other branches of government. Operation Medicare Alert is such a program.

This program will employ teams of older people to inform the elderly in poor urban and rural areas about the new benefits available to them under the health insurance and other provisions of the Social Security Amendments of 1965. The teams will assist in contacting individuals distributing materials, organizing and publicizing meetings, escorting individuals to social security offices or to meetings, and will aid Social Security Administration representatives in enrolling eligible individuals for health insurance and related social security benefits.

In the course of helping to increase the number of individuals among the poor who avail themselves of the new benefits, the project will also create new employment opportunities for older people from the communities to be served.

Community action agencies that undertake local sponsorship of this project will be encouraged to evaluate their experiences in Operation Medicare Alert with a view toward instituting other new services to meet the needs of the elderly poor.

The opportunity

The Social Security Amendments of 1965 provide a wide range of new benefits for older people. The Social Security Amendments of 1965—

Increase cash benefits for those currently enrolled.

Liberalize eligibility requirements for cash benefits, particularly for the elderly.

Permit increased earnings without affecting benefits.

Provide numerous other benefits.

Most critical in the months ahead, however, is the provision of extensive health insurance for almost all persons 65 or older, including those still employed. While the increased cash benefits and hospitalization insurance are automatically available for those currently drawing benefits, other benefits provided by the new law require action by the potential beneficiaries before they can be received. Most important is the requirement that all those 65 and older must apply by March 31, 1966, if they wish to receive full and prompt benefits under the voluntary medical insurance program. Those not previously eligible to receive cash benefits, but who are now eligible under the new law, must also file applications.

Several million of the elderly poor have not filed the applications which will entitle them to these benefits. Reaching these people, many of whom live in hidden isolation in the slums and back roads of this country, will require intensive neighborhood and door-to-door personal approaches, as well as communitywide information programs. Operation Medicare Alert provides the means of launching such campaigns.

For further information on provisions of the Social Security Amendments of 1965, see appendix III of this booklet.

Employment

OEO believes that this type of project provides an ideal opportunity to use older people effectively in a community action program. This may often best be accomplished by contracting operation of the program to organizations composed of the elderly or serving them. Experiences in various communities have already shown that older people, when properly motivated and adequately supervised, can successfully perform the jobs involved in this project.

Priority will be given to projects which draw most of their staff from the older low-income residents of the community to be served. Where older people are

¹ Subdivision A is a reprint of excerpts from the OEO pamphlet, "Operation Medicare Alert," published in December 1965.

not readily available to fill out the staff of the project, other low-income residents should be employed. In general, however, OEO expects that at least 75 percent of the paid aids in a program will be elderly low-income residents of the community.

VISTA volunteers, Neighborhood Youth Corps, or other such groups may also play a significant part in guiding and staffing the project; elderly citizens who are not poor should be encouraged to participate in the project on a volunteer basis.

Staff qualifications and responsibilities

All job applicants should be interviewed to assure that they are capable of understanding and carrying out their responsibilities. Staff should be sought from among the most articulate and friendly of the elderly. Education is not the most significant factor, although the ability to read and write a name and address on a form is important. Knowledge of a foreign language in common use in the community is a valuable asset. Where possible, known leaders from among the elderly, including those currently retired, should be recruited to responsible leadership positions in the project.

Each project will need a director, clerical support, and team captains, as well as teams of community aids.

(1) The project director will be responsible for the overall supervision of the project, the training of the staff, and the organization of its activity in the community. He will coordinate the work of the community teams with the social security district manager, and will file reports of the project's progress with the applicant, the district manager, and the Office of Economic Opportunity.

(2) The team captain will be responsible to the project director for the functioning of groups of approximately 10 community aids. He will receive team assignments from the project director and deploy his team in the community to carry out that assignment in the most effective manner. He will give specific assignments to each aid on his team and receive their reports when the assignment is over. In some cases, the team captains may assist in recruiting the community aids.

It is expected that frequently personnel will be employed on a part-time basis in two shifts of 4 hours a day, 5 days a week. Hours of work should, however, be kept flexible for those able and willing to work longer hours, as well as those who can only work less than 5 days a week. On the whole, the 20-hour week should be the pattern for the project.

Staff training

Since the technical information regarding benefits will be handled by personnel from social security district offices, it is anticipated that except for a brief orientation program all other training will take place on the job and in periodic staff conferences to evaluate progress, exchange experiences, and plan subsequent phases of the project. Staff should be paid for the time spent at the orientation sessions. A suggested outline for orientation sessions is to be found in appendix II.

Housing and equipping the project

Wherever possible, the project office should be located in or as close to the community to be served as possible. Headquarters for the short duration of the project may be located, for example, in a rented store front, a church, senior citizens center, housing office, union hall, courthouse, school, or multipurpose neighborhood center.

The project office need not be elaborately equipped, but space will be needed for storage of material and for a few desks, office machines, files, chairs, and work tables. Some space will be required for staff orientation and conferences, and for public meetings.

A station wagon may be needed to transport aids and material. Where the project will have to cover a considerable area or move to different neighborhoods, it may rent a trailer, converted bus, or van to serve as the headquarters from which the community aids work. In rural areas, this may be particularly appropriate. It may also be necessary to equip community aids with jeeps or other vehicles to enable them to visit individuals in outlying areas and to bring them to information meetings or to Social Security offices.

Equipment for the project may include such items as typewriters, adding machines, file cabinets, desks, tables, and chairs, a mimeograph machine, and in some cases, loudspeaker equipment and a film projector. Much of the needed equipment may be available on loan from local health, police, fire, or other departments, or from service clubs and other organizations.

The bulk of materials to be distributed and used by the project staff—handbills, leaflets, posters, pamphlets, identification armbands, etc.—will be made available by the district Social Security office. Informational material is now being prepared in 23 languages. Carefully coordinated planning by the project director and the Social Security district manager will assure adequate supplies of appropriate informational material when needed.

Organizing the community meetings

One of the major functions of Operation Medicare Alert is to assist the district Social Security office in organizing effective community meetings. The success of these meetings will depend upon advance planning and coordination.

The Social Security staff will be responsible for the use of mass media. They will also provide speakers and furnish materials for distribution.

The community teams will be responsible for organizing the meetings. They will find suitable locations, publicize the meetings within the community, and assist at the meetings by distributing materials. Community aids should emphasize that the meetings and assistance are without cost to those who attend. A major responsibility of the aids at the meetings will be to provide a friendly, personal welcome.

Wherever possible, leaflets and announcements should be in the language of the community. The team should also visit churches, stores, welfare agencies, senior centers, building janitors, individual community leaders, school officials, etc., to request their cooperation in informing others about the meeting that is to take place. Information should be given not only to the elderly, but to all in the community, urging the young to inform parents and friends.

Reaching the isolated and the infirm

In many areas the approaches described above may not penetrate the isolation of the elderly who are physically and mentally frail. Many of these, because of illness, ignorance, inertia, or language barriers, ignore what may seem to them the distant pleas of loudspeakers or the unintelligible writing on a leaflet. To reach these alienated individuals, an even more intensive campaign needs to be launched.

For this job, it is recommended that in areas of high concentration of the elderly, teams of community aids go door to door to invite the residents to the meetings. Where such visits cannot be undertaken, it may be possible to visit the more isolated individuals whose names are received from ministers, storekeepers, janitors, visiting nurses, etc.

Where necessary, the aids can offer to escort the elderly to the meeting, or arrange for such escort services by other neighbors. In cases where individuals are unable to attend the meetings due to illness, their names and addresses should be listed and transmitted via the team captain and project director to the social security office so that a trained field representative can be dispatched to the individuals' homes to assist them in filing for benefits or to explain the benefits available. Personal problems of individuals contacted by the aids outside the realm of the project should be reported to the project director for referral to other antipoverty projects.

In rural areas, the project will have to take into account the dispersal of the elderly poor. Project directors may gain valuable information on how to reach them by consulting with such groups as the Farmers Home Administration, the Rural Electrification Cooperative representatives, and county agents.

Consideration should be given to the use of schoolhouses for registration meetings. Car pools may be organized to transport individuals to the meetings. Some meetings may be conducted in towns on Saturday shopping days, and, where appropriate, on Sundays at churches. Mobile registration teams may operate by moving a converted trailer or van to a central location. Aids could then fan out in cars to bring in the elderly and then return them to their homes.

Many of the rural aged were self-employed and retired prior to the extension of coverage by Social Security provisions affecting the self-employed. They may now be eligible for cash as well as health benefits, and special efforts should be made to contact them.

Records

The local agency conducting Operation Medicare Alert will be required to maintain records which will help to measure the effectiveness of the project. Records should be kept of the number of individuals employed and their ages. Data about the individual aids and their experiences in the project should be recorded.

Records should also be kept of the number of individuals contacted, the number of home visits, escort services performed, the number attending each meeting, and the number of applications processed at the meetings. Some descriptive information on each meeting, including unique case history information, will also prove useful. The collating of this information should take place after the termination of the community aspects of the project during the month of April, and should be submitted at that time to the Office of Economic Opportunity. OEO will supply further guides in this regard.

Possible next steps

On March 31, 1966, the bulk of the project's operations will cease. During the following month, the project director will be responsible for phasing out the project, and for evaluating its effectiveness.

Should the project prove, upon study, to have achieved its goals, the basic techniques employed might well be utilized for other services to the community. Meetings of the community aids and the community action agency should be held to review experiences, and to examine other related projects which might be established to meet the needs of the people contacted during the project.

One possible next step would be to undertake a community action program to find, through intensive community surveys, the elderly who are friendless, isolated, needy or disabled, and to assist them to get the services that they need. Friendly visiting, escort services, senior centers, employment programs, consumer cooperatives, or housing may be among new projects to be explored. Whatever the next project needed by the community, Operation Medicare Alert can be an important first step in expanding the permanent services available to the elderly of the community.

WHO MAY APPLY?

Only broadly based community action agencies previously funded by OEO are eligible to apply for Federal assistance to a medicare alert project. The Federal share of the cost of these programs will not be charged against the allocation guidelines of communities which undertake such projects.

Federal funds for Operation Medicare Alert are extremely limited, and OEO anticipates making only 80 to 100 grants throughout the country. Because of the short time schedule, priority in funding will be given to applications received on time, and to those applicants which demonstrate the ability to mount an effective program quickly. OEO is especially interested in programs which will focus on depressed neighborhoods in major cities, low-income housing developments in major cities, urban and rural communities with a particularly heavy concentration of groups speaking foreign languages, communities in economically depressed areas such as Appalachia, and low-income small towns and rural areas.

B. MEDICARE ALERT GRANTS BY REGIONS AND STATES

Summary of grants by regions, Apr. 5, 1966

Region	Grants	Amount of grants
No. 1. Northeast	78	\$1, 292, 950
No. 2. Mid-Atlantic	87	1, 240, 916
No. 3. Southeast	62	810, 204
No. 4. Great Lakes	92	1, 401, 790
No. 5. Southwest	55	559, 987
No. 6. North central	45	634, 417
No. 7. Western	45	909, 583
Puerto Rico	1	73, 758
Guam	1	6, 036
Total	466	6, 929, 641

NOTE.—No grants: Alaska, Idaho, Wyoming. Indian grants, 5 States, 13 grants: \$141,475 (included in above). Kentucky, 1 grant, \$28,729, Louisville (funded by transferred funds not included in above totals).

REGION No. 1

CONNECTICUT

	<i>Grant</i>
Community Progress Inc., New Haven, Conn.....	\$16, 649
Community Renewal Team of Greater Hartford, Hartford, Conn.....	12, 667
New Opportunities for Waterbury Inc., Waterbury, Conn.....	15, 371
Action for Bridgeport Community Development, Bridgeport, Conn..	18, 674
Committee on Training and Employment, Stamford, Conn.....	13, 442
New Britain Office of Economic Opportunity, New Britain, Conn....	5, 952
Thames Valley Council for Community Action, Inc., Norwich, Conn..	10, 886
Community Action for Greater Middletown Inc., Middletown, Conn..	8, 094
Windham Area Community Action program, Storrs, Conn.....	7, 190
Quinebaug Valley Action Committee, Danielson, Conn.....	7, 845
State total.....	116, 770

MAINE

Waldo County Committee for Social Action Inc., Belfast, Maine....	8, 436
Augusta-Gardner Area Community Council, Augusta, Maine.....	6, 515
Central Community Council, Post Office Box 213, Dover-Foxcroft, Maine.....	6, 430
York County Community Action Corp., Courthouse Building, Al- fred, Maine.....	9, 341
Franklin County Community Action Council Inc., Strong, Maine....	5, 051
State total.....	35, 800

MASSACHUSETTS

Onboard Inc., New Bedford, Mass.....	8, 122
Action for Boston Community Development, Boston, Mass.....	36, 570
Worcester Community Action Council, Inc., Worcester, Mass.....	18, 956
Springfield Action Commission, Inc., Springfield, Mass.....	17, 411
Cambridge Economic Opportunity Committee, Inc., Cambridge Mass..	8, 915
Malden Action, Inc., Malden, Mass.....	7, 313
Lynn Economic Opportunity, Inc., Lynn, Mass.....	7, 466
Chelsea Community Action Council, Chelsea, Mass.....	6, 916
Community Action Programs of Revere, Inc., Revere, Mass.....	7, 096
Citizens for Citizens, Inc., Fall River, Mass.....	11, 982
Community Action Committee, Holyoke, Mass.....	6, 300
Do.....	6, 594
Community Action Committee of Leominster, Inc., Leominster, Mass..	4, 270
Haverhill Community Action Commission, Haverhill, Mass.....	7, 644
State total.....	155, 555

NEW HAMPSHIRE

Community Action in Coos, Carroll, Grafton Counties, Inc., Woods- ville, N.H.....	12, 553
Strafford County Community Action Committee, Somersworth, N.H..	7, 787
Sullivan-Cheshire County Community Action Association, Keene, N.H.....	5, 590
City of Manchester, Community Action Program, Manchester, N.H..	7, 600
Community Action Committee, Hillsborough County, Nashua, N.H..	6, 750
Rockingham County Community Action Program, Inc., Exeter, N.H..	10, 906
State total.....	51, 186

NEW JERSEY

Jersey City Community Neighborhood Organization, Jersey City, N.J.....	20, 174
Community Action for Economic Opportunity, Elizabeth, N.J.....	7, 269
Community Action of Plainfield, Inc., Plainfield, N.J.....	7, 891
United Progress, Inc., Trenton, N.J.....	10, 176

REGION No. 1—Continued

NEW JERSEY—continued

	<i>Grant</i>
Monmouth Community Action Program, Inc., Asbury Park, N.J.....	\$30, 889
Atlantic Human Resources, Inc., Atlantic City, N.J.....	13, 962
United Community Corp., Newark, N.J.....	20, 727
Essex County, N.J., Youth Economic Rehabilitation Committee, Newark, N.J.....	19, 845
Paterson Task Force for Community Action, Paterson, N.J.....	10, 774
Camden Council of Economic Opportunity, Camden, N.J.....	8, 275
Passaic Conference for Economic Opportunity, Passaic, N.J.....	7, 214
Mercer County Community Action Council, Trenton, N.J.....	17, 319
Middlesex County Economic Opportunity, Corp., New Brunswick, N.J....	10, 530
HOPEs, Hoboken, N.J.....	6, 326
Northwest New Jersey Community Action Program, Inc., Phillips- burg, N.J.....	16, 773
Burlington County Community Action Program, Mount Holly, N.J.....	15, 070
State total.....	<u>223, 214</u>

NEW YORK

New Rochelle Community Action Program, Committee, New Rochelle, N.Y.....	6, 013
Suffolk County Department of Economic Opportunity, Commack, N.Y.....	21, 696
Joint Council for Economic Opportunity, Plattsburgh, N.Y.....	18, 815
City of Yonkers-Yonkers Youth Board, Yonkers, N.Y.....	26, 145
Health and Welfare Council, Nassau County, Garden City, N.Y.....	54, 771
Action For a Better Community, Inc., Rochester, N.Y.....	22, 175
City of Utica, Utica, N.Y.....	8, 886
Erie County Community Action Organization, Buffalo, N.Y.....	67, 304
Economic opportunity program, Chemung County, Elmira, N.Y.....	10, 233
White Plains Community Action Program, White Plains N.Y.....	5, 885
Sullivan County Community Action Committee to help economy, Liberty, N.Y.....	3, 839
St. Lawrence County Community Development Program, Inc., Potsdam, N.Y.....	5, 039
Ossining Community Council, Ossining, N.Y.....	6, 746
Westchester Community Opportunity Program, Inc., Hartsdale, N.Y....	9, 494
Economic Opportunity Committee of New York, New York, N.Y.....	59, 968
Do.....	273, 800
Port Chester Citizens Antipoverty Association, Port Chester, N.Y.....	7, 485
Chautauqua Opportunities, Inc., Mayville, N.Y.....	13, 009
Community Action Commission, Niagara Falls, N.Y.....	14, 249
State total.....	<u>634, 482</u>

RHODE ISLAND

Progress for Providence, Inc, Providence, R.I.....	12, 620
Committee for Economic Opportunity, Warwick, R.I.....	5, 880
Community Action Committee, Pawtucket, R.I.....	6, 098
State total.....	<u>24, 598</u>

VERMONT

Orleans County Council Social Agencies, Inc., Newport, Vt.....	9, 565
Bennington-Rutland Opportunity Council, Inc., Rutland, Vt.....	7, 627
Champlain Valley Office of Economic Opportunity, St. Albans, Vt.....	22, 597
Southeast Vermont Community Action, Inc., Windsor, Vt.....	3, 226
Central Vermont Community Action Council, Montpelier, Vt.....	8, 230
State total.....	<u>51, 245</u>

REGION No. 2

DELAWARE

Community Action, Greater Wilmington, Inc., Wilmington, Del.....	Grant \$17, 100
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WASHINGTON D.C.

United Planning Organization, Washington, D.C.....	140, 497
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KENTUCKY

Breathitt County Community Action, Jackson, Ky.....	5, 874
Harlan County Planning & Development Association, Harlan, Ky....	7, 747
Letcher County Economic Opportunity Committee, Whitesburg, Ky....	8, 589
Wolfe County Improvement Association, Inc., Campton, Ky.....	4, 491
Louisville and Jefferson County Youth Committee, Louisville, Ky....	1 28, 720
Economic Opportunity Council of Paducah-McCracken City, Paducah, Ky.....	5, 682
Bell County, Development Association, Pineville, Ky.....	6, 425
Perry County Advisory Committee, Inc., Hazard, Ky.....	7, 824
Leslie County Community Action Program, Hyden, Ky.....	6, 574
Big Sandy Area Development Council Inc., Paintsville, Ky.....	19, 966
Clay County Economic Opportunity Council, Manchester, Ky.....	10, 290
Madison County Development Association, Inc., Berea, Ky.....	9, 694
Jackson County Improvement Association, Inc., McKee, Ky.....	9, 910
Knott County Development Association, Hindman, Ky.....	5, 186
Alice Lloyd College, Pippa Passes, Ky.....	45, 420
Cumberland Area Development Lower Council, Kuttawa, Ky.....	6, 679
North East Kentucky Area Development Council, Grayson, Ky.....	10, 203

State total.....	2 170, 554
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MARYLAND

Community Action Agency, Baltimore City, Md.....	36, 840
Queen Anne's County Community Action, Inc., Centreville, Md.....	5, 467
Dorchester County Board of Education, Cambridge, Md.....	5, 761
Harford County Community Action Committee, Inc., Bel Air, Md....	7, 333

State total.....	55, 401
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NORTH CAROLINA

Operation Breakthrough, Durham, N.C.....	11, 663
Tri-County Community Action, Rockingham, N.C.....	13, 168
Economic Improvement Council Albemarle Area, Elizabeth City, N.C.....	10, 154
Henderson County Community Action Committee, Hendersonville, N.C.....	7, 851
Cumberland Community Action Program, Fayetteville, N.C.....	12, 156
Mountain Projects, Inc., Sylva, N.C.....	9, 761
Four-Square Community Action, Inc., Bryson, N.C.....	10, 921
Opportunity Corp., Asheville-Buncombe County, Asheville, N.C....	14, 501
Charlotte Area Fund, Inc., Charlotte, N.C.....	13, 712
Wamy Community Action, Inc., Boone, N.C.....	9, 528
Nash-Edgecombe Economic Development, Inc., Rocky Mount, N.C....	7, 687
Salisbury-Rowan Community Service Council, Salisbury, N.C.....	8, 190
Experiment in Self-Reliance, Inc., Winston-Salem, N.C.....	14, 323
Martin County Community Action, Inc., Williamston, N.C.....	6, 147

State total.....	149, 762
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PENNSYLVANIA

Mayor's Committee on Human Resources, Inc., Pittsburgh, Pa.....	29, 657
Greater Chester Movement, Chester, Pa.....	15, 573
Welfare Planning Commission of Luzerne County, Wilkes-Barre, Pa..	21, 723
Scranton-Lackawanna Human Development Agency, Scranton, Pa....	10, 448

¹ Paid out of transferred funds.

² Total does not include \$28, 920 grant for Louisville, funded by transferred funds.

REGION No. 2—Continued

PENNSYLVANIA—continued

	<i>Grant</i>
Tri-County Welfare Council, Inc., Harrisburg, Pa.....	\$21, 274
County of Allegheny, Pittsburgh, Pa.....	49, 675
Health and Welfare Council, Westmoreland, Greensburg, Pa.....	16, 730
Greater Erie Anti-Poverty Action Committee, Erie, Pa.....	16, 913
Cambria County Community Action Council, Inc., Ebensburg, Pa....	12, 758
Armstrong County Community Action Agency, Kittanning, Pa.....	7, 660
Community Council of Lancaster County, Lancaster, Pa.....	12, 769
Tri-County Economic Improvement, Inc., Sunbury, Pa.....	16, 023
Philadelphia Anti-Poverty Action Committee, Philadelphia, Pa.....	129, 293
Crawford County Community Action Association, Meadville, Pa.....	10, 150
Bucks County Opportunity Council, Inc., Doylestown, Pa.....	14, 226
United Community Services, Berks County, Inc., Reading, Pa.....	10, 588
Tri-County Community Action Agency, Inc., Everett (Bedford), Pa..	9, 120
Schuylkill County Economic Opportunity Cabinet, Pottsville, Pa....	15, 582
Fayette County Community Action Committee, Uniontown, Pa.....	12, 344
Community Action in Clearfield County, Inc., Clearfield, Pa.....	7, 093
Wash Greene Community Action Corp., Washington, Pa.....	9, 872
Jefferson Clarion County Economic Opportunity Association, Inc., Punxsutawney, Pa.....	11, 009
Charge, Inc., New Castle, Pa.....	8, 909
State total.....	<u>469, 416</u>

VIRGINIA

Progressive Community Club, Inc., Abingdon, Va.....	4, 354
Scott County Rural Areas Development Association, Gate City, Va..	6, 455
Buchanan-Dickenson Rural Development, Inc., Clintwood, Va.....	10, 176
Southeastern Tidewater Opportunity Project, Norfolk, Va.....	25, 885
Giles County Community Service Mission, Narrow, Va.....	5, 066
Tazewell County Development Corp., Tazewell, Va.....	6, 404
Lee County Community Action, Inc., Jonesville, Va.....	7, 631
Total Action Against Poverty in Roanoke, Roanoke, Va.....	10, 436
Wythe-Bland Development Corp., Wytheville, Va.....	8, 778
Carroll Grayson Galax Development Corp., Galax, Va.....	5, 579
Newport News Economic Opportunity Committee, Newport News, Va.....	11, 284
State total.....	<u>102, 048</u>

WEST VIRGINIA

Council of the Southern Mountains, West Virginia Branch, Welch, W. Va.....	9, 135
Clay County Development Corp., Clay, W. Va.....	6, 637
Mercer County Economic Opportunity Corp., Bluefield, W. Va.....	4, 475
Webster County Program Development Council, Webster Springs, W. Va.....	3, 632
Boone County Community Organization, Inc., Madison, W. Va.....	7, 526
Raleigh County Community Action, Inc., Beckley, W. Va.....	7, 827
Marion County Community Action Association, Fairmont, W. Va....	5, 955
Wyoming County Community Action Program, Mullens, W. Va.....	5, 123
Mingo County Economic Opportunity Committee, Williamson, W. Va.....	8, 132
AA Y Community Development, Inc., Charleston, W. Va.....	19, 873
Monongalia Community Opportunity Council, Morgantown, W. Va....	6, 966
West Central West Virginia Community Action Association, Parkers- burg, W. Va.....	22, 934
Pride in Logan County, Inc., Logan, W. Va.....	7, 436
Preston County Community Action Council, Inc., Kingwood, W. Va....	5, 541
Putnam County Community Action Council, Inc., Winfield, W. Va....	6, 727
Eastern West Virginia Planning & Development Association, Inc., Keyser, W. Va.....	8, 219
State total.....	<u>136, 138</u>

REGION No. 3

ALABAMA

	<i>Grant</i>
Community Improvement Board of Calhoun, Anniston, Ala.....	\$8, 972
Huntsville-Madison County Community Action, Huntsville, Ala.....	8, 840
Florence-Lauderdale Community Action Committee, Inc., Florence, Ala.....	9, 176
Walker-Winston Community Action Committee, Inc., Cordova, Ala....	5, 713
Marion County Community Action Committee, Hamilton, Ala.....	6, 894
Talladega-Clay-Randolph Area Community Action, Inc., Talladega, Ala.....	37, 198
Jefferson County Committee for Economic Opportunity, Birmingham, Ala.....	10, 174
State total	<u>86, 967</u>

FLORIDA

Economic Opportunity Program, Inc., Dade County, Miami, Fla.....	50, 853
Suncoast Progress, Inc., St. Petersburg, Fla.....	35, 466
Board of County Commissioners, Gainesville, Fla.....	9, 426
Economic Opportunity Coordinating Group of Broward County, Fort Lauderdale, Fla.....	17, 518
Community Action Organization, Inc., Fort Pierce, Fla.....	8, 850
Tampa Economic Opportunity Council, Tampa, Fla.....	19, 933
Palm Beach County Community Action Council, Inc., West Palm Beach, Fla.....	23, 281
Greater Jacksonville Economic Opportunity, Inc., Jacksonville, Fla....	9, 725
Orange County Economic Opportunity, Inc., Orlando, Fla.....	18, 603
Gadsden Community Action, Inc., Quincy, Fla.....	7, 622
State total	<u>201, 277</u>

GEORGIA

Economic Opportunity of Atlanta, Inc., Atlanta, Ga.....	47, 307
Georgia Mountains Area Planning and Development Commission, Gainesville, Ga.....	9, 779
Slash Pine Area Development Commission, Waycross, Ga.....	14, 185
Northeast Georgia Planning and Development Commission, Athens, Ga.....	16, 856
Coastal Plain Area Planning and Development Commission, Valdosta, Ga.....	22, 271
Economic Opportunity for Savannah and Chatham County, Savannah, Ga.....	11, 144
Coastal Area Planning and Development Commission, Brunswick, Ga.....	15, 661
Lower Chattahoochee Planning and Development Commission, Columbus, Ga.....	11, 803
Altamaha Area Community Action Authority, Inc., Reidsville, Ga....	7, 563
Southwest Georgia Community Action Council, Moultrie, Ga.....	29, 587
Northwest Georgia Economic Opportunity Authority, Lafayette, Ga....	10, 452
State total	<u>196, 608</u>

MISSISSIPPI

Bolivar County Community Action Committee, Cleveland, Miss.....	9, 672
Mid-State Opportunity, Inc., Charleston, Miss.....	29, 531
Lift, Inc., Tupelo, Miss.....	10, 238
Northwest Mississippi Development Association, Senatobia, Miss....	10, 229
Coahoma Opportunity, Inc., Clarksdale, Miss.....	10, 730
State total	<u>70, 400</u>

REGION NO. 3—Continued

SOUTH CAROLINA

City of Spartanburg Economic Opportunity Commission, Spartanburg, S.C.	<i>Grant</i> \$10, 049
Kershaw County Office of Economic Opportunity, Camden, S.C.	5, 351
Charleston County Economic Opportunity Commission, Charleston, S.C.	14, 656
Marion County Office of Economic Opportunity, Marion S.C.	6, 516
Richland County Economic Opportunity Commission, Columbia, S.C.	14, 147
Florence County OEO Committee, Florence S.C.	7, 456
Darlington County Economic Opportunity Commission, Darlington, S.C.	9, 512
Williamsburg-Lee Counties Economic Opportunity Council, Kingstree, S.C.	9, 928
Carolina Community Actions, Inc., Rockhill, S.C.	10, 961
State total	<u>88, 576</u>

TENNESSEE

Metropolitan Action Commission Tennessee, Nashville, Tenn.	23, 054
Oneida-Scott County Economic Opportunity, Huntsville, Tenn.	5, 383
Tennessee Elk River Development Agency, Fayetteville, Tenn.	11, 890
LBJ & C. Development Corp., Monterey, Tenn.	12, 480
Chattanooga-Hamilton County Community Action Program, Chattanooga, Tenn.	16, 544
Community Action Committee-Knoxville, Knox County, Knoxville, Tenn.	13, 558
Claiborne County Community Action Committee, Tazewell, Tenn.	6, 545
EOC for Rutherford County and Murfreesboro, Murfreesboro, Tenn.	2, 193
Shiloh Area Development Corp., Savanna, Tenn.	8, 461
Williamson County Economic Opportunity Program, Franklin, Tenn.	6, 213
Hixwassee Community Council, Inc., Athens, Tenn.	3, 924
Morristown-Hamblen County Economic Opportunity Authority, Morristown, Tenn.	5, 959
Sequatchie Valley Economic Opportunity, Inc., Dunlap, Tenn.	4, 283
Fayette County Economic Development Commission, Somerville, Tenn.	6, 889
North Cumberland Community Action Commission, Inc., Jacksboro, Tenn.	8, 684
Cordell Hull Economic Opportunity Corporation, Lafayette, Tenn.	3, 825
Big Hatchie Development Corp., Brownsville, Tenn.	6, 109
Rutledge-Grainger County Economic Opportunity Authority, Rutledge, Tenn.	3, 250
Upper East Tennessee Economic Opportunity Authority, Johnson City, Tenn.	17, 132
State total	<u>166, 376</u>

REGION NO. 4

ILLINOIS

Chicago Committee on Urban Opportunity, Chicago, Ill.	58, 214
Economic Opportunity Commission, East St. Louis, Ill.	21, 226
Joliet-Will County Community Action Program, Joliet, Ill.	6, 118
Jefferson County Community Action Committee, Mount Vernon, Ill.	19, 489
Shawnee Development Council, Karnak, Ill.	12, 486
Cook County Office of Economic Opportunity, Chicago, Ill.	22, 066
Pembroke Action Committee, Hopkins Park, Ill.	5, 786
Winnebago County Community Action Committee, Rockford, Ill.	8, 282
Franklin County Community Action Agency, Benton, Ill.	9, 166
Embarrass River Basin Agency, Newton, Ill.	17, 651
Wabash Area Economic Opportunity Association, Carmi, Ill.	8, 187

REGION No. 4—Continued

ILLINOIS—continued

	<i>Grant</i>
Vermillion County Community Action Committee, Danville, Ill.....	\$8, 473
Jackson County Coordinating Agency for War on Poverty, Carbon- dale, Ill.....	13, 209
State total.....	<u>210, 353</u>

INDIANA

Community Action Program of Evansville, Evansville, Ind.....	9, 215
Lincoln Hills Development Corp., Tell City, Ind.....	11, 277
Office of Economic Opportunity, Richmond, Ind.....	8, 889
Community Action Against Poverty, Inc., Indianapolis, Ind.....	33, 685
Small Business Development Center, South Bend, Ind.....	6, 136
Allen County Economic Opportunity Council, Fort Wayne, Ind.....	14, 311
Clark County Community Action Committee, Jeffersonville, Ind.....	5, 528
Monroe County Community Action Program Inc., Bloomington, Ind.....	4, 796
Economic Opportunity Committee of Knox County, Inc., Vincennes, Ind.....	12, 125
Vigo County Economic Act Committee, Terre Haute, Ind.....	4, 381
Gibson-Posey Economic Opportunity Corp., Fort Branch, Ind.....	9, 086
State total.....	<u>119, 429</u>

MICHIGAN

Mayor's Community-Action Against Poverty, Detroit, Mich.....	92, 362
Metropolitan Fund, Inc., Detroit, Mich.....	31, 099
United Community Services, Grand Rapids, Mich.....	17, 319
Oakland County Commission, Economic Opportunity, Pontiac, Mich.....	38, 050
Saginaw County Community Action Committee, Saginaw, Mich.....	11, 346
Washtenaw County Citizens Committee for Economic Opportunity, Inc., Ann Arbor, Mich.....	14, 147
Community Service Council of Kalamazoo County, Inc., Kalamazoo, Mich.....	10, 875
Allegan County Resource Development Commission, Inc., Allegan, Mich.....	6, 086
Calhoun County Community Council, Battle Creek, Mich.....	6, 327
Thumb Area Economic Opportunity Committee, Caro, Mich.....	11, 461
Capitol Area Economic Opportunity Committee, Lansing, Mich.....	21, 449
St. Clair County Economic Opportunity Committee, Port Huron, Mich.....	9, 648
Macomb County Board of Supervisors, Mount Clemens, Mich.....	19, 048
Jackson-Hillsdale Office of Economic Opportunity, Jackson, Mich.....	16, 978
Menominee-Delta-Schoolcraft Action Agency, Escanaba, Mich.....	5, 217
Community Action Against Poverty, Inc., Muskegon, Mich.....	11, 341
Dickinson-Iron Community Action Agency, Iron Mountain, Mich.....	6, 940
Gogebic Ontonagon Community Action Agency, Wakefield, Mich.....	6, 810
Chippewa-Luce-Mackinac Community Action Agency, Saulte Ste. Marie, Mich.....	6, 087
Baraga-Houghton-Keweenaw Action Agency, Hancock, Mich.....	3, 913
Tri-County Community Action Program, Inc., Benton Harbor, Mich.....	15, 117
Bay-Midland Area Commission on Economic Opportunity, Bay City, Mich.....	52, 448
State total.....	<u>414, 068</u>

MINNESOTA

Community Health & Welfare Council, Minneapolis, Minn.....	20, 870
Citizens Economic Opportunity Committee, St. Paul, Minn.....	19, 504
Fond du Lac Reservation Business Committee, Cloquet, Minn.....	4, 839
White Earth Reservation Community Action Program, White Earth, Minn.....	12, 324
Leech Lake Reservation Business Committee, Cass Lake, Minn.....	10, 645

REGION No. 4—Continued

MINNESOTA—continued

	<i>Grant</i>
Beltrami County Area Development Association, Bemidji, Minn.	\$2, 965.
Tri-County Action Program, Inc., St. Cloud, Minn.	7, 605.
St. Louis County Community Action Agency, Duluth, Minn.	10, 980.
City of Duluth, Duluth, Minn.	7, 860.
Inter County Community Council, Inc., Oklee, Minn.	6, 828.
Otter Tail County Community Action Council Inc., New York Mills, Minn.	7, 936.
Tri-Valley Opportunity Council, Inc., Crookston, Minn.	8, 156.
Northwest Community Action, Inc., Roseau, Minn.	7, 463.
Lakes & Pines Community Action Council, Braham, Minn.	13, 288.
Mahube Community Council, Inc., Detroit Lakes, Minn.	5, 830.
Anoka County Council of Economic Opportunity, Inc., Anoka, Minn.	46, 049.
West Central Minnesota Communities Action, Elbow Lake, Minn.	9, 024.
South Central Community Action Council, Inc., Jackson, Minn.	7, 306.
State total.....	<u>209, 472.</u>

OHIO

Council Economic Opportunities Cleveland, Cleveland, Ohio.....	71, 087.
Community Action Committee of Cincinnati, Cincinnati, Ohio.....	38, 056.
Summit County Greater Akron Community Action, Akron, Ohio.....	19, 917.
Supportive Council on Preventive Effort, Dayton, Ohio.....	30, 339.
Youngstown Area Community Action Council, Youngstown, Ohio.....	17, 922.
Economic Opportunity Planning Association, Toledo, Ohio.....	16, 242.
CAP Committee, Hocking County, Logan, Ohio.....	7, 205.
Columbus Metro Area Community Action, Columbus, Ohio.....	34, 349.
Adams and Brown Counties, Economic Opportunity, Inc., Decatur, Ohio.....	11, 308.
Community Action Council, Portage County, Ravenna, Ohio.....	7, 116.
Community Action Program Committee, Lake County, Painesville, Ohio.....	4, 977.
Stark County Greater Canton Council for Economic Opportunity, Canton, Ohio.....	14, 994.
Leads Project, Licking County, Newark, Ohio.....	6, 141.
Lorain County Economic Opportunity Committee, Elyria, Ohio.....	12, 344.
Community Action Committee of Pike County, Waverly, Ohio.....	6, 954.
Community Action Organization, Tuscarawas County, New Phila- delphia, Ohio.....	5, 889.
Community Action Organization of Washington County, Inc., Mari- etta, Ohio.....	6, 367.
Richland County Community Action Committee, Mansfield, Ohio.....	6, 604.
Ironton and Lawrence Counties Community Action Organization, Ironton, Ohio.....	10, 512.
Community Action Committee of Lima and Allen, Lima, Ohio.....	6, 372.
Belmont County Community Action Committee, St. Clairsville, Ohio.....	8, 040.
Ashtabula County Community Action Committee, Jefferson, Ohio.....	10, 849.
Jackson-Vinton Community Action, Inc., Radcliff, Ohio.....	10, 090.
Community Action Organization, Delaware-Madison-Union County, Inc., Marysville, Ohio.....	6, 409.
Tri-County Community Action Program Committee, Logan, Ohio.....	7, 205.
State total.....	<u>377, 288.</u>

WISCONSIN

Menominee County Community Action Committee, Keshena, Wis....	2, 058.
Community Relations-Social Development Commission in Milwaukee County, Milwaukee, Wis.....	42, 633.
Racine United Community Services, Inc., Racine, Wis.....	18, 848.
Northwest Wisconsin Region Planning Commission, Ashland, Wis..	7, 641.
State total.....	<u>71, 180.</u>

REGION No. 5

ARKANSAS

	<i>Grant</i>
The Economic Opportunity Agency of Pulaski City, Inc, Little Rock, Ark.....	\$17, 346
Arvac, Inc., Dardanelle, Ark.....	10, 800
Ouachita County Community Action Council, Camden, Ark.....	6, 465
Pine Bluff-Jefferson County Economic Opportunity Committee, Pine Bluff, Ark.....	6, 384
Black River Area Development Corp., Walnut Ridge, Ark.....	6, 884
Economic Opportunity Council of the Ozarks, Inc., Cotter, Ark.....	5, 626
Mississippi County Economic Opportunity Committee, Inc. Blytheville, Ark.....	3, 382
Central Arkansas Development Council, Inc., Benton, Ark.....	5, 484
State total.....	<u>62, 371</u>

LOUISIANA

Acadiana Neuf, Inc., Lafayette, La.....	18, 150
Total Community Action, Inc., New Orleans, La.....	26, 063
LaFourche Parish Police Jury, Thibodaux, La.....	5, 514
The Cenla Community Action Committee Inc., Alexandria, La.....	8, 871
Community Advancement, Inc., Baton Rouge, La.....	29, 182
Parish of Jefferson, Metairie, La.....	17, 754
Delta Community Action Association, Tallulah, La.....	4, 647
State total.....	<u>110, 181</u>

NEW MEXICO

Sandoval County Economic Opportunity Corp., Bernalillo, N. Mex.....	7, 223
Santa Fe Community Action Organization, Santa Fe, N. Mex.....	4, 244
Albuquerque-Bernalillo County Economic Opportunity Board, Albuquerque, N. Mex.....	14, 336
Northwestern New Mexico Economic Opportunity Council, Gallup, N. Mex.....	13, 115
Chaves County Community Action Program, Inc., Roswell, N. Mex.....	6, 271
San Miguel County Community Action Organization, Las Vegas, N. Mex.....	7, 956
Socorro-Catron County Community Action Committee, Socorro, N. Mex.....	6, 004
Middle Rio Grande Community Action Program, Los Lunas, N. Mex.....	3, 150
Taos County Community Action Program, Inc., Taos, N. Mex.....	11, 505
State total.....	<u>73, 834</u>

OKLAHOMA

Community Council of Oklahoma, city-county, Oklahoma City, Okla.....	18, 830
Ottawa County Community Action Foundation, Picher, Okla.....	1, 927
Economic Opportunity Task Force, Tulsa, Okla.....	19, 693
Pawnee County Development Foundation, Inc., Pawnee, Okla.....	2, 746
Pontotol County Community Action Foundation, Inc., Ada, Okla.....	7, 824
Hughes County Development Foundation, Inc., Holdenville, Okla.....	6, 393
Choctaw County Board of County Commissioners, Hugo, Okla.....	3, 438
Southwest Oklahoma Community Action Group, Inc., Altus, Okla.....	5, 232
Council on Community Concerns, Anadarko, Okla.....	5, 876
Community Development Foundation of Pottawatomie County, Inc., Shawnee, Okla.....	5, 412
McCurtain County Development Foundation, Inc., Idabel, Okla.....	2, 887
Delaware-Oklahoma County Community Action Foundation, Inc., Jay, Okla.....	4, 907
Okfuskee County Community Action Foundation, Okemah, Okla.....	5, 041
Cherokee County Development Foundation, Tahlequah, Okla.....	7, 109
Grady County Economic Opportunity Committee, Chickasha, Okla.....	4, 324
Love County Community Action Foundation, Inc., Marietta, Okla.....	5, 760
State total.....	<u>107, 404</u>

REGION No. 5—Continued

TEXAS

	<i>Grant</i>
Community Committee Youth Education and Job Opportunity, Corpus Christi, Tex.....	\$6,406
Winter Garden Tri-County Committee, Eagle Pass, Tex.....	5,010
City-County Economic Development Corporation of Hidalgo County, Edinburg, Tex.....	14,530
Laredo and Webb County Economic Opportunity, Laredo, Tex.....	5,732
El Paso Community Action Program, Inc., El Paso, Tex.....	14,920
Kleberg County Community Action, Kingsville, Tex.....	7,639
Houston Action for Youth, Houston, Tex.....	7,441
Community Council of Starr County, Rio Grande City, Tex.....	8,842
Community Council of Comal County, New Braunfels, Tex.....	3,277
Community Action Council, Falfurrias, Tex.....	9,938
Economic Opportunity Advancement Corp., Waco, Tex.....	7,830
Economic Opportunity Organization, Houston, Tex.....	53,181
CODC of Atascosa, Karnes and Wilson Counties, Kenedy, Tex.....	4,927
Dallas County Community Action Committee, Dallas, Tex.....	49,033
Shelby County Community Action Program, Center, Tex.....	7,491
State total.....	<u>206,197</u>

REGION No. 6

COLORADO

Denver's War on Poverty Inc., Denver, Colo.....	35,770
Pueblo's War on Poverty Inc., Pueblo, Colo.....	9,487
Adams County War on Poverty, Inc., Brighton, Colo.....	9,066
Tri-County War on Poverty, La Junta, Colo.....	8,140
Southern Colorado Community Action Committee, Inc., Trinidad, Colo.....	7,795
Southwest Colorado Community Action Program, Durango, Colo.....	6,595
State total.....	<u>76,853</u>

IOWA

Council of Community Services, Sioux City, Iowa.....	7,424
United Community Service, Cedar Rapids, Iowa.....	20,937
West Central Development Corp., Harlan, Iowa.....	12,732
SC Iowa Community Action Program, Inc., Leon, Iowa.....	5,223
Pork City Community Action Council, Des Moines, Iowa.....	25,418
State total.....	<u>71,834</u>

KANSAS

Wichita Mayors Council on Economic Opportunity, Wichita, Kans..	19,082
Leoti Community Services, Inc., Leoti, Kans.....	4,908
Topeka Welfare Planning Council, Topeka Kans.....	16,466
Economic Opportunity Foundation, Inc., Kansas City, Kans.....	11,605
State total.....	<u>52,061</u>

MISSOURI

Carter County Area Development Corp., Doniphan, Mo.....	3,561
St. Louis Human Development Corp., St. Louis, Mo.....	68,227
McDonald County Economic Opportunity Corp., Pineville, Mo.....	7,576
Central Missouri Counties Human Development Corp., Columbia, Mo.....	23,706
Delta Area Economic Opportunity Corp., Holcomb, Mo.....	42,276
Livingston County Human Resources Development Corp., Linn, Livingston, Davies Counties, Chillicothe, Mo.....	9,214
Economic Opportunity Corp. of Greater St. Joseph, St. Joseph, Mo..	7,200

REGION No. 6—Continued

MISSOURI—continued

	<i>Grant</i>
Green Hills Area Human Resources Development Corp., Trenton, Mo.....	\$7, 972
Trico EOA, Inc., New London, Mo.....	7, 351
Opportunity, Inc., Bethany, Mo.....	12, 274
Central Ozark Economic Opportunity Committee, West Plains, Mo.....	12, 791
Adair County Human Resources Development Corp., Kirksville, Mo.....	7, 719
West Central Missouri Rural Development Corp., Butler, Mo.....	7, 248
Ozarks Area Community Action Corp., Springfield, Mo.....	27, 450
Missouri Ozark Economic Opportunity Corp., St. James, Mo.....	22, 928
State total.....	267, 493

MONTANA

Opportunities, Inc., Great Falls, Mont.....	8, 354
Missoula-Mineral Human Resources Committee, Missoula, Mont.....	11, 140
City of Billings, Billings, Mont.....	1, 706
Butte-Silver Bow Antipoverty Council, Butte, Mont.....	9, 146
State total.....	30, 346

NEBRASKA

Greater Omaha Community Action, Inc., Omaha, Nebr.....	22, 572
Lincoln Action Program, Lincoln, Nebr.....	8, 575
State total.....	31, 147

NORTH DAKOTA

Devils Lake Sioux Tribal Council, Fort Totten, N. Dak.....	5, 348
Turtle Mountain Band of Chippewa Indians, Belcourt, N. Dak.....	8, 542
Standing Rock Sioux Tribe, Fort Yates, N. Dak.....	8, 805
State total.....	22, 695

SOUTH DAKOTA

Oglala Sioux Tribal Council, Pine Ridge, S. Dak.....	11, 116
Rapid City Community Action, Inc., Rapid City, S. Dak.....	8, 314
Cheyenne River Sioux Tribal Council, Eagle Butte, S. Dak.....	10, 870
State total.....	30, 300

UTAH

Salt Lake Area Community Action Committee, Salt Lake City, Utah..	21, 596
Ogden Area Community Action Committee, Inc., Ogden, Utah.....	30, 092
State total.....	51, 688

REGION No. 7

ARIZONA

Navajo Tribe of Arizona, Window Rock, Ariz.....	43, 316
Committee for Economic Opportunity, Tucson, Ariz.....	32, 385
Leadership and Education for Phoenix, Phoenix, Ariz.....	34, 632
San Carlos Apache Tribe, San Carlos, Ariz.....	6, 509
Coconino Community Action Agency, Flagstaff, Ariz.....	4, 787
Mohave County Area Development Council, Inc., Kingman, Ariz....	6, 048
Santa Cruz County and City of Nogales Economic Opportunity Com- munity Action Committee, Nogales, Ariz.....	4, 570

REGION No. 7—Continued

ARIZONA—continued

	<i>Grant</i>
Yuma County Economic Opportunity Council Inc., Yuma, Ariz.....	\$6, 279
Cochise United Recovery Enterprise Inc., Bisbee, Ariz.....	6, 273
Yavapai County Economic Opportunity Council Inc., Clarkdale, Ariz.....	8, 293
Salt River-Pima-Maricopa Tribal Council, Scottsdale, Ariz.....	5, 681
State total.....	<u>158, 773</u>

CALIFORNIA

Economic Opportunity Council of San Francisco, San Francisco, Calif.....	43, 465
Economic Development Council of Oakland, Calif., Oakland, Calif....	11, 185
Economic Opportunity Committee of Santa Clara County, San Jose, Calif.....	24, 518
Dependency Prevention Commission, San Bernardino, Calif.....	31, 443
Tulare County Community Action Agency, Visalia, Calif.....	15, 387
Sacramento Area Economic Opportunity Council, Sacramento, Calif....	24, 384
Economic Opportunity Board of Riverside County, Riverside, Calif....	25, 035
Fresno Community Council, Fresno, Calif.....	13, 191
Community Action Council of San Joaquin, Stockton, Calif.....	13, 882
Economic Opportunity Organization of Berkeley Area, Berkeley, Calif.....	21, 218
Kings County Community Action Organization, Hanford, Calif.....	10, 734
Madera County Action Committee, Madera, Calif.....	3, 721
Council Social Planning—Cap Eden Area, Hayward, Calif.....	22, 689
Livermore Area Valley Communities, Livermore, Calif.....	5, 482
Welfare Plan Council-Community Action Committee, Santa Barbara, Calif.....	12, 841
Economic Opportunity Committee of San Diego County, Inc., San Diego, Calif.....	48, 260
County of San Luis Obispo, San Luis Obispo, Calif.....	8, 772
Monterey County Antipoverty Coordinating Committee, Salinas, Calif.....	21, 226
Economic Opportunity Committee of Santa Cruz County, Inc., Watsonville, Calif.....	12, 601
Economic and Youth Opportunities Agency of Los Angeles, Los Angeles, Calif.....	172, 173
San Mateo County Human Resources Commission, Redwood City, Calif.....	11, 298
State total.....	<u>553, 505</u>

HAWAII

Honolulu Council of Social Agencies, Honolulu, Hawaii.....	31, 557
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NEVADA

Operation Opportunities—Clark County, Las Vegas, Nev.....	17, 694
Inter-Tribal Council of Nevada, Inc., Reno, Nev.....	13, 480
Washoe County Community Action Association, Reno, Nev.....	7, 819
State total.....	<u>38, 993</u>

OREGON

Portland Metropolitan Steering Committee, Portland, Oreg.....	18, 044
Lincoln Area Redevelopment Committee, Newport, Oreg.....	5, 120
Community Action Committee, Inc., Coos Bay, Oreg.....	7, 645
Lane County Youth Study Board, Eugene, Oreg.....	17, 974
State total.....	<u>48, 783</u>

REGION No. 7—Continued

WASHINGTON

	<i>Grant</i>
Tacoma-Pierce County Opportunity-Development, Inc., Tacoma, Wash.....	\$22, 302
Seattle-King County Economic Opportunity Board, Seattle, Wash....	33, 298
Social Planning Council Snohomish County, Inc., Everett, Wash.....	5, 815
Yakima VA Council for Community Action, Inc., Yakima, Wash.....	13, 029
Kitsap Community Action Board, Port Orchard, Wash.....	3, 428
State total.....	<u>77, 872</u>

PUERTO RICO

Office for CAP in Puerto Rico, San Juan Hato Rey, P.R.....	<u>73, 758</u>
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GUAM

Economic Opportunity Commission, Agana, Guam.....	<u>6, 036</u>
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V. FOSTER GRANDPARENT PROGRAM

The Foster Grandparent Program is operated under contract with the Administration on Aging, Department of Health, Education, and Welfare. Mr. Bernard Nash serves as the director. The Office of Economic Opportunity has provided AOA with funds to employ an administrative staff of six professional persons to operate the program.

There follows (1) a background memorandum and a listing of the first 21 projects funded, (2) the introductory pages of a guideline booklet that is in process of preparation, (3) a press release of January 20, 1966, explaining the expansion of the program, (4) requests for information for program information in phase II, by States, (5) expressions of interest and information by Congressmen, (6) a listing of project applications for phase II, with the proposed budget amounts, (7) selected comments from program narrative reports on the 21 projects in operation, and finally (8) selected letters from elderly persons which are representative of several hundred which have been received, expressing a need for employment as foster grandparents.

I. BACKGROUND MEMORANDUM

The Foster Grandparent Program funded today will be of immediate assistance to children and older people of lower income.

At any given moment in the United States, there are an estimated 21,000 unwanted or neglected babies, toddlers, and very young children being "held" in charity wards, institutions for abandoned children, pediatric and general hospitals. The waiting period for foster homes is often prolonged, and particularly for Negro and other minority groups of children. During this period in an institution, the children are too often deprived of love of parents, relatives, or other adults. They are exposed largely to efficient, routinized hospital and institutional procedures provided by a generally overworked staff.

Based on the premise that older people have the capacity to provide a warm emotional experience to a child and also have the ability to learn new techniques, the program will employ men and women aged 60 and above to help prevent stunting of emotional growth in children.

Most projects will be staffed at the ratio of 38 "grandparents" to each 50 children. Each foster grandfather, or grandmother, will work 4 hours a day, 5 days a week, dividing the time between two children. This will permit them to spend 2 hours a day with each child. A substitute, or second, grandparent will visit the child on the other 2 days of the week. If the regular foster grandparent is a woman, the relief parent may be a man, or vice versa, to give the child experience with both. Some identification with men is particularly important to these young children, who are usually overwhelmingly surrounded by women in institutional life.

For the older children served, some group activities and interaction will be planned. Even here the grandparent will accompany his "grandchild" to the games and play activities and continue his personal interest and attention.

The largest number of children served will range from infancy to age 4 or 5; others, up to 6, 7, and 8, will be included in some programs. Three special programs will involve retarded teenagers, with mental ages approximating 5 years.

The institutions where foster grandparents will serve include orphanages; receiving homes; pediatric wards in general hospitals; special long-term care facilities for children suffering from tuberculosis, congenital heart conditions, leukemia, arthritis, nephritis, and asthma; State hospitals, and private nonprofit homes caring for children of unwed mothers. Some are in a rural setting to which the grandparents will be brought by chartered bus; others are in the centers of crowded cities where the children are nonetheless isolated.

The projects approved today are small enough to be warmly human and to permit the essential 1-to-1 relationship between an adult and a child, but they are large enough to have both immediate impact and to suggest a whole series of important long-range possibilities.

These first approved projects are located in 20 different States, reaching from New England to California, and from the Midwest to the Deep South. They vary greatly in institutional setting, administration, and somewhat in problem.

In Akron, Ohio, the grandparents will try to help children who have been passed from foster home to foster home because they could not adjust to adults—did not indeed know what adults expected of them. If they can build a real relationship with even one adult, it is hoped they can carry over the trust and self-confidence so gained into successful foster family placement eventually.

In San Francisco, some of the "grandparents" may be placed in foster boarding homes where several foster children live in an experiment to assist the full-time foster mothers during day hours. In Nashville, the program is being sponsored by the senior citizens center and its success may indicate feasibility for such sponsorship by many activity centers across the country.

In San Antonio, Tex., the task of the grandparent will be a bilingual one at Bexar County Hospital. Here many children of low income and minority group families, largely Spanish American and some American Indian, are hospitalized from 3 weeks to 6 months or a year, often suffering from burns, or malnutrition and rejection. The hospital has been able to give only physical care. Other institutions in the community, which might develop similar jobs for older persons, will be kept informed of the progress here of the grandparents.

In Cincinnati, the community action commission will attempt to serve hospitalized and institutionalized children without any strong family ties. When hospitalized, these children completely lack the comfort and reassurances of visitors—even when they need support in a strange and frightening situation and environment.

In Fort Wayne, Ind., children will be provided for the first time in their lives with a grandparent who comes to see them every day and treats them not as a nuisance, an incompetent, or a nonentity, but as a friend and companion.

In St. Cloud, Minn., retarded teenagers will receive affection and attention so necessary to their progress.

In New York City, Catholic charities community service is sponsoring an ambitious program which will provide "grandparents" to 150 foundlings, crippled children in an orthopedic hospital, and children just being "kept" in a children's home. Negro and white children, Catholic and Protestant will be served.

In Philadelphia, a similarly diverse program serving 118 children in 7 institutions, public and private, is being sponsored by the health and welfare council; in Atlanta, Economic Opportunity, Inc., will serve 88 in a variety of institutions; and in Denver, the Metropolitan Council for Community Service will place grandparents in two public hospitals to help "failure to thrive" babies and children with the "battered child" syndrome.

In Morganton, N.C., foster grandparents recruited from Appalachia communities, will work with mentally retarded and emotionally disturbed children, aged 7 to 16, in a new State-supported facility serving the western third of North Carolina. The institution is a part of the State department of mental health and will share its experience with 7 other institutions and 17 mental health clinics. Results of this project will assist in the development of subsequent OEO programs for the mentally handicapped.

In some hospitals where children will be served, many have not had a single visitor in 6 months. They have lain in a crib, been changed, fed, washed, and put down again. Pressured staff has not had time to give more than custodial physical care.

2. GUIDELINES FOR FOSTER GRANDPARENT PROGRAMS

The Foster Grandparent Program furthers the objectives of the Economic Opportunity Act and implements the concept of community action in a unique way. It both creates job opportunities for low-income persons, aged 60 and over, and, at the same time, provides tender care for economically and emotionally deprived children who, without this care, might grow up to be permanently dependent upon public assistance.

1. *The older people*

Several million men and women aged 60 and over need additional income from employment to maintain a minimum standard of living. Some of them have always known financial deprivation; others have greatly reduced incomes because of retirement. A large number of these persons make good grandparents. They have a generous supply of love and understanding which grows

from their years of experience. They love children. These men and women can contribute significantly to children who are starved for emotional warmth. As such they represent a largely untapped resource in their communities.

Employment as foster grandparents provides needed income and gives new meaning to older persons who frequently welcome the opportunity to demonstrate that they are still useful by fulfilling a need that may otherwise go unmet.

2. *The children*

Throughout America, thousands of children are living in hospital wards, receiving homes, public welfare shelter facilities, maternity homes for unwed mothers, orphanages, and other institutions. They include unwanted, neglected, and abused infants, toddlers, and very young children who are confined in institutions, because there is no other place for them to go. Great numbers of retarded and emotionally disturbed children under age 16 are included. The total number of such confined children is estimated at 77,000.

The great majority of institutions lack funds or staff to provide more than physical and custodial care for these children. One child-care worker may be responsible for feeding as many as 20 babies and therefore have no time to hold or fondle them. In other institutions, especially those for retarded children, 1 house parent may have to care for 30 to 40 children in an 8-hour day.

Many of these children have already been passed from one foster home to another and consequently do not know what adults expect of them. Some have never had an adult friend, nor a single visitor. Others have known only custodial care all of their lives.

Some of these children will eventually be returned to their homes and others will be placed in foster homes, but the waiting period is often prolonged, especially for children from minority groups. This period of isolation from affection can have a disastrous effect on infants and young children.

A child in his own home usually sees, plays, or visits with his parents for about 4 hours a day. An institutionalized child, on the other hand, has fewer than 2 hours' adult attention per day, and most of this is impersonal or routine.

Institutionalized children of all ages progress more rapidly if they receive a portion of the love and attention a child normally receives in his own home. For the emotionally disturbed and retarded, such care is especially necessary.

3. *Goals of the Foster Grandparent Program*

The Foster Grandparent Program recruits, trains, and employs low-income persons over age 60 to serve neglected and deprived children who lack close personal relationships with adults. The program has several objectives:

- (1) To provide new roles and functions for older Americans, thus enabling them to maintain a sense of dignity and usefulness;
- (2) To create new employment opportunities;
- (3) To give children meaningful lives with tender love and care;
- (4) To stimulate innovations in the field of child care and institutional administration;
- (5) To demonstrate through the employment of low-income adults a major new resource of responsible workers for communities and social agencies; and
- (6) To lead to new patterns of cooperation among agencies and professions.

The Foster Grandparent Program is an older worker program within the community action program of the Office of Economic Opportunity. Funds for the program are authorized under title II-A, sections 205 and 207, of the Economic Opportunity Act of 1964, as amended. OEO has contracted with the Department of Health, Education, and Welfare, through its Administration on Aging, to administer the national Foster Grandparent Program by stimulating, supervising, and sharing responsibility for evaluating individual projects.

3. PRESS RELEASE

[Press release, Office of Economic Opportunity, Washington, D.C., Jan. 20, 1966]

FOSTER GRANDPARENT PROGRAM EXPANDED

Sargent Shriver, Director of the Office of Economic Opportunity today announced the expansion of the Foster Grandparent Program.

The expansion will be both in number of projects and types of institutions which may apply.

The Foster Grandparent Program, announced by President Johnson in late August, employs older persons with low incomes to serve the needs of children in institutions. These grandparents provide love, personal attention, and understanding to children deprived of close relationships with adults.

The first 22 projects, now underway, were funded under title II, section 207 of the Economic Opportunity Act, on a demonstration basis. Approximately 38 new foster grandparent projects are expected to be approved as demonstration projects.

Applications from individuals desiring to become foster grandparents—and from institutions requesting programs—have exceeded all expectations.

In announcing the expansion, Mr. Shriver said, "Thousands of men and women over 60 are unemployed—many because of their age. They are able and eager to work and urgently need additional income, yet doors of business and industry are shut to them. They have skills, wisdom, and experience, as well as generous supplies of love and understanding that can greatly benefit unwanted, neglected infants, as well as retarded and emotionally disturbed children.

"Money is essential, but more important than money is the spirit of these older persons discovering new roles for themselves, becoming active contributors to their communities, and at the same time giving much needed love, comfort, and personal attention to youngsters who have never known an adult's concern."

Foster grandparents are not employed to give physical care or to relieve permanent institution staff members from routine duties.

The basic goals of the foster grandparent program are:

To provide meaningful employment to older persons in a new job category.

To serve the emotional and social growth of deprived children in institutions.

To provide more personal care to children in institutions.

The expanded program will permit local community action agencies, public or private nonprofit organizations such as welfare agencies and church organizations to apply for a foster grandparent program under section 205 (community action program) of the Economic Opportunity Act.

Public or licensed nonprofit institutions serving orphaned, hospitalized, dependent, neglected, retarded, delinquent, handicapped or emotionally disturbed children through 16 years of age, may also apply for a foster grandparent program through their local community action agency.

Foster grandparents must be men and women 60 years of age and over, with low incomes. Most of them will work part time and will be paid at the prevailing local wage level. They will receive 2 weeks' intensive training, including experience in the institution where they will work. On the job they will receive helpful supervision and continuing in-service training.

The Office of Economic Opportunity will not itself hire any personnel. All hiring will be done by local organizations.

OEO will work closely with the Administration on Aging of the Department of Health, Education, and Welfare in developing and supervising the foster grandparent projects.

4. REQUESTS FOR PROGRAM INFORMATION IN PHASE 2, BY STATES

	State agencies	Community organizations	Private institutions	Other	Total
Total.....	42	16	35	5	98
1. Alabama.....	1	0	0	0	1
2. Alaska.....	1	1	0	0	2
3. Arizona.....	0	0	0	1	1
4. Arkansas.....	0	1	0	0	1
5. California.....	3	0	4	1	8
6. Colorado.....	2	2	0	1	5
7. Connecticut.....	1	0	0	0	1
8. Delaware.....	0	0	1	0	1
9. District of Columbia.....	0	1	2	0	3
10. Florida.....	3	0	0	0	3
11. Georgia.....	0	0	0	0	0
12. Hawaii.....	0	0	0	0	0
13. Idaho.....	0	0	0	0	0
14. Illinois.....	3	0	1	0	4
15. Indiana.....	0	0	1	0	1
16. Iowa.....	0	1	0	0	1
17. Kansas.....	1	2	0	0	3
18. Kentucky.....	0	1	0	0	1
19. Louisiana.....	0	0	0	0	0
20. Maine.....	0	0	0	0	0
21. Maryland.....	0	0	0	0	0
22. Massachusetts.....	2	1	1	0	4
23. Michigan.....	0	1	1	1	3
24. Minnesota.....	1	0	0	0	1
25. Mississippi.....	0	0	0	0	0
26. Missouri.....	1	0	3	0	4
27. Montana.....	0	0	0	0	0
28. Nebraska.....	1	0	0	0	1
29. Nevada.....	1	0	0	0	1
30. New Hampshire.....	0	0	0	0	0
31. New Jersey.....	0	0	2	1	3
32. New Mexico.....	1	0	0	0	1
33. New York.....	1	1	11	0	13
34. North Carolina.....	2	0	0	0	2
35. North Dakota.....	0	0	0	0	0
36. Ohio.....	0	0	0	0	0
37. Oklahoma.....	2	2	0	1	5
38. Oregon.....	1	0	0	0	1
39. Pennsylvania.....	2	0	2	0	4
40. Rhode Island.....	0	1	0	0	1
41. South Carolina.....	1	0	0	0	1
42. South Dakota.....	0	0	0	0	0
43. Tennessee.....	0	1	0	0	1
44. Texas.....	0	0	3	0	3
45. Utah.....	0	0	0	0	0
46. Vermont.....	0	0	0	0	0
47. Virginia.....	0	0	1	0	1
48. Washington.....	6	0	0	0	6
49. West Virginia.....	1	0	0	0	1
50. Wisconsin.....	1	0	1	0	2
51. Wyoming.....	1	0	0	0	1
52. Guam.....	0	0	0	0	0
53. Puerto Rico.....	2	0	0	0	2
54. Virgin Islands.....	0	0	0	0	0

5. EXPRESSIONS OF INTEREST AND INFORMATION BY CONGRESSMEN

<i>Senators</i>	<i>Congressmen</i>
Smathers, Florida	Bolling, Missouri
R. Kennedy, New York	Pike, New York
Kuchel, California	Edwards, California
Byrd, West Virginia	Haley, Florida
Harris, Oklahoma	Sisks, California
E. Kennedy, Massachusetts	Hays, Ohio
G. Murphy, California	Green, Oregon
H. Williams, New Jersey	O'Hara, Michigan
J. J. Williams, Delaware	Rogers, Florida
Daniel Inouye, Hawaii	McCarthy, New York
Dirksen, Illinois	Brooks, Texas
Mondale, Minnesota	C. Albert, Oklahoma
McNamara, Michigan	J. Utt, California
Miller, Iowa	Fogarty, Rhode Island
Long, Louisiana	Sikes, Florida
Smith, Maine	Rogers, Texas
Brewster, Maryland	Fuqua, Florida
Tydings, Maryland	Mink, Hawaii
Lausche, Ohio	Frazier, Minnesota
Scott, Pennsylvania	Olson, Minnesota
Pastore, Rhode Island	Long, Missouri
Moss, Utah	Keogh, New York
Monroney, Oklahoma	Edmondson, Oklahoma
	Flood, Pennsylvania
	Ashmore, South Carolina
	Gonzalez, Texas
	Sickles, Maryland

6. PROJECT APPLICATIONS, PHASE II

(Revised as of March 1, 1966)

Location	Sponsor	Estimated cost
1. Atlantic City, N.J.	Economic Development Council	\$100,000
2. Boston, Mass.	Action for Boston Community Development	175,000
3. Buffalo, N.Y.	Catholic Charities	125,000
4. Central Colony, Ark.	Commission on Aging	125,000
5. Corpus Christi, Tex.	Boys City, Inc.	65,000
6. Dayton, Ohio	Community Action Council	125,000
7. Dixon, Ill.	Dixon State School	150,000
8. Fort Lauderdale, Fla.	Community Action Program	200,000
9. Grand Rapids, Mich.	Kent City Department of Social Welfare	125,000
10. Lander, Wyo.	Wyoming State Training School	60,000
11. Louisville, Ky.	Health and Welfare Council	150,000
12. State of Massachusetts	Council on Aging	150,000
13. Minneapolis, Minn.	State Commission on Aging	200,000
14. Muskogee, Okla.	5 civilized Indian tribes	750,000
15. New Haven, Conn.	Community Council of Greater New Haven	200,000
16. Paul's Valley State School	Oklahoma State	125,000
17. Sacramento, Calif.	Sacramento Area OEO	150,000
18. St. Louis, Mo.	Human Development Corp., Cardinal Ritter Institute, Health and Welfare Council	250,000
19. Sitka, Alaska	Community Civic Association	150,000
20. Warwick, R.I.	Community Action Program	125,000
21. State of Washington	State of Washington	350,000
Total		3,850,000

7. SELECTED COMMENTS FROM NARRATIVE REPORTS

MORGANTON, N.C.

1. Some children are improving rather rapidly in their motor coordination. Instead of purposeless movements, they began to channel their motility in goal-aimed movements. For example, some children improved a great deal in their eating or table manners. With a little bit of help and encouragement, one child began to use a spoon for the first time—TLC includes occasional help from the FGP; i.e. food equals love. With another child, one observes that he will play

with a toy the way a particular toy is meant to be played with, instead of stereotyped, indiscriminate way of reacting to them, such as throwing any toy he could lay his hands on. With many others, one notices that they are beginning to use their motility as a means of interacting with their respective FGP. In addition, FGP's made numerous remarks about their children doing this or that for the first time. In one of the weekly group meetings, a FGP reported on a child who is very underweight and has been of considerable concern to personnel in the past because of his inability to gain weight. The FGP tried him on chocolate milk and he responded enthusiastically and is now drinking two glasses of chocolate milk at mealtime and consequently is showing a definite weight increase.

2. Each child in the project is developing his own individual characteristics in his manner of relating with his FGP. This process of individuation is quite a change, since the children in an institution tend to be treated as a group entity in a cottage or dorm. The fact that each child learns to anticipate an arrival of his FGP and to suffer the pain of separation upon the FGP's departure will also help the child in developing more clear-cut process of individuation. The return of his FGP the following day will certainly contribute in helping the child to develop healthier psychic structure by being reassured of his relatedness to his FGP. Several days after the FGP's were assigned to the cottages, the head nurse in one cottage reported that one child got up stating that she had to get dressed and have her teeth brushed before "grandma" comes.

3. The child's relatedness to other people has been improving. By getting individual attention, a child learns to reciprocate. With some children, it is observed that their unorganized activities diminished and that they began to respond more to the instructions or request of FGP's. We all know that, once a child becomes capable of distinguishing between approval and disapproval by others, he is on his way to develop some beneficial social skills. Naturally these responses seem to give a great satisfaction to FGP's. This kind of interaction is accelerating the process of development among the project children.

4. The scope and range of children's activities have increased. Some of the children now can attend a classroom for a short time, since his FGP is able to provide that small amount of encouragement and assistance, the lack of which prevented some of the children from attending school activities. Another good example is a girl who was able to go to the sheltered workshop and engage in a productive endeavor which she had not done before. Furthermore, the walk outside of the cottages and other recreation activities undoubtedly are expanding the boundaries of their world, and giving them a healthy outlet for their energies.

5. The amount of physical activities of the children in the project has increased manifold since the start of the FGP program. Instead of being left alone on their own resources, now they can engage in more varied physical activities. One FGP stated that her child now can walk straight. The particular boy used to walk with his upper body half-bent forward. Another child who previously refused to go on walks and insisted on being carried from one activity to another now walks along with the FGP and apparently feels more secure by holding her hand. All the children enjoy greatly increased physical activities, which became possible due to the individual attention, encouragement, and participation by the FGP's. We are certain that most of the children will achieve quite discernible improvement in their physical condition during the project.

6. Quite a few children in the project seem to experience less traumatic separation from their own parents when they are returned to the center from their homes. Several parents made a comment that it is now so much easier to bring their children back to the center after home visits. This kind of comment will indicate again that the children are learning to relate with outside people. In the past, the parents of retarded children tended to be overly protective, depriving any chance of developing any degree of independence outside of the family circle.

7. Increase in verbal communication by the children is obvious. Now that they have FGP's to communicate with, the children seem to be improving in their verbal skills. Some of them began to imitate their FGP's. Some children now show improvement in using proper words at proper occasions. In addition, some children are now able to use verbal expressions in their interaction with FGP's.

8. We see some improvement in the attention span among the project children. Some FGP's made comments that some children were able to engage in performing a certain task which requires concerted effort and undivided attention. From this, the children will be able to master more involved and complicated skills in the future. We try to provide appropriate play toys to encourage these activities.

The following are samples of comments made by the FGP's during group sessions regarding the meaning of the project to them:

"My children say that I'm getting younger every day since I've gone to work on the project."

"A son reports that his mother is 'not the same person.' Before she went to work, she spent most of her time 'rocking.' Now, she has become much more active around the house and is most enthusiastic about her work."

"A daughter who lives on the west coast sent \$5 for a FGP to buy something for her foster grandchildren for Christmas. The daughter asked that her appreciation be expressed for giving her mother 'a new lease on life.'"

"Even if you stop paying us, I'd still come every day to help with the children."

"A daughter and the daughter's friend sent \$10 to a foster grandchild to be used for 'spending money.' This, too, was 'in deepest appreciation.'"

The recreation therapist has been very active since he began work. Enclosed you will find a recreation schedule which should give you some idea about the recreational activities of these children and their foster grandparents.

One of the functions of the social workers on the staff of Western Carolina Center is to serve as a liaison between the center and the children's natural family. From the time the grant was received until the activation of the project, there was little time to interpret the project to the parents of the 50 children selected to participate in the project. Before any letters could be sent out to any families Miss Tillinghast received a telephone call from the mother of one child. She had read an announcement of the project in the newspaper and wanted to request that her child receive benefit of this individual attention. Fortunately, Miss Tillinghast was able to tell her that her son had been selected. Another family who were seen in conference shortly after the project started reacted with much positive feeling when told of the project and their child's response to the foster grandparent. The mother turned to the father and said, "It's an answer to our prayers."

FORT WAYNE, IND.

Today was a day of great importance for our foster grandparent project. Our first five grandparents met their grandchildren. The first impression will be a lasting one for them and for me. The expression on the faces of the grandparents was one of sheer delight. The children went to them with outstretched arms. They had found a new friend who wanted to love and protect them. The grandparents were so pleased that the children had accepted them and made them feel needed.

Madeline, who is a very disturbed and rejected child of 5, was crying when she arrived. After spending an hour with her grandmother, she had stopped crying and was able to give her a real smile. Only then did Mrs. S feel that she had made some progress in winning Madeline's confidence, and by this smile it was evident that each had found a friend.

David, a very impulsive, active boy accepted Mrs. M with all the eagerness of an excited 4-year-old. Mrs. M was well prepared to cope with his every whim. David voluntarily gave her the name of Grandmother M—so she had passed the first test with flying colors.

Mrs. L is the foster grandmother to the baby among the children. He is 2-year-old Urban. Mrs. L held out her arms and Urbie just smiled and flew right into them. When he left he kissed her goodbye, and this was most gratifying to Mrs. L.

Patrick is an active, well behaved 3-year-old. Mrs. H reacted to him as if he was one of her own grandsons. Pat is a delightful child and Mrs. H enjoyed her job of taking care of him.

Mr. F. is the answer to any child's dream for a grandfather. He arrived an hour ahead of time, full of ideas and plans for Christopher. When Chris arrived and I introduced Mr. F, Chris went right to him, climbed onto his lap and gave Mr. F a hug.

When it was time for the children to leave, it was really a wonderful sight to see them all tell their new grandparent goodby and beg them to be sure and come back tomorrow. When taking the children back to the nursery, they were full of enthusiasm and excitement and began immediately telling the other children about their new grandparents.

This has been a rewarding day for all of us.

Mr. D. met Mary Ann and after a few minutes she had him under her spell. She is a very active, affectionate child and responsive to men. Sister had requested her to be assigned a grandfather, if possible. Larry Ignas was real pleased with his new grandmother, Mrs. J., who is a very soft-spoken person. Mrs. B. was thrilled beyond words with her Julia.

Today we were able to use the gym, which will be our home base. Everyone from St. Vincent's has been so cooperative in getting everything ready. Sister

Andree, head of the nursery, sent over a box full of things to use in entertaining the children. I am tremendously pleased at the progress we are making.

Mrs. S. was assigned to John. John is a very emotional, disturbed boy but very bright and outgoing. Today he was very quiet and reserved, and the idea of a grandmother of his very own was apparently hard for him to realize.

Mr. D. and Mary Ann are getting along so well. The first day she was flighty and would not concentrate on any one thing very long at a time. She seemed to have endless energy, was on the run most of the time, and seemed to be nervous. Mr. D. let her run and handled her with patience and understanding. Today she had settled down, and he was able to work with her at the tables doing some coloring. - Mary Ann calls him "Grandfather Bob." She is very possessive of him now and shuns attention from anyone else.

The relationship between Mr. F. and Chris is a very special one. Mr. F. is a very proud grandfather and plans well for his daily visits.

Sister Vincent requested if it would be at all possible for us to provide a grandparent for Michele Kay, who is a 7-year-old, very timid and extremely withdrawn like her sister Madeline. Mrs. S. has done a remarkable job with Madeline in the 3 days she has been with her. Sister Vincent felt that this would be so good for Michele Kay if it could be worked out.

The grandparents arrived early today, and each was busy picking out different things for their grandchildren. They met the children at the entrance as they heard them coming, and each child ran into the arms of his grandparent.

I believe everyone on the staff here, from the kitchen help on up, has peeked in on us sometime during the week, just for the sake of seeing the children so happy. I will never forget this week, but how I wish there could have been sound pictures of when the children come running down the hall from the nursery to the gym. The halls echo with their squeals of delight and with "Grandma," "Grandma." This would convince any unbeliever—but then how could there be any unbelievers of a program like this?

DENVER, COLO.

Both our hospitals have said that they anticipated far more problems than have occurred, and the pediatric staffs have indicated that they feel this is a real addition to their services. We felt that we had "arrived" when doctors at Colorado General were writing on their orders: "Please assign a grandparent to this child." We anticipate that National Jewish Hospital will feel the same way.

We thought you might be interested in the example of one child. Stevie, a bright 2-year-old, was admitted with the diagnosis of battered child syndrome. He had a skull fracture and massive skin lesions which were treated like burns. Before he was assigned to us he had been spoiled by the nurses and reached out to everyone for affection. Our FGP was with him all morning as he had so many needs; he had no visitors although his mother was going to beauty school in Denver, he had to have painful treatments for his skin lesions, and had to have someone hold his hand when he walked for fear that a fall might injure his head again. After a few days with a morning FGP, the doctors asked for one for the afternoon hours also. The FGP's were with him almost a month until his discharge. He seemed to get what he needed from the FGP's and to be satisfied with the extra care from them so that he seemed to stabilize his affection instead of seeking it from everyone who passed by. He did very well physically and the doctors expressed their appreciation for what the FGP's had added to his care.

ST. CLOUD, MINN.

Following the second day of on-the-job training, it was apparent that the staff too had become more comfortable with the foster grandparents. They felt that the foster grandparents moved into the cottages very smoothly and that the children responded very well to them. Some comments made by the staff are: "She is shy and doesn't move in readily with the children"; "the children are perplexed by them"; "the children feel restricted by them"; "the children are responding well to them"; "the children are really interested in talking to the foster grandparents"; "the children don't find a need to test them as much as other new staff"; "They really involve themselves with the children;" "they add a healthy new dimension to the program"; and many other such comments. The schoolteachers mentioned that the children offered many negative comments about the foster grandparents until the foster grandparents started working. Since then they mention that they have heard only positive comments. One said, "the children from each cottage are bragging about their foster grandparents."

On January 17, 1966, the first group of 18 foster grandparents began working with the children at the St. Cloud Children's Home. The foster grandparents were very enthusiastic and were anxious to get into the cottages. They had been placed in the cottages with the children for 2 days during the orientation and training program. They felt well accepted by the children and staff during these 2 days, and wanted to "get back to work," as one foster grandparent put it.

The initial reactions of the children and staff to the foster grandparents is quite positive. A complete report regarding these developments will be made available at a later date.

DENTON, TEX.

The success of these foster grandparents with the children even in these first few weeks is phenomenal. We had carefully prepared the foster grandparents for slow results, with months of effort before the children really took to them, to expect very little change for a long time, etc., etc. They have completely upset our timetable. Within days instead of months bonds were being established with the children. The first few days were rather confused, but it was surprising how soon most children began to identify with their own particular "Grandma" or "Grandpa."

The first sign of progress has been noted by both the foster grandparent project staff and others as being in the expression of the eyes—they became more interested, more alert. Then smiles became more evident. Recent progress is shown more by the things the children are beginning to do—use the "potty," feed themselves, cooperate in bathing, dressing, etc., and in their more purposeful behavior with toys—more than one "Grandma" has been seen on the floor rolling a ball or making a noise like a motorcar. We must admit that we were not prepared for such rapid change.

Perhaps the following case stories will illustrate what is happening.

1. Ned spent his time facing into a corner and cringed even more when approached. He had to be dragged crying and kicking to the dining room. His first change was to sit in the corner facing the room. He has since learned to pattycake, pat his foot, reach out his hands, and goes to the dining room freely, holding Grandma's hand.

2. Gladys has spent most of her time restrained in a small rocking chair. She moves by rocking hard and inching forward. She cried when grandma first approached her. Now she scoots in the chair for 100 feet or more when she hears grandma's voice.

3. Keith was known as "the screamer." It was an all-day pattern. Little by little he has stopped screaming, once for 3 days in a row and now entirely. The dorm staff has revised its opinion and now feels he may have a high potential. He is beginning to use a spoon and show other good signs.

4. James is 5 but had to be moved from side to side and was nearly lifeless except for his eyes. After a time he began smiling at grandma and reached for her fingers. She massaged his leg muscles and made a fuss over him. Within 2 weeks he rolled over on his stomach by himself and the entire ward came to see it. None of us can explain what some have said is "almost a miracle," maybe James was ready and just waiting for the right person to come along. Grandma is white, her "grandson" is colored.

5. Houseparents reported that just before 3 p.m. some of the children begin pressing their noses against the window. They sense the time, like dogs waiting for their owners to come home from school, and are waiting for grandma and grandpa.

6. So many children are taking their first steps and learning to walk, so many are reported to be making progress with spoons, and so many are beginning to say words, that (within 4 weeks) this is becoming commonplace.

Although our research team can undoubtedly verify it later, there are obvious indications, perhaps unscientific, of the pleasure of the foster grandparents in their work. An informal survey was made of the original 33 foster grandparents who were asked to check whether since coming to work here they were (1) "not as happy as I was before," (2) "about the same as before," (3) "a little happier," or (4) "a lot happier than before." Five said they were "a little happier," 28 said they were "a lot happier."

Again let us illustrate our point by quoting our foster grandparents.

1. While washing their children's face after supper, one said to another, "Wasn't it good of God to send us here?"

2. A group of applicants were taken on tour and one of the grandmas on duty in telling about retarded children said, "The children seem to wind around your heart."

3. A foster grandpa had been promised a move later to a larger boys' dorm where more men would be employed. When told the move could now be arranged so he could have more companionship, he rejected it. "I'm here to help children and not to visit." This same grandpa is assigned to an extremely active and irritating boy. After 45 minutes of the boy's hopping on a bed and grandpa pulling him calmly off, the boy stopped and they quietly went for a walk. As they passed the supervisor grandpa winked and said to her, "Well, I guess he figgers I'm going to stay right in there with him. We'll get along." And they do.

4. One grandparent at bathing time said to her child, "What am I going to do with you?" From across the room a grandma spoke up, "Just love him a little more."

5. "We were saying on the bus yesterday—these are the shortest 4 hours we ever spent."

6. "We need these children more than they need us."

7. Three sisters from California were coming through here to pick up two more (including one of our grandmas) to make their first visit back to the old homestead in Mississippi in 20 years. Our grandma said she wouldn't go if it meant losing this job.

"Although the salary I will get means a lot to me, I really need to be needed and I think it could never have been in a better place. When your husband is gone, children married and gone, you really need something to fill your days. I need them as well as they need me. I'm looking forward to getting down to work with the children. All the staff and you have been so very nice to us all and your sense of humor has made it very enjoyable. I feel like we will make a success of this project if willing hearts and hands can make it so.

"The staff personnel have all been such an inspiration to us, as well as an encouragement as we prepare to share in this work. I feel, too, that as we go into this project with the children we will have the backing of a wonderful group who is each one seeking the welfare of the child with whom we will be working. I am real happy to be a part of such a project, and hope I will prove worthy of the benefits we have derived from these classes.

"As for you, Mr. Director, you have injected just enough humor into these sessions to release our tensions and make the burden these children bear seem a little lighter. The old adage is so true—"A little nonsense now and then is relished by the best of men." We have enjoyed the classes, it's been fun, and yet you have not let us forget the seriousness of our task. God bless you.

"I want to say a big thank you to all of the staff who have been so helpful to us, my prayers are for you in this work, I know God will continue to guide you in your great efforts for a better life for the mentally retarded.

"I am also thankful for the sense of humor our Mr. Gursch has. It helps a lot, also the big smile and greeting from our Mrs. Doughty at the bus each morning. All of you make us feel we have always known you.

"I'm glad we won't be graded on this. I would have failed grading. But it is from my heart."

CINCINNATI, OHIO

The tender loving care given by our foster grandparents to the children is exceedingly warm. The foster grandparents are kind, patient, and understanding. This is noted by the manner in which the children respond.

The staff of the hospitals are very pleased. Our foster grandparents are cooperative, follow instructions, and have excellent attitudes toward their work. Each foster grandparent has communicated well with his child. There has not been any personality problems between the foster grandparent and foster grandchild.

The physical ability of each foster grandparent has been above average. We have had only two foster grandparents absent during the month; each, 2 successive days. Both were absent because of illness.

The group works well with each other. They cooperate with their peers and are quite helpful to each other. To date, we have not had one foster grandparent complain about the other. Each assumes responsibility for his own child.

Out of the 18 selected hospitalized children, we have had contact with 4 sets of parents. All were quite receptive to the foster grandparent and openly discussed the welfare and the change in the child.

We have been advised by the host institutions of the marked improvement of each child:

1. Eleven-month-old girl with brain damage responds to her foster grandparent by smiling and turning her head in the direction of the foster grandparent's voice.

2. Seven-year-old girl with little muscular control originally, has now been discharged from the hospital as a result of additional and regular therapy by the foster grandparent.

3. Nine-month-old boy who had at least two heart attacks per day, has not had one attack since the foster grandparent has been caring for him.

CONCORD, N.H.

The FGP's have found something attractive and appealing in every child. One horribly disfigured child with almost no face is quite a pet. Perhaps these elderly people who have experienced, themselves, so much hardship are more easily able to feel empathy.

We have experienced no frictional problems between the FGP's. They have taken proprietary interest in "their children" and may be jealous of attention by others. Many of them have been bringing gifts to their children—one lady has been making dresses at home, etc. One man has been busy assembling play equipment and has definite ideas of ways in which the program may be strengthened. They feel and are felt to be very much a part of the regular staff (they are called grannies); took part in the Christmas festivities (the O.T. department worker made them mobiles for their wards—expressing holiday wishes, etc.).

Attitudes of the grandparents are noticeable. Reports such as—"this is the first time I've felt like getting up in the morning"—"I feel I am useful now," etc. are frequent. One arthritic patient's physician told us he has noticed a tremendous improvement in her condition.

PORTLAND, OREG.

Mrs. Sears: "I have been very satisfied working with children. I think the program is very satisfactory and the children are responding to our care."

Mrs. Ella Smoke: "The grandmothers project, in my opinion, is very worthwhile. I believe those children are being helped considerably, as we are able to give them our love and attention at all times while we are on duty. Perhaps some of us could take care of more children than are assigned to us; however, all of us would not have the time for added responsibilities due to the needs of some children."

Mrs. Mary Vuksich: "Personally, I think it is a wonderful program and not only a help to the children, but it gives us a chance to help out and be happy to see any improvement in their lives, and I think they get a little touch of grandmotherly love and care."

Insofar as the children are concerned, the only noticeable improvement, but a most positive one, is that they are sleeping much better. This tends to help regulate them to a more natural schedule.

This institution feels that it is being able to exert and extend itself in an area which it was unable to do before the foster grandparent program. And, from this giving the facility to the foster grandparents and being rewarded by their happiness, we might selfishly expect to benefit by knowledge of employing the aged and assisting to reach their greatest capacities, those retarded children who are entrusted to us.

SALT LAKE CITY, UTAH

It is interesting to note that a high percent of the foster grandparent participants have arthritis. This specific course outline will be beneficial to them as well as to the children. Already many favorable comments have been made in regard to this.

During the orientation program, assignments of children to grandparents have been made. Foster grandparents appear to be well satisfied with their assigned children and progress among the children has already been observed. The children eagerly await the arrival of the grandparents each day. After a week's association with a foster grandparent, one child who was nonverbal is now attempting to communicate. Another child, who was previously unable to mount a rocking horse independently, now is capable of performing this act without assistance. Grandparents have also been observed conducting activities of daily living with several groups of children, which is proving beneficial to both children and grandparents. One child, who can be taught to feed himself, will result in a saving of thousands of dollars of public funds throughout his lifespan, to say nothing of the added benefits in regard to human dignity and group acceptance.

This foster grandparent project is most exciting and very rewarding. To see senior citizens develop a feeling of usefulness and to hear them express satisfac-

tion and anticipation in regard to the progress of their grandchildren is most impressive.

8. SELECTED LETTERS FROM ELDERLY INDIVIDUALS

REHOBOTH, MASS., August 30, 1965.

SARGENT SHRIVER,
Office of Economic Opportunity,
Washington, D.C.

DEAR SIR: Please put my name on the list of applicants for a place with foster grandparents.

I'm a former newspaperman and racetrack executive who retired from a \$100-a-day job too soon. At that time I thought I had enough to live on for the rest of my life, but the prices of many of the necessities have tripled since then. In the process my savings trickled away and I'm trying to hold onto my home and feed a wife off a small veterans' pension and a smaller Social Security check. The two total \$126.75 a month.

In 3 months I will be 73 years old, but my health is good and I'm active from 6 in the morning until 10 at night. Recently I mixed by hand and poured the cement for the piers of a bridge across a brook that runs through my 22 acres.

I fathered three college graduates, one from the Rhode Island School of Design, one from Harvard, one from West Point. The three combined to give me nine grandchildren, and grand ones they are—the whole dozen. So I have the special experience that foster grandparents figures to be looking for.

Yours hopefully,

[Name withheld.]

ST. ALBANS, N.Y., September 15, 1965.

DEAR SIR: I am interested in obtaining information on foster grandparents for children in orphanages. I am interested in working in such a program since I am over 65 but not eligible for Social Security. I have always done housework and never paid social security. Please send any information regarding this program or any other for people like myself. Thank you.

Yours truly,

[Name withheld.]

LEECHBURG, PA.

OFFICE OF ECONOMIC OPPORTUNITY,
Washington, D.C.

DEAR SIR: I would like information on projects offered elderly people in having a share in caring for underprivileged and neglected babies, very young children; as I always did have a warm spot for youngsters; would like to know requirements for this type of work, where available. Thanking you for any information.

Sincerely,

[Name withheld.]

MARIETTA, GA.

Re the foster grandparents program:

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE.

Please send me more information on this program.

I am very much interested as I am an unemployed (unhappily) 68-year-old widow, drawing \$76.90 per month Social Security.

I love children and feel that this would be a wonderful opportunity for me.

Sincerely,

[Name withheld.]

GREENVILLE PA.,
November 23, 1965.

FOSTER PARENTS ADMINISTRATION.

DEAR SIR: I am 78 years of age and my Social Security of \$75 will not begin to buy food, cloth me * * * I cannot pay \$3 a month for medicare.

Now I am only able to sit with a bed patient, see that they get their medication, a light lunch, etc., while the family is out 3 to 6 hours at a time, which might help someone if we could get in touch with each other.

* * * * *

If you can help in any way, please do so soon.

Sincerely,

[Name withheld.]

CANTON, OHIO, November 29, 1965.

OFFICE OF ECONOMIC OPPORTUNITY OR OFFICE OF AGING,
Welfare Administration, U.S. Department of Health, Education, and Welfare,
Washington, D.C.

DEAR SIR:

* * * * *

I have been a licensed practical nurse for the past 20 years and am also a grandmother, a young great grandmother, still active and alert but because I am 72 years old I find it hard to have enough work to add sufficient funds to my social security to care for all my needs.

I love children and they almost always respond to me.

* * * * *

[Name withheld.]

VI. HOME HEALTH AIDES

In August 1965, President Johnson announced that the OEO would establish a training program for home health aides selected from persons age 45 and older with low incomes. A home health aide is a member of a health services team which will act as an extension of medical care into the home. The aide will perform unskilled nursing tasks under the supervision of a nurse, will help keep the home going by doing the shopping, planning the meals, etc.; and will generally attempt to assist in making the home a clean, healthy, and safe place to live.

Final plans now being made for the first part of this two-part program, and criteria for participation in the pilot phase of the national home health aides program soon will be issued. Plans also are being made for a second, massive implementation phase to be based on the experience of the pilot programs. The first phase is to be conducted under terms of an agreement signed by the Office of Economic Opportunity and the Public Health Service.

Attached is a summary of plans for the pilot national home health aid training program. As soon as the further documents are available, they will be submitted to the Committee for inclusion in the record.

PILOT PHASE: HOME HEALTH AIDES TRAINING PROGRAM

Home health care is a crucial element of good health services. Adequate home health care could provide one of the answers to the problem of care for the chronically ill, offering a useful alternative to care in nursing homes or other institutions. Adequate home health care could free many badly needed and expensive hospital beds, permitting patients to return to friends and families.

Yet, despite its importance, residents of communities across the United States today are unable to benefit from home health care. The Public Health Service estimates that only about 16 percent of the aged who could use such services now are able to secure them. Demands for home health services are likely to expand greatly when Public Law 89-97, "Medicare," takes effect July 1, 1966, providing financial support that may enable many more older citizens to receive care in the home.

In August 1965, President Johnson made public several programs aimed at helping the older American, who often has difficulty in obtaining employment and in maintaining satisfactory levels of health and social function. Among these was a program designed to help the older American attain economic self-sufficiency, while at the same time increasing the national manpower pool available for the expansion of home health care. Last August, Mr. Johnson announced that the Office of Economic Opportunity would establish a training program for the older poor as nonprofessional home health aids.

The community action program of the Office of Economic Opportunity, and the Division of Medical Care Administration of Public Health Service, have agreed to combine resources in developing a series of pilot training projects, using funds available under section 207—Research and Demonstration of the Economic Opportunity Act.

These programs will serve as the first part of a two-stage implementation plan. At a later date, a larger program is planned to be based on the experience of the pilot phase.

Four kind of auspices are planned in the pilot phase:

- (1) Community action agencies, with public or private nonprofit agencies that meet the qualifying conditions for participation in the health insurance program for the aged as home health agencies as delegate agencies;

- (2) One or more public or private nonprofit agencies that meet the qualifying conditions;

- (3) One or more public or private nonprofit agencies that may make arrangement or contract for home health aid service with a qualifying agency;

- (4) Public or private nonprofit organizations with the capacity to train aids or trainers, who have established arrangements with home health agencies meeting the qualifying conditions for the employment of aids at the completion of training.

Funds will be available to support recruitment, selection, and training of the older poor, aged 45 and over, as home health aids, and for evaluation of projects.

All programs will meet the standards prescribed under Public Law 89-97 regarding recruitment, selection, and training of home health aids.

Applicants for pilot program grants are expected to develop and test a number of ideas regarding how best to implement these standards when the home health aid is an older poor person.

For example, in some programs, especially needy, older poor may be found and recruited by involving the community action agency, senior citizens organizations, civic organizations, health departments, local public and private social service agencies, the church, and aids already employed.

Projects may test the notion that compensatory education, health, and social assistance can help those rejected in the initial screening process to benefit from income-generating employment. Home health aids trainees may be taught to perform various combinations of tasks: For example, (a) household maintenance; (b) personal care; (c) provision of companionship to recipients of service; (d) the teaching of household management, child care, and nutrition principles by example.

In some programs aides of demonstrated ability may be helped to advance through inservice training as (a) specialists in the care of a group of a specific age or sex, with patients who are mentally retarded, or who suffer from heart disease, stroke, cancer, or terminal diseases; (b) teachers or tutors of other aide trainees; (c) part of the administrative staff of the employing agency.

Aides are expected to become an integral part of the ongoing staffing patterns of employing agencies, with maximum possible use of each aide supported through a combination of funds from reimbursements under Public Law 89-97, third party payments by official health and welfare department, the children's bureau, other public and private sources, and fees collected from users of services.

OFFICE OF ECONOMIC OPPORTUNITY,
EXECUTIVE OFFICE OF THE PRESIDENT,
Washington, D.C., January 17, 1966.

HON. WILBUR COHEN,
Under Secretary, Department of Health, Education, and Welfare, Washington, D.C.

DEAR MR. COHEN: Pursuant to the agreement between the Office of Economic Opportunity and the Department of Health, Education, and Welfare setting forth the policies and procedures under which your department will provide support in carrying out the Economic Opportunity Act of 1964, I am requesting that the Public Health Service undertake to perform certain work in developing community action programs to support the recruitment, training, and employment of older workers as home health aids.

The following information is provided pursuant to paragraph 9 of the general support agreement:

(1) The general purpose, responsibilities, and accomplishment of this project are set forth in the "Memorandum of Understanding" based on a series of conferences between staff of the community action program of the Office of Economic Opportunity and staff of the Public Health Service.

(2) The specific support requested, including an estimate of personnel requirements, duration, and reporting requirements are described in the "Memorandum of Understanding" attached hereto, and in the accompanying budget.

(3) The project manager for the Office of Economic Opportunity will be the director of program policy, community action program.

(4) Reimbursement will be made upon submission of form 1081.

Please indicate your agreement to this arrangement by signing in the space below.

Sincerely,

LISLE C. CARTER, Jr.,
Assistant Director.

Concurrence:

WILBUR J. COHEN.

MEMORANDUM OF UNDERSTANDING: A PROJECT FOR THE RECRUITMENT, TRAINING, AND EMPLOYMENT OF OLDER PERSONS AS HOME HEALTH WORKERS

BACKGROUND AND NEED

In a recent message, President Johnson paid particular attention to the wide-spread poverty and unemployment among the elderly. As part of the Federal Government's plan to remedy this, he outlined a program of the Office of Economic Opportunity in which older workers would be recruited and trained as home health aids. Because recent legislation, such as health insurance for the aged, provides substantial new funds to support the provision of home health services, there is the possibility of training poor elderly workers to help provide these services.

PROPOSED ACTION

It is therefore proposed that, by making available funds during the year beginning with the effective date of this agreement, the Office of Economic Opportunity will undertake a program to support the recruitment, training, and employment of older persons as home health aids.

These funds are to be spent in the following ways:

- (1) Project grants for pilot programs to be implemented as rapidly as possible.
- (2) Project grants or contracts for the training of persons who will then be available for the training of home health aids.
- (3) Plans for project grants to support the implementation of the program as rapidly as progress on items 1 and 2 above permits.
- (4) Costs of administration, technical assistance, and program development incurred by the Office of Economic Opportunity and the Public Health Service.

DIVISION OF RESPONSIBILITY

The Office of Economic Opportunity shall contract with the Public Health Service to perform certain functions in the implementation of this program. Contract arrangements and program evaluation shall be reviewed quarterly by both agencies.

The OEO shall have final responsibility throughout. Interagency coordination and clearance will occur in carrying out the total program.

Primary roles in the specific activities are indicated hereinafter:

1. Pilot programs

Aging

- | | |
|--|--------------|
| (a) Develop standards and guidelines for projects or contracts. | OEO and PHS. |
| (b) Identify local sponsors, invite applications, provide technical assistance. | PHS and OEO. |
| (c) Develop proposals and negotiate changes in applications with local sponsors where necessary. | PHS. |
| (d) Staff review and approval of professional health aspects of proposal with recommendations for funding. | PHS and OEO. |
| (e) Final approval of proposals and disbursement of funds. | OEO. |
| (f) Public announcement. | OEO. |
| (g) Followup and consultation to approved projects contracts. | PHS. |
| (h) Review of operations, evaluation. | PHS and OEO. |

2. Training of trainers

- | | |
|---|--------------|
| (a) Development of standards and guidelines for project or contracts. | OEO and PHS. |
| (b) Identify potential training sites and agencies, provide technical assistance, materials, consultation. | PHS and OEO. |
| (c) Develops contracts or project proposals. | PHS. |
| (d) Staff review and approval of professional health aspects of projects or contracts with recommendations for funding. | PHS and OEO. |
| (e) Final approval of contracts, proposals, and disbursement of funds. | OEO. |
| (f) Followup and consultation to approved projects and contracts. | PHS. |
| (g) Public announcement. | OEO. |
| (h) Review of operations, evaluation. | PHS and OEO. |

3. *Implementation planning*

(a) Develop overall plan, standards, and guidelines..... OEO and PHS.

PROGRAM CONTENT

While detailed standards and guidelines remain to be worked out jointly by the OEO and the PHS, the following basic points are agreed upon:

1. Arrangements for OEO support of recruiting, selection, training, and employment of home health aids shall be so made as to result in the employment of older poor persons as home health workers. The program will aim at placing as many of these in employed status by July 1, 1966, as is consistent with a high quality program.

2. While major emphasis will be placed on employment of older workers as home health aids, it is understood that arrangements should be sufficiently flexible to allow recruitment, training, and employment of other workers as home health aids in programs utilizing OEO funds.

3. Community action agencies will be looked to as the primary source of pilot project applications. Community action agencies will be assisted in developing the necessary relationships with such agencies as are or may be providing home health services, in order to facilitate the coordinated planning and program development between the community action agency and the health agency that will precede the submission of a proposal.

4. OEO and PHS will aim to design the program so that every person who is selected and trained as a home health aid will actually become employed in that capacity; these efforts will include close coordination with all developments relating to policy decisions governing the expenditure of public funds or in-home health services.

5. During the pilot program phase, every effort will be made to fund at least 20 to 35 projects which vary in relation to auspices, recruitment, and selection methods, training methods, role of the community action agency in relation to the sponsoring health agency, and such other elements as may require additional experience and experimentation. There will also be a good geographical distribution of projects, and variations in types and sizes of communities from which applications will be sought.

6. Projects or contracts submitted in connection with either the pilot programs or during the implementation must be approved by both PHS and OEO in order to be funded through this program. If the Public Health Service recommends against the funding of any project, it shall not be funded by OEO in a form that associates the project with the remainder of this program as a health activity.

7. Every effort will be made to coordinate the work under this program with relevant programs being undertaken by other agencies of the Federal Government, and by public and voluntary agencies throughout the country.

(Signed) LISLE C. CARTER, Jr.

(Signed) WILBUR J. COHEN.

HOME HEALTH AND RELATED SERVICES

OFFICE OF ECONOMIC OPPORTUNITY SUPPLEMENTAL

Estimated annual budget,¹ Nov. 26, 1965

Grade and title	Head-quarters	Regional office	Amount
GS-15, medical assistant.....	1		\$17,055
GS-13, public health nurse.....	1		12,510
GS-13, medical social worker.....	1		12,510
GS-13, medical social worker or Public Health nurse.....		4	50,040
GS-11, health educator/training specialist.....	1		8,961
GS-5, secretary-typist.....	2		10,362
Compensation, staff.....	6	4	111,438
Consultants.....			3,562
Total personnel compensation.....			115,000
Benefits (7 percent of net).....			8,000
21 Travel:			
Regular.....			38,000
Consultants.....			8,000
22 Transportation of things.....			2,000
23 Communications (telephone).....			2,000
Rent (space).....			9,000
24 Printing.....			13,000
25 Other services.....			10,000
26 Supplies.....			2,000
31 Equipment.....			4,000
Total estimate.....			211,000

¹ The cost for 6 months in the current fiscal year is estimated at \$125,000 since it would be necessary to accelerate certain specific costs in order to get the program started.

HOME HEALTH AIDE PROGRAM GUIDELINES ¹

INTRODUCTION

The Office of Economic Opportunity and Public Health Service, Department of Health, Education and Welfare, are cooperating in sponsorship of a national pilot program to recruit, select, and train the older poor for employment as home health aids.

The objectives of the program are—

- (1) To increase the ability of communities to meet the demand for home health services.
- (2) To test the idea that older poor men and women, 45 years of age and over, can be recruited, selected, and trained for successful employment as home health aids.
- (3) To test the success of different experimental approaches to recruitment, selection, training, and employment of the older poor as home health aids, with the possibility of career advancement in health center careers.

This pamphlet sets forth information and instructions to guide agencies interested in developing Home Health Aide Pilot Training Projects.

Background

Home health care is an important element of good health services. Adequate home care can provide one of the answers to the problem of care for the chronically ill, offering a useful alternative to care in nursing homes or other institutions. Adequate home health care can free many needed hospital beds and permit patients to remain with friends and families.

Many persons are unable to benefit from home health care because of the present manpower shortages. The Public Health Service estimates that only about 16 percent of the aged who could use such services now are able to receive them. Demands for home health services are likely to expand greatly when Public Law 89-97, "Medicare," takes effect on July 1, 1966, providing financial support that may enable many more older citizens to afford care in the home.

Public Law 89-97 and other recent health legislation point to the increasing acceptance of the philosophy that high quality, personalized, continuous, com-

¹ Pamphlet provided by Mr. Shriver on Apr. 28, 1966.

prehensive care, tailored to the differing stages of illness and disability, should be available to all citizens. If this objective is to be achieved, attention, funds, personnel, and community action must be focused on the rapid expansion of home health services. Clearly, one key requirement will be a sharp increase in the number of professional and supportive personnel available to provide care in the home.

Establishment of program

In August 1965, President Lyndon B. Johnson announced several programs aimed at helping older Americans who find difficulty in obtaining suitable, remunerative employment. The President said that among these would be a project established by the Office of Economic Opportunity to train older poor people as nonprofessional home health aides, helping them to attain economic self-sufficiency while at the same time increasing the national manpower pool available for the expansion of home health care.

The Community Action Program of the Office of Economic Opportunity, and the Division of Medical Care Administration of the Public Health Service have agreed to combine resources in developing a series of pilot home health aid training projects, using funds available under section 207 (Research, Demonstration, and Training) of the Economic Opportunity Act of 1964, as amended.

OEO and PHS will jointly evaluate the results of the pilot projects. Results of this evaluation will be used to provide guidance in developing future home health aid training programs.

ORGANIZATION OF PILOT PROGRAMS

A. Elements of pilot projects

Home Health Aid Pilot Training Projects must include each of the following elements:

Recruitment of older poor men and women for training as home health aids;

Selection of those qualified for training;

Training of aids for placement in agencies with demonstrated capacity to employ home health aids;

Employment of the aids by agencies able to use aids as part of an ongoing staffing pattern, at appropriate levels of compensation, with opportunities for career advancement;

Evaluation of the success of the project, at various stages of the grant period.

OEO funds will be available under section 207 of the Economic Opportunity Act of 1964, as amended, to support all or part of the costs of recruitment, selection, training, and evaluation. OEO funds will not be available to support costs of the employment of aids. *Pilot projects will be funded by OEO only when participating agencies are able to ensure that aids trained in pilot projects will be successfully employed.*

B. Participating agencies

1. *Applicant agency.*—Application for OEO funds to conduct a Home Health Aid Pilot Training Project will be accepted from either a public or a private nonprofit agency which has:

(a) Adequate authority to enter into contracts with, and to receive grants from the Federal Government, and to carry out the program for which assistance is requested, either directly or by contract or agreement with other agencies.

(b) The capacity to utilize efficiently and expeditiously the assistance for which application is made.

An applicant which is a private nonprofit organization, in addition to meeting the requirements stated above must qualify for Federal assistance by meeting one of the following conditions:

(1) It must be an institution of higher education, as defined in section 401(f) of the Higher Education Facilities Act of 1963 (20 U.S.C. 701).

(2) It must be an institution or organization which has had a concern with problems of poverty prior to application for Federal assistance under title II-A. Any organization formed since enactment of the Economic Opportunity Act of 1964 (August 20, 1964) will be presumed in need of sponsorship (see next item) unless a substantial involvement in antipoverty action can be demonstrated. If the applicant agency is formed from a group having a concern with poverty prior to application, the continuity of the organization

must be demonstrated. This would be required if an unincorporated association became a nonprofit corporation for the purpose of applying for Federal assistance.

(3) It must be sponsored by a public agency, or by one or more private institutions or organizations which have had a prior concern with problems of poverty. Sponsorship must be in the form of an official act endorsing the program of the applicant. When the applicant claims sponsorship by a private organization, it shall provide evidence demonstrating the sponsor's substantial concern with problems of poverty prior to enactment of the act.

In addition, an applicant which is a private nonprofit organization must provide, prior to the receipt of any grant funds, evidence that it has established an accounting system which, in the opinion of a certified public accountant or a duly registered public accountant, is adequate to meet the terms of the grant. In any case where a component project or part thereof is to be conducted by another private agency under contract, the applicant agency shall take all necessary actions to ensure that the accounting system of the other agency is adequate to meet the terms of the grant.

Applicant agencies must, in addition, be able to comply with the "Conditions Governing Grants Under Section 207 of the Economic Opportunity Act" (app. A to these guidelines), and with standard OEO requirements regarding personnel policies and related matters.

In evaluating the suitability of an agency as applicant and grantee, OEO will pay particular attention to the agency's prior experience in administering complex programs in conjunction with other agencies.

2. *Delegate agencies.*—Grantees may delegate conduct of all or part of a pilot project to other public or private agencies, whether nonprofit or profitmaking, by means of contract or agreement. (See exhibit V of vol. I of the Community Action Program Guide for a copy of the standard OEO contract form which may be used in the delegation of activities consisting of all or part of a component project.) If any activity is to be delegated to a church or church-related organization, OEO requires that delegation to such an organization rather than to a public or nonsectarian agency be justified by evidence that use of the church related organization will meet a need which cannot be satisfied economically or efficiently by available alternatives. In addition, the activity itself must be wholly nonsectarian in content and purpose. To ensure that this is so, OEO requires that certain special conditions be included in any contract between a community action agency and a church or church-related organization. Compliance with these conditions is the responsibility of both the community action agency and the delegate agency. (See exhibit IX of vol. I of the Community Action Program Guide.)

An agency which will be directly responsible for any portion of recruitment, selection, or training of aids, or evaluation of programs, and which will be compensated with pilot project funds, will be considered to be a delegate agency. Applicants will be required to conclude contracts with all such agencies.

3. *Other participating agencies.*—Project grantees and delegate agencies may retain the services of qualified consultants, or other organizations, whether nonprofitmaking or profitmaking, to conduct specialized activities or to provide advice under contract. (See exhibit VI of vol. I of the Community Action Guide for copies of the standard OEO contract form which may be used for these purposes.)

An agency which will employ aids trained in a pilot project, regardless of whether or not it is a delegate agency, will be required to cooperate in the evaluation of the pilot project.

C. Role of participating agencies

Applicants have great latitude in allocating various segments of the project to participating agencies with differing skills and capabilities. The applicant agency may conduct all activities directly, or may delegate any or all of them, retaining only the basic responsibility for ensuring that the project is carried out in accordance with the project application and that all requirements stated in these guidelines are met. Recruitment, selection, training, and evaluation may be conducted by the agencies which will employ the aids, or by other agencies individually, or in combination.

Agencies which may participate include, but are not limited to: community action agencies; local and State departments of health and welfare; voluntary health and welfare agencies providing home health services, such as Visiting Nurse Associations and homemaker-home health agencies; departments of hospitals, medical schools, medical clinics, and extended-care facilities.

The guarantee of useful, continuing, remunerative employment for aids after completion of training is a central requirement for funding of a pilot project. Agencies certified to provide home health services eligible for reimbursement under Public Law 89-97 will be in a strong position to support employment of aids. Therefore, OEO strongly recommends that those agencies eligible for certification and planning to employ aids apply for such certification. Included in *Health Insurance for the Aged; Conditions of Participation for Home Health Agencies* is a description of the procedure to be followed in requesting certification. The *Conditions of Participation*, to which frequent reference is made in subsequent sections of these guidelines, is attached as appendix B.

EXPERIMENTAL ELEMENTS

Past and present home health service programs have achieved outstanding success in surmounting obstacles to training home health aids. However, study of existing programs highlights the need for experimentation in many areas. PHS and OEO look to projects in this pilot phase to begin to meet this need. In the pilot phase, grantees will be asked to develop and explore various alternative methods of planning, organizing, conducting, and evaluating home health aid programs.

The following are some of the areas in which experimentation is needed:

A. Assessment of need for home health services

1. Combination of existing sources of data to produce an effective assessment of need for home health aids.
2. Creation of data on need for home health aids where home health services have previously been unavailable such as Indian reservations, migrant camps, etc.

B. Recruitment of aids

1. Use of groups and individuals not usually involved in recruiting home health aids, such as community action agencies, senior citizens groups, home health aids already trained, etc.
2. Techniques to overcome resistance of older poor men and women to training for employment as home health aids, due to fear of failure, long-term absence from the work force, reluctance to accept employment involving narrowly defined tasks under close supervision in a highly structured organization, etc.

C. Selection of aids

1. Varied methods for assessment of the minimal standards for aids required by the *Conditions of Participation*, other than the traditional measures of school performance and written tests, such as role playing, brief job tryout, etc.
2. Varied selection requirements to fit different job descriptions.
3. Varied selection requirements to make provision for possible remedial and compensatory programs in education, English language, health, etc., prior to start of home health aid training.
4. Varied methods of providing assistance to persons not selected for aid training.
5. Use of many kinds of personnel in the selection process, such as aids already trained, other nonprofessionals, community workers, vocational rehabilitation counselors, educator, health personnel, social service personnel, and others.

D. Training of aids

1. Variation in length of training.
2. Use of varied amounts of orientation, basic instruction, on-the-job training, in-service instruction, internship arrangements, etc.
3. Use of varied types of facilities for various types of training, such as classrooms, home health agencies, homes of recipients of care, etc.
4. Training for career advancement as—
 - (a) Specialists in the care of a specific age group or sex; with patients who are mentally retarded, or who suffer from heart disease, stroke, cancer, or terminal diseases;
 - (b) Home health workers with multiple specialties;
 - (c) Teachers or tutors of other aid trainees;
 - (d) Part of the administrative staff of the employing agency.
5. Use of varied types of curriculum materials in teaching aids; use of varied methods of curriculum presentation, such as educational television, programmed instruction, audiovisual aids; use of additional curriculum elements, such as training in effective function in the employment situation; in how to recognize

changes in the condition of patient or family which the aid should report for attention by professional health and welfare personnel; in how best to provide companionship and stimulation to recipients of service; in methods of teaching household management, child care, and nutrition principles, by example, etc.

6. Use of persons representing a wide variety of experience in the design, conduct, and evaluation of training programs, such as persons involved in basic literacy programs for both English-speaking and non-English speaking adults; persons experienced in industrial training in semiskilled and unskilled occupations; social workers; community workers; and representatives of health, social service, and related disciplines.

7. Use of persons of varied disciplines and backgrounds working individually or in teams, in teaching aids, such as physicians; nurses; social workers; physical therapists; nutritionists; dieticians; home economists; occupational therapists; safety engineers; recreation leaders; and neighborhood center workers.

8. Use of varied methods of assessing the employability of aids at the end of training, and of helping aids who do not complete training to receive assistance in reentering aid training, or in finding other types of training or employment.

9. Use of varied methods to raise the status of the home health aids' occupation, such as establishment of formal certification procedures for aids by training and employing agencies, or by State health departments; or inclusion of this occupation in Civil Service schedules, etc.

E. Employment of aids

1. Plans for use of varied combinations of sources of funds to support the planned employment of aids trained with OEO funds, such as the Children's Bureau; reimbursements under Public Law 89-97; third-party payments by health and welfare departments; other public and private funds.

2. Plans for variations in assignment of aids in consideration of differences in interests, physical abilities, and the needs of the agencies.

3. Varied plans for utilization of aids, such as assignment of individual aids to cases, teaming of aids with health workers and social service workers.

4. Employment of aids in different types of agencies, such as homemaker-home health agencies, visiting nurse associations, hospitals, welfare departments, and other qualified organizations.

STANDARDS FOR PILOT PROJECTS

A. Number of aids to be trained

Choice of the number of aids to be trained in the project must be based on—

(1) An assessment of the need for home health service in the community. (Sources of data include community action agencies, health and welfare departments, and social security agencies.)

(2) Firm commitments by responsible agencies to employ specific numbers of trained aids.

(3) An estimate of the number of older poor people potentially interested in the program, and eligible for, training and employment as home health aids. (Sources of data include community action agencies, senior citizens organizations, and the local employment service.) In no case will programs be funded to train fewer than 10 aids.

B. Relationship to community action agencies

1. Preference will be given projects which are fully coordinated with the programs of community action agencies serving the communities from which aids are drawn, and to which they will be assigned.

2. Each Home Health Aid Pilot Training Project must be designed so that at least 60 percent of the aids are drawn from communities served by one or more community action agencies.

C. Compliance with OEO policies

The conditions governing grants under section 207 of the Economic Opportunity Act apply to all project grants as do the personnel policies prescribed for project grantees.

D. Planning and advisory committees

Projects must provide for the formation of a Planning and Advisory Committee, whose responsibilities must include:

(1) Periodic meetings with project staff to review operations and propose revisions;

(2) Filing of narrative supplements to the periodic reports submitted to OEO and PHS by the participating agencies, describing problems identified by the committee, steps taken to deal with problems, and notable strengths and weaknesses of the project.

Planning and advisory committees must include representatives of the aids, of the recipients of service, and of the participating agencies. Applicants may also wish to include on these committees representatives of minority groups, the clergy, labor, medicine, education, and other professions or groups.

E. Readiness to conduct project

Applicants must give evidence of ability to begin conduct of the program within 30 days of announcement of grant approval.

F. Recruitment

Applicants must design a recruitment plan which makes effective use of existing community resources. The applicant *must* solicit assistance in recruitment of aids from any community action agency serving the area from which aids will be drawn.

Applicants are encouraged to invite other agencies to assist in recruitment, including, but not limited to—

- (1) Local associations of older persons.
- (2) Homemaker-home health aid agencies.
- (3) Local health and welfare agencies with recent experience in recruitment and training of nonprofessionals in health fields.
- (4) Local offices of the Employment Service.
- (5) Departments of health, public welfare, and vocational rehabilitation.
- (6) Religious institutions and charitable organizations.
- (7) Social security offices.
- (8) Civic and social organizations serving older people.
- (9) Adult education centers.
- (10) Organizations serving older non-English-speaking individuals.
- (11) Housing projects for older persons.
- (12) Farm organizations.

G. Selection

1. Aids must be 45 years of age or older. Preference will be given applications which provide for the recruitment of men as well as women as aid.

2. Generally, aids must have annual family incomes below the "poverty line" index below. Applicants may present justification for variations from this index because of particular local conditions.

Annual cash income thresholds to poverty

Family size (persons)	Nonfarm	Farm	Family size (persons)	Nonfarm	Farm
1.....	\$1,540	\$1,080	8.....	\$5,135	\$3,595
2.....	1,990	1,390	9.....	5,635	3,945
3.....	2,440	1,710	10.....	6,135	4,295
4.....	3,130	2,190	11.....	6,635	4,645
5.....	3,685	2,580	12.....	7,135	4,995
6.....	4,135	2,895	13 or more.....	7,635	5,345
7.....	4,635	3,245			

3. Aids must, by the completion of the training program, be able to read and write, to understand and carry out directions and instructions, and to record messages and keep simple records. (See Condition of Participation No. 16.)

4. Aids must demonstrate emotional and mental maturity, and an interest in and a sympathetic attitude toward caring for the sick at home. (See Condition of Participation No. 16.)

5. Aids must, by completion of the training program, be in sufficient health to perform their duties without imperiling their own health or that of their patients.

6. Counseling must be provided to those not selected for training, as well as referral to appropriate sources of assistance and training courses under other auspices (MDTA, title V work-experience program, Nelson amendment, etc.).

H. Training

1. *Training institution.*—The choice of an appropriate training institution rests with the applicant. Innovative approaches to training, under novel as well as conventional auspices, are encouraged. In assessing the appropriateness of the community's choice of a training institution, OEO-PHS will consider:

(a) The demonstrated capability of the training institution in provision of home health services; training of nonprofessional workers; training of workers in health-related fields.

(b) Geographic proximity of the institution to the agencies in which trainees will be employed. (Where the training institution is located more than 20 miles from the agencies in which most of the aids will be employed, the choice must be explained in the application.)

(c) The capability of the training institution to provide appropriate facilities for conduct of the program, such as demonstration facilities for personal care techniques; food preparation facilities; audiovisual and other needed equipment.

2. The chief instructor of aids will be required to attend a 3-day training institute to be conducted by OEO and PHS. The chief instructor should—

(a) Have a background of professional training and experience in fields such as public health nursing, social work, medicine, medical care administration, home economics.

(b) Have previous experience as teacher or supervisor of personnel or have carried responsibility for planning and implementing a home health aide program.

(c) Have experience in working with community groups to develop new or improved health services for local residents.

3. Training programs must include (cf. Conditions of Participation No. 17):

(a) A basic training curriculum covering the following topics:

(1) The role of the home health aid as a member of the health services team.

(2) Instruction and supervised practice in personal care services of the sick at home, including personal hygiene and activities of daily living.

(3) Principles of good nutrition and nutritional problems of the sick and elderly.

(4) Preparation of meals including special diets.

(5) Information on the process of aging and behavior of the aged.

(6) Information on the emotional problems accompanying illness.

(7) Principles and practices of maintaining a clean, healthy, and safe environment.

(8) What to report to the supervisor.

(9) Record keeping (when applicable).

(b) Orientation of each aid to the program of the agency which will employ him, including—

(1) Policies and objectives of the agency.

(2) Information concerning the duties of a home health aid.

(3) The functions of other health personnel employed by the agency and how they relate to each other in caring for the patient.

(4) Information about other community agencies.

(5) Ethics and confidentiality.

(c) On-the-job instruction in carrying out procedures, and in-service training to improve or learn new skills.

4. Training in personal care services must be given by a registered professional nurse, preferably a public health nurse. (Cf. Condition of Participation No. 17, sec. A.)

5. Provision must be made for assisting trainees who do not complete training at a level judged sufficient for employment.

6. Preference will be given to applications showing plans for provision of compensatory adult literacy training, health, and social services, to aids needing such assistance.

7. Preference will be given to applications including training of aids for career advancement.

I. Employment

1. Firm commitments must be obtained from agencies capable of employing home health aids that each trainee who successfully completes the training program will be offered continuing employment under desirable circumstances. The number of aids trained in the pilot project must be based on such prior

commitments. Training programs must contain provision for assessment and evaluation of whether or not the trainee has successfully completed training.

2. Those agencies and institutions which plan to employ home health aids must have written policies concerning qualifications, responsibilities, and conditions of employment for all personnel. Such policies must give the nonprofessional employee equal status with all other employees.

3. Aids must be included in the ongoing staffing pattern of the employing agency or institution. The policy of the agency must provide for consultation with each aid about the hours he wishes to work and the type of assignment he prefers. Assignments must be based on mutual agreement. Employment of aids must not be intermittent, unless the aid so requests.

4. Salaries for nonprofessional employees must start at a level no lower than the Federal minimum wage. The employment plan must provide for salary increments for nonprofessionals based on increasing experience, acquisition of new skills, and improvement in performance. Planned sources of funds to support employment of aids must be detailed in project applications.

5. Employing agencies must establish policies and procedures for insuring that services and items to be provided are specified under a plan of treatment established and regularly reviewed by the patient's physician who is responsible for the care of the patient. The decision to assign a home health aid to a particular case must be made in accordance with the plan of treatment, and the services must be given under a physician's orders and supervised by a registered professional nurse. (Cf. Conditions of Participation Nos. 15 and 18.)

6. Agencies planning to support the employment of aids at the end of training through reimbursements under Public Law 89-97 must be certified or show promise of certification, as a home health agency under section 1861 of the Social Security Act. (See Introduction to Conditions of Participation.)

Upon receiving notice of HEW certification, the agency must furnish a copy of the notice to OEO. Any agency which has been officially denied certification must so notify OEO within 3 weeks of the denial, and submit to OEO a plan for correcting the deficiencies identified by HEW, or appealing the HEW decision.

J. Evaluation

1. The applicant agency with the assistance of other participating agencies will be responsible for preparing—

(a) Periodic progress reports at critical points within the grant period;

(b) A final report summarizing and evaluating the operation of the project.

2. OEO-PHS will furnish participating agencies with further information regarding these requirements. Among the topics to be covered in the reports will be:

(a) Comparison of project performance with commitments and target area needs, in terms of number of aids continuously employed, number of people served, and man-hours of service provided.

(b) Comparison of the skills and capabilities of the nonprofessionals at the beginning of training and at later stages.

(c) Satisfaction of the aides, the employing agencies, and the people served.

(d) Degree to which career opportunities have been created.

(e) The findings of the participating agencies regarding the experimental aspects of the program.

APPLICATION FOR FUNDS FOR PILOT PROJECTS

A. Application forms

Application is to be made on forms developed for projects under section 207 of the Economic Opportunity Act. Copies of the forms and further instructions will be sent to agencies which express interest in developing pilot projects.

B. Narrative description of project

Applications must include descriptions of how the experimental elements the project proposes to explore are to be tested, and how standards for pilot projects are to be met. The narrative description of the proposed project must indicate what the applicant agency proposes to do and how it proposes to meet the requirements for a Home Health Aid Pilot Training Project as set forth in parts I, II, and III of this pamphlet.

C. The project budget

1. *Introduction to project budgeting.*—Each Home Health Aid Pilot Training Project must be tailored to local needs and conditions. The size of the staff and budget of each project will depend on the way in which it is organized, the number

of people to be served, local costs, and the extent to which it shares the facilities, services, and guidance of existing agencies.

While non-Federal contributions to the costs of pilot projects funded under section 207 are not required, they are encouraged.

The budget should cover periods of recruitment, selection, training, and evaluation. The budget may also include periods of on-the-job instruction, and in-service training subsequent to employment. Ordinarily, training will be completed in 1 to 4 months. Specific justification for longer training periods should be given. Evaluation and additional in-service instruction to upgrade skills of trainees may dictate that some items in the budget continue beyond the initial training period. Applicants may apply for refunding at the end of the first grant period in order to add or continue activities.

Eligible project costs include all costs directly attributable to the conduct of the training program subject to the limitations noted below. As previously indicated, the costs of providing compensatory education for trainees who do not meet minimum educational standards for home health aids at the beginning of the training program are eligible costs, as are other costs of readying the prospective aids for job training.

OEO funds may be used to support a wide variety of recruitment, selection, and training activities. However, OEO will not normally provide financial assistance to participating agencies to cover salaries and indirect costs attributable to the employment of home health aids, even when such costs are incurred while the aids are in training. If these costs are included in pilot project budgets, applicants must fully justify them.

Aids may provide service to patients of any income level. All reimbursements to participating agencies for services provided by the aids while the aids are receiving compensation from pilot project funds will be regarded as program income. These reimbursements must be used to reduce the costs of the project. Accounts must be maintained by the participating agencies on such income. (See vol. II of the *Community Action Program Guide*, pt. I, sec. 6.) Grantees must insure that the amount of unexpended grant funds at the end of the grant period is at least equal to total accrued program income. This unexpended balance must be returned to OEO, or alternatively, applied to the costs of a continuation of the project (if any) under section 207 in a subsequent grant period.

Volume II of the *Community Action Program Guide* provides financial instructions to be followed by all recipients of grants under section 207 of the Economic Opportunity Act, including agencies participating in Home Health Aid Pilot Projects. The *CAP Guide for Grantee Accounting* provides additional guidelines for establishment of accounting systems for section 207 grants.

2. *Eligible costs and cost guidelines.*—(Categories are those used in CAP budget forms.)

Category 1: Personnel.—This category includes all salary and wage costs, including fringe benefits, for project personnel directly employed by the applicant agency and delegate agencies in recruitment, selection, training, and evaluation activities. Compensation of the aids during the preemployment training period is an eligible cost item, but it should be included under "Category 7: Other Costs."

Personnel costs must be kept to the minimum consistent with effective project administration. Agency personnel may be compensated for the time they contribute to administration of the training program, to the training of the aids, and to project evaluation. The costs of supervision of the aids following completion of training will not be reimbursed by OEO.

OEO encourages applicants to make maximum use of volunteers in recruitment and to solicit voluntary contributions of professional time to training.

Category 2: Consultant and contract services.—All proposed fees for consultants and contract services must be based on local rates for services required.

No consultant may be paid in excess of \$100 per day without prior written approval from OEO. In general, stipends should be substantially below this maximum and consistent with the applicant's general policy, and in no event should the consultant rate exceed the employee's normal salary rate.

Category 3: Travel.—This category includes all expenses, local and other, for travel of project personnel other than home health aid trainees, including transportation charges and per diem.

Mileage costs for use of private automobiles and per diem allowances should correspond to prevailing rates in the community. However, mileage cost shall not exceed 10 cents per mile, and per diem shall not exceed \$16 per day.

The costs of the travel of instructors to the training institute may be included in the budget. In the case of instructors who must travel more than 80 miles to

a training site, eligible costs are limited to those incurred in one round-trip fare plus per diem, at \$16 per day.

Category 4: Space costs and rentals.—Space costs should be kept to the minimum consistent with provision of suitable training conditions for older people. Unused space already owned or rented by participating agencies should be used whenever possible, and be counted as a non-Federal contribution to the cost of the project.

Category 5: Consumable supplies.—Included in this category are consumable supplies, such as stationery and postage, and small items of equipment (those with a unit value of \$50 or less). Only the costs of those supplies which can reasonably be expected to be depleted during the grant period may be included in the budget.

Category 6: Rental, lease, or purchase of equipment.—The cost of obtaining the use of additional or special equipment such as training aids, furniture, and fixtures, required to conduct training is an eligible budget item. Because of the short-term nature of the program, grantees are not expected to make major purchases of equipment, but to make rental or lease arrangements for equipment which is not necessary for the continued training of poor persons as home health aids and other health occupations. When the grantee believes that the use of necessary equipment can be obtained only through purchase, detailed justification must be presented to OEO. This should include a description of all resources in the community which have been approached in order to obtain the rental, lease, or loan of the items of equipment.

Unit costs allowed will generally be the catalog prices of the General Services Administration of the Federal Government plus transportation, delivery, and other costs necessary to place the equipment in use. Although participating agencies are not required to use GSA as a source of supply, arrangements may be made to purchase through GSA. If grantees choose to buy from local rather than GSA sources, they may charge to grant funds for no more than the GSA price.

Rental charges may be based on the actual cost of renting equipment from local commercial firms in the equipment rental business. OEO will require that unused equipment already owned by participating agencies be used whenever possible and be counted as a non-Federal contribution to the cost of the project. When equipment is obtained by rental or lease from health agencies and others who do not normally rent or lease equipment, the rental charge per month ordinarily should be one thirty-sixth of the unit cost of the equipment.

Category 7: Other costs.—This category includes:

(a) Miscellaneous costs such as transportation of things, repairs, utilities, surety costs, telephone and telegraph, publications and printing, and other items which do not fit into one of the other categories.

(b) Trainee costs—i.e., those costs, attributable to individual trainees, which are automatically increased or reduced as trainees join or leave the project. Eligible trainee costs include:

(1) *Stipends for trainees* during the preemployment training period, and the formal training period. When aids are in training part of the time, and assigned to perform reimbursable services part of the time, stipends may be paid for the entire preemployment period. While the agency for whom the services are performed during the training period may receive reimbursement for these home health services, reimbursements must be accounted for as program income in accordance with the procedures outlined in section IV, item B-1, above.

Stipends should be at a rate no less than the Federal minimum wage. When the aids reach advanced levels of training, increments to the stipends may be budgeted.

(2) *Transportation for trainees* by private care, at no more than 10 cents per mile, or by public transportation at local rates.

(3) *Subsistence allowances for trainees* attending training under circumstances which require them to live away from home at rates prevailing in programs administered under the Manpower Development and Training Act. Information on local rates may be obtained from local offices of the State employment service.

How to apply for a home health aide pilot training project

D. Next steps

Agencies interested in developing Home Health Aide Pilot Training Projects should:

(1) Read carefully the enclosed materials—Guidelines, CAP Guides volumes I and II, *Conditions Governing Grants Under Section 207*, and *Health Insurance for the Aged: Conditions of Participation for Home Health Agencies*.

(2) Contact potential participating agencies, including community action agencies, local agencies providing home health services, and agencies and groups representing potential trainees.

(3) Complete the enclosed Reply Form and mail to OEO, Washington, D.C., in the enclosed envelope. Copies of application forms will be sent those indicating interest in developing Home Health Aide Pilot Training Projects.

(4) Proceed in project development.

(5) If the applicant is not a community action agency (CAA) the applicant must solicit written support for the project from all community action agencies serving areas to be served by the project.

(a) If the community action agency responds within 15 days, a copy of its comments must be included in the application to OEO.

(b) If the community action agency fails to respond within 15 days, the applicant shall include with the application package it submits to OEO a statement of its action, including evidence of its request to the CAA, noting that the CAA has failed to respond. OEO will, upon receipt of such an application package, immediately communicate with the CAA(s) to determine their attitude toward the proposal. If the CAA approves of the project, OEO will begin to process the application. If the CAA does not respond, OEO will allow the CAA an additional 15 days before OEO decides whether to process the application.

Completed project applications should be submitted as follows:

(1) The original and one copy to Special Projects Office, Home Health and Related Services Branch, Division of Medical Care Administration, Public Health Service, Washington, D.C., 20506.

(2) Two copies to the PHS regional office serving the area to be served by the project. (See App. C for PHS Regional Office addresses.)

Processing of applications will take place in Washington. Representatives of PHS or OEO may contact applicants regarding the appropriateness of their application for funding in this pilot phase, and needed supplements or revisions.

Applicants desiring assistance in program development should contact Project Headquarters, the Public Health Service, Washington, D.C., at Area Code 202 WOrth 2-6337.

Grant announcements will be made by OEO, and grantees notified, in accordance with procedures outlined in the materials to be mailed to potential applicants along with the application forms.

VII. OTHER COMPONENTS IN COMMUNITY ACTION PROGRAMS

A primary area of concentration has been to stimulate interest in a variety of programs for older persons to be funded through title II A, section 205. The long-term success of programs for the elderly must be at this point.

Communities are beginning to respond with imaginative programs designed to meet their own needs. Within the past months we have funded, or have ready for funding the following projects:

1. Northeast (region 1):
 - (a) Senior citizens dayroom, Dover, Maine.
 - (b) Golden age plan, Newark, N.J.
 - (c) Pre-elderly training program, Newark, N.J.
 - (d) Senior citizens health and recreation project, Newark, N.J.
 - (e) Expansion of community services utilizing older paid workers, New York City.
 - (f) Educational alliance project for the elderly poor, New York City.
 - (g) Expansion of long-term workshops for older people improving hiring conditions of the elderly, New York City.
 - (h) Charlestown elderly service, Boston, Mass., \$20,054.
 - (i) Housing for elderly, New Haven, Conn., \$16,819.
2. Mid-Atlantic (region 2):
 - (a) Berks County, Pa., \$17,250.
 - (b) Breathitt County, Ky., \$64,500.
 - (c) Wyoming County, W. Va., \$28,000 (pending).
 - (d) Northeast Kentucky, \$18,500 (pending).
Northeast Kentucky, \$51,435 (pending).
 - (e) Monongalia County, W. Va., \$38,975 (pending).
 - (f) Cabell County, W. Va., \$61,167 (pending).
3. Southeast (region 3):
 - (a) Tampa, Fla., neighborhood centers (includes programs for the elderly).
 - (b) Althamaha, Ga., senior center, \$23,518 (pending).
4. Great Lakes (region 4):
 - (a) Senior citizens of Greater Dayton, \$15,112.
 - (b) Grand Rapids homemaking for men, \$9,624.
 - (c) Chicago Jewish Vocational Service, employment of older persons, \$48,420 (pending).
 - (d) Chicago Park district, senior citizens center, \$68,325.
5. Southwest (region 5): None.
6. North Central (region 6): None.
7. Far West (region 7):
 - (a) Multiservice, low-income elderly, Seattle, Wash., \$188,034.
 - (b) Senior activities center, Bellingham, Wash., \$43,780.
 - (c) Los Angeles gerontology program, \$88,132, funded.
 - (d) Day care center for elderly, Tacoma, Wash., \$88,528 (pending).

APPENDIX B

POVERTY AND THE OLDER AMERICAN— FINDINGS AND RECOMMENDATIONS

FIRST REPORT OF THE OFFICE OF ECONOMIC OPPOR- TUNITY TASK FORCE ON PROGRAMS FOR OLDER PERSONS, AUGUST 1965

Office of Economic Opportunity Task Force on Programs for Older Persons

Chairman : Charles E. Odell, Detroit, Mich.
Executive secretary : Louis H. Ravin, Bethesda, Md.
Dr. Curtis C. Aller, Washington, D.C.
Mr. William Aramony, Miami, Fla.
Mr. Roland Baxt, New York, N.Y.
Dr. Nathaniel O. Calloway, Tomah, Wis.
Mr. John Edelman, Washington, D.C.
Mr. William C. Fitch, Washington, D.C.
Mr. Lawrence O. Houstoun, Jr., Princeton, N.J.
Mr. Hobart Jackson, Philadelphia, Pa.
Mr. Ed Kiley, Washington, D.C.
Dr. Juanita Kreps, Durham, N.C.
Mrs. Geneva Mathiasen, New York, N.Y.
Mr. Robert S. Maurer, Washington, D.C.
Mr. James Patton,¹ Washington, D.C.
Mrs. A. M. G. Russell, Atherton, Calif.
Mr. Edwin Shelley, Old Westbury, N.Y.
Dr. Harold L. Sheppard, Washington, D.C.
Mr. Aaron M. Wiesen, Cincinnati, Ohio

I. LETTER OF TRANSMITTAL

HON. R. SARGENT SHRIVER,
*Director, Office of Economic Opportunity,
Washington, D.C.*

DEAR MR. SHRIVER: I have the pleasure to submit the first report of the task force which you appointed in June to examine the nature and causes of poverty among middle-aged and older Americans, and to recommend ways of preventing, reducing, and ameliorating such poverty.

Various economic analyses and other studies of poverty which laid the basis for the Economic Opportunity Act made clear the close relationship between poverty and age. The legislation as introduced and as enacted made no specific mention of age, except with respect to youth programs under Title I. Presumably all other titles are applicable to all the poor without regard to age.

During the period of operation under the act and prior to the establishment of the task force, instances of support for programs directly related to older persons had been quite rare. In your announcement of the task force you said, "We have made a good start on major programs for youth, but we will not win the war on poverty until we advance on all fronts, including the broad front that includes the older poor." On meeting with the task force, you expressed your regret in the development of legislation, the planners had been unable to suggest programs for the aging and that you strongly favored a "balanced portfolio" of programs for all ages. The task force believes that the accompanying

¹ Alternates : Mr. Walter Hast, Dr. Blue Carstenson.

report will help the Office of Economic Opportunity to mount a broad and vigorous program.

If the Office of Economic Opportunity is to move ahead effectively, it will be necessary to assign a responsible role and status to knowledgeable and dedicated staff able to express and implement the national commitment and leadership. The task force is equally concerned that simultaneously with and following demonstrations, the specific projects recommended should be adopted as components of local community action programs. The projects need not be implemented as separate entities; in the community they can be combined with each other or other ongoing activities. In whatever form they are adopted, they will meet real needs.

Our confidence rests not only on the contents of this report, but also on the composition of the advisory group which was brought together. The members are broadly representative of industry, labor, agriculture, education, social services, minority groups, and of large membership organizations of professionals and senior citizens. The committee has held five meetings, all well attended and characterized by often vehement exchanges of ideas reflecting the views of informed and dedicated members.

Special mention is due Lawrence G. Houstoun who urged the establishment of the task force. We were most fortunate to have assigned to us on detail as full-time executive secretary, Louis H. Ravin of the Office of Aging of the Department of Health, Education, and Welfare. Louis Ravin assembled facts and ideas, prepared original drafts of proposals, and the final version of this report, and in addition provided supporting documents not transmitted here, notably a plan for implementing the home health aids component of the Senior Health Corps, which this committee regards as of highest priority.

The task force has felt privileged to be able to contribute to this most worthy cause.

Respectfully,

CHARLES E. ODELL,
Task Force Chairman.

II. EXTENT OF POVERTY AND CHARACTERISTICS

Numbers and incidence of older poor

Individuals and families of middle-aged and aged persons are a major portion of the poor. More than one-fifth of all poor *families* are headed by persons aged 65 and over; more than one-third by persons 55 and over; more than half by persons aged 45 and over.

Five and four-tenths million *persons* aged 65 and over live in poverty.¹ They constitute 1 in 7 of all the poor in the country. Half of these—about 2 million women and half a million men—live alone or with nonrelatives. Another 1.7 million elderly individuals, on the basis of their own income, would be included among the very poor if they did not live with families above the "economy level of the poverty index." With these included, about 7 million persons over 65 are poor, or 1 in 5 of all poor.

One-third of the 18 million people aged 65 and over are living in poverty.—The old are among the most likely to be poor. One out of every four families whose head is 65 or over lives in poverty, and this rate of poverty is exceeded only by families with four or more children. Among older persons living alone or with nonrelatives, 6 out of 10 are poor. They constitute more than one-half of all poor persons living alone. Their poverty rate is exceeded only by families headed by women who have three or more children to support.

The old are the most invisible of the invisible poor.—Isolation is a pervasive problem. About half of them live alone. They are not congregated in slums or segregated in ghettos. They are to be found in the rooms of rundown hotels of the central city, in old homes and apartments, in mining and railroad towns, in shacks in rural areas.

The old are the most hopeless of the poor.—Time holds forth no promise as it does for youth. As they grow older, they grow poorer. For many, the chance to make their way out of poverty through employment is small; their health is poor; their education limited. Inflation gradually erodes their purchasing power; real income diminishes. Assets are exhausted. Most families who are poor remain poor. This is particularly true for the aged. A University of

¹ Based on the SSA poverty index for persons 65 and over, which sets incomes of \$1,850 for one urban couple and \$1,470 for an urban individual, with the levels for farm aged at 30 percent less.

Michigan study shows that among aged families who had worked at some time, one-third never earned more than \$2,000 a year. More than half such families never earned an income sufficient to meet an adequate budget, much less to assure their comfort in years subsequent to retirement. A study of persistence of poverty in 1963 showed that whereas 55 percent of those aged 25 to 45 remained poor, 71 percent of those 55 to 64 and 80 percent of those 65 years and over remained poor.

Race and age

The incidence of poverty among the aged, as among younger groups, is higher for the nonwhite than for the white. But being white is no insurance against poverty in old age. In absolute numbers there are far more poor aged whites than poor aged Negroes, and the effect of age and presumably retirement, in pushing people over the poverty line, is greater for whites. For many white aged persons, finding themselves to be poor is a new and shocking experience. For many older Negroes, it is an old, unhappy story requiring action. Their poverty today is the inevitable consequence of past inferior education, limited job opportunities, and low-paid irregular employment periods.

Among older persons still in the labor force, disadvantages for older workers generally are doubled when they are also Negroes—discrimination because of color is added to discrimination because of age. The rate of unemployment for Negro male workers aged 55 years or older is more than twice that of older white workers. Nearly half of all older Negroes are laborers or service workers. For men aged 55 to 64 years, median years of schooling is six for Negroes and nine for white. Even when compared with white workers of the same educational level in the same occupation, Negro workers have substantially lower average earnings.²

Very recently acquired data shows a severe drop between 1963 and 1964 in labor force participation of nonwhites—from 194 per thousand nonwhite males age 55 and over to 177 per thousand. For white males of this age the rate remained about the same as in the previous year.

The situation of the Negro is presented here as the largest minority group and one for which statistics are readily available. It is representative of other minorities such as Mexican, Puerto Rican, and perhaps worst of all—Indians.

Rural poor

The incidence of poverty is substantially higher for all rural groups when the same income measures are used as for urban groups. To what extent this difference would persist if the SSA index (which sets a poverty level *budget* on the farm at 30 percent less than for urban residents) were applied is unknown. Among farm dwellers, based on the SSA poverty index, there are only about 400,000 poor persons aged 60 and over. They constitute one-third of all farm people of this age. Their rate of poverty on this basis is no greater than that for persons of this age in the general population. However, there are two or three times as many rural *nonfarm* poor families with heads 65 and over, as there are rural *farm* families.

According to "Poverty in Rural Areas", Agriculture Economics Report No. 63, poverty is more prevalent among families headed by persons 65 years old or older. About 1 to 1½ million poor rural families are in this age group. (The study is based on incomes less than \$3,000 for families and less than \$1,500 for individuals in 1959.)

This report makes an important distinction among poor people. "Some poor people in rural areas are considered to be 'boxed in' and necessarily dependent on assistance in their home communities * * *. Most of the boxed-in families were those with older heads whose potential for retraining and migration to other communities was relatively limited. In this group were an estimated 1,157,000 families with heads 65 years or older, and 1,255,000 with heads 45 to 64 years of age and 8 years of school or less."

The House Committee on Education and Labor in the committee print "Poverty in the United States," has this to say: "It is sometimes claimed that the rural poor have a lower cost of living than their urban counterparts because of their food produced on their land. This is far less the case than it was two decades ago. The majority of nonfarm families grow little of their own food, and even those who live on the farm have become increasingly dependent upon the cities for employment and staples * * *. More than 70 percent of rural families with less

² Further detail on the situation of the older Negro may be found in a publication of the National Urban League entitled "Double Jeopardy."

than \$3,000 a year, live in dilapidated houses often lacking indoor plumbing and central heating, and in many cases, running water."

Employment

Participation rates.—Older workers (45 years of age and over) account for nearly two-fifths of the labor force. Participation rates decline and unemployment rates rise with increasing age past 45 years. In the age group 45 to 59—90 percent are still in the labor force; at ages 60 to 64—75 percent; at ages 65 to 69—42 percent; at ages 70 to 74—29 percent; at ages 75 to 79—19 percent; at ages 80 to 84—11 percent.

The situation has worsened since 1947, when unemployment was generally lower. In 1947, 48 percent of men 65 and over were still in the labor force; in 1964 only 28 percent. In addition to a substantial fall in participation rates for men 65 and over, there has been a significant decline in participation rates for men 55 to 64. There are now more than 1 million men aged 55 to 64 who are not in the labor force—a number much greater than in the 20-year span between 35 and 54 with a much larger total population. The average 55-year-old man has 12 additional years of work ahead of him, or more than one-fourth of the entire work life expectancy for men.

Early retirements.—The dropout from the labor force may be accounted for in part by earlier retirements. To the extent that this reflects the retirement of men 62 to 64 under the optional retirement provisions of the Social Security Act, they are for the most part persons of low income who are compelled to accept low benefits continuing throughout their lifetime. Such a decision is not voluntary retirement to enjoy leisure as a fruit of long years of work, but simply acceptance of the inevitability of a life of poverty.

Lower income.—Difficulty in finding jobs and longer periods of unemployment, more part-time work, larger proportions in low-skilled jobs—all result in lower average incomes among older workers who have not yet reached the usual retirement age. The median income for men steadily declines after age 45.

Unemployment.—Older workers are underrepresented in the occupations which have had marked employment increases in recent years, and overrepresented in those which have suffered marked declines. Duration of unemployment rises with increasing age past 45. Of all those unemployed for more than half a year in 1963, one out of four were men 45 to 64 years of age. The average duration of unemployment for those 45 to 64 was more than 20 weeks and for those 65 and over about 30 weeks.

Part-time work.—Of those older men who do work, the proportion who work part time steadily increased with age—one out of four employed men between ages 65 and 69, one out of three between 70 and 74 and one out of two employed men age 75 and 79 were working part time.

Lesser mobility.—The lower the income the lower the rate of migration for persons 65 years or older. The older the individual, the less likely he is to migrate. At any age, Negroes are less likely to move. Older workers also have much less job mobility than younger workers. When they do change jobs, most do so because of loss of the previous job.

Education.—The median years of school completed by individuals age 65 and over in the labor force in 1964 was 8.9 years. Farmers, private household workers, and laborers are the only occupational groups whose median schooling approximates that level. In 1975 about half of those 65 years or older and one-third of those aged 55 to 64 will have 8 years or less of education.

Men 45 years and older constituted almost 40 percent of the male labor force, and women of that age more than 30 percent. More than 25 percent of the unemployed were 45 years or older. But only 10 percent of the male trainees and 12 percent of the female trainees enrolled in institutional projects started in 1964 under MDTA were in this age group.

Employment as a source of income

Although only one out of four persons 65 or over worked during the year and most of these were in the younger ages, employment was the largest single source of income for the aged population as a whole in 1962. It accounted for about one-third of aggregate income, somewhat more than Social Security benefits. The replacement of income now earned by these older men and women would necessitate huge public expenditures for income-maintenance programs. The long-term trend in labor force population and employment has been consistently downward for men of retirement age, and will continue so long as labor supply exceeds labor demand and teenagers have high rates of unemployment.

The challenge is to create more jobs for all ages, as is possible now in service occupations. Achievement of an unemployment rate of 3 percent would go far toward eliminating this problem.

Potentials for employment

The aged are not a homogeneous group. For program planning, it would be useful to know the size of groups of the older poor with essentially the same characteristics with respect to health, family status, education, work experience, housing, and employment potential. A study of old-age assistance recipients showed that two out of three were women and half were more than 76 years old. Many were in poor health. Obviously employment programs would not be the objective for this group, although it is equally obvious that a group of some size even among old-age assistance recipients could be identified as having employment potential.

For the aged poor not receiving old-age assistance, the factors affecting employment potential are likely to be more favorable, and there are two or three older poor persons for every one receiving OAA. Even though a minority could work if jobs were available, it would be a minority of 1 or more million, a number clearly in excess of the job openings which might be available to them in the near future.

Health and housing

Health.—Although higher incidence of ill health and the limitations it imposes are associated with increasing age and lower incomes, substantial proportions and numbers of the older poor do not have any chronic conditions or limitations in mobility or in their *major activity*; only a small proportion have *major* limitations of activity and mobility. In families with incomes under \$2,000, less than one-fourth of persons 45 to 64 and only one in about seven persons 65 and over have no chronic conditions; on the other hand, in the same income class, 65 percent of those 45 to 64 and 44 percent of those 65 and over have *no limitations in activity*. Of course, limitations of major activity rise with age; only 1 out of 20 at ages 45 to 54, but 1 out of 4 at age 75 and over.

Housing.—2,700,000 units, or 30 percent of all units in which the head of the household is 65 or over, are classified as in deficient condition—that is, they are lacking in some or all facilities, deteriorating or dilapidated. Although persons 65 and over were only 10 percent of the population, they occupied 22 percent of all deficient housing. About 40 percent of these deficient units were occupied by persons who had incomes of less than \$1,000, and another 29 percent by persons with incomes of \$1,000–\$2,000. These totaled about 2 million households.

More than half of all old Negroes live in housing either dilapidated or lacking essential plumbing as compared to one in eight of all white older people.

III. CAUSES OF POVERTY AMONG THE AGED

For the aged, as for other poor, poverty is often a condition persisting from early years. The University of Michigan study indicated that more than half of the families whose head was 65 or over had either never worked at all or had never earned more than \$2,000 a year. Obviously, little could have been set aside for retirement years.

Not born poor but made poor

There is also evidence that existing trends are creating a class of older people who did not always live in poverty. A Bureau of Census study shows that men who were age 65 and over in 1959 had suffered a decrease of one-third in real income, as compared to their income 10 years earlier, whereas the income of men 34 to 44 in 1959 had *increased* by one-third. Most of these older men had not retired.

It is apparent that retirement in itself is sufficient cause for poverty, since OASDI benefits represent only about 30 percent of average factory earnings, and a large number of beneficiaries have little or no cash income aside from their benefits. In 1962 about one-third of the unmarried beneficiaries received less than \$150 of money income other than benefits during the year, and one-fifth of the couple had less than \$300 in addition to their benefits. In addition to prior low incomes, among the causes of poverty in middle age and later years, are reduced labor force participation, high rates of unemployment, discrimination because of age or race, limited education and limited opportunities for retraining, lower rates of migration and lesser job mobility, prior incidence of ill health,

lower earnings when employed—including a greater frequency of part-time employment. Some of these factors are the same as those affecting younger people.

Born Too Soon.—There are other factors which do not appear in current statistical analyses. Nevertheless, they have strongly affected the conditions which older people find themselves in today. First, when these older people were young, families were large, and the father was the only breadwinner; when they were young or in their prime years, a higher proportion of families were poor than is true today. *And poverty persists.*

Lived Too Long.—Second, there is a great likelihood that those who live long enough will encounter misfortunes, sudden or gradual, from which some individuals will not recover—such as loss of jobs when firms or industries contract, business failures, illness, widowhood. The impact of such events is particularly to be anticipated among people who have lived through the unsettled times which have been characterized in the lives of older people—war, depression, recession, inflation. These are blows felt in the past. The clock cannot be turned back. In the present, just at a time when older persons have increased in both numbers and in proportion, there is the persistence of substantial unemployment.

IV. STRATEGY TO COMBAT POVERTY AMONG THE AGED

Large-scale reduction of poverty could be achieved by (1) economic growth to a level which would offer opportunities for employment for older persons comparable to that during World War II, and (2) very substantial increase in income-maintenance program, specifically the public programs under Social Security. It is unlikely that changes in the rate of economic growth or in the level of income-maintenance payments will occur to a degree which would substantially affect great numbers of the aged poor in the near future.

The Social Security Amendments of 1965 provide highly significant aid to the older poor through health insurance benefits. It also provides a 7-percent increase in OASDI benefits, and smaller increases in public assistance payments. However, in gross amounts, the greater benefits go to the more prosperous of the beneficiaries and only \$4 to those at a minimum level. Even this amount will not always be available to the aged poor, since they would be well advised to permit a deduction of \$3 toward supplementary voluntary health insurance benefits. Further, for those whose OASDI benefits are supplemented by old-age-assistance payments, the increase may simply be deducted from welfare budgets. Increases of similar size may be anticipated from time to time. In view of the impact on payroll taxes, substantially more generous benefit rises are not too likely. Further, the principle of wage relatedness in Social Security benefits means that the poor are affected less by these increases.

In any case economic growth and public income maintenance programs are the primary responsibilities of agencies other than the Office of Economic Opportunity—especially the Council of Economic Advisers; the Health, Education, and Welfare Department; Commerce, Labor, the Treasury and most of all, the Congress of the United States. OEO, in carrying out its responsibility under Title VI (B) for coordination, has an opportunity of which it should avail itself to stimulate, assist and support progress along these lines.

It also has direct and immediate responsibility to use its authorities and resources under the several titles of the Economic Opportunity Act to help the large proportion of the poor who are middle aged and aged. OEO can do this through programs and activities which would serve three general objectives: (1) to increase earnings and opportunities for employment; (2) to improve the standards of living possible under very limited incomes through subsidized services and by income-stretching devices; (3) to improve the quality of their lives by assuring that needed social services are available where they live, are known to older persons and their families, and do in fact reach older persons who need help.

The objective of increased earnings has been mentioned first, but it cannot have the emphasis it has in most OEO programs, which are heavily youth oriented and based primarily on the concept of education and training as instruments for breaking the cycle of poverty.⁸ Education and employment programs are essential to the middle aged and should be vigorously pursued. But they

⁸ Keyserling in "Progress or Poverty" says: "While we need enlarged education and training, we should reject the slogan that 'I never knew an educated man who was poor'; most college-trained people acquired the advantage because their parents were not poor, and many senior citizens with college degrees are poor. * * * Millions of the poor due to old age or disabilities, cannot in the main be accorded jobs at good pay."

offer only partial solutions for many persons of the usual retirement age. For most persons aged 65 and over, preparation for jobs other than by short-term, on-the-job training, would be unrealistic. The long-term trend of employment for those 65 and over has been steadily downward. A large proportion of their employment is part time. Even with sustained and massive efforts, it is doubtful that more than 1 out of 5 or 10 of the older poor, not now employed, could find jobs.

Although the aged are not a homogeneous group—and a significant number have employment potential—for far greater numbers, other programs must be sought. These would ameliorate and improve their living conditions and make life more tolerable despite continued limited cash incomes. They include consumer education, self-help and mutual aid programs, health programs, housing and home management, and a variety of social services.

For youth, the major goal is to break the cycle of poverty from generation to generation. To be poor when old is part of the life cycle for many. For youth measures sought may be long range, starting even in infancy. For the old, measures adopted must be directed toward results in the immediate or near future. Many will continue to live on very limited incomes, but they should be able to live in greater decency and dignity.

V. POTENTIALS FOR ACTION AND PRESENT STATUS

A. Present titles of Economic Opportunity Act

Title I. For older poor persons, all titles of the Economic Opportunity Act, except title I offer potentials for service which have not yet been fully explored. Actual use of the resources of the act to benefit middle-aged and older persons has been minimal. Probably less than 1 percent of the funds available this year have been directed toward activities which may be identified with this segment of the population. It is unnecessary for purposes of this report to document this conclusion since in testimony on June 16, 1965, before the Senate Special Committee on Aging, the Director of the Office of Economic Opportunity clearly demonstrated that he was well aware of this situation and stated that OEO was seeking "ways to make a contribution to the alleviation of poverty in the aged groups."

Title II (A). General community action programs: Title II (A) especially offers many and varied opportunities and has no age restrictions. Communities, public and nonprofit private agencies are eligible for programs in such fields as employment, job training and counseling, health, vocational rehabilitation, housing, home management, and welfare—in effect, any action program which can show promise of concrete progress toward elimination of poverty or causes of poverty. All the programs and projects recommended in chapter V could be funded under title II (A). Possibly because of a widespread impression that OEO programs are exclusively youth programs, CAP projects related to the elderly are not as yet a significant proportion of the total program.

Title II (B). Adult basic education provides for programs of instruction for persons age 10 or over whose inability to read or write impairs their ability to find employment. Although the act seems primarily directed at raising the level of ability to get or retain employment, its stated purpose includes making people "better able to meet their adult responsibilities." This may be construed to apply to the level of literacy necessary for the usual demands of living and civil responsibilities. The report on the bill referred to "personal growth opportunities" and the "larger life of the mind and the spirit" made possible through the acquisition of the tools of reading, writing, and arithmetic. Funds may be used to meet the costs of local educational agency programs for adults. This part is administered by the U.S. Office of Education through State education agencies.

Title III. Special programs to combat poverty in rural areas has for its purpose to raise the income and living standards of low-income rural families. Many of them can be rehabilitated on the farm if they are assisted in improving their living standards. Loans up to \$2,500 can be made to improve farm operations, to participate in cooperatives, and to finance nonagricultural enterprises to supplement income. In view of the high proportion in rural areas who are poor and aged, and limited in education and mobility, this aid could prove most helpful. It is administered through local farmers home administrative offices.

Title IV. Employment and investment incentives: This authorizes loans not to exceed \$25,000 to strengthen very small and marginal farms and to assist qualified persons to establish such concerns. It is directed at retailing and service businesses employing three or fewer persons—luncheonettes, filling stations,

barbershops, shoe repair shops, cleaners, and tailors. Essentially, it can help "papa and mama" businesses. It is administered by the Small Business Administration through small business development centers.

Title V. Work experience programs: This title essentially expands and extends the community work and training programs authorized by the 1960 Social Security amendments which were restricted to the unemployed parents of aid-to-dependent-children families; it has been operating to a large extent within these restrictions. However, the act contains the phrase "other needy persons" and the legislative report clearly indicates this was meant to extend to the aged. Older persons could be aided to attain employment, particularly in part-time, seasonal, and recurrent temporary jobs. There is a large variety of jobs in public and nonprofit agencies which are suitable to older persons and would provide work experience.

Title VI. section 603. VISTA: Under the Domestic Peace Corps volunteers can participate in programs, under the Economic Opportunity Act, at the State or local level, in various activities of the Federal Government such as Indian reservations, the mentally ill or retarded, as teachers, counselors, and aids of various sorts. They receive a stipend of \$50 a month over and above living expenses, housing, health care, etc. This program potentially can offer broader opportunities for older persons than has the Peace Corps, which has had successful experience in their use. VISTA has made special efforts to recruit older persons, can use them in their own localities, and should have increasing numbers of older persons as it expands.

B. Possible changes in Economic Opportunity Act

Much can be done for the older poor under the existing legislation. In planning for future revisions, consideration should be given to establishing a program for a Neighborhood Senior Corps paralleling the Neighborhood Youth Corps under Title I (B). This would provide part-time work opportunities which might ease the transition or adjustment to retirement by providing a supplement to income or a form of gradual retirement. It would not be competitive with youth for available jobs. The hours worked by younger and older workers could supplement each other, and many of the jobs and locations would not be suitable for youth.

Consideration should also be given to include Title V. *work experience*, under the exemptions provided under title VII. Such a change would add to the incentives and would be more equitable since persons working in similar situations under Titles I or II do receive additional income as a reward for work, whether or not they are on public assistance. A boy of 16 working after school hours can bring \$85 to his family; if instead, his father is in a "work experience" program, he could be working much harder and bring nothing home.

C. Other programs

Old and new programs authorized under other than OEO titles in total may have as much or more impact on older poor people. This includes Medicare, Older Americans Act, MDTA, housing for the elderly under HHFA, and others. The coordination powers of the Director of OEO can be employed to raise the effectiveness of these antipoverty efforts.

One approach which would be most helpful can be applied to any newly authorized program of any kind where a major portion of the funds will be expended for personnel costs; e.g., highway construction, public works, and beautification programs. If contractors were asked to include, in connection with bids accepted, an estimate of the numbers and kinds of low-skilled and semiskilled employees required, training of both young and middle-aged poor people could be planned to meet anticipated needs. This would add little to costs of preparing estimates.

VI. RECOMMENDATIONS

A. Projects

General

The task force started with a listing of 27 specific community programs and projects for the older poor, and others suggested by their own experience. It has discussed in detail and recommends here certain projects as sound and of nationwide applicability. Other projects, which have been considered but not included in the first group, and still others which may be proposed in communities when they are stimulated to do so, may have equal or superior worth. Those described here provide a basis for OEO to mount a substantial action program.

The initial projects represent inroads on the varied needs of older persons—

health, employment, income, nutrition, housing and home management, and social services, and integration into the community from which they are increasingly isolated. Each project has its focus on a particular area of need but all are inter-related and all provide employment opportunities to a greater or lesser degree.

Despite the effort to incorporate income-producing activities, it is realized that exclusive stress on this aspect would not be suited to the special situation of aged persons. For some employment is the answer; others will need various services. Lack of cash income and poverty are substantially interrelated but they are not identical. If older persons have little income but have good health, adequate diets, good housing, and good friends, they are not impoverished, or at any rate the quality of poverty is essentially changed. It does not grind them into the grave.

Almost all the projects selected are new in the sense that they are untried or exist in very few communities. Therefore, they are experimental. This emphasis is intentional, since the very creation of the Office of Economic Opportunity argues for the need for an innovational approach as against simple expansion of prior programs of other agencies.

A good deal of work has been done on developing the specifics of the proposal for the home health aids component of the senior health corps, which this task force considers of highest priority. Because of its urgency, the executive secretary prepared a detailed memo in April, the substance of which is presented here and a further proposal with operational detail in August. Project Foster Grandparents, has already been initiated and, therefore, is not dealt with here. Although the special circumstances of home health aids seemed to require an exception, exact costs and details of implementation and operation are properly the function of OEO staff, which the task force does not presume to take upon itself.

The order of listing of projects reflects a possible order of priority. Actually, aside from the first priority assigned to home health aids, all the other projects should be initiated as soon as plans can be developed and implemented, or in the order in which particular local community becomes convinced of its need and feasibility in its existing situation.

Rough estimates of costs have been made in most instances but are not presented here.

Specific projects

The task force recommended that OEO-community action programs give substantial support to a program designated "Senior Health Corps." Jobs in health services have been increasing at a rate three times that of employment generally. We are persuaded that the passage of Medicare will result in greater utilization of a variety of health services and add to existing shortages of personnel. CAP should recruit and train the poor to qualify for these jobs. Its emphasis should be mainly, but not exclusively, on—

1. Middle-aged and older persons as the source of labor supply.
2. The lower skilled and service jobs, particularly in posthospital care (nursing home and home health services) as sources of employment opportunities.

Two specific projects are proposed to meet the need which, in effect, create two new occupations—home health aids and foster grandparents.

I. Home health aids

Situation.—The Medicare bill will provide for meeting the costs of health care under three types of coverage: (a) The basic program for all persons 65 years and older; (b) the voluntary supplemental benefits based on a \$3 monthly payment; and (c) an expanded MAA program. Health services of up to 100 home visits would be provided under the first two coverages and as much as the State chooses to finance.

Aside from the essentially new program of support for posthospital services, the strain on hospital facilities will put them under even greater pressure than in the past, to move patients who can be cared for adequately and at less cost at home, if home health services can be provided.

The people to whom these services will now be available, on a prepaid basis, will be all persons 65 and over, of whom at least one-third are poor. In the past, 1 out of 6 older persons, or 3 million, have been hospitalized during the year. This proportion should rise with the great extension in coverage of hospital costs. In addition, there are and will continue to be unmet needs for the service of home health aids for other age groups.

It is estimated that at least 1 in 10 hospital discharges of age 65 and over will require home health services after hospitalization, for periods varying from several days to several months. On this assumption, tens of thousands—probably from 30,000 to 50,000 home health aids positions (depending on the mix of part time to full time)—will be created. At the present time, there are few people providing these services. Unless a large-scale, organized program of recruitment and training is undertaken, Medicare will not be able to deliver on its promise of home health services.

Qualifications of the older poor

This offers unusual opportunities for the middle-aged and older poor and others, particularly in the posthospital services. Many could qualify with short-term, on-the-job training. More than one-third of those 45 years and over with incomes of less than \$2,000 have no limitations of activity. Educational prerequisites will not be an obstacle in most situations. Most older persons have had experience in maintaining homes, which will be transferable. Discrimination based on race has been substantially overcome in these services. Opportunities for employment will be available everywhere, rural and urban. Being poor, most will be familiar with the environment of many of the homes in which they will work and will make easy adjustments.

Description of the program—Nature of work

A typical situation in which home health aids would be utilized is the case of an elderly woman, discharged after hospitalization for acute or chronic condition, who lives alone or with relatives who work (there are millions in this category). She does not need further physician's care, but while recuperating may need someone to change linens, feed her, make sure she takes her medications, help her to do exercises prescribed after a stroke, and generally act as a companion who will call the nurse or physician when necessary. In effect, the home health aid will do what the family would do if it were able.

Many women of age 55 are in reasonably good health and can be trained in relatively short time to perform these tasks. In fact, this was long the role of grandmothers and elderly aunts. By this means, the calls of a visiting nurse would be supplemented, and the frequency of visits by the more highly trained practical nurse would be reduced. Formal training might be as little as 2 or 3 weeks of group sessions, followed by several weeks accompanying the visiting nurse on her rounds. This would be followed by actual employment under appropriate supervision, usually as part of a team structure.

Operation of program

"Home health aids" programs will be sponsored or operated by a community action agency, a visiting nurse association, a public health or welfare agency, a hospital. Where a community action agency exists, it would participate in the planning of the project and submit the application to OEO. Where no community action agency exists, a sponsor would apply directly to OEO. Alternatively, the project might be organized along the lines of Head Start.

Visiting nurse associations are operating in many communities—about 700. They are particularly suited to undertake the necessary training, particularly on-the-job phase, and to provide continuing supervision. Local public health agencies and hospitals could also serve as sponsors.

Recruitment sources, aside from the employment service, include VISTA, public assistance agencies, senior citizens centers, and other neighborhood centers and neighborhood workers.

Selection at least initially, would be based on subjective evaluation. No tests or other objective screening devices are likely to be available. Qualifications sought for most categories of the jobs are the personal characteristics of reasonably good health, mental alertness, honesty, kindness, conscientiousness, and dependability. Evidence of good home management skills and ability to read simple directions would be sought.

Compensation during on-the-job training would be based on a minimum of \$1.25 an hour or the prevailing rate for hospital orderlies, whichever is higher or aids performing similar tasks in existing visiting nurse associations or home-maker services. After completion of training and achievement of full competence, these workers would be reimbursed by the employing agency at the going rates. During the period before these benefits are payable under Medicare, OEO should subsidize the wages of aids actually providing services.

Close collaboration with Society Security Administration, Public Health Service, and support from a number of private agencies including the National

League of Nursing, the American Hospital Association, American Medical Association would be necessary in planning and implementing this project.

II. Health helpers

There are over 2 million persons employed in more than 100 varieties of occupations in hospitals, nursing homes, and other health facilities. Half of these are what might be called "trainable occupations," and are likely to expand significantly under the impact of Medicare. There is now no organized, large-scale program for recruitment and training in the non-professional and lower skilled jobs which represent a major portion of the manpower needed. Many of the middle-aged and older poor could qualify with short-term, on-the-job training for such jobs as orderlies, cook's helpers, nurses aids, physical therapist aids, floor clerks, storekeepers, assistant housekeeper, seamstress. Higher skills like those of medical secretary, X-ray technician, practical nurse should be undertaken under MDTA and vocational education.

The responsibilities and costs for such training should be a shared responsibility of OMAT, Office of Education, work experience program of the Welfare Administration, and OEO, divided mainly on the basis of the duration of training of the various occupations. Grants would go chiefly to hospitals and nursing homes.

A task force or an interagency committee made up of OMAT, Office of Education, Bureau of Family Services and OEO would be helpful, to define their respective roles.

III. Medstart

The recently enacted Medicare legislation provides benefits of great value to older persons. It contains provisions in addition to health care; e.g., increased coverage of the "older old." It has been reported that despite continuing publicity over many years, there are still a million persons who could qualify for benefits who are not yet on the Social Security's rolls. The great number of older persons who live without families or close friends, their high incidence of functional illiteracy, their feelings of helplessness in relation to bureaucratic processes—all these factors make necessary an aggressive effort to search out these people and communicate with them face to face, if benefits intended for them are to be used.

It is proposed that OEO collaborate with the Social Security Administration in a campaign to inform and assist poor persons of age 65 and over to obtain the benefits available under old and new legislation. OEO through OAP supported community organizations, and through national membership organizations would recruit neighborhood workers for this purpose in poverty areas. The projects could be single purpose or could be integrated with activities described under Project FIND or with neighborhood centers.

IV. Project Daily Bread

The cost of food is the major item in the elderly person's budget. An average couple with the less than \$2,000 of cash income, spends 60 percent of income for food. An OASDI study found that among those spending less than was required in a "low-cost" plan developed by the Department of Agriculture, only 10 percent had meals providing the full recommended amounts of nutrients. Yet this "low-cost" plan is priced one-third higher than the "economy" plan on which the budget defining the poverty line for elderly people, is based.

Further, these budgets are based on the assumption that "the homemaker is a good manager and has the time and skill to shop wisely." These conditions do not obtain for the older person who shops in small neighborhood stores rather than supermarkets and buys in small quantities rather than "large economy sizes." For food as for other items the "poor pay more." The cumulative effects of prolonged, inadequate diets on health, energy, and psychological status are well established. They simulate and accelerate the deterioration associated with the aging process.

It is proposed that OEO support projects which would provide nutritious meals at low cost to older poor persons. Such meals would be prepared at central kitchen facilities where planned diets, and the economies of bulk purchasing and use of surplus foods are available. A service center, a church kitchen, a public housing project could furnish the facilities not only for preparation but also for central dining with the added advantage of a social setting. In some cases, meals would be prepared to take home, or for delivery.

The older persons themselves would be involved in the preparation of meals so that they would become accustomed not only to eating new and nutritious

dishes but also to the appetizing use of surplus foods. Consumer education and cooperative purchasing activities would be instituted to stretch the limited incomes of the poor.

A detailed description and amplification of his type of project is available in a model entitled "Loaves and Fishes" prepared by the National Council on Aging under a contract with OEO for the development of a number of model projects.

V. *FIND or SOS—Senior Opportunity Services*

These are terms for a concept and structure which recognizes the necessity to reach out to the older poor and to follow through, if their needs and the services to meet those needs are to meet.

A variety of long-established and new services intended to aid the poor exist in about every community. But those who should benefit do not know of, or, do not in fact receive these services. Older poor people particularly are not reached because of their frequently limited education and health, their isolation, and in general, ignorance of or lack of persistence in the process of obtaining services.

It is proposed to establish projects, employing mainly elderly neighborhood workers, to locate the older poor, to identify their specific needs, to assure that they obtain the necessary services, and to organize community action to provide services which are demonstrated to be lacking. In some instances, these services would provide services related to health, employment, education, recreation, nutrition. To some extent, this type of service is the concept of child development center developed through Head Start although they would not be school based but more likely to a multiple-service senior activity center.

VI. *Senior services exchange*

Most poor people over 65 years of age have little hope of employment full time, or even seasonal or part time. Their cash income is very limited and a high proportion must go for rent and food. An average couple with income less than \$2,000 will spend 60 percent of their income for food. This leaves little or no margin for the variety of services they need from time to time.

On the other hand, there are in any sizable group of older persons, a variety of useful skills, which may not provide dependable paid employment. Mutual help or cooperative arrangements, utilizing the skills available among older persons, could substitute for cash income in obtaining needed services, and conserve funds for other essential expenditures.

It is proposed to establish pools of men and women with previous experience in skilled and semiskilled trades and crafts or handyman skills; for example, carpentry, painting, dressmaking, and tailoring. In some cases, the arrangements might be as simple as for a "sitters pool" with credits for hours of service rendered. In other cases, there might be cash compensation for services with sufficient subsidization to pay for services to older persons who are neither able to pay nor to provide services in exchange. These pools would be established in many communities and neighborhoods and would be large enough to bring together the variety of skills needed. They would not compete with private business or service trades, and would not operate in fields which involve workmen's compensation or licensing.

VII. *Rural aged assistance and maintenance*

Poverty among the rural, nonfarm aged is particularly frequent and difficult. Distance and paucity of community services adds to the problems found in urban areas. Land is not used for produce as once was thought; homes are seriously dilapidated; autos and other transportation are generally unavailable; isolation is even more extreme than for the unattached urban individual. Replacement of an electric bulb or a broken window pane may be beyond the capacity of an aged widow.

A program especially tailored to the problems of the rural aged is badly needed. The project is based on the concept of a combination handyman, good neighbor, subprofessional social worker. He would be equipped with a pickup truck in which he would carry some basic tools, some lumber, fertilizer, seed, etc., useful for handyman tasks. As necessary, he would offer to replace window panes and loose floor boards, repair leaks in roof. He would encourage and help start a small produce garden requiring minimum cultivation but of a high nutritive value.

On the basis of friendly visiting and helpfulness, he would get to know these isolated elderly persons and the problems with which available services could help. When necessary, he would arrange appointments with agencies in the county and provide transportation.

It is proposed that a number of pilot projects—to recruit, train and support indigenous workers for such services—to be undertaken in selected areas of rural poverty.

VIII. Home maintenance

About 2½ million homes occupied by persons aged 65 and over are in deficient condition. Seventy percent of these are about 2 million are occupied by older persons with incomes of less than \$2,000, many with less than \$1,000. About half a million are so dilapidated that they endanger the health, safety, or well-being of the occupants and should be extensively repaired or vacated. Most of the residents cannot themselves do the necessary maintenance and repair, or pay for these, or persuade the owners to do so. Much disablement among older persons results from poor safety and lighting in their homes.

It is proposed that funds be provided to communities to set up home services to (1) identify such homes; (2) to assist the occupant in obtaining repairs or renovations; (3) to organize voluntary and cooperative groups to make minor repairs such as fixing faucets, windows, blinds, sanding floors, patching and painting walls and ceilings, yard cleanup; (4) to inspect homes for safety and convenience and install simple safety devices; (5) to locate adequate housing, when necessary.

IX. ABLE

Despite the need for special attention, older jobseekers and particularly the poor with limited skills and education, receive less effective service from most public and private employment offices.

It is proposed to encourage and support the establishment of counseling and placement services (ABLE—ability based on long experience) to mobilize the community to serve unemployed workers age 45 and over through: (a) individualized counseling, (b) intensive job development in the community and other labor market areas, (c) placement in full-time and part-time jobs, (d) retraining, (e) relocation assistance, (f) other services.

ABLE would give to older persons living in poverty or threatened with impoverishment the special effort and extra time necessary to enable them to compete with younger and better educated jobseekers. ABLE would work closely with other placement and training agencies, including OMAT and sheltered workshops. It would assist in organizing neighborhood senior corps and senior health corps and arrange for prior consideration of these applicants for such opportunities.

X. Work opportunity centers

Most public and private programs for training and employment tend to "skim off the cream" of the unemployed. To attack poverty in its most persistent form, it is necessary to direct efforts to the "hard-core" unemployed—those who are handicapped, considered unemployable, and generally cannot compete on the labor market or measure up to the level of productive efficiency in the usual job situations.

Sheltered workshops have been meeting this need to some extent. It is proposed to increase the number of such centers, so that they will be more generally available throughout the country and extend their operations to reach beyond workshop locations into residential areas where the older poor are concentrated and even into the homes of such individuals.

Criteria for project evaluation

The foregoing projects have been reviewed and evaluated in relation to certain criteria. It is suggested that projects hereafter proposed, including those which may be components of community action programs submitted to OEO headquarters, may be reviewed along these lines. No project is likely to meet all these criteria, but they should serve to alert reviewers to basic considerations:

1. Will the project make a direct and measurable contribution towards removing or keeping older persons from a life of poverty?
2. Is it closely related to the causes of poverty or to the conditions and characteristics of the middle-aged and the older poor? Does it focus on low income, unemployment, low educational attainments, poor housing, ill health, isolation?
3. Will it increase the earnings of the poor or provide them with needed services, or otherwise better their living conditions?
4. Does it encourage independence? Does it help the poor to help themselves and each other?

5. Will it result in a permanent increase in the capacity of individuals or groups to deal effectively with their own problems without further help?
6. Will its effects be visible and measurable? Does it do what cannot be done, is not being done or done so well by agencies other than CAP or OEO? Does it redirect, extend the impact of or improve utilization of existing programs and activities? Does it utilize resources available under other programs and other titles of the EOA?
7. Does it involve the poor sufficiently in planning, policymaking, and conduct of the project?
8. Does it help the community to mobilize resources to combat poverty?
9. Is it applicable in most communities on a continuing basis?
10. Will these programs in themselves or taken together benefit a substantial proportion of the older poor? Have these projects potential for expansion to large numbers of persons?

Note on minorities

The discussion under the heading "Race and Age" in the first chapter dealt with the plight of Negroes and other minorities. It is understood that it is the law of the land and the unswerving intent in the administration of the Economic Opportunity Act that all people shall be served equally. If this objective is to be achieved, a special effort will be required to reach out to elderly Negroes and other minorities.

It has been said that the "Negro who managed to survive to age 65 was invisible. As he reached his sixth decade, he was forced, step by step, to withdraw into the back rooms and back alleys of life; there he would wait to die." Because of their life history of deprivation and lack of equal opportunity, they may not be aware of opportunities available or may not expect that these are open to them. They need to be sought out.

VII. POLICIES

1. The authority and resources of OEO should be used to channel services to the older poor to a degree reasonably consistent with their heavy representation among the poor.
2. Recognizing that OEO programs—to some extent by law, and to a large extent by history—are youth oriented, special organizational and procedural provisions should be made to assure attention to the needs of the older poor.
3. As evidence that their proposals are of sufficient scope to attack the problems of all groups living in poverty, community action programs should be expected to include components for middle-aged and aged persons in reasonable proportion to their numbers among the poor. This should be done without setting quotas. Criteria directed toward the objective should be prescribed by the Director under section 202B.
4. The heterogeneity of needs and capacities among the older poor requires a variety of approaches and programs rather than reliance on a few types of programs presumed to apply to the so-called "average" or "typical" older poor person.
5. To encourage a sense of continued independence and identification with the community as a whole, it is desirable, insofar as possible, to give preference to integrated programs rather than separate programs directed exclusively to the indigent aged; and to avoid obvious income tests, identification with public aid, or otherwise create a new OEO-supported category of dependents.
6. As a corollary, OEO should encourage the development of State and community programs which offer services to all older persons without distinctions based on the need, supplementing the resources of such programs to the extent necessary to enable them to reach and serve the poor.
7. Educational and employment programs, although primarily directed to youth, are essential also to the middle-aged. Their normal worklife expectancy, if it is to be sustained under prevailing labor market conditions, requires continued education and periodic retraining. Workers of more advanced years can also benefit from training, especially short-term, on-the-job training.
8. Education and employment programs can offer only partial solution for most persons of the usual retirement age. Many will continue to live on very limited incomes. Therefore, substantial efforts must be directed toward programs to alleviate conditions of poverty among older persons, through measures in the fields of health, social and physical rehabilitation, housing and home management, and social services.

9. Well-paid employment and substantially higher Social Security payments are the best solutions to lack of income. These will not be feasible in the near future, and in any case are primarily the responsibility of other agencies. Therefore, OEO programs should encourage the exchange and subsidization of services and other "income-stretching approaches" as substitutes for cash income, in improving the living conditions of the poor.

10. In supporting programs under title II, OEO should: first, assure the use of the continuing authorities and resources of other agencies; secondly, stress the stimulating and coordinating roles of National, State, and local community action program organizations; and thirdly, operate programs by or provide funds from OEO only to the extent necessary to fill the gaps in actual performance by other agencies.

11. Many government agencies cannot give preference or priority in their services on the basis of poverty criteria. OEO has a specific mandate to develop and support programs precisely for the poor. OEO can exercise its mandate through the supplementation or enrichment of programs related to the services of these other agencies by providing the additional resources which will give the older poor access to available opportunities on a more equal basis; e.g., supplementing the job development and counseling functions of the public employment service.

12. The Economic Opportunity Act and the Older Americans Act both carry provisions for overall program coordination and for stimulating effective use of existing resources. The Older Americans Act is directed to all older persons, one-third of whom, being poor, are also the concern of OEO.

OEO should look to the Administration on Aging for advice and assistance in developing programs for the older poor. Further, OEO should support and supplement the programs of the Administration on Aging as appropriate under section 602, paragraphs (D), (E), and (H), and section 611.

13. The programs under the several titles of the Economic Opportunity Act should be used not only to extend direct help to the older poor, but also to encourage the older poor to help themselves and each other, and to make available the services of older persons to youth and of youth to the elderly.

Other recommendations

1. The real opportunities for entry or reentry into employment for the poor, young or old, lie in low-skilled and semiskilled jobs—if they are ready. Major legislation enacted recently or in the near future will support programs with high labor components; e.g., highway construction, public works, beautification, Appalachia, Medicare.

Efforts should be made to identify the kinds and numbers of low-skilled and semiskilled job openings created by these new activities, possibly through a provision in public contract procedures.

2. Greater refinement should be sought in statistical analyses of the numbers and characteristics of middle-aged and older poor, to strengthen program analysis and planning for this large and heterogeneous population.

3. Consideration should be given to legislative amendments (a) to specify the applicability of the Economic Opportunity Act to the elderly,¹ (b) to create a Senior Neighborhood Corps paralleling title IB, and (c) to extend the exemptions of title VII to title V (see p. 106 of this report).

¹ Soon after the task force report was issued, the Economic Opportunity Act of 1964 was amended by adding a new section entitled "Programs for the Elderly Poor," sec. 610: "It is the intention of Congress that whenever feasible the special problems of the elderly poor shall be considered in the development, conduct, and administration of programs under this act."

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