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~~REDACTED~~

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(A)

The President ^{artainly} shares your concern
for the well being of the elderly, as evidenced
by his long-time support of the Older American
Act.

redo to reflect writer's concern

close
no app. action now





DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20201

APR 28 1976

MEMORANDUM FOR THE HONORABLE SARAH C. MASSENGALE

As requested in your communication of April 5, I am enclosing a draft reply to a letter addressed to the President from Margaret Costanza, Vice-Mayor of the City of Rochester, New York.

Vice-Mayor Costanza expresses concern about the continued funding for the Nutrition Program for the Elderly under Title VII of the Older Americans Act. The enclosed draft explains the status of the funding of this program.

Michael J. Licata
Executive Secretary
to the Department

Enclosure



The Honorable Margaret Costanza
Vice-Mayor
City of Rochester
105 Powers Building
Rochester, New York 14614

Dear Mayor Costanza:

Thank you for
~~The President has asked that I respond to your recent letter~~ *to the Pres* concerning
the funding of the Title VII Nutrition Program for the Elderly.

As you know, ^(A) The Congress authorized a \$187,500,000 annual operating level for the
Title VII Nutrition Program in the Fiscal Year 1976 Labor/Health,
Education, and Welfare Appropriations Act. Before that time, the
authorized Fiscal Year 1976 operating level was \$150,000,000 and funds
appropriated to support this level had been allocated to the States.
On March 29, 1976, the additional \$37,500,000 needed to raise the
operating level to \$187,500,000 in Fiscal Year 1976 was released to
the States. This allocation provides New York State with an additional
\$3,258,331, raising the State's total Fiscal Year 1976 allocation to
\$16,291,650.

The President appreciates your comments concerning services for older
persons provided under the Older Americans Act.

Sincerely,



Prepared by: AOA/Anderson/4-14-76/50011



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WASHINGTON, D.C. 20201

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Prepared by: AOA/Anderson/4-14-76/50011



City of Rochester NEW YORK

VICE-MAYOR MARGARET "Midge" COSTANZA

105 Powers Building

Rochester, New York 14614

Phone: (716) 454-5970

March 29, 1976

General
draft

The Honorable Gerald R. Ford
President of the United States
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Mr. President:

As the Vice-Mayor of Rochester, New York, I am aware of the need for setting priorities for the funding of all programs. However, I would like to express my concern for the continued support of Title VII, Nutrition Program for the Elderly, which is presently in danger of federal impoundment.

Most important is the recognition that the program is potentially part of a system of long-term preventive health care which will help avoid the more expensive institutionalization of the elderly. Cutting the appropriation would result not only in preventing growth of the program, but in reducing those services already available. The merit of the program has been shown and I hope that you will consider this before approving the rescission of the increased Title VII allocation.

I strongly suggest that human services, especially to our elderly should not be ignored.

Sincerely yours,

Margaret Costanza
Margaret Costanza
Vice-Mayor

MC/CR/1st



APR 06 1976



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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WASHINGTON, D.C. 20201

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Margaret Costanza
Margaret Costanza
Vice-Mayor

MC/CR/1st

APR 08 1976

THE WHITE HOUSE OFFICE

REFERRAL

To: MICHAEL LICATA

Date: 4/5/76

ACTION REQUESTED

- ☒ Draft reply for:
____ President's signature.
☒ Undersigned's signature.
____ Memorandum for use as enclosure to reply.
____ Direct reply.
____ Furnish information copy.
____ Suitable acknowledgment or other appropriate handling.
____ Furnish copy of reply, if any.
____ For your information.
____ For comment.

NOTE

Prompt action is essential.

If more than 72 hours' delay is encountered, please telephone the undersigned immediately, Code 1450.

Basic correspondence should be returned when draft reply, memorandum, or comment is requested.

REMARKS:

Description:

☒ Letter: _____ Telegram: Other: _____

To: The President
From: Margaret Costanza, Vice Mayor, City of Rochester
Date: 3/29/76
Subject: Title VII, Nutrition Program for the Elderly

By direction of the President:

Sarah C. Massengale
Assistant Director
Domestic Council

(Copy to remain with correspondence)

APR 08 1976

13
Gover John
draft

City of Rochester NEW YORK

VICE-MAYOR MARGARET "Midge" COSTANZA

105 Powers Building

Rochester, New York 14614

Phone: (716) 454-5970

March 29, 1976

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President of the United States
The White House
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Vice-Mayor

MC/CR/1st



APR 08 1976

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By direction of the President:

SCM
Sarah C. Massengale
Assistant Director
Domestic Council

(White House File Copy)

THE WHITE HOUSE OFFICE

REFERRAL

To: **MICHAEL LICATA**

Date: **4/5/76**

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Subject: **Title VII, Nutrition Program for the Elderly**

By direction of the President:

SCM
Sarah C. Massengale
Assistant Director
Domestic Council

(White House Suspense Copy)

15
Spencer Johnson
draft

City of Rochester NEW YORK

VICE-MAYOR MARGARET "Midge" COSTANZA

105 Powers Building

Rochester, New York 14614

Phone: (716) 454-5970

March 29, 1976

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Vice-Mayor

MC/CR/Jaf



Agenda

City of Rochester NEW YORK

Vice-Mayor Margaret "Midge" Costanza
105 Powers Building
Rochester, New York 14614



The Honorable Gerald R. Ford
President of the United States
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

A6

G5



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

OFFICE OF THE SECRETARY

WASHINGTON, D.C. 20201

file

Office of Human Development
Administration on Aging

For Your Attention:

Enclosed are three basic documents pertaining to this year's celebration of Older American's Month. These include:

- .A copy of remarks by President Gerald R. Ford in White House ceremonies proclaiming May as Older Americans Month;
- .A copy of the Presidential Proclamation;
- .A copy of the Federal Council on the Aging Bicentennial Charter for Older Americans.

We hope these will be of both use and interest to you in planning activities or in recognizing the importance of Older Americans during this Bicentennial year.

Sincerely,

Ramon Geremia
Acting Chief
Public Information Division



DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20458



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Ramon Geronimo
Acting Chief

Public Information Division



FOR IMMEDIATE RELEASE

APRIL 5, 1976

OFFICE OF THE WHITE HOUSE PRESS SECRETARY

THE WHITE HOUSE

REMARKS OF THE PRESIDENT
UPON SIGNING THE PROCLAMATION FOR
OLDER AMERICANS MONTH - 1976

THE ROSE GARDEN

3:06 P.M. EST

Secretary Mathews and distinguished guests:

It is especially fitting this year that we set aside a period to honor our older citizens. Their insight and experience, their wisdom and their courage has contributed beyond measure to the developments of our 200-year-old Nation. We must make it possible for older Americans to continue their involvement in our national life.

One of the best ways we can draw upon their strengths and skills is in the job and volunteer markets. Too often older and even middle-aged Americans are the victims of myths and prejudices regarding their capabilities. Americans must repudiate these myths and prejudices, as we have repudiated others, and assure our older Americans the chance to prove that time has only enhanced their demonstrated abilities.

It is important that our Nation make every effort to recognize the worth and the dignity of our older citizens. To this end, the Federal Council on Aging has prepared a Bicentennial charter for our older Americans. This charter sets forth principles to guide us in evaluating our Nation's response to the problems facing older persons and appreciating the response to the problems now confronting our Nation.

And I urge all Americans to observe this month by focusing on the achievements of older persons and supporting programs to make the last days of life the best days of increasing numbers of our older Americans.

IN WITNESS WHEREOF, I have hereunto set my hand this fifth day of April in the year of our Lord nineteen hundred seventy-six and of the Independence of the United States the two hundredth.

GERALD R. FORD

One of these principles is the right to an adequate standard of living in retirement. Let me reaffirm that older Americans have earned the right to live securely, comfortably and independently.

As I said before, the value of our Social Security system is beyond question. I will do all that I can to insure the integrity of the trust fund so that future generations of retirees may continue to rely on it.

With these thoughts and commitments in mind, I am happy today to join in this annual proclamation designating an Older Americans Month. I urge all organizations concerned with employment and volunteer services to observe this month with ceremonies, activities and programs designed to increase opportunities for older persons, and I urge that such programs include public forums for discussion of the Bicentennial charter for older Americans.

I ask all Americans to join me in reflecting upon the achievements and the needs of our older citizens.

END (AT 3:10 P.M. EST)

THE WHITE HOUSE

OLDER AMERICANS MONTH, 1976

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A PROCLAMATION

Among our Nation's most precious natural resources are the collective wisdom, experience and abilities of our older citizens.

In recent years we have become more aware of the important contributions older Americans have made in the past and in the tremendous potential they hold for the future. We are increasing our efforts to ensure that they have the opportunity for independent living through security of income, maintenance of health and continued useful involvement in the life of our Nation.

America's older citizens have earned the gratitude and respect of our society, as well as our recognition of their worth and dignity. In this spirit, the Federal Council on Aging has prepared the Bicentennial Charter for Older Americans expressing their rights and obligations.

The job market and the area of volunteer services provide some of the best opportunities to draw on the strengths and talents of older Americans. Unfortunately, older, and even middle-aged workers, are too often the victims of myth and prejudice regarding their capabilities. Our society needs the know-how, experience, judgment and eagerness to serve that these citizens bring to the job.

NOW, THEREFORE, I, GERALD R. FORD, President of the United States of America, do hereby designate the month of May, 1976, as Older Americans Month.

I urge all State and Area Agencies on Aging and other private and public organizations that are related to the field of aging to observe this month by arranging public forums where the Bicentennial Charter for Older Americans will be discussed and recommendations developed for implementation.

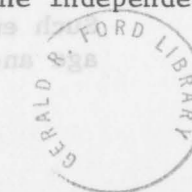
I urge all organizations concerned with employment to observe this month with ceremonies and programs designed to increase employment opportunities for older workers.

I urge all organizations engaged in the delivery of services to persons in need to observe this month by increased emphasis on efforts to recruit, train and place older volunteers.

And I urge all Americans to observe this month by focusing on the achievements of older persons and supporting programs to make the last days of life the best days for increasing numbers of our older Americans.

IN WITNESS WHEREOF, I have hereunto set my hand this fifth day of April in the year of our Lord nineteen hundred seventy-six and of the Independence of the United States of America the two hundredth.

GERALD R. FORD



THE FEDERAL COUNCIL ON THE AGING

BICENTENNIAL CHARTER FOR OLDER AMERICANS

Two hundred years ago, a new nation was founded based on the self-evident truths that all men - and women are created equal and that they are endowed by their Creator with certain inalienable rights. A Constitution was set forth for governance of these new United States of America with the goal of forming a more perfect union, establishing justice, insuring domestic tranquillity, providing for the common defense, promoting the general welfare, and securing the blessings of liberty to ourselves and our posterity.

In the two hundredth year of this nation's existence, it is good and well that we call special attention to a group of citizens which literally did not exist at the time of our Revolution. The approximate life span in 1776 was 32 years. In 1976, it is projected to be 71 years and we now have a virtual "generation" of older Americans whose roles, contributions, rights and responsibilities need to be given particular attention at this time in our history.

Americans of all ages have the ultimate responsibility to be or become self-reliant, to care for their families, to aid their neighbors and to plan prudently for their old age. Older persons have the responsibility to make available to the community the benefits of their experience and knowledge. Society - be it through the institutions of the public or the private sector - has the responsibility to assist citizens to be prepared for their later years as well as to assist directly so many of the very old who for one reason or another cannot cope with the burden of increasing physical, mental, social and environmental debilities.

There follow certain basic human rights for older Americans based on the "laws of nature and of nature's God" as set forth in the founding documents of this nation some two hundred years ago.

I. THE RIGHT TO FREEDOM, INDEPENDENCE AND THE FREE EXERCISE OF INDIVIDUAL INITIATIVE.

This should encompass not only opportunities and resources for personal planning and managing one's life style but support systems for maximum growth and contributions by older persons to their community.

II. THE RIGHT TO AN INCOME IN RETIREMENT WHICH WOULD PROVIDE AN ADEQUATE STANDARD OF LIVING.

Such income must be sufficiently adequate to assure maintenance of mental and physical activities which delay deterioration and maximize individual potential for self-help and support. This right should be assured regardless of employment capability.

III. THE RIGHT TO AN OPPORTUNITY FOR EMPLOYMENT FREE FROM DISCRIMINATORY PRACTICES BECAUSE OF AGE.

Such employment when desired should not exploit individuals because of age and should permit utilization of talents, skills and experience of

older persons for the good of self and community. Compensation should be based on the prevailing wage scales of the community for comparable work.

IV. THE RIGHT TO AN OPPORTUNITY TO PARTICIPATE IN THE WIDEST RANGE OF MEANINGFUL CIVIC, EDUCATIONAL, RECREATIONAL AND CULTURAL ACTIVITIES.

The varying interests and needs of older Americans require programs and activities sensitive to their rich and diverse heritage. There should be opportunities for involvement with persons of all ages in programs which are affordable and accessible.

V. THE RIGHT TO SUITABLE HOUSING.

The widest choices of living arrangements should be available, designed and located with reference to special needs at costs which older persons can afford.

VI. THE RIGHT TO THE BEST LEVEL OF PHYSICAL AND MENTAL HEALTH SERVICES NEEDED.

Such services should include the latest knowledge and techniques science can make available without regard to economic status.

VII. THE RIGHT TO READY ACCESS TO EFFECTIVE SOCIAL SERVICES.

These services should enhance independence and well-being, yet provide protection and care as needed.

VIII. THE RIGHT TO APPROPRIATE INSTITUTIONAL CARE WHEN REQUIRED.

Care should provide full restorative services in a safe environment. This care should also promote and protect the dignity and rights of the individual along with family and community ties.

IX. THE RIGHT TO A LIFE AND DEATH WITH DIGNITY.

Regardless of age, society must assure individual citizens of the protection of their constitutional rights and opportunities for self respect, respect and acceptance from others, a sense of enrichment and contribution, and freedom from dependency. Dignity in dying includes the right of the individual to permit or deny the use of extraordinary life support systems.

We pledge the resources of this nation to the ensuring of these rights for all older Americans regardless of race, color, creed, age, sex or national origin, with the caution that the complexities of our society be monitored to assure that the fulfillment of one right, does not nullify the benefits received as the result of another entitlement. We further dedicate the technology and human skill of this nation so that later life will be marked in liberty with the realization of the pursuit of happiness.

January, 1976

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
WASHINGTON, D.C. 20201

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

POSTAGE AND FEES PAID
U.S. DEPARTMENT OF H.E.W.

391



FIRST CLASS

Ms. Sarah Messengale OSCP-3
Domestic Council Staff
Room 220, 10 B
17th & Penn. Ave. N.W.
Washington, D.C.

January, 1976

No. 258

April 1976

aging



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COVER

Commissioner on Aging Arthur S. Flemming is shown with President Ford, following the signing of the President's Message on Improving Programs for the Elderly. In the background are HEW Secretary David Mathews (L) and Commissioner of Social Security James B. Cardwell. Story on p. 3

UPI Photo

President Ford Delivers Message on the Nation's Elderly to Congress



President Ford called for major changes in both Social Security and Medicare that would have a profound effect on the nation's elderly in a Feb. 9 message to Congress.

The President, following up on reforms suggested in his Jan. 19 State of the Union message, said "the particular vulnerability of the aged to the burdens of inflation requires that specific improvements be made" in the two major programs.

President Suggests Major Changes in Social Security

"We must begin by insuring that the Social Security system is beyond challenge," the President continued. "My 1977 budget request includes a full cost of living increase to be effective with checks received in July 1976.

"Second, to insure the financial integrity of the Social Security trust funds, I am proposing legislation to increase payroll taxes by three-tenths of one percent each for employees and employers.

"Third," the President said, "The current formula which determines benefits for workers who retire in the future does not properly reflect wage and price fluctuations.

"The change I am proposing will not affect cost of living increases in benefits after retirement, and will in no way alter the benefit levels of current recipients. On the other

hand, it will protect future generations against unnecessary costs and excessive tax increases."

Offers Program for Catastrophic Health Care

While praising the Medicare system for providing the elderly with an opportunity to obtain quality health care, the President said that it suffered from certain weaknesses. "Three aspects of the current program concern me," the President said, "its failure to provide our elderly with protection against catastrophic illness costs, the serious effects that health care cost inflation is having on the Medicare program, and lack of incentives to encourage efficient and economical use of hospital and medical services."

To correct these deficiencies, the President proposed "extending Medicare benefits by providing coverage for unlimited days of hospital and skilled nursing facility care for beneficiaries" and "to limit the out-of-pocket expenses of beneficiaries, for covered services, to \$500 for physician and other non-institutional medical services."

"This will mean that each year over a billion dollars of benefit payments will be targeted for handling the financial burden of prolonged illness," he said.

To help slow inflation in health care and finance catastrophic health care coverage, the President pro-

posed limiting increases in Medicare payments in 1977 and 1978 to 7% a day for hospital and 4% for physician services.

To encourage the economical use of hospital and medical services under Medicare, the President also recommended that patients pay 10% of hospital and nursing home charges after the first day and that the medical services deductible be increased from \$60 to \$77 annually.

"The savings from placing a limit on increases in Medicare payment rates and some of the revenue from increased cost sharing will be used to finance the catastrophic illness program," the President concluded.

President Ford also surveyed reforms made in response to the recommendations of the 1971 White House Conference on Aging.

"A Supplemental Security Income program was enacted. Social Security benefits have been increased in accord with increases in the cost of living. The Social Security retirement test was liberalized. Many inequities in payments to women have been eliminated. The 35 million workers who have earned rights to private pension plans now have increased protection," he said.

Praise for Older Americans Act

President Ford concluded his message with praise for the Older Americans Act. He said that the National Network on Aging pro-

vides a solid basis for action, and noted that there are now 56 State and 489 area agencies on aging and 700 nutrition projects, providing 300,000 meals daily.

This network, the President pointed out, provides the elderly an opportunity to voice their opinions regarding needed services through the advisory councils and public hearings on the annual State and area plans.

"The principal goal of this National Network on Aging is to bring into being coordinated comprehensive systems for the provision of service to the elderly at the com-

munity level," he said. "I join in the call for hard and creative work at all levels—Federal, State, and area in order to achieve this objective.

"Toward this end the Administration on Aging and a number of Federal Departments and agencies have signed agreements which help to make available to older persons a fair share of the Federal funds available in such areas as housing, transportation, social services, law enforcement, adult education and manpower resources which can enable older persons to continue to live in their own homes."

Senate Leaders Voice Opposition to President's Proposals in Aging Message

Thirty-two Senators have joined Sen. Frank Church in opposing legislation to increase out-of-pocket payments by Medicare beneficiaries by signing S. Con. Res. 86. Rep. Charles Brademas has introduced a companion measure (H. Con. Res. 534) in the House.

Sen. Church, Chairman of the Senate Special Committee on Aging, said, "I fully support some type of overall limitation on hospital and physician charges for Medicare beneficiaries. I also favor unlimited hospital and skilled nursing facility protection for the aged and disabled. "But," he continued, "the benefits from these proposals are greatly outdistanced by the 'cost sharing' arrangements which would substantially increase the elderly's out-of-pocket payments. The new 10-percent coinsurance charge for Part A service would reduce Medicare benefits by more than \$1.7 million.

"Nearly 5.9 million Medicare beneficiaries," the Senator said, "are expected to be hospitalized in fiscal 1977. Only 150,000—or less than 3 percent—would benefit from the administration's proposals."

Senator Church noted that some 14.2 million persons are expected to receive reimbursable services under Part B in FY 1977. But only 1.8 million, or one in seven, would pay less under the administration's health care plan.

"President Ford also proposes to limit increases in Medicare daily

payment rates in 1977 and 1978 to 7 percent for hospitals and 4 percent for physician services. The effect of these two proposals is to reduce Medicare outlays by \$900 million in fiscal 1977.

"Since Medicare pays 80 percent of reasonable charges after the deductible is met, patients may be forced to pay more for physician services," he concluded.

Misgivings About Social Security Payroll Tax Increase

Senator Church also voiced concern about President Ford's proposal to meet the short-term financing problem relating to the social security tax.

"He calls for a 0.3 percent increase in the social security contribution rate, from 5.85 to 6.15 percent in 1977. This appears to be the most regressive approach to provide additional revenue for the social security trust funds," he said. "And it would fall heavily upon low-income wage earners."

The Senator added that an increase in the contribution rate could intensify unemployment, since it may discourage employers from hiring workers because their total payroll costs would be boosted.

He added that he was pleased with the President's plans for decoupling the social security system. "The net impact," he said "is that

The President also discussed AoA's nursing home ombudsman program, saying that it will help to resolve individual complaints and facilitate citizen involvement in the enforcement of laws designed to improve the health, safety, and quality of care in these facilities.

President Ford concluded by saying, "I believe that the Social Security and Medicare improvements I am proposing, when combined with the action programs under the Older Americans Act, will insure a measure of progress for the elderly and thus provide real hope for us all."

benefit increases for today's workers are coupled with increases for retired workers, producing instability in the existing wage replacement ratios."

Senator Church ended by saying, "I want to reaffirm that the Committee on Aging stands ready, willing, and able to work with and cooperate with the administration in improving our Nation's overall policies for Older Americans."

Senate Finance Committee Action

In a separate action the Senate Finance Committee tentatively decided against the President's proposal to raise the elderly's share of Medicare costs but supported limiting the amount paid for catastrophic illness care.

The Committee also opposed a presidential proposal limiting the amount hospitals and doctors could raise their fees each year and still be reimbursed under Medicare.

The informal vote taken Feb. 26 was not on actual legislation. The committee was preparing recommendations for the Senate Budget Committee which will hear proposals from all Senate committees before drawing up an overall tax and spending resolution for the coming fiscal year.

In earlier action, the Finance Committee also voted tentatively not to raise the social security tax Jan. 1, as proposed by the President.

Elderly More Prone To Accidental Death Reports National Safety Council

According to National Safety Council statistics, the elderly constitute the most vulnerable age group in the United States in the category of accidental injury.

About 25,000 persons 65 and older die annually as a result of accidental injuries. An additional 800,000 in this age group suffer disabling injuries of at least one day's duration.

The death rate from accidents among persons 65 and over is 116 deaths per 100,000 population within the age group. The average for all ages is 49.7. The rate for those 65 and over is two to almost three times greater than the rate of any group over 15 years of age and about three to six times greater than the rates for children under five and those five to 14 years old.

The National Safety Council notes that although persons over 65 comprise only about 10% of the total population, they account for 24% of all accidental deaths, 29% of hospital days due to injury, and 16% of all hospitalized accident patients.

The Council reports that in 1974 11,700 persons 65 and older died in falls, 5,600 in motor vehicle accidents, and 1,900 in fires or from burns. A total of 700 persons 65 and over perished from inhalation or ingestion of food and objects causing suffocation; 570 from poisoning by solids, liquids, gases, and vapors; and 500 from drowning.

Data indicate that older people are the victims of falls precipitated by failing eyesight, diminished muscular strength and coordination, and a degenerative condition of the bones called osteoporosis. Often broken bones lead to terminal complications.

In the classification of motor vehicle accidents, the Council asserts that the elderly fall prey to more severe pedestrian-vehicle accidents than do the younger groups.

More older persons perish in fires, the Council observes, because they are unable to escape even after sufficient warning, especially those over 75.

According to the Council, except for the 0-4 age bracket, the elderly suffer the highest suffocation death rate, with ingested-object suffocation being the greatest. One suspected factor is a diminishing of the "swallowing reflex" which comes with age.

Poisoning by solids, liquids, gases, and vapors in the 65 and older age group is not as prevalent as in the 15-64 age group, yet the mortality rate from poisoning by gases and vapors for persons over 75 is the highest of any group. This is principally caused by carbon monoxide, presumably from old, faulty heating equipment.

The Council concludes that from available information, it appears elderly people drown more frequently from activities associated with water than from actual swimming. Males greatly outnumber females in this category.

Of fatal accidental injuries to persons over 65: 43% occur in private homes; 22% in motor vehicle accidents (including pedestrian); 31% in public places (including institutions); and 4% at work.

The severity of the accident problem among the elderly is further dramatized by the fact that those over 65 suffering accidental injuries are confined an average of 13.7 days, compared with 7.6 days in the 45 to 64 year age group and 6.2 days for all ages. Among persons over 65 hospitalized for accidental injury, the average stay is 20.6 days compared to an average of 10.9 days for all ages.

A comparison of the average days of hospitalization required by persons over 65 further indicates that the stay due to accidents is longer than for most diseases. The average

stay is: 20.6 days due to accidents; 13.8 days due to cardiovascular diseases; 17.2 days due to infectious and parasitic diseases; 15.0 days due to diseases of the respiratory system; 16.8 days due to malignant neoplasms (cancer); and 14.4 days due to miscellaneous causes.

Ageing International Goes on Subscription Basis With Spring Issue

Effective with the spring issue, *Ageing International*, quarterly publication of the International Federation on Ageing will shift from distribution on a courtesy basis to subscription status.

Cost to U.S. and Canadian residents will be \$5 a year and \$6 to other countries.

Ageing International is published in English, French, and German. Its goal is providing practitioners with cross-cultural information on program innovations, research results and social gerontology having practical applications, developments in aging policy within international and regional organizations such as the U.N., and activities by voluntary agencies and the elderly.

Further information is available from the Editor, International Federation on Ageing, 1909 K St., N.W., Washington, D.C. 20049.

New Health Care Program

The Long Island University/Brooklyn Center has started a program leading to a Bachelor of Science degree in Long-Term Care Administration.

The program is accredited by the New York State Education Department and approved by the New York State Department of Health.

The course of study will prepare the student to qualify for the New York State Nursing Home license and for executive positions in Health Care Management. The latter includes opportunities in skilled nursing homes, health related facilities, homes for the aged, and custodial institutions in the voluntary, proprietary, and government sectors.

"Physical fitness really . . . is a state of well being that breeds confidence, poise, posture, and an exhilarating feeling of buoyancy."



Photos for this article courtesy of the National Association for Human Development.

Physical Fitness and Health—Highlights of the Senate Subcommittee on Aging Hearing

By Richard Keelor, Ph.D.

Director of Program Development
President's Council on Physical Fitness and Sports

On April 22nd of last year, the Senate Subcommittee on Aging heard testimonies on physical fitness and its implications for older Americans from representatives of associations, Federal agencies, and the fields of cardiology, psychiatry, geriatrics, and exercise physiology.

Due to the length of testimony and frequent duplications of content, no attempt will be made to cite the entire testimony in this article. Instead, we will provide a sample of the views and subjects discussed.

Frederick C. Swartz, M.D., Chairman of the Committee on Aging of the Council on Medical Services of the American Medical Association:

Physical fitness really implies more than the ability to do a day's work without running out of gas or surviving the emergency of snow shoveling or grass cutting. It is also a state of physical well-being that breeds confidence, poise, posture, physical ability and an exhilarating feeling of buoyancy.

Much fear is often expressed by the patient and his relatives of the possibility of injury or heart attack from an exercise program. We

guard against this by beginning gently and adding new increments of exercise only when enough progress has been made to indicate that the addition is safe. We sometimes have to point out that the only hazard-free area in this world is the graveyard. If you want to play the game of life, you must accept some risk—a broken leg may be a small price for the chance to make a touchdown.

After the daily formal exercise program has been mastered and put into force we proceed to institute a more strenuous program two or three times weekly. This may be typified by a walk for exercise or bike riding on a stationary bike. Improved speed, skill, strength, stamina, circulation and range of motion should be the objective of all physical fitness programs.

One of the most important items that contributes to good body function is good posture. We insist on oldsters sitting up straight in their chair, both feet on the floor and walking tall.

We are convinced that participation in this type of a program in-

creases the confidence and feeling of well-being for the individual and staves off dependency by preventing or softening the shaky hand and tottering gait syndrome.

The haunting question which was there from the start—if all this works to a degree in the later years, when should we really start the regime? The obvious answer is at day one. This type of body care should be part of everyone's life style for the simple reason that you feel better, you do more, you enjoy life more and in the later years you will be independent. . . .

Robert N. Butler, M.D., Research Psychiatrist and Gerontologist, author and lecturer:

Seneca, the Roman philosopher, said, "Man does not die, he kills himself." There is no question but that much of our behavior over which we can exercise some degree of control is influential both in the quality and length of our lives. Yet we do not take personal responsibility either for ourselves individually or collectively as a society by

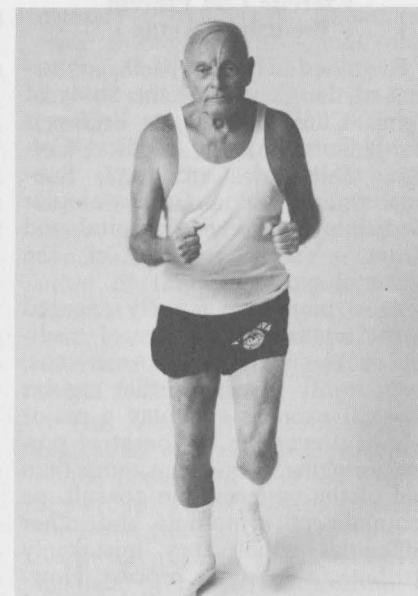
shaping our lives into the kind of regimen that would enhance both the character and length of life.

Poor diets, overeating, smoking, physical inactivity, excessive drinking, the overuse and misuse of drugs, accidents, stress and life-endangering life styles are all targets of preventive medicine. One can see interrelations between these elements and many physical conditions. A graphic example is found in the work being done on the influence of personality and life styles on heart attacks.

Substantial evidence supports the value of exercise in maintaining health, improved circulation and respiration, better sleep and diminished stress. Exercise reduces the risk of heart attack and enhances survival following an attack. Swimming, walking, running and bicycling are especially good and inexpensive forms of exercise, since they actively strengthen the circulatory and respiratory systems.

Exercise must be planned on a routine daily basis. One simply must take time for it. In addition, advantage must be taken of spontaneous opportunities for physical activities. Emptying the trash, mowing the lawn and walking upstairs instead of taking the elevator should follow a redefinition of what is called drudgery and what is exercise. So-called labor-and time-saving devices may reduce physical fitness. Gardening is a fine hobby as well as an attraction that gives pleasure to others. It saves money to garden, cut the grass, pull weeds, do household chores. Purchase of a handyman guide for work around the house can lead to exercise and save repair costs too.

Medical monitoring of exercise is important in later life. Regular physical exams and discussions of appropriate exercise with a doctor can lessen the chance of overdoing or miscalculating one's abilities. Treadmill electrocardiac surveillance (including testing under stress) is very valuable. Education about common dangers is another imperative. For example, in 1970 the Federal Trade Commission warned the elderly and infirm to be careful about sauna and steam baths because of adverse effects of rising body temperature, blood pressure and pulse rates. There is evidence



"Swimming, walking, running and bicycling are especially good and inexpensive forms of exercise."

also to suggest that isometric, static or overly sustained exercises may elevate blood pressure to the point of provoking a heart attack.

As a physician, psychiatrist and gerontologist, I urge continued Federal efforts in this vital aspect of the health care of older Americans—physical fitness.

Elderly Can Improve Their Physical Fitness

Herbert A. deVries, Ph.D., Professor of Physical Education, Director, Exercise Physiology Laboratory, Andrus Gerontology Center, University of Southern California:

Since very little experimental evidence existed regarding the physical conditioning effects upon older men and women (defined as 50 and over) it was decided to develop a mobile exercise physiology laboratory at the Andrus Gerontology Center which could be taken to a retirement community for further study. This work was supported by the Administration on Aging.

In the first experiment, 112 older males aged 52-87 (mean age = 69.5) volunteered for participation in a vigorous exercise training regime (deVries 1970). They exercised under our supervision at calisthenics, jogging and stretching at each workout for approximately one hour, three times per week. The subjects were pretested and retested

at 6, 18, and 42 weeks. The most significant findings were related to oxygen transport capacity. Oxygen pulse and lung ventilation at near maximal workloads improved by 29.4 and 35.2 percent respectively. Vital capacity improved by 19.6 percent. Significant improvement was also found in the percentage of body fat, physical work capacity and both systolic and diastolic blood pressure. Controls did not improve on any of the above measures.

A group of seven men was placed in a modified exercise program because of various cardiovascular problems. This group exercised in the same manner except that they substituted a progressive walking program for the jogging and were restricted to a maximum heart rate of 120 instead of 145 which was obtained with the normal group. This group was exercised for 6 weeks, at which time their improvement showed a similar pattern to that of the harder working normal subjects at 6 weeks.

In a subsequent study, 17 older women (age 52-79) from the same community, participated in a vigorous 3 month exercise program and again physical fitness was significantly improved although the women did not show the large improvement in the respiratory system shown by the men (Adams and deVries, 1973).

On the basis of a series of studies with this older subject population over a period of five years during which not a single untoward incident occurred we concluded: 1) the exercise regimen as developed (deVries, 1974) was both safe and effective for normal older men and women, 2) the trainability of older men and women with respect to physical work capacity is not significantly different from that in youth in a relative sense; i.e. the percentage gains are similar, 3) the training gains do not seem to depend upon having trained vigorously in youth.

Other health benefits which have been reported to accrue as the result of physical conditioning of the older organism include: improved muscle strength (Kuta, Pariskova, Dycka, 1970), and increased joint mobility (Chapman, deVries, Swzey, 1972), with respect to the musculo-skeletal system; increased total blood vol-



"Health benefits which have been reported to accrue as the result of physical conditioning include increased joint mobility."

ume (Oscai, Williams, Hertig, 1968, Benestad, 1965) and a regression of EKG abnormalities (Barry et al, 1966), with respect to the cardiovascular system. Also reported is a retarding effect on the typical age-wise regression of lung function (Durusoy, Ozgonul, 1971) and aerobic capacity (Dehn, Bruce, 1972).

It is of interest that a general feeling of "well being" is often reported as one of the results of physical conditioning in older people (Benestad 1965, deVries 1974). Unfortunately, this is not subject to scientific inquiry. However, in comparing the tranquilizer effects of a light workout (brisk 15 minute simulated walk) against a commonly prescribed tranquilizer, meprobamate (Miltown) it was found that the workout brought about a highly significant reduction of 20-23 percent in nervous tension in older men and women whereas the meprobamate had no immediate effect (deVries, Adams, 1972). It is possible that this tranquilizer effect of exercise is the basis for the reported euphoria.

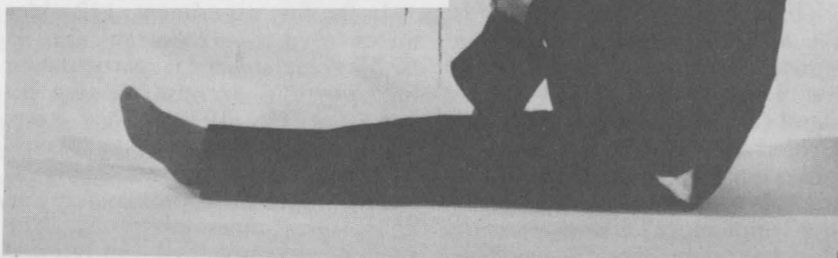
The weight of the available evidence at the present time does suggest that the intelligent choice of life style would include a suitably vigorous physical fitness regimen. Ideally physical fitness is a condition which should be achieved in youth, pursued in middle age, and never relinquished insofar as that is humanly possible.

Exercise Can Prevent Premature Aging

Raymond Harris, M.D., President of the Center for the Study of Aging, Clinical Associate Professor of Medicine, Albany Medical College, Chief of Cardiology, Sub-Department of Cardiovascular Medicine, St. Peter's Hospital and Former Vice President of the Gerontological Society:

As a physician actively engaged in the treatment and care of medical problems of older Americans, I am firmly convinced that regular physical exercise can play a major role in preventing the onset of premature aging. I find that more than half of the patients who consult me complain of symptoms and other difficulties which they mistakenly attribute to the aging process. However, as a geriatric cardiologist researcher and physician, I find that the majority of their problems are the result of a chronic state of muscular and cardiovascular unfitness. Hypertension, hardening of the arteries and other circulatory disturbances are evident in patients with a long-standing history of physical inactivity and emotional stress and tensions that could have been relieved by regular physical activity.

Properly taught and prescribed physical exercise programs are particularly valuable and practical for delaying the changes of aging and the progression of organic musculoskeletal and circulatory diseases. People who have become habitually sedentary in their living and thinking often overeat, thereby laying the groundwork for conditions which stimulate the development of organic disease. I refer specifically to complaints of aches and pains in joints and muscles, low back strain and transient illnesses of the cardiovascular system such as labile high blood pressure and coronary spasms.



Impaired mobility in middle-aged and older people, often the result of poor physical fitness, leads to social isolation, personality and emotional deterioration and poor mental health. Physically inactive people past 50 perceive their bodies to be broader and heavier than they really are and they experience bodily activities as increasingly strenuous. Kinesthetic pleasures which young people derive from motor action are steadily reduced in habitually sedentary elderly subjects who eventually become reluctant to move at all. Muscular degeneration, distinct physiological changes and distortion of the body image resulting from restriction of physical exercise lead to greater clumsiness, increased fear of physical activity and the development of faulty feedback mechanisms between movement and body image. Inactive older people develop increased internal tensions and pent-up aggressions.

Physical activity is particularly important in preventing the effects of hypokinetic disease, often mistakenly attributed to aging rather than the true cause—lack of physical activity. As people age and become physically inactive and unfit, their flexor muscles shorten and antigravity muscles supporting the body and straightening joints weaken. Such weakness of the back and shoulder muscles produces a hump-backed appearance which further limits the amount and type of physi-

cal activity which older people can perform.

Physical activity also opens up new challenging interests, goals, skills, experiences, and abilities. It increases the independence of older people. Physical activity performed in groups also permits an experience which changes people's attitudes and behavior and improves their interpersonal relationships.

Physical exercise programs that encourage older Americans to be more active, independent and mobile, provide economic benefits by reducing medical problems and hospital costs.

There is need, in my opinion, for the expenditure of federal funds for non-profit programs in physical exercise and activity to motivate normal middle-age and older Americans to begin programs which pay attention to their physical, emotional and social needs. Furthermore, funds are necessary to provide continuing education for physical educators and other professionals concerned with exercise in aging Americans. They need to be more aware of the needs of normal older Americans and how to conduct programs to keep aging Americans in good physical fitness and normal mental health. There is also a need for the accumulation of scientific data for physical exercise programs to determine the best way of retarding the symptoms and signs of the aging process and improving the quality of life and health of older Americans.

Hans Kraus, M.D., an internationally recognized orthopedic physician, former Associate Professor of Physical Medicine and Rehabilitation at New York University:

The physically inactive individual shows signs of aging earlier in life. He exists physiologically at a lower potential and is less well equipped to maintain homeostasis and to meet daily stresses. This low level of function, combined with enforced suppression of the "fight and flight" response, enhances the incidence of disease. If physical activity drops below a certain minimum, weight increase becomes unavoidable unless caloric intake is stringently restricted.

Good physical fitness work should actually start in childhood and should include daily exercise classes of at least an hour in every ele-

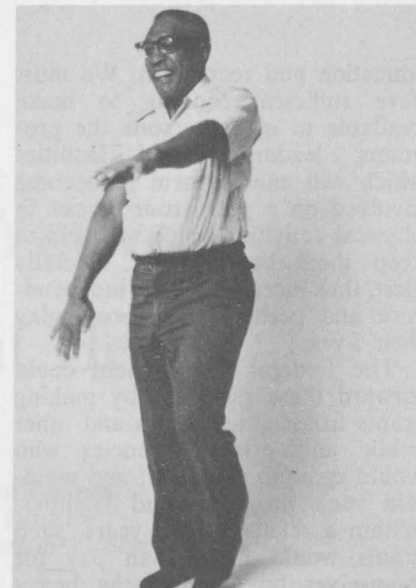
mentary school. These should continue throughout the whole school and academic life. Business and industry should set aside time for exercise breaks rather than for coffee breaks. Reconditioning centers should be established as has been done abroad for many years—where people who are getting "deconditioned" and prone to one or more of the chronic degenerative diseases have an opportunity to rest, get reconditioned and return with healthier bodies and a more placid frame of mind.

This need is becoming more critical as an increasing percentage of the population is in the over 60 age group. There must be education for these citizens to understand the need for regular physical activity in their lives and motivation for them to want to be active. Of course, the vital need is the availability of programs in which they can participate. These opportunities must be convenient for them and must be conducted by exercise leaders with adequate training and with an understanding of the older citizen.

Merritt H. Stiles, M.D., Internist, Cardiologist, Born Sept. 10, 1899, has published over 50 articles and co-authored *Ski at Any Age*. Elected to Ski Hall of Fame in 1975:

Studies have shown a gradual but progressive deterioration in physiologic function associated with chronologic age. This applies to the maximum oxygen uptake, the maximum heart rate, the vital capacity, the metabolic rate, and numerous other functions. Yet there is some question as to whether these changes are the result of age alone. One study suggests that the decline in maximum heart rate is related to the decline in metabolic rate, rather than to age itself. Other observations have suggested that if an active exercise program is pursued, the maximum oxygen uptake does not decline, or declines much more slowly.

To be truly effective, exercise must be most vigorous and sustained, and, once the individual is in suitable condition, part of it perhaps should be close to the individual's maximum ability. It must also be regular, the more regular the better. During building up and improvement phases, exercise should, if



"Substantial evidence supports the value of exercise in maintaining health, improved circulation, better sleep and diminished stress."

possible, involve from thirty minutes to an hour daily. Once an optimum stage has been reached, fitness can be maintained by a lower degree of activity, possibly as little as sixty minutes a week. Any form of exercise or sport sufficiently vigorous to fulfill the conditions outlined above should prove satisfactory. It must be remembered, however, that a person who has gotten soft from inactivity, or from illness, should not plunge immediately into a full blown exercise program.

If I may introduce a personal digression, with 20 years of active exercise behind me, I am, at 75, in infinitely better health as well as 50 pounds lighter than I was at 55. During the winter months, if I can get in two or more days of skiing per week, I feel that no additional exercise is necessary. During the spring, summer and fall, when skiing is out of the question, I jog two miles daily, three or more days each week. Kind friends occasionally ask me if, at 75, I am still skiing. My answer is, of course I was late in getting started, and I have a lot of missing years to make up for. Besides, I am trying to follow in the footsteps of Herman Smith-Johannsen, better known as "Jackrabbit Johannsen." Jackrabbit is still active as a cross country skier at the age of 100, and I have another 25 years to go before I can equal his present records.

What is needed is to put to work the knowledge and experience of those in the fields of health, physical

education and recreation. We must have sufficient funding to make available to older persons the programs, leadership and facilities which will enable them to become involved on a year around basis in physical activities which will help to keep them healthy and mentally alert, thus increasing their independence and perhaps even prolonging their lives.

The Federal Government could forward these purposes by making grants to localities, states and other public and private agencies who would agree to plan, staff and maintain such programs and facilities. Within a relatively few years, such grants would more than pay for themselves by reducing the heavy expenditures for medical and paramedical services for which the Government is now liable.



Part II of this article will appear in the May-June issue of Aging.

"Physical activity performed in groups permits an experience which changes people's attitudes and behavior and improves their interpersonal relationships."

First School of Aging Dedicated At University Of Southern California



Students enrolled in USC's new Leonard Davis School of Gerontology leave the Ethel Percy Andrus Gerontology Center where the school is located.

The first professional school focusing on the study of aging was formally dedicated as the Leonard Davis School of Gerontology in convocation ceremonies Feb. 16-19 at the University of Southern California.

Located within the Ethel Percy Andrus Gerontology Center, the school began its program of instruction last September. Dr. James Birren, Director of the USC Andrus Center, is Dean of the new school, and Dr. Margaret E. Hartford is Director.

The Davis School is the first to offer undergraduate and graduate degrees and certificates preparing students to work in educational and administrative fields dealing with the aged. A multidisciplinary faculty in sociology, psychology, biology, education, social welfare, and public administration utilizes the facilities at the Andrus Center.

Since last fall, the Davis School has been training over 80 students to work in the fields of health services, recreation, adult education,

social services, public administration, and long-term care. Students have a special "Gerontology Semester" to gain practical experience with well and frail elderly in both community programs and institutions.

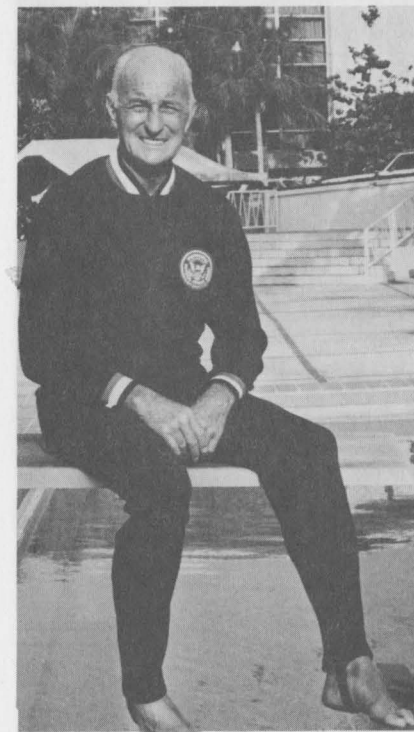
Speaking at the dedication ceremonies were international experts in government, medicine, and the arts.

Radio Series on Aging

The New York Council for the Humanities has awarded a grant of \$9,500 to the Brookdale Center on Aging at Hunter College for a radio series on aging this spring.

The 12-part series will be broadcast weekly on WNYU. The programs will involve interviews as well as discussions between retired scholars of the humanities and senior citizens at settlement houses and other local community sites.

The grant to the Brookdale Center on Aging is one of nine totaling \$130,000 for 1976 announced by the New York Council for the Humanities. The Council is an independent public organization supported by the National Endowment for the Humanities and private foundations.



C. Carson Conrad

When You're Young at Heart

By C. Carson Conrad
Executive Director

President's Council on Physical Fitness and Sports

"You're as young as you feel." Vigorous older people have been telling us that for as long as anyone can recall. Until recently the statement usually was received by the young with amused tolerance. It was, most of them thought, a verbal crutch the elderly used to keep themselves from sliding over the brink into senility. Today we know they were right all along; "you're as young as you feel" accurately summarizes current medical opinion on the subject of aging.

Dr. Lester Breslow, Dean of the School of Public Health at the University of California at Los Angeles, recently stated that a 55-year-old man who observes good living habits may be as "young" as a man born 25 or 30 years later who lives carelessly.

"The daily habits of people," he added, "have a lot more to do with what makes them sick and when they die than do all the influences of medicine."

Dr. Breslow's statement is remarkably similar to one President Ford issued last fall. "It's a tragic fact," the President wrote, "that many of our most serious ailments are self-inflicted, or at least are within our power to minimize or avoid."

What Dr. Breslow and others of like persuasion are saying is that we can exercise decisive control over the length and quality of our lives.

Their words, if heeded, are abundant with promise.

As one who is both personally and professionally interested in such matters, I believe a scientific and social breakthrough of great significance is the recognition that many of the problems we have historically attributed to aging are really the products of neglect and abuse.

Dr. Merrit Stiles, a noted internist-cardiologist, suggested last year in his written testimony to the Senate Subcommittee on Aging that physical activity is the key to prolonging good mental and physical health.

"Many of us," he said, "have noticed that our healthier older patients—particularly those in their late seventies, eighties, and nineties—are, almost without exception, enthusiastic persons who are still young in spirit. It is a moot question whether they are active because of their enthusiasm or enthusiastic because of their activity. It may be significant that if one of these healthy older individuals is compelled to remain inactive for a prolonged period, by accident or illness, deterioration will set in and a steady downhill course will ensue unless the individual can be stimulated to return to the greatest degree of activity possible."

Testifying at the same subcommittee session, Dr. Theodore Klumpp,

an authority on longevity, took issue with traditional medical advice urging older persons to "slow down."

"I believe," he said, "that we must do everything we can, as we grow older, to resist the inclination to slow down the tempo of our living. I am convinced that if you will just sit around and wait for infirmity or death to come along you will not have to wait so long."

Dr. Robert Butler, a clinical psychiatrist and successful author, was equally positive about the benefits of staying active. He quoted a fellow researcher as follows: "Exercise is the closest thing to an anti-aging pill now available. It acts like a miracle drug, and it's free for the doing."

The weight of this and additional supportive testimony moved Congress to amend the Older Americans Act in language which directs the Administration on Aging to "encourage the development of services designed to enable older Americans to attain and maintain physical and mental well-being through programs of regular physical activity and exercise."

Growing Interest in Physical Fitness for the Elderly

The National Association for Human Development has launched a pilot project to train physical fitness leaders for the elderly. This grant has been funded by the Administration on Aging (AoA) and

is co-sponsored by the PCPFS. The goal of this program, functioning under Titles III and VII of the Older American's Act, is to educate, inform, motivate, and enlist support and participation of older persons in physical activities for the purpose of enhancing their general health.

One aspect of the pilot project involves clinics held in Toledo, Ohio; Newark, Del.; and the Dallas/Fort Worth, Texas areas. The clinics feature older persons themselves together with representatives of State and local service agencies, physical educators, community college officials, volunteers, parks and recreation personnel, and community leaders.

The prominent pianist and entertainer, Victor Borge, is serving as Honorary National Chairman of the campaign. Mr. Borge, one of this Nation's more vigorous and delightful older people, is featured in film, television, and radio material developed for the program. He urges all older Americans to "Join the Active People Over 60."

The Delaware and Ohio workshops/clinics were conducted in conjunction with the PCPFS regional clinic program.

What emerges from the testimony and developments I have cited here is a clear indication that the time is ripe for major advances in physical fitness programs for our older citizens. I believe this opportunity coincides with a growing awareness on the part of older people themselves that a regular exercise regimen can forestall many of the physical problems which tend to pile up as the years mount.

Thumbing through recent issues of the newsletter published by the PCPFS, I encountered articles on a 78-year-old marathon runner, an 86-year-old woman who is a competitive distance swimmer, a high school coach who had matched the State high school mile record he had set 20 years earlier, and a middle-aged Michigan lawyer who had equalled his collegiate swimming marks. Not all of these people are old, and none of them is typical, but they offer dramatic proof that life need not be all downhill after age 30 or 40. More commonplace but equally convincing examples can be found in the ranks of any good jogging or cycling club, or in a YMCA exercise class.

Neither the knowledge that regular exercise can slow down the aging process nor the examples set by a few enlightened individuals mean, of course, that all older Americans are prepared to rush into fitness programs on signal. They merely indicate the potential of such a result. The reality of the situation is far less encouraging.

Elderly Lack Knowledge About Exercise

According to the National Adult Physical Fitness Survey, only 39% of Americans aged 60 and over get any systematic exercise. The favorite form of exercise in this age group is walking, which is practiced by 46% of the men and 33% of the women. Few of these older people engage in more strenuous forms of activity. Only 1% are joggers, 6% do calisthenics, 3% ride bicycles, and 4% swim.

Despite this concrete evidence that relatively few Americans aged 60 and over get much vigorous exercise, 71% of them say they believe they get all the exercise they need. This gap between what older people do and the way they perceive what they do indicates the special nature of their problem.

The adult survey showed that the elderly are much less likely than the young to have had physical education, to have had any experience in competitive sports, or to have had formal instruction in sports skills. For instance, only 7% of American men and women aged 60 years and over have had swimming lessons. From their responses to survey questions, it also is apparent that few of them have been informed about the contributions that physical fitness can make to personal health, performance, and appearance.

If I were asked to characterize the attitudes toward exercise and fitness of most Americans in my age bracket, my list would look like this:

1. They believe their need for exercise diminishes and eventually disappears as they grow older.
2. They vastly exaggerate the risks involved in vigorous exercise after middle age.
3. They overrate the benefits of light, sporadic exercise.
4. They underrate their own abilities and capacities.



Mr. Conrad and Olympic Gold Medal skating champion Shelia Young stand before a billboard announcing the Presidential Sports Award in Times Square. Photo courtesy Sam Ross.

That is a fairly harsh indictment of the current state of fitness and fitness knowledge among older Americans. Nevertheless, I believe it is accurate and it enables us to fairly judge the nature of the challenge confronting us.

The challenge is one we cannot fail to meet. The stakes are too high. What we are talking about is, quite simply, more years of life and a more abundant way of living for 30 million of our fellow citizens.

Exercise Slows Aging Process

We're all familiar with the fact that the aging process frequently expresses itself as a progressive increase in body fat and accompanying loss of muscle and bone mass; a gradual loss of physical vigor; increasing levels of blood cholesterol and triglycerides; and a high incidence of hypertension and cardiovascular disease. If we could prescribe a drug which would alleviate or delay the onset of these conditions, I am confident nearly everyone over 40 would rush out to buy it. Physical fitness doesn't come in a neat package, but it does have one distinct advantage: it's available, for

the doing, to nearly everyone.

I don't mean to imply that exercise is a panacea for everything that ails the elderly. However, most medical authorities support the belief—and most active people experience the fact—that regular exercise is an effective form of preventive health care and the best means yet discovered for perfecting and preserving our natural faculties. The weight of evidence on the side of those who hold this view is impressive.

Various organs and systems of the body, particularly the digestive system, are stimulated through activity and as a result work more effectively.

Posture can be improved through proper exercise by increasing the tone of supporting muscles. This not only improves appearance but can decrease the chance of lower-back pain and disability.

Physically active individuals are less likely to experience a heart attack or other forms of cardiovascular disease than are sedentary people. Furthermore, an active person who does suffer a coronary attack will probably have a less severe form and is more apt to survive the experience.

Physical activity is as important as diet in maintaining proper weight, and being overweight is more than a matter of personal discomfort or embarrassment. It is a factor in several chronic diseases, shortened life expectancy, and emotional problems. Medical authorities now recommend that weight reduction be accomplished by a reasonable increase in daily physical activity, supplemented, if necessary, by proper dietary controls.

Exercise can't prevent the stresses of life, but it can help us cope with them. For many individuals, frequent involvement in some sort of physical activity helps to reduce mental fatigue, tension, strain, and boredom.

There is an advantage also in keeping fit to cope with conditions caused by illness or accident. The person who has good control of his or her body and who possesses ample physical reserves is much better equipped to deal with problems and to undergo a rehabilitative process.

The physically active man or woman usually has a positive self-

image. This gives them the courage that propels them into interesting experiences, and it helps them to move with ease, grace, and self-confidence.

Physical Fitness Fosters Independence

But perhaps the greatest single benefit to the person who stays fit is the degree of independence and self-reliance it affords. This is a quality to be particularly prized by older Americans. There is a great psychological and financial advantage in having the ability to plan and do things without depending upon relatives, friends, or hired help. To drive your own automobile, to be able to perform useful work, to come and go as you please, to be an asset rather than a liability in emergencies—these are forms of personal freedom well worth the effort they cost.

Two of the things which tend to decay most rapidly as we grow older are our sense of balance and our flexibility. Regular exercise can help preserve both.

The aging process and disuse cause the tissues surrounding the joints to thicken and lose their elasticity. Regularly moving the joints through their full range of motion can help offset this process, and it also can help delay or reduce the development of arthritis.

Maintaining the sense of balance is especially vital to older people

who use bifocal or trifocal glasses. It helps them deal safely with the problems caused by quick changes from one optical focus to another.

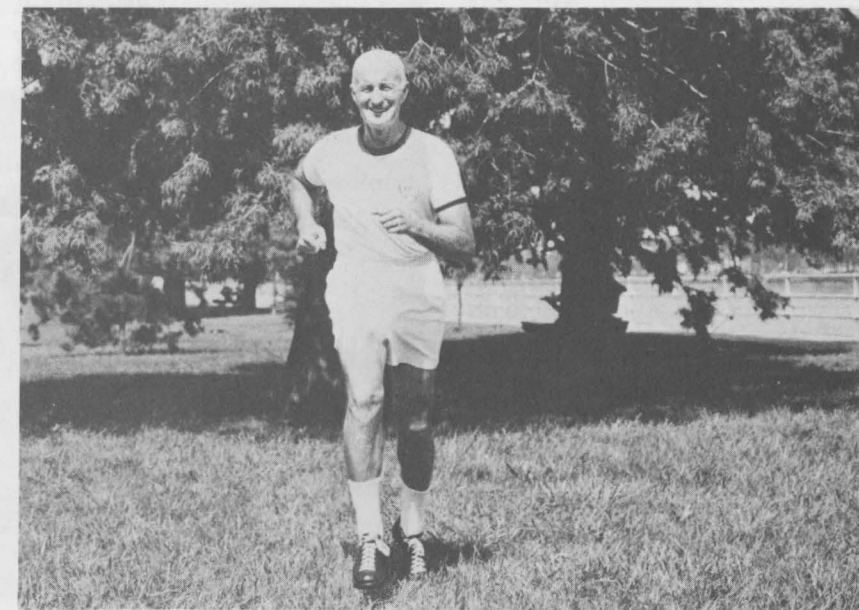
The list of benefits the elderly can derive from regular exercise could go on and on but I think the case already is strong enough. Medical opinion, the President, the Congress, and our common sense all tell us the direction in which we must move. We can't begin too soon.

We have, I am convinced, done older Americans a great disservice through our traditional "concern" for their welfare. By constantly telling them to "slow down" and "take it easy" we have helped keep them from that physical activity which can keep both their spirits and their bodies young.

Recently when we were searching for a theme for an advertising campaign, we settled on the lyrics of a song entitled "Young at Heart." The excerpt we used goes this way:

"And if you should survive to a hundred and five,
Think of all you'll derive out of being alive.
And here is the best part—you'll have a headstart,
If you are among the very young at heart."

That says, in its poetic fashion, pretty much what I've been trying to say here. I hope my arguments are received as enthusiastically as was Frank Sinatra's recording of the song.



"Casey" Conrad includes jogging among his physical fitness and sports activities.

Workshops Spark Fitness Programs

The National Association for Human Development (NAHD) has completed its last workshop designed to encourage the growth of physical fitness and health education programs for the Nation's elderly.

Richland College in Dallas, Texas was the site Jan. 23 and 24 of a final statewide workshop planned by NAHD as part of its effort to implement a national demonstration health education and fitness project for older persons. Operating under a grant from the Administration on Aging, NAHD last summer designated four States as test sites for the project: Ohio, Delaware, Maryland, and Texas. Statewide workshops to launch the program in Ohio and Delaware-Maryland were held last October in Toledo and Newark, Del.

The Texas workshop was NAHD's largest effort to date, drawing more than 450 participants from across the State. Arthur S. Flemming, U.S. Commissioner on Aging, keynoted the meeting.

The overall goal of the program, operating under Titles III and VII of the Older Americans Act, is to inform, motivate, and enlist the support and participation of older persons in physical activities which enhance health and aid in disease prevention and control. The statewide workshops provided an opportunity to educate community leaders about the underlying causes of cardio-vascular and other diseases associated with aging and about the therapeutic importance of physical activity as one grows older. The workshops also provided an opportunity to demonstrate regimens of moderate exercise especially designed for people over 60 and to discuss ways to marshal community resources which provide opportunities for older people to participate in exercise and fitness activities.

The statewide workshops have generated regional and local workshops in each of the States where the program is being introduced. These, in turn, are sparking new opportunities for the elderly to enjoy the psychological and physical benefits of exercise.

Following the workshop in To-

ledo, a smaller one was convened for the managers of 32 nutrition projects in a 26-county area of south-eastern Ohio. This led to the creation of exercise and fitness programs at each site. In Baltimore, a special training session for nutrition site managers was held January 20 and resulted in the implementation of fitness programs at all 30 sites. Plans were also developed to initiate or expand fitness programs at the other 96 sites throughout Maryland.

In Toledo, a coalition of the local YMCA, YWCA, the Health Retiree Center, and the Northwestern Ohio Planning Council developed plans to implement fitness programs in a 10-county area and, through support from the area aging office, has employed a full time coordinator for the program. The Toledo Board of Education, local churches, and senior citizen organizations are cooperating with the coalition to organize physical activity programs in places where older citizens congregate or live, including housing units.

The cooperation of governmental agencies, especially the network of area aging offices and State aging commissions, has been especially helpful in launching the program in the demonstration States. The support and cooperation of non-governmental organizations, particularly service organizations, has given the

program extra scope and thrust. In Texas, for example, the State's YM-YWCA network has enthusiastically backed the project and invited NAHD to explain and demonstrate the program to representatives of all their facilities throughout the State in March.

To keep pace with the progress of those who are already involved in the program, NAHD has prepared a second series of exercises, entitled "Moderate Exercises for People Over 60," to complement the initial series, "Basic Exercises for People Over 60." In production is a third series of exercises and activities designed to accommodate older persons physically capable of undertaking more advanced fitness activities.

The National Association for Human Development's program, "Join the Active People Over 60," has generated interest not only within the four demonstration States, but throughout the country. NAHD headquarters in Washington has received letters from every State inquiring about the program and requesting information. Because the model project has created such interest, plans are now being developed to expand the program nationwide. Additional information is available from NAHD, 1750 Pennsylvania Ave., N.W., Washington, D.C. 20006.



A group of elderly take part in fitness activities especially designed to provide moderate exercise for persons over 60. Photo courtesy of National Association for Human Development.

"Over Sixties" Keep Fit At Waxter Center

By Jill Williams

Public Information Officer
President's Council on Physical Fitness and Sports

Twisting, bending, lifting, stretching, the "over 60" crowd at Baltimore's Waxter Center is keeping fit. They move easily and with enthusiasm; there are smiles and laughter and occasionally a few moans and groans. One lady exclaims, "I can't get up!" after trying a few situps, but a fellow participant is quick to show her the best technique. "I did three more leg lifts today," says an excited exerciser. After an hour of continuous exercise, instructor Karen Hoffberger commends the group for a job well done.

All of the men and women in the class are about 65, although a husband and wife duo, William and Nora Goldman, are both 79. In a few months Karen has seen noticeable improvement in her group's flexibility and endurance. "The overall health and general attitude of these people is so much better," she said. "They get along with each other much better, too." The instructor mentioned the most remarkable case of improvement—a visually handicapped woman who had not exercised in years. "When she first came, Mrs. Johnson was very, very stiff and afraid to try to move her body. In a few months she has become flexible and has gained a lot more confidence." Mrs. Johnson herself admits that she feels better, has lost weight, and lowered her blood pressure.

Karen believes her group can handle a fairly vigorous workout. "They know their limits and will work right up to them," she said. At the start of each class Karen cautions the group, "Stop when you get tired." There are certainly no complaints and it is most obvious the participants are enjoying themselves.

The Waxter Center is just one of the places sponsoring a fitness program for the elderly, although it is certainly one of the leaders in the movement. In Baltimore there are exercise classes for seniors at the



The "over 60 crowd" is shown doing some of their exercises outside the Baltimore Waxter Center.

Jewish Community Center, several community colleges, and seven different recreation centers.

According to Dr. Hans Kraus, an internationally recognized orthopedic physician, "There is a tremendous need for persons over sixty to understand the importance of regular physical activity in their lives, and motivation for them to want to be active." He believes that there is no more important nor more neglected aspect of life than physical and mental vigor through exercise. "It is never too late to begin fitness programs under proper medical supervision," he said.

The staff at the Waxter Center offers swimming, bowling, folk dancing, square dancing and ballroom dancing. The staff is working to dispel the belief that it is harmful for people over 60 to exert themselves physically. Experts agree that, on the contrary, it is vitally important to stay active. The concept that older persons must be physically well, independent, and living in their own homes is the basic philosophy behind the Center's founding.

The late Dr. Mason F. Lord of Baltimore's city hospitals developed the philosophy, and in the early 1960's it was tested through the Metropolitan Senior Citizens Center. The City of Baltimore then voted in a \$3,800,000 bond issue, which provided for construction of the present Waxter Center, named for Thomas J. S. Waxter, Sr., a social welfare leader. Funded entirely by the city of Baltimore, the Center was opened in March, 1974 and already has over 6,000 members. Membership is open to any Baltimore resident over 60. There is no fee for membership or for any of the services provided.

In addition to the physical fitness program the Center offers social work services, and classes ranging from sewing to Spanish. Dramatics, history, first aid, French, ceramics, and painting are a few of the 100 classes and program activities that take place every week at the Waxter Center. The social services include an information and referral department. Here a member could, for instance, get help finding a job or a

place to live. He or she could learn how to cook, how to care for an apartment, how to file for property tax reductions; staff members are on hand to answer every question and help with almost any problem. The health services are designed to detect and prevent health problems and illnesses. A day care program provides specialized care for those people who would otherwise be confined to a nursing home.

There are also special events each week. One of the most popular activities is the weekly dance, which gives members a chance to practice the steps they learned in class. Field trips to the Kennedy Center, Disney World, New York, and elsewhere are sponsored at reduced costs. Theatre performances and film

showings at the Center are planned for the weekends.

A special noon-day meal is served free of charge in the Center's cafeteria. "Eating Together in Baltimore," the only federally-funded program in the Center, provides 1,000 hot meals a week. According to Program Supervisor Eleanor Hooper, "This is the only meal that some of the members get each day." She explained that the staff is helping to remedy this problem by holding classes and demonstrations in cooking, nutrition, and even food purchasing.

The building itself is an attractive red-brick structure, with many open rooms, colorful furnishings, and large windows. Senior citizens figured in the planning of every aspect

of the 3-story, 55,000 square foot building. Hanging plants, paintings and ceramic work (done by the members) and striking posters of the week's activities contribute to the warm surroundings. The effect is that of a large home, with lots of busy people and bustling activity.

The concept behind the Waxter Center—that people over 60 are entitled the right to live independent, healthy, productive lives—is a growing concept of changing ideas and special needs. The Center plans to accommodate those special needs as they arise. New programs will be developed, new services explored. The city of Baltimore has instituted a challenge to cities everywhere to consider the lives of their citizens over 60.

Los Angeles County Has Senior Prom Program for Elderly

The Senior Citizens Unit of the Los Angeles, California, County Department of Parks and Recreation has developed a "Third Generation Senior Prom" for the county's elderly.

Program initiators include Chuck Bolinger, Regional Recreation Services Superintendent; Diane Holland, Special Recreation Services Director; Domingo Delgado, Senior Citizens Unit Director; Rosey Grier, and Madelyn Rhue. They feel the proms bring celebrities, civic officials, and senior citizens together to generate awareness of the "third generation" in our society.

Initially, invitations were sent to officers of senior citizens clubs throughout the county. This led to the development of a continuing program involving a broad cross-section of the senior citizen community. The proms are a cooperative effort among different senior citizen clubs, community colleges, and other recreation departments. Combining resources, they provide decorations, refreshments, and door prizes.

The first prom was held in August 1973 at the Statler Hilton Hotel in Los Angeles with "Rosey" Grier and Madelyn Rhue as co-hosts. Merv Griffin was master of ceremonies and other celebrities attending were Ethel Kennedy and Gene Kelly.

One prom was held at Compton Community College and another in El Monte where Shirley Jones, Mrs.

Sammy Davis Jr. and Rafer Johnson met seniors. At the Americana Hotel in Culver City, Carroll O'Connor, Dick Sargent, and Suzanne Pleshette signed autographs for more

than 1,500 older persons. Los Angeles Mayor Tom Bradley, Bea Arthur, and Susan St. James were present for a fourth event at John Anson Ford Park in Bell Gardens.



Some of the celebrities appearing at a recent prom included left to right: Madelyn Rhue, Rosey Grier, Peggy and Janet Lennon, Susan Stratford, and William and Marilyn Davis of the 5th Dimension.



The Third Generation Senior Prom offers refreshments and door prizes as well as dancing to old and new sounds.

"Fitness Over Sixty: Swedish Style"

By Beritt Brattnäs Stanton
Attaché for Sports
Swedish Consulate General



Ragnar Frunck set a skiing record on his 75th birthday.

During the decade of the sixties, the Swedes made great efforts to improve the living and housing conditions of the elderly; at the same time, there was increasing concern to help them continue living in their own environment. Legislation required the municipal authorities to take stock of the existing needs of old-age pensioners in their areas, and to offer all the forms of assistance that were gradually introduced.

As the services offered by the municipal authorities increased, they were also reorganized. In a number of large municipalities, this involved the construction of service centers open to residents from homes for the aged or "pensioners' hotels" and to other elderly in the neighborhood.

In the seventies, social policy in this sector has concentrated on the following points: (1) Physical and cultural activity, (2) improved staff training at all levels, (3) more frequent medical check-ups as retirement age approaches, and (4) campaigns for a better diet and a more active physical life. The opposite side of this attractive coin, however, is the serious and painful problem of loneliness. The rapid urbanization of the fifties and sixties has carried children far from their parents. Other factors separating the generations include the changing moral code, the emergence of new values, and the multiplying demands of the "consumer society." Sweden is the country in which old-age pensioners enjoy the best material condition; it is also that in which they experience the greatest solitude.

Medical and Social Viewpoints

Exercise for pensioners is considered a very valuable activity by medical and social standards because it breaks the pensioners' isolation, gives them more contact with

others, and stimulates them physically and mentally. From the medical point of view, these physical activities fulfill a great task—that of keeping bones, joints, and muscles mobile and supple. The heart, lungs, and alimentary tract also improve. Coordination and balance are better, as is also the general state of health. Naturally doctors are giving the pensioners regular check-ups. In the spring of 1971 there were about 30,000 pensioners taking part in 1,300 gymnastic groups in about 420 towns in Sweden. (Sweden has about 8 million inhabitants, smaller than New York City.)

Since not all older people are able to carry on the same amount or types of physical activities, various classes have been set up to meet their differing needs. Pensioners' gymnastics, exercises, or other physical activities are arranged in the old peoples' homes, or "pensioners' hotels." These participants are usually very weak, with physical and mental handicaps. In addition there are exercise groups open to all pensioners still living in their own homes in the municipalities who take part in these exercise-groups. Very mobile pensioners belong to groups where exercises are more strenuous. The movements are chosen to suit the various groups. Each session lasts about 30-45 minutes. Generally schools are used after school hours.

How One Older Swede Stays Physically Fit

A couple of examples of very fit and physically young pensioners are Ragnar Frunck and Stig Bölling. Mr.



Sweden has programs for pensioners in homes for the aged and those in the community.

Frunck, 76, is one of the most active businessmen in Stockholm. He sold his firm when he retired, but opened a new one to keep busy—and is today busier than ever. Mr. Frunck is no ordinary exercise enthusiast. To celebrate his 75th birthday, he took a little trip to Finland. But he did it the really enjoyable way, on water skis, towed behind a motor-boat. While he was at it, he broke the time record for the 108-mile trip, skiing Stockholm to Mariehamn, which is on the Finnish Island of Aland in the Baltic Sea in just three hours. Mr. Frunck has been active in sports since he was a boy.

Mr. Frunck does not look 76—even in Sweden where people look younger than they are. (Swedish businessmen often say they have problems sending junior executives to handle business abroad. In some countries, businessmen only want to deal with wise old men—and boyish-looking 40-year-olds won't do.)

There's no secret to Ragnar Frunck's youthfulness—other than a few very simple rules of getting plenty of exercise and not overeat-

ing. He is up at 6 each morning and does 10 minutes of "sitting up" exercises. He uses weights (up to 50 pounds) for stretching and limbering up back, neck, and shoulder muscles. He showers and then pops down to a very simple breakfast of juice and oatmeal. He says oatmeal is "full of iron"—and he adds two teaspoons of honey for flavoring. And with a cup of coffee he is off to work.

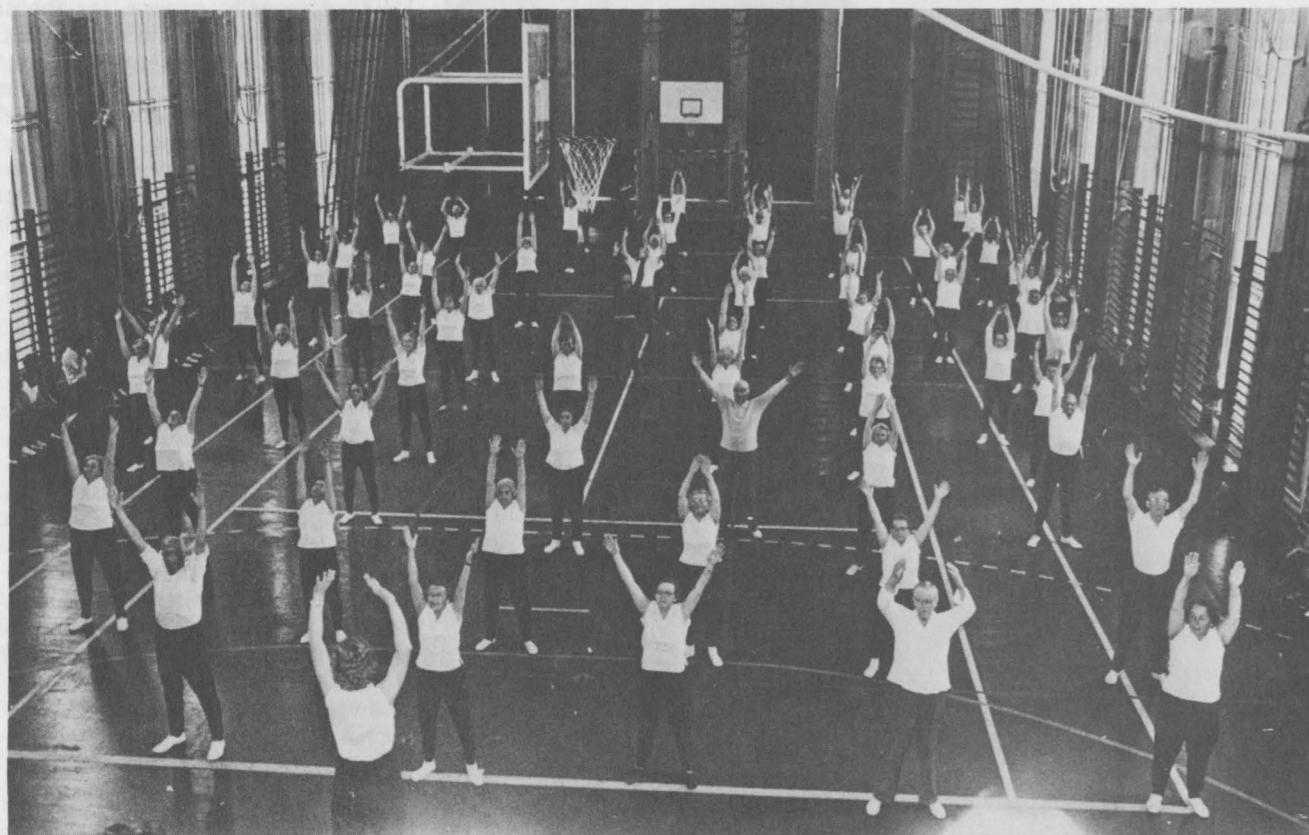
Since his business is booming, this does not give him much time for exercise. Well, not as much as he would really like. He gets away several times a week for jogging or in the winter skiing (cross-country) in the park near his home. Twice a week he meets for two hours with an exercise group that has been holding this kind of session for 40 years. Although he's out on his water skis every chance he gets, he does draw a line at "kite skiing"—being towed in the air behind the boat. That's simply too dangerous for anyone—although it is great fun.

Diet? Nothing special—just a lot of greens and fish. "Fish is a great food—and it is not something that stuffs you," he says.

Mr. Ragnar Frunck's formula is: (1) Walk up stairs until you are tired. (2) Do not ride if you can walk. Don't walk if you can run. (3) Never stuff yourself. (4) Be careful about fatty food. (5) Eat fish regularly. It is nourishing and not stuffing. (6) Exercise and enjoy it. (7) Take a mid-day break by going out for exercise. Mr. Frunck is one of our great Vikings.

The Vasa—Sweden's Cross Country

Every year in March newspapers the world over run photographs from the Vasa Race in Sweden. The stock shot most people see is of the starting line in Salen. Upwards of 10,000 cross-country skiers start off at the same time on the 53-mile run through Dalarna province. A few hundred professionals compete for the neck-draped victory wreath at the finish line in Mora about five hours later. But by far the greater number of entrants are amateurs, people who have been training all winter long for this big trial of strength. True, they do run against the clock and the pro competitors along the blueberry-potted track.



Members of Parliament, regardless of their age, take part in regular physical fitness activities.

larly, was found to be 45 years old physiologically; while the younger man, a student who did not exercise at all, was found to be exactly of the same age, physiologically 45 years old. Naturally after this finding physical fitness has become a subject of increasing concern in Sweden, with increased government support.

Physical Fitness Reduces Health Care Costs

There are other reasons for increased government support. Prominent among them are the facts that automation is reducing demands on physical fitness and that the cost of medical care is mounting. The last item is of special importance. The increase in the cost of health care can not be maintained and one method of reducing it is to promote physical fitness. Widespread physical fitness has led to a significant reallocation of funds, enabling large amounts of money tied up in curative medicine to be used instead for preventive treatment, thus paving the way for an eventual improvement in the health care bill. The cost of physical fitness programs is considerably less than health care.

Apart from such economic considerations, the main motivation behind our physical fitness programs for older people is the desire to keep people healthy and consequently able to lead happier and more useful lives.

Promotion of Physical Fitness for Older People

Rikskommitten stands for more physical fitness opportunities for older people and is the Government's committee for promotion of the idea, the information center for the country, and the organization that is educating new leaders and teachers. In every community we have the local committee (under Rikskommitten) usually very well organized and represented by doctors, persons from the local government, pensioner organizations, and naturally the special education leaders or exercise teachers for the elderly.

The Vikings have as a whole continued to keep strong and healthy through the generations. Backpacking and other outdoor activities are usually a part of every Swedes' vacation. A little hard work physically is a true pleasure and as you get into the habit at a young age, it is almost impossible to get rid of it. At least that is my own experience.

City of Chicago Has New Radio Series Devoted to Elderly

The Chicago Mayor's Office for Senior Citizens has announced a new 30-minute weekly radio series offering news and information.

"Old Age/A New Look," produced by WBEZ-FM in cooperation with the Mayor's Office, is broadcast every Tuesday from 6:30 to 7:00 p.m. It is rebroadcast on Sunday from 11:30 a.m. to noon.

Goal of the series is keeping the elderly informed about community activities and services, as well as national and local issues which affect them.

The series will encompass legislative analyses, book reviews, memorabilia, and a calendar of events. The format will involve panel discussions, dialogs and interviews with senior citizens, professionals in aging and public officials, and on-location taping of public hearings and other events.

The program is designed as a forum through which the elderly and those serving them can share their thoughts on such issues as health care, nutrition, housing, income and transportation.

Title VII Nutrition Program Organizes Senior Citizens' Night at Tanglewood

By Frederick H. Whitham
Executive Director
Berkshire Home Care Corporation*

Through the efforts of the Berkshire County Title VII Nutrition Project's support service program, nearly 700 elders enjoyed the First Annual Senior Citizen's night at Tanglewood last August.

The program featured a galaxy of conductors—Arthur Fiedler, Gunther Schuller, Seiji Ozawa and Aaron Copland—utilizing three orchestras. The actual Senior Citizens' Night included transportation to and from the grounds of Tanglewood, a picnic dinner in the Friends of Tanglewood tent and cafeteria, a hosted introductory greeting, and a concert by the Young Artists of the Berkshire Orchestra Summer Program.

Arrangements for the eventful evening were initiated by contacting the Council of the Friends of Tanglewood. This committee was offering an introductory evening to various groups in Berkshire County to have local citizens sample an evening of what Tanglewood is all about. In working with the Council representatives in meetings and by telephone, the details of the package were arranged.

Seating was reserved in the theater for all elders and accompanying staff. The transportation was handled by soliciting the various carriers in the County for bids. After an agreement was reached, the routes were mapped out in meetings with the bus company with consideration of the needs of the elders in each community. Drop-off spots at Tanglewood were decided on the basis of where the elders were to picnic. A shuttle bus was available

after the dinner to transport those unable to walk the distance to the theater.

The nutrition program used its own catering service to provide the picnic dinners. Three menus were reviewed for the selection of a quality meal at the best possible cost.

Reservation sheets and tickets were distributed to all the luncheon program centers and affiliated Councils on Aging several weeks in advance. A deadline was set one week before completing all details and schedules: total meal counts, bus reservations, and ticket counts for the number of seats needed.

Publicity efforts were then initiated. Posters were placed at luncheon site centers, Council on Aging offices, and in certain storefronts. The media were informed and radio interviews and public service announcements were scheduled. The communication between the Evening coordinators and the Tanglewood officials, as well as the rest of the staff, was ongoing to ensure proper updating and implementation of the various aspects of the program.

The elders arrived in 14 buses from all areas of Berkshire County and the two other Western Massachusetts counties. On entering the eating areas, the elders filed past the tables where the dinners were placed, picked up the boxed picnic supper and seated themselves wherever they

pleased. The staff was available to assist with the distribution of meals and the seating when needed. As people were beginning their dinners, the hosts from the Friends of Tanglewood Council and the Berkshire County Nutrition Program greeted the guests with an introductory talk which included the history and purpose of the summer home of the Boston Symphony Orchestra and its student training program. The concert followed as the highlight of the evening with the Young Artists performing Wagner's "Forest Murmurs" and Rachmaninoff's "Symphony No. 2" to the delight of the elders.

At the close of the concert everyone boarded the buses and returned to their own community. A splendid time was had by all. And next year's plans are well on the drawing board.

Agency for Elderly In Michigan Feels Financial Squeeze

Senior Neighbors, Inc. in Kent County, Michigan is experiencing the financial plight of many agencies for senior citizens throughout the country.

The agency reports that a shortage of funds for the current fiscal year is forcing cutbacks of its functions and personnel. Fiscal casualties include the termination of *Elderscope*, the agency's monthly publication with a circulation of 7,000, the closing of one senior center, and the possible closing of another.

N.Y. Center Offers New Programs for City's Elderly

The Council Center for Senior Citizens of Brooklyn, N.Y. is offering college-level courses for credit in cooperation with Touro College.

College instructors conduct courses on a seminar level. Each course is offered once a week for a three-hour session and provides six credits a semester. Applicants must be 60 or older, have a high school diploma or pass an equivalency exam, and have a gross annual adjusted income under \$5,000.

The Council Center has also established a telephone reassurance program to provide older shut-ins with regular social contacts.

Information about programs is available from the Center, 1207 Kings Highway, Brooklyn, N.Y. 11229.

Institute of Life Insurance Reports Statistics on Aged

According to the Institute of Life Insurance, there is a "boom" in grandparents and more of them are carrying life insurance.

The U.S. Census statistics indicate there are approximately 21 million persons 65 years or over in the country today, an increase of over 1.8 million in four years. In 1978, according to estimates, the total will exceed 23 million, or more than 11% of the population.

Currently, the likelihood of having all four grandparents at a child's 10th birthday is 1 in 14. In 1920, the chances of such a family gathering would have been only 1 in 90.

Even at age 20, the chances are 781 in 1,000 that a person will have at least one living grandparent compared to a 1920 ratio of 509 in 1,000.

The Institute of Life Insurance also reports that there has been a significant increase in the number of policy holders keeping their life insurance in force after retirement. Almost two-thirds of the population 65 and older now have policies.

The total of persons protected by annuities—contracts providing a guaranteed income for life or for a

specified number of years—has also risen sharply. Annuity payments from life insurance companies amounted to \$2.9 billion during 1974, an increase of \$306 million, or 12%, over the previous year.

Among those receiving payments are male family heads who had purchased annuities to be assured of a continuing income after retiring. There are also widows receiving a lifetime income from annuities purchased by their husbands as well as unmarried women and men whose annuities offer protection against outliving their financial resources.

JASA Outings In New York City Enhance Life of Urban Elderly

Since its inception in 1974, the JASA/Brookdale Department of Volunteer Services has been achieving its goal of creating volunteer programs that enrich the lives of New York City's Jewish elderly.

Its first project, "JASA Outings To the Suburbs," was inaugurated in July 1974 to assist groups of senior citizens escape the city's heat and enlist suburban host groups who would provide them with "A Day in the Country." JASA provided a bus and worker, advertised the outing to members of a JASA Senior Center, and set up registration on a first-come, first-served basis. The hosts supplied the setting in a synagogue, community center, or large private home; prepared a luncheon; and planned and presented a program of entertainment including a visit to local places of interest.

The program has expanded rapidly. Over 1,750 older persons have participated and more than 500 volunteers in 35 communities drawn from Temple Sisterhoods, chapters of the American Jewish Congress, and social action committees of local temples and synagogues, have also been involved. From an initial nine trips the first summer, outings now occur year-round, with emphasis on the Jewish holidays as well as summer months. Many suburban groups include JASA Outings regularly in their annual program plans.

The JASA/Brookdale Department of Volunteer Services reports both senior citizens and host groups have benefited from the JASA Out-

ing Program. Outings have helped bridge the gap between inner city and suburban residents and established a sense of commitment and friendship.

Course Offerings for 1976

The Institute of Gerontology of the University of Michigan-Wayne State University has published its 1976 *Continuing Education Offerings: Residential Institutes and Workshops*.

Brief descriptions of residential institutes and workshops offered are included, along with information on admission requirements, university credit, tuition fees, registration, and procedures in applying.

The Institute of Gerontology cooperates with departments and schools at the University of Michigan and Wayne State University to offer graduate programs with gerontology specialization. Programs through which students can earn Specialist in Aging certificates along with graduate degrees include those in social work, public health, education, architecture, psychology, guidance and counseling, public policy, and nursing. Certification in specified content areas may also be earned in short-term Residential Institutes described in the brochure.

I&R Service for Aged

The Manpower Administration of the Department of Labor reports a program providing information and referral services to elderly persons who need assistance in addition to job help.

Through a network of Job Service offices and Comprehensive Employment and Training Act prime sponsors, older applicants seeking employment aid can be referred to other types of services they may need.

An agreement has been developed by the Interdepartmental Task Force on Information and Referral, created by the Interdepartmental Working Group of the cabinet-level Committee on Aging. The agreement's aim is to identify actions that can be taken to make participating Federal, State, and local agencies aware of the resources each has to offer in helping seniors utilize community opportunities.

Students and Elderly Residents Aid Each Other In Pa. Exchange Program

A cooperative arrangement between an elementary school and a nursing home is bringing residents into the school and students into the home. Initiated three years ago, the project involves the Walnut Street School and Little Flower Manor, both located in Darby, Pa.

Under the program, nursing home residents are taken to the school by R.S.V.P. participants each week and are greeted by the school's hostess, Mrs. Theresa Johnson. Mrs. Johnson makes sure that the residents receive the correct room assignment for the day.

At the beginning of this school year the residents had given 1300 hours of volunteer service to the school. Most work directly with the children. One volunteer has served as a library clerk.

Mrs. Joanne Abendschein acts as coordinator for Little Flower Manor, keeping records of the volunteers' assistance and checking with teachers regarding their reactions and recommendations for the program.

Eleven nursing home residents come regularly to the school, usually for 2½ hours twice a week. Most spend their time tutoring the children.

Under the reciprocal arrangement, students go to the Little Flower Manor where they visit with the residents. One sixth grade class cleaned up part of the grounds and planted a garden.

Last spring during a final get-together of the residents and students, school principal John Marino awarded certificates to the students and a plaque to the volunteer residents of Little Flower Manor.

Quantity Recipes Available Free to Nutrition Volunteers

A special recipe file box containing free recipes for quantity food preparation is available to volunteers delivering daily meals to the elderly and homebound.

The quantity recipes have been tested by major food companies, associations and research institutes,

home economists, and commercial kitchens of food-related industries. They are classified as regular, diabetic, low sodium or soft diet, and under soup, sandwich, meat, vegetable and dessert headings. Periodic mailings to update menu ideas are sent to those on the mailing list.

The recipes come in a 5" by 8" impact-proof plastic box. They are collated, boxed, and mailed by the Vocational Rehabilitation Center, a training ground for the handicapped in Pittsburgh.

They can be ordered by sending a check or money order for \$2 to cover postage and handling to Meals on Wheels, P.O. Box 1076, Pittsburgh, Pa. 15219.



Two seniors hold the Bicentennial tray used to raise money for the transportation program.

Bicentennial Trays Help Transport Seniors in Northwestern Minnesota

Trays commemorating the American Bicentennial serve two purposes in northwestern Minnesota.

Paul Kleinsasser, Director of the Tri-Valley Opportunity Council's Senior Citizens Transportation Program in Crookston, says older persons in the area use the trays to create interest in the Bicentennial, and to generate additional money for their transportation program.

According to Mr. Kleinsasser, volunteer transportation coordinators in communities served by the transportation program in Polk, Norman, Marshall, Pennington, and Red Lake counties volunteered to distribute the

trays to individuals and businesses in their areas.

The trays are not sold but are exchanged for a donation that is used to support the transportation project.

Donations have ranged in size from \$2 to \$100 and so far have netted the transportation program more than \$1,800.

Trays are purchased from an officially licensed distributor of Bicentennial Products.

Other senior citizen groups wanting to learn more about the money-raising project should write: Bicentennial Products Division, NEDI, Box 1776, Crookston, Minn. 56716.

TV Series on Aging

"Images of Aging," a national television series dealing with aging, premiered Jan. 21 on Channel 20.

The eight weekly programs presented over the Public Broadcasting Service are designed to stimulate an examination of stereotypes by focusing on the process of growing old and the aged themselves through the eyes of film-makers, documentarians, and dramatists.

The hour-long programs are built around a different theme and combine existing film and television work with commentary, questions, and observations.

Program titles include: "A Matter of Age," an introduction to the anthology concept of the series which utilizes existing programming material; "The Zone of Silence," an exploration of the communication between different age groups; "Neither Blessing nor Curse," which discusses the elderly as seen by themselves; and "What Are Old People For?," which examines the elderly as seen by society.

Other titles are: "No Preface to Old Age," an examination of the premise that no one knows what "old" is until he or she is old; "From Resignation to Renewal," new images of aging as seen in the growing awareness of older citizens and their discovery of political power; "Full Measure in Every Season," goals for the future; and "Long Life!," a summary of the new attitude toward aging and the aged.

Film and video tape used in the series has been drawn from material produced both in the U.S. and abroad for television viewing, educational purposes, and entertainment.

Conference Calendar

Apr. 1-2. Aging-1976: Spectrum of Experience, conference. At the Sheraton-Chicago Hotel, Chicago. IAHA Institute on Aging, 3300 W. Peterson Ave., Chicago, Ill. 60659.

Apr. 1-June 3. Oncology Nursing, program. At UCLA's Center for the Health Sciences, Los Angeles, Calif. Division of Nursing, UCLA Extension, P.O. Box 24902, Los Angeles, Calif. 90024.

Apr. 5-9. The Administration of Nursing Homes and Extended Care Facilities, course. At the School of Public Health of the Faculty of Medicine, Columbia University, N.Y. Course Coordinator, Nursing Home Administration, Columbia University, Program of Continuing Education, 21 Audubon Ave., Suite 305, New York, N.Y. 10032.

Apr. 5-23. Adult Medical-Surgical Oncology Nursing, course. At Boston University School of Nursing, Department of Continuing Education. Oncology Program, the University, 635 Commonwealth Ave., Boston, Mass. 02215.

Apr. 6-May 25. Financial Management of a Health Care Facility, course. At UCLA School of Public Health, Los Angeles, Calif. Health Sciences, UCLA Extension, P.O. Box 24902, Los Angeles, Calif. 90024.

Apr. 7. The Frail Elderly, symposium. At Isabella Geriatric Center, New York City. The Center, 515 Audubon Ave., New York 10040.

Apr. 7-June 9. Hospital Accounting: Principles of Third Party Reimbursement, course. At UCLA Extension's Downtown Center, 1100 S. Grand Ave., Los Angeles. Health Sciences, UCLA Extension, P.O. Box 24902, Los Angeles, Calif. 90024.

Apr. 8. A Range of Therapeutic Modalities for the Institutionalized Pa-

tient, course. At the Frederic D. Zeman Center for Instruction of the Jewish Home and Hospital for the Aged, N.Y. Ms. Verna Gillis, Administrator's Program Coordinator, The Jewish Home and Hospital for Aged, 120 West 106th St., New York, N.Y. 10025.

Apr. 8-June 24. Personnel Management and Leadership in Health Facilities, course. At UCLA School of Public Health, Los Angeles, Calif. Health Sciences, UCLA Extension, P.O. Box 24902, Los Angeles, Calif. 90024.

Apr. 9-10. The Meaning of Death, Gerontology Institute. At Sangamon State University, Shepherd Rd., Springfield, Ill. Gari Lesnoff-Caravaglia, Gerontology Committee, the University, Springfield, Ill. 62708.

Apr. 10-11. Issues in Caring for Blind and Deaf Patients, workshop. At UCLA's Neuropsychiatric Institute, Los Angeles, Calif. Division of Nursing, UCLA Extension, P.O. Box 24902, Los Angeles, Calif. 90024.

Apr. 20-22. Administration and Negotiation of Federal Grants and Contracts, course. At 57 Park Plaza Hotel, Boston, Mass. National Graduate University, 3408 Wisconsin Ave. N.W., Washington, D.C. 20016.

Apr. 20-23. Improving the Quality of Long-Term Care for Aging and Handicapped Persons, course. Boston, Mass. National Graduate University, 3408 Wisconsin Ave., N.W. Washington, D.C. 20016.

Apr. 21-22. 33rd Annual Meeting, American Geriatrics Society. At Shamrock Hilton Hotel, Houston, Tex. The Society, 10 Columbus Circle, New York, N.Y. 10019.

Apr. 21-23. Mid-Life Work and Learning Options, conference. At Don Ce Sar Resort Hotel, St. Petersburg Beach, Fla. Dr. Tom Rich, Director, Aging Studies Program, SOC 290, University of South Florida, Tampa 33620.

Apr. 23. Developments in Aging: Health in the Later Years, workshop. At St. Dominic's Diocesan Center, 2401 Holcombe Blvd., Houston, Tex. The Governor's Committee on Aging, Research Utilization Program, P.O. Box 12786, Capitol Station, Austin, Tex. 78711.

Apr. 23-24. Planning for an Aging Society, Gerontology Institute. At Sangamon State University, Shepherd Rd., Springfield, Ill. Gari Lesnoff-Caravaglia, Gerontology Committee, the University, Springfield, Ill. 62708.

Apr. 28. Eating and Aging: A Psychosocial Approach to Nutrition, workshop. At the Frederic D. Zeman Center for Instruction of the Jewish Home and Hospital for Aged, N.Y. Ms. Verna Gillis, Administrator's Program Coordinator, The Jewish Home and Hospital for Aged, 120 West 106th St., New York, N.Y. 10025.

Apr. 28-30. Seminar and Annual Meeting of National Council for Homemaker-Home Health Aide Services, Inc. At the Roosevelt Hotel, 45th St. and Madison Ave., N.Y. National Council for Homemaker-Home Health Aide Services, Inc., 67 Irving Place, 6th Floor, N.Y., N.Y. 10003.

Apr. 28-30. Biomedical Role of Trace Elements in Aging, conference. At Eckerd College, St. Petersburg, Fla. Dr. Richard W. Neithamer, Eckerd College Gerontology Center, Eckerd College, St. Petersburg, Fla. 33733.

Apr. 30. Annual Conference on Aging. In Belleville, Ill. Eugene M. Verdu, Director, Programs and Services for Older Persons, Belleville Area College, 200 South Third St., Belleville, Ill. 62221.

Apr. 30. The First Wisconsin State Conference on In-Home Services. At the Marriott Inn, Brookfield, Wis. Betty Regan, Community Health, University of Wisconsin-Extension, 926 North Sixth St., Milwaukee, Wis. 53203.

May 3-7. *The Administration of Nursing Homes and Extended Care Facilities*, course. At the School of Public Health of the Faculty of Medicine, Columbia University, N.Y. Course Coordinator, Nursing Home Administration, Columbia University, Program of Continuing Education, 21 Audubon Ave., Suite 305, New York, N.Y. 10032.

May 6-8. *The Aged Patient: Neurological and Psychiatric Aspects*, American Geriatrics Society. At the Medical College of Georgia, Augusta, Ga. Division of Continuing Education, Medical College of Georgia, Augusta, Ga. 30902.

May 10. *Later Life: Ministry in a Creative Journey*, conference. At the University of Michigan, Towsley Center for Continuing Medical Education, Ann Arbor. Office of Intramural Education, Towsley Center for Continuing Medical Education, University of Michigan, Ann Arbor, Mich. 48109.

May 10. *New Options for Older Texans—A Day of Reporting*, workshop. At Joe Thompson Conference Center, Corner of 26th and Red River Sts., Austin, Tex. The Governor's Committee on Aging, Research Utilization Program, P.O. Box 12786, Capitol Station, Austin, Tex. 78711.

May 10-11. *Indiana Senior Citizens Association Conference*, Indianapolis, Ind. Elizabeth Strain, Public Relations Coordinator, Central Indiana Council on Aging, Inc., 155 E. Market St., Suite 802, Indianapolis, Ind. 46204.

May 10-14. *Overview Course in Oncology Nursing*. At Boston University School of Nursing, Department of Continuing Education, Oncology Program, the University, 635 Commonwealth Ave., Boston, Mass. 02215.

May 12. *The Team Approach to Nursing Home Administration*, workshop. At the Frederic D. Zeman Center for Instruction of the Jewish Home and Hospital for Aged, N.Y. Ms. Verna Gillis, Administrator's Program Coordinator, The Jewish Home and Hospital for Aged, 120 West 106th St., New York, N.Y. 10025.

May 13-16. *National Conference on Ageing*. At Australian National University, Canberra. Australian Council on the Ageing, G.P.O. Box 1817Q, Melbourne, Vic. 3001, Australia.

May 17-19. *Anglo-American Conference on Care of the Elderly*. At the Institute of Medicine, National Academy of Sciences. Mrs. J. Surdi, Institute of Medicine, National Academy of Sciences, 2101 Constitution Ave., N.W., Washington, D.C. 20418.

May 17-June 4. *Adult Medical-Surgical Oncology Nursing*, course. At Boston University School of Nursing, Department of Continuing Education. Oncology Program, the University, 635 Commonwealth Ave., Boston, Mass. 02215.

May 18-20. *Administration and Negotiation of Federal Grants and Contracts*, course. At Sheraton-Chicago Hotel, Chicago, Ill. National Graduate University, 3408 Wisconsin Ave. N.W., Washington, D.C. 20016.

May 18-21. *Improving the Quality of Long-Term Care for Aging and Handicapped Persons*, course. Chicago, Ill. National Graduate University, 3408 Wisconsin Ave., N.W., Washington, D.C. 20016.

May 19-21. *Aging Man and His World*, 23rd Annual Congress of the National Geriatrics Society. In Montreal, Canada. Thomas J. Bergen, Executive Director, the Society, Centre Bldg., 212 W. Wisconsin Ave., Milwaukee, Wis. 53203.

May 20-22. *Daycare for Older Adults: The New Modality*, conference. At Center for the Study of Aging and Human Development, Duke University, Durham, N.C. Dorothy Heyman, Executive Secretary, Box 3003, Duke University Medical Center, Durham, N.C. 27710.

May 27-28. *Quarterly Meeting*, Federal Council on the Aging. At Donohoe Bldg. Cleo Tavani, Executive Director, Federal Council on the Aging, Donohoe Bldg., 400-6th St., S.W., Washington, D.C. 20201.

June 1-4. *Congress of the International Senior Citizens' Association*. Belgrade, Yugoslavia. Mrs. Marjorie Borchardt, President, ISCA, 11753 Wilshire Blvd., Los Angeles, Calif. 90025.

June 1-4. *General Assembly and Congress of European Federation for the Welfare of the Elderly*. Belgrade, Yugoslavia. Secretariat, EURAG, Moserhofgasse, 47 Part., A-8010 Graz, Austria.

June 7-11. *The Administration of Nursing Homes and Extended Care Facilities*, course. At the School of Public Health of the Faculty of Medicine, Columbia University, N.Y. Course Coordinator, Nursing Home Administration, Columbia University, Program of Continuing Education, 21 Audubon Ave., Suite 305, New York, N.Y. 10032.

June 7-14. *Hawaii Governor's Bicentennial Conference on Aging: An Examination of Local, National and International Problems and Potentials*. At Sheraton-Waikiki Hotel, Honolulu, Hawaii. Mrs. Shimeji Kanazawa, Director, 1976 Conference, Hawaii State Commission on Aging, 1149 Bethel St., Rm 311, Honolulu, Hawaii 96813, or HGBCA Center, Travel Consultants, Inc., 1025 Connecticut Ave., N.W., Washington, D.C. 20036.

June 8-11. *First International Congress on Menopause*, American Geriatrics Society. At La Grande Motte, near Montpellier, France. Dr. Robert B. Greenblatt, Medical College of Georgia, Augusta, Ga. 30902, or Secretary General, Dr. Michel Albeaux-Fernet at Le Puits Carre, Blvd. du Plan-des-Abeilles, 06290 St. Jean Cap Ferrat, France.

June 14-25. *Seventh Faculty Institute on Medical Care*. At the University of Michigan, Ann Arbor. Barbara Black, Department of Medical Care Organization, M3150, School of Public Health, University of Michigan, Ann Arbor, Mich. 48104.

June 20-July 9. *The Older Person and Alcohol Use*, course. At the New Brunswick Campus of Rutgers University. Miss Linda Allen, Secretary, Summer School of Alcohol Studies, Rutgers University, New Brunswick, N.J. 08903.

July 7-Aug. 23. *Graduate Oncology Course in Nursing*. At Boston University School of Nursing, the University, Office of the Registrar, 881 Commonwealth Ave., Boston, Mass. 02215.

July 18-24. *XVIIIth International Conference of the International Council on Social Welfare*, San Juan, Puerto Rico. ICSW, 345 East 46th St., Rm. 1016, New York, N.Y. 10017.

Sept. 14-15. *Quarterly Meeting*, Federal Council on the Aging. At Donohoe

Bldg. Cleo Tavani, Executive Director, Federal Council on the Aging, Donohoe Bldg., 400-6th St., S.W., Washington, D.C. 20201.

Oct. 6-8. *Congress of the Hungarian Gerontological Association with International Participation*. Budapest, Hungary. A. Rubanyi, Kongressburo, H-1361 Budapest, P.O.B. 32, Hungary.

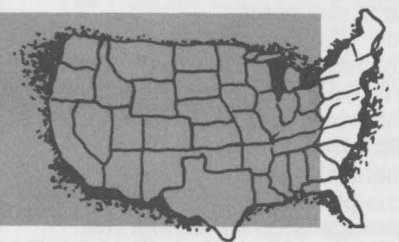
Oct. 13-17. *Senior Citizens—Meet Researchers on Aging*, 29th Annual Scientific Meeting of the Gerontological Society. At New York Hilton Hotel, Avenue of the Americas and 53rd St., N.Y. The Society, 1 Dupont Circle, Washington, D.C. 20036.

Nov. 30-Dec. 2. *Quarterly Meeting*, Federal Council on the Aging. At Donohoe Bldg. Cleo Tavani, Executive Di-

rector, Federal Council on the Aging, Donohoe Bldg., 400-6th St., S.W., Washington, D.C. 20201.

NOTE: Conference Calendar items should be addressed to Editor, *AGING Magazine*, Administration on Aging, U.S. Department of Health, Education, and Welfare, Washington, D.C. 20201, and must be received six weeks prior to the issue month in which they appear.

News of State and Area Agencies



Era, newsletter of the California Office on Aging, reports that volunteers are being recruited in Los Angeles County to serve with HALO.

HALO (Happiness, Activity, Love, and Outreach) volunteers serve in nursing and convalescent centers. The program was begun in 1974 to assist in recreational, social, and intellectual stimulation in facilities. To date 400 volunteers have been placed. Volunteers recruited by the Los Angeles Department of Public Social Services are trained for service by the County Parks and Recreation Department and County schools.

Information is available from Mrs. Charles, 2615 S. Grand Ave., Los Angeles.

The State Department of Health has published a new Health Facilities Directory listing State licensed hospitals, nursing homes, and community clinics in California.

The Directory is organized by county and contains the name and address of the facility and licensee, license limitations, number of beds approved for Medicare and Medicaid, type of license, accreditation, and capacity.

Copies are available for \$5.80 payable to the State of California from State Office of Procurement, Publications Section, P. O. Box 20191, Sacramento.

The Colorado State Department of Social Services is planning to de-

velop two Community Care Organizations (CCO's) to help the elderly remain in their own homes.

Services may include home health aids such as visiting nurses, home-delivered meals, transportation, and homemaker services, such as shopping, light housekeeping, or minor home repairs.

It is hoped that the CCO's will reduce the growing use of nursing homes. An inter-departmental task force will review CCO site applications and select one urban-rural region and one predominantly rural area for the project. The urban-rural region must have at least 50,000 population with one city of at least 20,000. The rural site must have a minimum population of 18,000 with at least one city of 10,000.

Priority will be given to communities which have demonstrated concern for the elderly by providing some needed services.

Prospective clients, who must be eligible for Medicaid, will be screened to determine the service they need to return to or remain in their own homes. The CCO's will track client's progress to determine if any service change is necessary.

A comprehensive senior program has been established by New London, Connecticut through \$100,000 in community development funding and \$14,000 in Title III funds provided by the Eastern Connecticut Area Agency on Aging. The program includes escort, transportation,

health, homemaker, chore, and nutrition services.

The Community Development Agency in New London will be using another \$30,000 to renovate a senior center to house the program.

Services will be provided through contracts with community agencies. The Family Service Society has entered into a contract with the Community Development Agency to furnish additional homemaker services and initiate chore services. The Visiting Nurse Association has received a contract to establish health screening clinics at the senior center and in elderly housing. The Title VII nutrition program has contracted through Community Development to subsidize the nutrition site at the center for an additional 20 meals a day.

Recreation, escort, and transportation services are being administered by the city of New London through the Recreation Department.

The Hawaii State Commission on Aging reports Gov. George R. Ariyoshi has invited representatives of the other States, Pacific Rim countries, and select Asian countries to attend *The 1976 Governor's Bicentennial Conference on Aging: An Examination of Local, National and International Problems and Potentials*.

Over 1,000 delegates are expected to attend the conference which will

be held at the Sheraton Waikiki in Honolulu June 7-14.

The conference will stress contributions of older people to society and explore ways the elderly may be used as a continuing resource. It also hopes to provide older persons, decision makers, service providers, professionals, industry, and youth with increased awareness of the national and international problems of the aged from a multi-ethnic and cultural viewpoint.

The Legislature has funded "scholarship registrations" for 50 elderly from Oahu and 50 from the neighboring islands to attend the Conference. Selection will be made by the area agencies on aging using criteria provided by the Bicentennial Conference Steering Committee.

A series of pre-conference meetings will be held to present local issues and problems of Hawaii's multi-racial older population.

☆

A service to provide home repair and maintenance for persons 60+ is being financed by a \$14,250 grant from the Central Indiana Council on Aging for a six-month period.

The project was inaugurated Dec. 1 by Community Interfaith Housing, a non-profit corporation established by churches in Indianapolis to provide housing and related services for persons of limited income.

According to John W. Riggle, Central Indiana Council on Aging Executive Director, an estimated 150,000 senior citizens in Marion County owning their own homes could be eligible for the home repair service.

Community Interfaith Housing President, Joseph Viehmann, said the grant will pay up to 90% of the labor cost but does not cover the cost of materials.

No means test is required to use the service but those helped will be informed of the cost of assistance provided should they be able to make a contribution.

Community Interfaith Housing also plans to employ an older person for outreach work to assist in obtaining financing for materials and act as an information and referral agent.

☆

Effective Jan. 1 seven of Maryland's Medicaid services were cut

back. Reductions took place in dental, hospital inpatient, pharmacy, podiatry, vision care, transportation, medical supplies, and durable equipment programs.

Adults will only be reimbursed for emergency dental care, such as toothaches and abscesses. Dentures, partial plates, and checkups are not covered.

Reimbursement for over-the-counter drugs such as insulin is permitted but items such as aspirin were dropped. In addition, patients, except those in nursing homes and hospitals will pay 50¢ for each prescription drug they order.

Other changes include:

- Stopping payment of hospital bills for patients found to no longer require such care and transferring them to nursing homes.
- Eliminating visits to podiatrists except for patients with diabetes and vascular diseases.
- Providing eye examinations and glasses for adults only every two years. Repair and replacement of glasses are no longer covered.
- Doctors and nurses must contact the State health department for approval of ambulance transportation for non-ambulatory and non-emergency patients from a residence to a hospital outpatient department. Items such as crutches and wheelchairs which are necessary to maintain people in their own homes are still provided, but convenience items such as hand rails have been dropped.

The Maryland Office on Aging has expressed concern and opposition to these regulations.

☆

The Minnesota Governor's Citizens Council on Aging reports that a volunteer driver program funded by school district #857 in the Altura-Lewiston area is easing transportation problems for senior citizens and disabled persons.

According to Clara Woll, Retired Senior Volunteer Program director and supervisor of the new project, the school district's community school advisory council voted \$1,500 in community service funds for senior transportation aid.

The grant pays for two dispatchers—one in Lewiston and one in Altura—and mileage for 28 volunteers.

Seniors within the 200 square mile Altura-Lewiston school district call one of the dispatchers a day or two in advance to arrange transportation to doctor and legal appointments.

Begun last October, the program is aimed at older persons unable to use the area's regularly scheduled senior citizen bus sponsored by the Southeastern Minnesota Citizens' Action Council.

"Some people have a disability and can't use the SEMCAC bus and some have appointments that don't coincide with the bus schedule," says Mrs. Woll. She notes one senior citizen who used the program remarked she had never made a doctor's appointment previously because she didn't know how she would get there.

Dispatchers match riders with volunteer drivers, sending more than one rider with a driver whenever they can.

Eleven senior citizens got rides from volunteer drivers during the project's first month. The drivers donated 17 hours of their time and drove a total of 230 miles.

☆

The Missouri Association for Social Welfare was awarded Title IV-A Older Americans Act funds by the Missouri Office of Aging for publication of the book *Higher Education and the Elder Missourian*.

The report explores the response of the State's institutions of higher education to the older population.

It presents results of a survey of activities on 76 campuses concerning education for older adults, course content in gerontology, services used by seniors, use of retirees' talents, and proposed projects in gerontology. The publication also lists a description of three post-secondary programs for training and research in gerontology not falling into the category of a degree-granting institution, but important to the field of gerontology.

Project Coordinator Maureen Lebel reports that technical and financial assistance were offered to each accredited college or university surveyed to stimulate growth in the area of gerontology. A 28-member task force providing assistance to the schools was also convened.

☆

Expansion of home services to the elderly has resulted from \$1 million appropriated to the Ohio Commission on Aging by the General Assembly. By using these funds to match Federal money under Title XX of the Social Security Act, State funds can be tripled.

Under approved regulations, a minimum of \$4,000 in State funds will be allocated to each Ohio county. This can result in an additional \$12,000 available from Title XX money.

The Commission ruled that these funds should be used for home-maker and home health care programs, chore service, home-delivered meals, or day care for the elderly.

Funds have been allocated to the 14 area agencies on aging which are working in cooperation with county welfare departments. The county units will contract with provider agencies for service programs using the funds.

Due to a \$2 million appropriation by the Ohio General Assembly for the elderly bus fare assistance program, riders 65+ will not pay more than half fare during all service hours. In smaller communities, fares must be reduced at least 10¢.

The \$2 million was distributed by the Ohio Transportation Department to 52 transit firms and will cover a 58-week period.

☆

The Oregon State Program on Aging announces that some 6,000 older Oregonians are entitled to monthly rental assistance payments as a result of action on the part of the 1975 legislature.

Individuals 65 and over with an annual income of less than \$3,000 who have lived in Oregon more than six months and are paying a gross rent over 60% of their income are eligible. Calculation of gross rent includes all utility bills other than telephone bills.

The rent supplement program provides rent aid equal to the difference between 60% of income and the total amount of rent and utility bills. This assistance can not exceed established maximum annual rental assistance levels.

An older person filing for the renter assistance program can not

receive both rent assistance and renter tax rebates in the same year. The Department of Revenue can assist the elderly in determining whether the assistance claim or property tax refund is higher.

☆

According to James D. Dubs, Deputy Director of the South Carolina Commission on Aging, a grant of \$193,200 has been awarded the Commission by the Economic Development Administration.

Funds will provide wages and fringe benefits for 30 persons to work in aging programs around the State as outreach workers, drivers, and in similar slots.

Assignment of the funds is being handled by the Commission as approved at its December 1975 meeting.

☆

The West Virginia Commission on Aging has announced the election of Welfare Commissioner Thomas R. Tinder as Commission Chairman. He succeeds Employment Security Commissioner Clement R. Bassett who has filled the post the past two years.

Mr. Tinder described his responsibilities with the Department of Welfare and the Commission as "a natural partnership that can only serve to improve and enrich the lives of our older citizens regardless of their economic position."

He explained:

"The role of the Commission is to strengthen the total spectrum of services available to West Virginia's senior citizens by coordinating and supplementing the patchwork of services now provided by Federal, State and local agencies such as ours.

"In charting the Commission's future course, I would hope we could improve and expand upon this integration of individual effort to assure an equitable balance of programs for our senior citizens, as well as focus significant attention on the many problems of low-income elderly who require our assistance."

Others elected by the Commission to fill top positions include the Reverend Arnold Belcher and Mrs. Marion McQuade, re-elected Vice Chairman and Secretary-Treasurer, respectively.

Mr. Tinder, who was appointed Commissioner of the Department of Welfare in January 1975, had served the agency as administrative assistant to the former Welfare Commissioner and Commission on Aging member Edwin F. Flowers.

The Commission on Aging also reports that elementary school children in Harrison, Doddridge, and Taylor Counties now have foster grandparents to help them learn.

The Commission's Foster Grandparent Program, federally funded by ACTION, has placed 32 foster grandparents in elementary schools in the three counties.

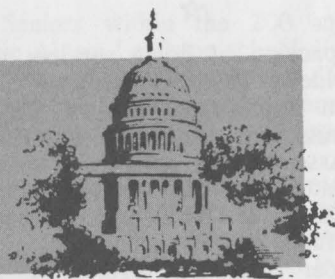
According to Mrs. Zerbie Swain, project director, the concept of having elderly people work with children in the classroom was enthusiastically adopted by the three boards of education.

"Placing grandparents in the schools will add another dimension to the Foster Grandparent Program," said Mrs. Swain. "Although our use of foster grandparents in elementary schools is quite new, the response from the schools has been rewarding. One teacher reported the interest of the students in their class assignment improved 100 percent. The children wanted to do well to please the grandparent."

The program provides the foster grandparent the opportunity to share his or her talents and experiences with the children while helping meet special needs of students identified by the schools. Mrs. Swain reports that while a class was studying the methods of teaching prevalent 50 years ago, a foster grandmother brought to class the McGuffey Reader she had once used. Mrs. Swain also notes that two first grade classes making bicentennial quilts are being taught to quilt by foster grandmothers.

The grandparents now working with the elementary students had been assigned to the Industrial Home for Girls at Salem and the Industrial Home for Boys at Pruntytown. The Foster Grandparent Program also operates at the Children's Home in Elkins and the City-Wide Improvement Council's Headstart Program at the Kennedy Center in Charleston. There are approximately 60 foster grandparents participating in the Commission's program around the State.

News of Federal Agencies



HEW Announces Increase In Medicare Premium

The Social Security Administration reports that the basic premium paid by Medicare beneficiaries for their supplementary medical insurance coverage will increase from \$6.70 to \$7.20 a month for the 12-month period beginning in July.

The supplementary medical insurance program, also known as Part B, complements the basic hospital insurance part of Medicare by helping to pay physicians' bills and other medical expenses in and out of the hospital. Costs are shared by the participants and the Federal Government.

About 24.4 million persons will be enrolled in the supplementary medical insurance part of Medicare in the coming fiscal year, including 2.2 million disabled persons under 65.

HEW Secretary David Mathews is required by law to review the cost of the supplementary medical insurance program and set a premium rate which, together with the Federal contribution, is estimated as sufficient to cover all expenditures incurred in the 12 months beginning July 1, 1976.

The law also requires that any increase in the premium amount July 1 must be limited to the percentage by which social security cash benefits increased in 1975. Since social security benefits rose by 8% in June 1975, the medical insurance premium can increase by no more than 8%.

If there were not an 8% limit on the premium increase, rising medical costs would require an "actuarially adequate" premium of \$10.70 a month, or \$3.50 more than the premium that will actually be charged. The "actuarially adequate" premium represents a 50% share of the costs of aged participants.

The cost of the supplementary medical insurance program is ex-

pected to increase from about \$4.7 billion to \$5.7 billion the following year. The factors involved include the projected increase in physicians' fees recognized by Medicare, increases in the number of services rendered, a trend toward more expensive services, and an increase in the cost and use of hospital outpatient services.

HEW Limits Liability for Incorrect Medicare Payments

HEW has published regulations limiting the liability of physicians, other providers of services, and Medicare beneficiaries for incorrect Medicare payments, especially those found over three years after the year they were made.

The regulations implement provisions of the 1972 Social Security Amendments. They specify that a Medicare provider, physician, or supplier of Medicare items who was incorrectly paid through no fault of his own will not be required to refund the incorrect payment.

Also, an incorrectly paid provider, physician, or supplier will be deemed to have been without fault, in the absence of contrary evidence, if the payment was determined to be incorrect later than the third year after the year it was made.

In these situations, responsibility for the incorrect payment shifts from the provider, physician, or supplier to the beneficiary. However, the Social Security Administration will waive recovery of incorrect payments from beneficiaries who were without fault, if recovery would cause the beneficiary economic hardship, deprive him of necessary medical care, or be unfair for other reasons.

The new regulations contain two additional provisions limiting the liability of beneficiaries where an incorrect payment has been made. If a payment is determined to be incorrect later than the third year after

the year it was made, there will be no recovery from the beneficiary if he was without fault—waiver will be automatic. Also, a provider, physician, or supplier responsible for refunding such an incorrect payment may not send a bill for the amount involved to a beneficiary who was without fault. These two provisions recognize that a Medicare beneficiary ordinarily is not in a position to know whether medical services furnished him are covered under the program.

HEW Proposes New Rules For SSI Recipients

HEW has proposed regulations permitting supplemental security income recipients to request termination of benefits if they qualify for other benefits which are more advantageous to them.

Present regulations do not specify how a recipient can ask for voluntary termination of benefits, except by withdrawal of the initial claim, which would require him to repay all the money previously paid.

Another proposed change in present regulations would give the Social Security Administration the authority to deny or suspend eligibility for supplemental security income if the applicant or recipient refuses to furnish information or fails to comply with a request to determine initial or continuing eligibility.

HEW Proposes Rules Regarding Medicare Checks

HEW has proposed regulations covering lost, stolen, or forged Medicare checks.

The regulations provide for:

- Issuance of new checks by the Social Security Administration's Medicare fiscal intermediaries and carriers if the original checks have been lost or stolen and paid to unauthorized persons.

- Reclamation proceedings to re-

coup the proceeds of such checks.

- Issuance of substitute checks if the original checks have not been negotiated because, for example, they were mutilated or destroyed.

From June 1973 to June 1974, there were 433 complaints alleging forgery of Medicare checks. The allegations were sustained in 179 instances, and found to be erroneous in 254.

Social Security Announces Study Completed on SSI

The Social Security Administration has announced that a report by a special study group containing recommendations for administrative and legislative improvements in the Supplemental Security Income program has been completed.

The report lists 30 major recommendations in the areas of benefit levels, eligibility, quality of performance, program planning, staffing, training, district office operations, and data processing systems.

Commissioner of Social Security, James B. Cardwell, said copies of the study group report have been submitted to HEW Secretary David Mathews and interested Congressional committees.

The study group was appointed by Mr. Cardwell and former HEW Secretary Caspar W. Weinberger. Under the chairmanship of Philip J. Rutledge, Director of the Office of

Policy Analysis, National League of Cities, and Professor of Public Administration at Howard University, the study group met twice monthly from June through December. All meetings were open to the public.

Other members of the study group include: Charline J. Birkins, Associate Director, Office of Policy, Division of Public Welfare, Colorado Department of Social Services; Wesley J. Hjernevik, Deputy Commissioner for Management, Texas State Department of Public Welfare; Dr. Herbert Maisel, Director of the Academic Computation Center at Georgetown University; and John D. Young, Assistant Secretary and Comptroller of HEW.

Increased Earnings Limit Asked for S.S. Recipients

HEW has proposed regulations increasing the dollar amounts people can earn and still be considered disabled for purposes of receiving social security and supplemental security income disability checks.

The proposed regulations raise the monthly earnings guidelines to be used by the Social Security Administration in 1976 to determine when work by a disabled beneficiary is considered "substantial gainful activity." Under the law, a person able to perform substantial gainful activity is ineligible to receive monthly disability benefits.

The proposed regulations would:

- Increase from \$200 to \$230 monthly the earnings guide for determining when work is substantial gainful activity. When a person works for average monthly earnings greater than \$230, he ordinarily would be considered able to engage in substantial gainful activity.

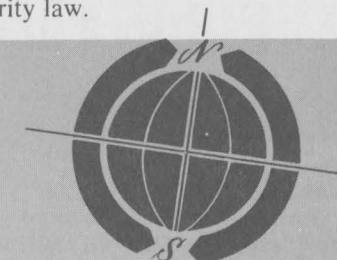
- Provide that if a person's earnings average between \$150 and \$230 per month, the nature of the person's work activities and medical evidence relating to his condition will be considered in determining whether the individual is eligible for disability benefits. The current range is \$130 to \$200.

- Increase from \$130 to \$150 a month the amount of average monthly earnings that ordinarily would not be considered "substantial gainful activity."

The proposed regulations also provide for a systematic adjustment of these earnings guidelines on the basis of yearly changes in the average taxable earnings of all persons reported under the Nation's social security system.

These guides apply only to disabled claimants and beneficiaries under social security and supplemental security income. Earnings limitations for retired workers, survivors, or dependents are set by other provisions in the social security law.

Aging Around the World



Since its social security system does not provide adequate retirement income, **Brazil** is experimenting with the concept of social security foundations set up within each firm by the employer, but subject to public scrutiny.

Funds to the foundation are jointly contributed by employers and employees and earn a minimum of 6% interest and monetary adjustments. The funds will be used to supplement the social security system and assure higher pensions but they will also facilitate benefits

such as personal loans during the worker's employment.

Incentives to the employer to adopt this system are tax deductions for 30% of the monies contributed to the foundation, and improved worker morale, reflected in increased productivity and less instability.*

☆

An English language seminar on Danish programs for the aged will be conducted Aug. 22-28 in Glad-saxe, **Denmark**.

The seminar will cover the opera-

tion and administration of legislation on care of the elderly, voluntary aid programs, the integration of the aged in society, and special programs to help them remain in their own homes.

Lectures, discussions, and visits to institutions, protected housing and housing collectives will be included.

Information is available from the DET DANSKE SELSKAB (The Danish Institute), Kultorvet 2, DK-1175 Copenhagen K, Denmark.

☆

The Federal Republic Sports League of **Germany** has conducted a survey among facilities for the elderly which indicates that sports and physical fitness classes are increasingly popular.

One-third of the 322 facilities were already providing sports activities. However, only 1.9% of the men in institutions expressed an interest in sports compared to 28.8% of the women. In the 192 evening classes being offered only one participant in three was a man. As a result League officials are considering mounting a campaign to interest more men in sports activities.

The survey also found that the most popular sports were gymnastics (36%), hiking (16%), ball games (13%), dancing (12%), and swimming (9%).*

☆

As a result of new legislation minimum pension benefits in **Italy** have been linked to minimum industrial wages; pension benefits above this minimum are automatically correlated with the cost of living index and with variations in real wages through a quota system.

Also in Italy, since the creation

of regional authorities responsible for passing local laws and administering social services, there has been a renewal of activity in programs serving the aging, particularly home support services. The programs, while quite successful, are serving only a small proportion of those in need and have been limited to the northern and central areas of Italy.

Some authorities have passed laws providing supplemental income benefits while others have planned sheltered housing for the elderly in their area.*

☆

In its annual report the Durban Association for the Indian Aged called for the elimination in the disparity in pensions between racial groups in **South Africa**.

Under the Social Pension Act white persons are guaranteed a pension if they meet the eligibility requirements, while pensions are considered a privilege for nonwhite groups, reports the International Federation on Ageing.

The Association's annual report also calls for increased social services to the nonwhite aged. "Throughout the country special

services are being provided for whites, with organization and coordination, making possible amenities and facilities. And in Government and semi-government sectors, local authorities have and are providing services to the white aged in their areas of jurisdiction. Should not such services be extended to all race groups without colour being the criterion?" the report asks.*

☆

In recent years, **Switzerland** has been experimenting with using homes for the aged as centers to provide services to the elderly in the community. This is done by serving meals or providing medical services in the home to nonresidents or by providing in-home services such as home-delivered meals or laundry services. In this way, older people can become acquainted with the home and reduce fears of eventually entering such a facility. Similarly, residents benefit by being exposed to the greater community.*

☆

* The information for these articles was provided by *Ageing International*.

Publications



General

Journal of Gerontology. Every other month. Gerontological Society, 1 Dupont Circle, Washington, D.C. 20036. \$30 a year, \$6 a copy.

The January issue contains "Friendship and Disaffiliation Among the Skid Row Population" by James F. Rooney, Ph.D.

According to Dr. Rooney, the disaffiliation theory maintains that exposure to the life of an outcast inevitably leads to loss of relationships and psychological withdrawal. The replacement theory, on the other hand, holds that length of residence in skid row is associated with forming friend-

ships with fellow residents as relationships lapse with former friends outside the area.

The author asserts that the skid row population is well suited for investigating the processes of withdrawal and reengagement as related both to aging and to estrangement from the mainstream of society. This is so, he notes, first because over two-thirds of skid row residents are more than 50, and over one-third are more than 60. Second, skid row residents are disesteemed by the dominant social order and considered outcasts. Along with this role loss, they are segregated into

a separate urban district which serves as a specialized ghetto.

Dr. Rooney observes that data from interviews with 304 Philadelphia skid row residents upholds the theory of replacement of outside friends by friends chosen from skid row. There was, however, an eventual decline in the number of friends in skid row after the age of 70 and after 20 years of residence in the area. Statistics indicate that the loss of relationships was related to length of residence in skid row rather than to age. Findings also indicate that although the number of friends outside the area declined

consistently, the frequency of visits to these friends did not change significantly with either age or length of residence in skid row. The proportion of respondents with various concepts of friendship remained stable over the years.

It was also found that although the number of isolated men increased in older age, the proportion of these friendless men desiring friends or casual acquaintances did not change with either age or length of residence. These findings, Dr. Rooney declares, run counter to the theory of loss of need for meaningful personal relationships after increased exposure to the life of an outcast.

This report also concludes that the theory of disaffiliation due to aging is true only in that personal intimacy and assisting close friends declines with age, but these factors are not associated with length of residence.

Community Involvement

Aging Persons in the Community of Faith. By Donald F. Clingan. Donald F. Clingan, P.O. Box 1986, Indianapolis, Ind. 46206. 70 pp. \$1. bibliography. appen.

This guidebook was published through the cooperation of the Institute on Religion and Aging in Indiana and the Indiana Commission on Aging. It seeks to assist clergy and lay leaders create a more effective ministry to, for, and with the aging, involving the elderly in both programs and planning.

The book contains chapters on the needs of the aging and the role of congregations and communities in meeting those needs. One section of the foreword is written by Walter H. Moeller, LLD of the Administration on Aging.

The author, the Reverend Donald Clingan, a delegate to the 1971 White House Conference on Aging, is Executive Director of the Department of Services to Congregations, the National Benevolent Association of the Christian Church, and is part-time Executive Director of the Na-

tional Interfaith Coalition on Aging. He notes:

"To our knowledge, this is the first *interfaith* congregational guidebook to be developed with the purpose of helping congregations of *all faiths* to more effectively minister with aging persons. It is not only endorsed by its publishers, but also has been strongly recommended by the National Interfaith Coalition on Aging, representative of 28 national religious bodies of the Protestant, Roman Catholic and Jewish faiths."

Hand-In-Hand: Cross-Age Interactions. Girl Scouts of the U.S.A., 830 Third Ave., New York, N.Y. 10022. 40 pp. illus.

Produced by Girl Scouts of the U.S.A., this is a report on the activities of the seven Girl Scout councils participating in the Hand-in-Hand Cross-Age Interactions project established in 1974.

Funded by the Administration on Aging, the program is a national undertaking on the part of the Girl Scouts of the U.S.A. to involve every Girl Scout council in meaningful activities with senior citizens.

The booklet discusses accomplishments of the Santiam Girl Scout Council of Oregon, the Southern Oakland Girl Scouts in Lathrup Village, Michigan, Girl Scouts of the Milwaukee Area, the Glowing Embers Girl Scout Council in Kalamazoo, Michigan, the San Francisco Bay Girl Scout Council, the Peninsula Waters Girl Scout Council in Marquette, Michigan, and the Northern Oakland County Girl Scout Council in Pontiac, Michigan.

Some of the councils' work with the elderly has involved service at nutrition sites, initiating an "adopted grandparent" program, winterizing older persons' houses, visiting their homes, assisting with shopping, and starting a day-camp program for seniors.

Other achievements include the establishment of a "friendship circle," in which girls telephone older people to check on them and offer their services; formation

of mini-troops involved in camping, arts and crafts, and community service projects; creation of "crisis chore centers" to help disabled seniors; locating elderly in need of health care; and visits to nursing and convalescent homes.

Death and Dying

Geriatrics. Monthly. Lancet Publications, 4015 W. 65th St., Minneapolis, Minn. 55435. \$15 a year, \$2 a copy.

The January issue features "Focusing on Some of the Ethical Problems Associated With Death and Dying" by Peter McL. Black, M.D., who is a Joseph P. Kennedy, Jr., fellow in medicine, law, and ethics at the Center for Bioethics, Kennedy Institute, Washington, D.C.

Dr. Black makes the point that medicine has traditionally concerned itself with caring for dying patients. Because of dramatic medical successes in this century however, he asserts that death has become a symbol of failure. This attitude, the rise of the hospital as an institution, and the depersonalization of the doctor-patient relationship, the author concludes, often result in the abandonment of dying patients.

To offset the general denial of the reality of death in this country, Dr. Black believes many physicians have begun focusing attention on the dying process. He perceptively observes:

"With the renewed interest in the topic of death, it sometimes seems that the defense mechanism of verbalization has replaced that of denial. Physicians talk about death more; however, they may not be caring for dying patients more. Death is frightening for anyone to face, but especially for physicians who strive so hard to preserve life. Some psychiatrists have asserted that an unconscious fear of death is a strong motivating factor for persons who choose a medical career."

The author suggests further research may reduce the mystery connected with death but improving the care of dying patients primarily depends on a change of

attitudes. He notes: "We must convince ourselves that death is not defeat and that we can help patients face death by mobilizing nursing and family support and by providing whatever other aid we can."

The physician discusses some profound ethical dilemmas confronting those in the medical profession today. These include the propriety of euthanasia, the definition of death, and the validity of the "living will," in which the terminally-ill patient requests that his life not be prolonged by artificial or "heroic" measures. Although "living wills" currently have no legal status, their recognition in law is being proposed by Maryland and several other States.

Recent legal attempts to define death as cessation of cerebral function rather than cardiac activity raise two crucial issues, Dr. Black maintains. He notes:

"The first is equating death with irreversible brain damage. This is really a value judgment, implying that a man without a functional brain should be treated as we once treated a dead man. Philosophers, politicians, housewives, and every other segment of society are involved in this kind of a change of meaning. The second element is refining the criteria for brain death. Once death has been given the meaning brain death, physicians and scientists can develop criteria for telling what signs best indicate irreversible brain damage."

Income

Pension Facts—1975. Institute of Life Insurance, 277 Park Ave., New York, N.Y. 10017. 52 pp. Single copies free.

"Pension Facts" is an annual publication of the Institute of Life Insurance intended as a reference guide.

This edition reviews the history of pensions in the United States, summarizes provisions of the Employee Retirement Income Security Act of 1974, and provides a glossary of pension terminology

and a bibliography of literature in the field.

One of the significant facts reported is that approximately 50 million Americans are now enrolled in retirement plans other than social security. This total, which includes persons enrolled in profit sharing plans providing for retirement income, represents nearly half the Nation's workers in commerce and industry, and three-fourths of government civilian personnel. Other statistics in this publication for the end of 1974 include the following:

- Some 145 million persons had social security credits, including 118 million who had been in the program long enough to qualify for payments at retirement.
- The number of Americans enrolled in pension plans with life insurance companies reached 14.3 million.
- Pension reserves of the plans with life insurance companies totaled \$60.8 billion.

Nursing Homes

Manpower Needs in the Field of Aging: The Nursing Home Industry. AoA Occasional Papers in Gerontology. No. 1, DHEW Publication No. (OHD) 76-20082. 16 pp. No price listed. Available from Superintendent of Documents, Washington, D.C. 20402.

This report was prepared by the Bureau of Labor Statistics to assist the Administration on Aging. The foreword notes:

"The nursing home industry was selected for analysis for several reasons. It is the one identifiable industry that mainly serves the elderly, data are available on which to base an analysis, and public attention is currently focused on nursing homes."

The report begins with a discussion of the growth of the nursing home industry over the last decade, followed by an examination of the current employment and projected manpower requirements in the field for the 1972-85 period.

The last section of the booklet presents supply-demand information for some of the key occupations in the industry. These data are presented on an economy-wide basis, in order to place nursing home industry employment in the over-all context of the economy and provide some approximate estimate of potential manpower problems.

The projections of employment requirements in the report were developed as part of the Bureau of Labor Statistics' program of developing projections for the entire economy's industrial and occupational structure.

Highlights of the brochure include the following:

- Employment in nursing homes is projected to increase from 583,000 in 1973 to 1,036,000 in 1985. Substantially more workers are expected to be employed in nearly all occupations.
- The projected growth of 78% is faster than that expected in any segment of the health industry.
- Most nursing home employees are service workers. Two of these occupational classifications, practical nurses and nursing aides, and orderlies and attendants, accounted for over half of total employment in 1973.
- For many occupations in nursing homes, annual openings resulting from the need to replace workers who leave the labor force are expected to be more significant than those resulting from employment growth.
- An analysis of employment growth and the supply-demand situation for key occupations in the nursing home industry indicates that nursing homes should be able to meet their manpower needs provided that wages, benefits, hours, etc., will be competitive in the job market.

A Patient Profile: Nursing Homes in Pennsylvania. Prepared by Division of Program Planning and Evaluation, Office of the Budget, Commonwealth of Pennsylvania, Governor's Office, P.O. Box 1323,

Harrisburg, Pa. 17120. 1975. 37 pp. appen. No price listed.

This study was undertaken to provide data on the socio-economic characteristics of the nursing home population in Pennsylvania. The Governor's Office of the Budget of Pennsylvania asserts in its executive summary:

"In part, the data from this survey will be used as a baseline against which to measure the impact of non-institutional programs for the elderly.

"For example, programs which emphasize non-institutional service should lessen the demand for or reduce the population currently occupying non-medical nursing home beds.

"In addition, this study was designed to provide background data with regard to what degree, if any, the elderly occupy high-cost, skilled nursing home beds unnecessarily, due to the lack of less intensive forms of maintenance care."

A summary of this report includes the following statistics:

- Regarding race, the nursing home population is overwhelmingly white; 93% are white, 5.9% are black, with other groups accounting for less than 1% of the total.
- The average age at entry into a nursing home is 79.1 years. The median age is 79.6 years. The youngest patient at entry was age 60, while the oldest was 102, a range of 42 years.
- Females account for 73.3% of nursing home patients.
- More than 90% of nursing home patients have a living blood relative.
- Nursing home patients have few resources; 15% have no income, 65% have \$2,000 or less income, 33% have no assets, and 56% have no more than \$2,000 in assets.
- Length of residency figures reveal that more than 83% of the patients have been in for five years or less.

• Concerning the primary reason for admission, 54% required professional medical care, while the remainder required only minimal medical care or simply maintenance care.

• With regard to the intensity of care provided to the nursing home population: 59% occupy skilled care beds; 24.9% and 15.9% occupy intermediate and residential care beds, respectively.

From the survey's findings, the Governor's Office of the Budget of Pennsylvania concludes that the level of services offered by nursing homes is commensurate with the needs of the current nursing home population. Data indicate, the Office of the Budget maintains, that patients not requiring expensive medically intensive care tend not to occupy skilled nursing home beds. Similarly, those needing only maintenance services tend to occupy residential care beds, and the same is true for intermediate, or ICF, care beds.

The report contends:

"The inference can properly be made that the reason for admission is a good indicator of services required.

"A rather small disparity was found regarding skilled care—54.5% of the survey respondents indicated the reason for admission was a requirement for professional medical care, while 59.2% of the respondents were currently occupying skilled nursing home beds, which is the most intensive form of service. A similar variation is found with respect to residential care. The mismatch in percentages is small enough that it is as likely to be due to misinterpretation of the questionnaire as an actual misplacement of patients. Therefore, generally speaking, it must be concluded that nursing home occupancy is consistent with requirements for care."

The report also concludes that some 40% of the nursing home population (those in intermediate and residential care situations) could probably be maintained outside an institutional setting.

General data derived from this sample survey were compared to those obtained from national sources. The study reveals that comparisons of factors such as age, race, sex, and kinship ties indicate only minor differences.

Nutrition

To Your Health . . . in Your Second Fifty Years. By Barbara MacDonald and Peggy M. Miller. National Dairy Council, 6300 N. River Rd., Rosemont, Ill. 8 pp. 20¢ a copy.

Printed in large, easy-to-read type, this booklet is a basic nutrition guide for the elderly. General in approach, it offers practical tips on nutrients, food fads, weight loss, food stamp programs, menu planning at a moderate cost, and emergency shelf planning.

Rehabilitation

Patient Care and Rehabilitation of Communication-Impaired Adults. By Ralph R. Leutenegger, Ph.D. Charles C. Thomas, 301-327 E. Lawrence Ave., Springfield, Ill. 178 pp. appen. \$12.50.

Dr. Leutenegger, of the Department of Speech Pathology and Audiology, University of Wisconsin at Milwaukee, has done some thorough research in this volume intended for those involved in the rehabilitation and care of the aging. His report contains information of value to professionals, paraprofessionals, and nonprofessionals who come in contact with the patient.

The author is primarily concerned with the patient's communication skills and the role these skills play in total rehabilitation and adjustment. It was written, the preface states, "to fill the need expressed by directors of in-service training programs for information appropriate to the staffs in their hospitals, nursing homes, or homes for the aged."

Dr. Leutenegger discusses rehabilitation teams which include the patient and members of his or her family as team participants. He

stresses the four professions most likely to deal directly with the patient on a daily basis in a rehabilitation or maintenance capacity—nursing, physical therapy, occupational therapy, and speech pathology and audiology.

Chapter headings include: "Changes in Aging," "Nursing Homes: Alternatives to Home and Hospital," "The Teamwork Trend in Health Care Delivery," "Hearing," "Stroke," and "Parkinsonism." Also included is a chapter on the role, training and certification or licensing procedures required for the various specialists who are most involved in patient care practices. Individual chapters present reference lists from which the author has extracted ideas and quotations.

His references, which are primarily health-care oriented, are derived from professional journals and non-professional magazines.

Retirement

How to Enjoy Your Retirement. By John Sunshine. AMACOM, A Division of American Management Associations, 135 West 50th St., New York, N.Y. 10020. 164 pp. 1974. appen. \$7.95.

This publication is a welcome addition to the growing number of those about retirement. It is a realistic assessment of the unique challenges, benefits, and drawbacks of retirement written with refreshing wit and candor.

The author was a traveling salesman for 41 years, retired from his own business at the age of 70, and moved to a retirement community in Coral Gables, Fla.

The scope of the book is broad, covering the physical, social, and psychological facets of retirement life. Mr. Sunshine discusses practical topics most retirees have in common: loneliness and how to combat it; grandchildren; ways of keeping busy, including hobbies; managing and lending money; staying physically fit; relocating; keeping active; travel; and volunteer work.

The chapter on travel suggests the retiree "see the U.S.A. first," and

enumerates both famous and little-known points of interest as well as organizations from which tourists can obtain information. In the section on relocating, he examines retirement communities, mentioning the Sun City Centers in Arizona, California, and Florida, as well as addresses to write for information about them.

In this chapter, the author evaluates the pros and cons of moving to a foreign country, advising that the mover consider adjustment to a new life style and cost of living in making his decision.

Mr. Sunshine also explores employment opportunities for the retiree in business and government. He lists national branch offices of Mature Temps, a free employment service specializing in securing temporary jobs for older people, and suggests publications for those interested in establishing their own businesses. For retirees desiring work with the Federal government, there is a description of the many programs available including Green Thumb, Green Light, the Teacher Corps, International Executive Service Corps, and others.

The appendices, which list organizations and suggested reading for retirees, modestly-priced motels for the traveler, and sources of information on recreational vehicles, mobile homes, and mobile home parks, are especially helpful. P.R.

Senior Centers

Perspective on Aging. Every other month. The National Council on the Aging, 1828 L St., N.W., Washington, D.C. 20036.

The September/October issue contained "National Institute of Senior Centers Emphasizes Standards for Programs" by William R. Pothier, Chairman of the National Institute of Senior Centers.

The article includes some significant data. It discusses the growth of senior centers from the first one opened in 1943 in New York City to the 4,870 centers listed in the 1974 *Directory of Centers*

and Clubs: A National Resource. Mr. Pothier notes that, contrary to myths, a Lou Harris study reveals that centers tend to serve persons in lower economic brackets and have appeal for older persons with college backgrounds.

He observes that a significant number of blacks would like to attend senior centers but find them inaccessible and 46% of those in rural areas not currently attending want to but do not know where centers are located.

An NISC study identified over 20 specific health-related services being provided at 1,474 separate center sites. But, he notes with concern, although these facilities fulfill a crucial function, many are closing from lack of Federal support. Confusion is generated, he asserts, when legislation is introduced with authorized amounts of money for day care centers, not for senior centers.

Mr. Pothier concludes:

"The NISC research discovered that 18 percent of persons over 65 attend Senior Centers, nearly two million on a sufficiently regular basis to consider themselves members. An additional seven million would like to attend Senior Centers but often find none available or accessible. . . .

"The 4,870 Senior Centers serving 5.1 million persons 55 and older form a vast network whose tremendous potential continues to be underestimated and undersupported. It's time to spread the news of our work . . . to our senators and congressmen . . . so we can get our fair share of funding and arrest the fragmentation that goes on and on . . ."

Congressional Publications

Future Directions in Social Security. Hearing Before the Senate Special Committee on Aging. Part 14. Los Angeles, Calif. May 16, 1975. 140 pp. \$1.60.

Part 15. Des Moines, Iowa. May 19, 1975. 85 pp. \$1.10.

Above listed publications are available at prices indicated from Superintendent of Documents, Washington, D.C. 20402.

AGING

Major Federal Legislative Proposals Affecting the Elderly Pending in Congress March 30, 1976

The proposals below were chosen by the AoA policy analysis staff for inclusion in this chart because (1) they contain provisions aimed specifically at the elderly or (2) they may have impact on programs administered by the Administration on Aging, State and local aging agencies, and private organizations which work with older Americans.

PROPOSAL	HOUSE ACTION	SENATE ACTION	RECONCILING HOUSE-SENATE DIFFERENCES	BECAME LAW	POSSIBLE NEXT STEP
Food Stamp Reform Bill (S. 3136). Among the bill's stated purposes are "to reform the Food Stamp Act of 1964 by improving the provisions relating to eligibility, simplifying administration, and tightening accountability." Contains several provisions specifically relating to the elderly		Reported 3-12-76			Senate Floor Consideration
Continuing appropriations (H.J.Res. 857). Would extend from Mar. 31 to Sept. 30, 1976 continuing appropriations for Federal programs like those authorized by the Older Americans Act of 1965 for which no regular appropriations have been made. Does not apply to Title VII nutrition program, for which appropriations have been made	Passed 3-16-76	Passed without amendment 3-25-76			Action by President
Title XX Group Eligibility (H.R. 12455). Would extend from Apr. 1 to Oct. 1, 1976, the period during which recipients of services as of Sept. 30, 1975 under Titles IV-A and VI of the Social Security Act, may continue to receive services under Title XX, of that Act, without individual determinations of eligibility	Passed 3-16-76				Senate Finance committee consideration
Equal Credit Opportunity Act Amendments of 1975 (H.R. 6516). Prohibits discrimination on basis of age, race, etc. in extending credit	Passed 6-3-75	Passed, amended 2-2-76	Senate & House agreed to conference report 3-9-76	Signed by President 3-23-76 (P.L. 94-239)	Action by President
Weatherization Assistance Act of 1975 (H.R. 8650). Includes proposal to authorize Federal grants for improving thermal efficiency of homes of low-income persons, particularly the low-income elderly and handicapped.	Passed 9-8-75	Passed, amended 3-9-76			Meeting of House-Senate conference committee to reconcile two versions

aging

No. 258
April 1976

U.S. Department of Health, Education, and Welfare
Office of Human Development • Administration on Aging

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All other communications may be sent directly to Editor of *Aging*, Administration on Aging, U.S. Department of Health, Education, and Welfare, Washington, D.C. 20201.

Use of funds for printing this publication approved by the Director of the Bureau of the Budget, October 31, 1966.

DISCRIMINATION PROHIBITED—Title VI of the Civil Rights Act of 1964 states: "No person in the United States shall on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Therefore, the programs discussed in this publication, like every program or activity receiving financial assistance from the Department of Health, Education, and Welfare, must be operated in compliance with this law.

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE • OFFICE OF HUMAN DEVELOPMENT • ADMINISTRATION ON AGING
NATIONAL CLEARINGHOUSE ON AGING

FOR IMMEDIATE RELEASE

March 23, 1976

Office of the White House Press Secretary

THE WHITE HOUSE

TO THE CONGRESS OF THE UNITED STATES:

Section 208 of the 1973 Amendments to the Older Americans Act (Public Law 89-73) provides that the Commissioner on Aging shall prepare and submit to the President for transmittal to the Congress a report on the activities carried out under this Act.

The Secretary of Health, Education, and Welfare has forwarded the Annual Report of the Administration on Aging for the fiscal year 1975 to me, and I am pleased to transmit this document to the Congress.

GERALD R. FORD

THE WHITE HOUSE,
March 23, 1976



#



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

GENERAL COUNSEL

MAR 16 1976

MEMORANDUM FOR ROBERT D. LINDER

Subject: Proposed proclamation entitled "Older Americans Month, 1976"

The enclosed memo of March 12, 1976, was held up late Friday to receive a promised draft of the Older Americans proclamation from the Department of Health, Education, and Welfare, which was received this morning (copy enclosed).

To the extent appropriate, we have incorporated themes from the HEW draft into the revised proposed proclamation, copy enclosed, and have no objection to those changes. (See para. 4, lines 3 and 4, and the last sentence of the first "call to action" paragraph.)

Although the first of the week has passed as a result of this delay, we still urge that this proposed proclamation be promptly submitted for the President's consideration.

William M. Nichols
William M. Nichols
Acting General Counsel

Enclosures



OLDER AMERICANS MONTH, 1976

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A PROCLAMATION

The past few years have reminded us of the much needed lesson that we must preserve our precious natural resources. The collective wisdom, experience, and productive abilities of our older citizens is one of those greatest natural resources.

~~Increasingly~~, ^{are} we ^{ing} have become more aware of the importance of the contributions our older workers have made in the past. And we ^{are} have increased our efforts to ensure that our older citizens have the opportunity for ^{security} maintenance of income, maintenance of and health, and ~~for self-realization~~ and continuing usefulness.

While respect for our older citizens is important, ^{the} opportunities we give them to take pride in themselves is equally so. ^{A very} The most meaningful security is the knowledge, and ^{the} opportunity to prove, that time has only enhanced their demonstrated capabilities.

One of ^{the} best opportunities for ^{constituting from} capitalizing on the resources possessed by Older Americans, as pointed out in the Bicentennial Charter for Older Americans prepared by the Federal Council on the Aging, is in the job market, where older, and even middle-aged, workers are too often the victims of myths and stereotypes about their capabilities. Our ~~vital~~ economy needs the know-how, experience, judgment, and eagerness which these solid citizens bring to the job.

NOW, THEREFORE, I, GERALD R. FORD, President of the United States of America, do hereby designate the month of May, 1976, as Older Americans Month.

I urge all employer and employee organizations, and other organizations officially concerned with employment to observe this month with appropriate ceremonies, activities, and programs designed to increase employment opportunities for older workers. Such programs should include public forums for discussion of the Bicentennial Charter for Older Americans.

I ask all Americans to reflect upon the achievements and the needs of our older citizens and to do all in their power to make these years something to welcome, rather than dread. Most of all, I ask that we begin this joint effort today.

IN WITNESS WHEREOF, I have hereunto set my hand this day of , in the year of our Lord nineteen hundred seventy-six, and of the Independence of the United States of America the two hundredth.

paragraph
#3 on
volunteers
from HEW
draft

In this 200th year of our independence, it is important that our Nation, by its deeds, recognize the dignity and worth of our older citizens. They have provided the strength which has made it possible for us to deal with developments that threatened to undermine and destroy the form of government bequeathed to us by our forefathers. They possess the insight, the vision, the wisdom, and the courage on which we must draw if we are to deal constructively with today's challenging and complex issues.

The Federal Council on Aging, created when the Older Americans Act was amended in 1973, has prepared a new Bicentennial Charter for Older Americans--an update of the Charter for Senior Citizens developed by the 1961 White House Conference on Aging. This Bicentennial Charter sets forth principles which can be used to analyze and to evaluate our nation's response to the problems that confront older persons and the response of older persons to the problems now confronting our Nation.

The Bicentennial Charter, for example, speaks to the "right to an opportunity for employment free from discriminatory practices because of age" and the "right to an opportunity to participate in the widest range of meaningful civic, educational, recreational and cultural activities".

We must make it possible for older persons to continue to be involved in the life of our Nation. One of the best opportunities for capitalizing on the strengths of older Americans is in the job market, where older, and even middle-aged, persons are too often the victims of myths and stereotypes about their capabilities. Likewise older persons are the victims of these same myths and stereotypes in the recruitment of volunteers who oftentimes represent the difference between success and failure in the delivery of services to those who are in need.

There is no finer way of demonstrating our respect for older persons than to give them the opportunity of proving that time has only enhanced their demonstrated abilities.

NOW, THEREFORE, I GERALD R. FORD, President of the United States of America, do hereby designate the month of May, 1976, as Older Americans Month.

1. I urge State and Area Agencies on Aging, organizations of older persons and other private and public organizations that are related to the field of aging to observe this month by arranging for public forums where the Bicentennial Charter for Older Americans will be discussed by older persons and where older persons will develop recommendations for action, addressed to both public and private bodies, designed to implement the principles set forth in the Charter.
2. I urge all employer and employee organizations and other organizations officially concerned with employment, both public and private, to observe this month with appropriate ceremonies, activities and programs designed to increase employment opportunities for older workers.
3. I urge all organizations, both public and private, engaged in the delivery of services to persons in need, to observe this month by placing increased emphasis on the utilization of volunteers and by intensifying their efforts to recruit, train and place older volunteers.

put
into
draft

4. I urge all Americans to observe this month by focusing on both the achievements and needs of older persons and by resolving to support those programs in both the public and private sector which, if implemented, will help to make the ~~older Americans the backbone of the nation~~ ~~last days of life the best days for increasing numbers of our~~ ~~older Americans.~~

IN WITNESS WHEREOF, I have hereunto set my hand this day
of , in the year of our Lord nineteen hundred seventy-six,
and of the Independence of the United States of America the two hundredth.

✓lives of older Americans both productive and free from
want.



THE WHITE HOUSE
WASHINGTON

Date

3/10/76

TO:

Sara

FROM: John G. Carlson

FVI



file aging
std

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7NUTRITION 340

WASHINGTON (AP) - THE DEPARTMENT OF HEALTH, EDUCATION AND WELFARE IS PLANNING TO INCREASE ITS SPENDING ON MEALS FOR THE ELDERLY BUT WILL NOT USE THE FULL \$187.5 MILLION CONGRESS EARMARKED FOR THE PROGRAM.

THE DEPARTMENT ANNOUNCED TUESDAY THAT IT WOULD INCREASE SPENDING FOR THE PROGRAM BETWEEN MARCH AND THE END OF THE CURRENT FISCAL YEAR BUT THAT TOTAL OUTLAYS WOULD NOT REACH \$187.5 MILLION BECAUSE OF LOWER SPENDING RATES EARLIER IN FISCAL 1976.

AN ANTIHUNGER ORGANIZATION HAS FILED A LAWSUIT WHICH SEEKS TO FORCE HEW TO SPEND THE FULL AMOUNT APPROPRIATED BY CONGRESS; AND EARLIER TUESDAY THE DEPARTMENT ISSUED A STATEMENT SUGGESTING THE FULL AMOUNT WOULD BE SPENT.

CLARIFYING THAT ANNOUNCEMENT, HEW SAID IT WILL BOOST SPENDING FOR THE PROGRAM TO AN ANNUAL RATE OF \$187.5 MILLION BETWEEN MARCH AND THE END OF JUNE. DEPARTMENT FUNDING FOR THE PROGRAM FROM THE BEGINNING OF THE FISCAL YEAR LAST JULY 1 HAD BEEN AT AN ANNUAL RATE OF \$150 MILLION.

AN HEW PRESS OFFICER ACKNOWLEDGED THAT THE DEPARTMENT'S EARLIER STATEMENT WAS MISLEADING IN ITS IMPLICATION THAT THE FULL \$187.5 MILLION APPROPRIATED BY CONGRESS WOULD BE SPENT THIS YEAR.

PLAINTIFFS IN THE LAWSUIT, THE FOOD RESEARCH AND ACTION CENTER IN NEW YORK, SAID THE CHANGE WILL MEAN OUTLAYS OF LESS THAN \$160 MILLION FOR MEALS FOR THE ELDERLY OVER ALL OF FISCAL 1976.

RONALD POLLACK, DIRECTOR OF THE FOOD RESEARCH CENTER, SAID THE GOVERNMENT WOULD HAVE TO INCREASE ITS SPENDING FOR ELDERLY NUTRITION PROGRAMS TO AN ANNUAL RATE OF \$240 MILLION DURING THE FINAL QUARTER OF FISCAL 1976 IF IT WAS TO ACHIEVE THE FULL EXPENDITURE OF \$187.5 MILLION FOR THE YEAR.

HE ADDED THAT THE NEW HEW PLAN TO SPEND MORE WAS AN IMPROVEMENT BUT THAT IT WOULD NOT END THE LAWSUIT, WHICH ACCUSES THE FORD ADMINISTRATION OF ILLEGALLY IMPOUNDING THE FUNDS.

CONGRESS ORDERED HEW TO SPEND THE FULL \$187.5 MILLION AND NOT JUST REACH THAT EXPENDITURE RATE OVER PART OF THE YEAR, POLLACK CLAIMED.

"THIS IS STILL A FRUSTRATION OF CONGRESSIONAL INTENT," HE SAID.

"WE'RE GOING TO HAVE TO STUDY THIS VERY CAREFULLY."

1002AES 03-10

HEW Frees Food Funds For Elderly

United Press International

One day after being named in a court suit, the Department of Health, Education and Welfare said yesterday it would release \$187.5 million to feed poor persons — but said later only part of the money would be allocated this fiscal year.

The department said the action had been planned anyway, and was unrelated to a suit filed Monday by several groups alleging illegal impoundment of up to \$37.5 million for meals for the elderly needy.

In its initial statement, HEW said it would release "sufficient resources to increase to \$187.5 million for fiscal year 1976 the amount available to the states for nutrition programs for the elderly."

But press officer Sanford Winston explained later the announcement meant to indicate only that HEW would be increasing its rate of spending during the next three months. He agreed the earlier statement was misleading, saying it was "really no effort at deception. It was imprecise."

The court suit, filed by the New York-based Food Research and Action Center with backing from other groups, charged that HEW was illegally withholding the funds, which Congress approved over President Ford's veto.

Hussein Visiting Japan

TOKYO (AP) — King Hussein and Queen Alia of Jordan arrived in Tokyo today on a week-long state visit for which police authorities have assigned an undisclosed number of security officers to deal with possible Arab and Japanese radical moves against the visit.



DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY

2/25

To: Ms. Massengale

As requested, per telephone conversation.

Office of Human Development



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
OFFICE OF HUMAN DEVELOPMENT
WASHINGTON, D.C. 20201

Aging

Remarks By

STANLEY B. THOMAS, Jr.

Assistant Secretary for Human Development



Before The

National Council on the Aging, Inc.

25th Annual Conference

Washington, D. C.

October 2, 1975

IT IS A GREAT PLEASURE TO BE HERE TODAY AND SHARE WITH YOU SOME
OF MY THOUGHTS ON WHAT THE FUTURE MAY HOLD FOR THE FAR END OF THAT
UNIVERSAL HUMAN PROCESS, AGING. IT IS INTERESTING TO OBSERVE THAT,
DESPITE THE REAMS AND STREAMS OF BOOKS AND ARTICLES ON THE FUTURE WHICH
HAVE FLOODED THE PUBLIC DOMAIN AT LEAST SINCE TOFFLER'S POPULARIZATION
OF THE SUBJECT WITH FUTURE SHOCK, THERE HAS BEEN VERY LITTLE WRITTEN
ON THE FUTURE WITH RESPECT TO THE ELDERLY. PERHAPS THIS IS BECAUSE SO
MUCH OF THE FUTURISTS' WORK IS ORIENTED TOWARD ASSESSMENT OF TECHNOLOGY
IMPACT ON THE SOCIETY AS A WHOLE AND ON ITS SOCIAL ARRANGEMENTS. BUT
WE SEE AGAIN THE UNSPOKEN ASSUMPTION THAT SOCIETY CONSISTS OF ADULTS
BETWEEN 21 AND 60 -- CHILDREN, YOUTH, AND THE ELDERLY ARE BUT TEMPORARY
DEVIATIONS FROM THE NORM.

TO SAY THAT RAPID SOCIAL CHANGE, PARTICULARLY SINCE WORLD WAR II,

HAS HAD AN ENORMOUS IMPACT ON OUR SOCIETY IS ALMOST TRITE, YET NOWHERE HAS IT BEEN MORE DEVASTATING AND LESS EXAMINED THAN WITH RESPECT TO THE ELDERLY. OUR SOCIETY NO LONGER HAS ANY CONSISTENT EXPECTATIONS OR VALUES ABOUT THE ELDERLY, FOR THE VERY SPEED OF CHANGE HAS DEPRIVED THEM OF THEIR TRADITIONAL ROLE AS SPECIAL CONTRIBUTORS TO SOCIETY BY MAKING SUDDENLY OBSOLESCE THEIR ACCUMULATED EXPERIENCE AND WISDOM, ONCE NEEDED BY EACH SUCCEEDING GENERATION TO ASSURE CONTINUITY OF CULTURE, CIVILIZATION, KNOWLEDGE AND SKILL DEVELOPMENT.

THE PRESENT AMBIGUITY OF ROLES FOR THE ELDERLY IN OUR SOCIETY TODAY FLOWS NOT ONLY FROM THE DEMISE OF THEIR CLEARLY DELINEATED TRADITIONAL ROLES, BUT ALSO FROM OUR INCREASING RELIANCE ON ECONOMIC VALUATION AT A TIME WHEN THE ELDERLY HAVE BEEN ALMOST SUMMARILY EXCLUDED FROM EMPLOYMENT OPPORTUNITIES BY THE INTERVENTION AND



PERVASIVE USE OF MANDATORY RETIREMENT. THIS EXCLUSION FROM PARTICIPATION IN THE CENTRAL WORLD OF WORK -- BASIC IN OUR SOCIETY TO BOTH THE INDIVIDUAL'S SELF-DEFINITION AND HIS OR HER VALUATION BY OTHERS -- IS A PROBLEM WHICH THE ELDERLY SHARE IN COMMON WITH OTHER ELEMENTS OF OUR SOCIETY WHO HAVE BEEN EXCLUDED FROM THAT WORLD OF WORK. NEITHER THE ELDERLY, NOR THESE OTHER VULNERABLE GROUPS, HAVE ROUTINE ACCESS TO MEANINGFUL ROLES OR TO OPPORTUNITIES FOR PRODUCTIVE ACTIVITY IN OUR SOCIETY.

THOSE WHO ARE ELDERLY TODAY GREW UP IN A VERY DIFFERENT WORLD WITH VERY DIFFERENT CULTURAL NORMS AND EXPECTATIONS THAN THE WORLD IN WHICH THEY NOW LIVE. CONSIDER THE SIMPLE FACT THAT AN ELDERLY PERSON TODAY WAS BORN BEFORE WORLD WAR I. THERE WAS LITTLE REASON TO SUSPECT THEN THE COMING EXTINCTION OF THE EXTENDED FAMILY; THE URBANIZATION OF THE

NATION; THE TREMENDOUS EXTENSION OF LIFE EXPECTANCY FROM 47 TO 71 YEARS;
THE INCREDIBLE CHANGES WROUGHT BY TECHNOLOGY WE NOW TAKE FOR GRANTED IN
SUCH THINGS AS THE TELEPHONE, THE JET AIRPLANE, TELEVISION, COMPUTERS,
SKYSCRAPERS, PACEMAKERS; THE MERCURIAL GROWTH OF CORPORATE CAPITALISM;
THE MASSIVE INVOLVEMENT OF THE FEDERAL GOVERNMENT IN DOMESTIC SOCIAL
WELFARE; THE SO-CALLED SEXUAL REVOLUTION; THE RISE OF ENVIRONMENTAL
CONCERNS; AND SO ON.

THERE IS NO REASON FOR US TO SUSPECT, EITHER, THAT SOCIAL CHANGE
WILL SLOW DOWN IN THE FORESEEABLE FUTURE. IN SPECULATING ON WHAT THE
FUTURE HOLDS FOR THOSE WHO WILL BE ELDERLY IN 1990 OR IN THE YEAR 2000,
THEREFORE, IT IS WISE FOR US TO REMEMBER THAT THE SAME DRAMATIC DIFFERENCE
WILL PROBABLY EXIST FOR US BETWEEN THE WORLD WE'VE GROWN UP IN AND THE
WORLD WE WILL LIVE IN.

EVERYONE IN THIS ROOM BORN BEFORE 1940 WILL BE PART OF THE ELDERLY POPULATION BY THE YEAR 2000, AT LEAST BY CURRENT DEFINITIONS! SINCE THERE IS SOME TALK OF FURTHER EXTENDING LIFE EXPECTANCY RATES AND OF DEVELOPING WONDER DRUGS TO RETARD THE AGING PROCESS ITSELF, WE MAY FIND OURSELVES MERELY MIDDLE-AGED WHEN WE REACH 60. NEVERTHELESS, IT SEEMS TO ME THAT OVER THE NEXT TWENTY-FIVE YEARS OR SO, DISTINCT CHANGES ARE GOING TO OCCUR IN THE EXPERIENCE OF BEING ELDERLY IN OUR SOCIETY.

BEARING IN MIND THAT I AM HARDLY AN EXPERT IN THIS AREA, I AM GOING TO CITE SOME CENSUS BUREAU FIGURES ~~THEN~~ OFFER YOU MY SPECULATIONS -- PROBABLY MIXED WITH SOME DEGREE OF WISHFUL THINKING -- ON WHAT THE FUTURE MAY HOLD FOR THOSE OF US WHO WILL BE OLD FOLKS BY THE YEAR 2000. THE CENSUS BUREAU HAS DONE SOME POPULATION PROJECTIONS FOR THE YEAR 2000, AND ESTIMATES THAT THE NUMBER OF ELDERLY PEOPLE IN THIS COUNTRY WILL

INCREASE FROM AROUND 31 MILLION IN 1974 TO AROUND 41 MILLION IN 2000.

DEPENDING ON THE FERTILITY RATE OVER THE NEXT TWENTY-FIVE YEARS, THE ELDERLY WILL CONSTITUTE ANYWHERE BETWEEN 14.6% AND 16.6% OF THE TOTAL POPULATION OF THE UNITED STATES. IN ADDITION, THE FEMALE, BLACK, AND THE VERY OLDEST SEGMENTS OF THE ELDERLY POPULATION WILL BECOME AN INCREASINGLY LARGER PROPORTION OF THE TOTAL ELDERLY.

Now, I MYSELF SUSPECT THAT THE LATTER PROJECTION WILL NOT QUITE HOLD UP BECAUSE OF A RECENT BUT VERY STRONG TREND: THE WOMEN'S MOVEMENT. AND BECAUSE BLACK WOMEN TEND TO OUTLIVE BLACK MEN, THE WOMEN'S MOVEMENT IS GOING TO AFFECT THE PROPORTION OF THE ELDERLY POPULATION WHICH IS BLACK, AS WELL AS THAT WHICH IS FEMALE, FOR ONE SIMPLE REASON. EQUAL OPPORTUNITY IN THE JOB MARKET ULTIMATELY MEANS GREATER FEMALE INVOLVEMENT IN HIGH PRESSURE JOBS WITH RESPONSIBILITY; WOMEN ARE GOING

TO HAVE EQUAL OPPORTUNITIES TO DEVELOP HEART ATTACKS, ULCERS, HIGH BLOOD PRESSURES, STROKES, AND ALL THOSE OTHER PHYSICAL PROBLEMS THAT MEN HAVE TRADITIONALLY BEEN HEIR TO, ALONG WITH THEIR NEW JOBS. SO I THINK FEWER WOMEN WILL OUTLIVE MEN THAN HAS BEEN THE CASE THUS FAR, AND THAT WOMEN IN GENERAL WILL BE MORE ACCUSTOMED TO BOTH ECONOMIC AND SOCIAL INDEPENDENCE, AS WELL AS TO GREATER ACTIVE INVOLVEMENT IN ALL ASPECTS OF SOCIETY.

INDEED, THAT IS THE PRIMARY CHANGE I SEE COMING FOR THE ELDERLY OVER THE NEXT TWENTY-FIVE YEARS: THEY WILL ENGAGE IN MANY MORE ACTIVITIES THAN IS GENERALLY NOW THE CASE, AND NOT ONLY MORE, BUT MORE DIVERSE. THOSE WHO WILL BE MOVING INTO OLD ARE NOW THE MIDDLE-AGED -- PEOPLE IN THEIR THIRTIES, FORTIES, AND FIFTIES. EACH SUCCEEDING GENERATION HAS BEEN EXPOSED AT AN EARLIER AGE TO ACCELERATING CHANGE, AND

EACH SUCCEEDING GENERATION OF THE ELDERLY WILL BE MORE ACCUSTOMED TO THE SWIFTHNESS OF CHANGE, WILL BE BETTER ABLE TO COPE WITH IT, TO EXPECT IT, AND EVENTUALLY, TO PREPARE FOR IT AS THE ORDINARY WAY OF LIFE.

MANDATORY RETIREMENT AGES WILL ALL BUT EVAPORATE UNDER THE COMBINED PRESSURES OF THE OLDER AMERICANS' ADVOCACY GROUPS SUCH AS THIS ONE, THE ENHANCED POLITICAL POWER OF THE ELDERLY THEMSELVES, THE DECREASING PRESSURES ON THE JOB MARKET AS WE MOVE PAST THE WAR-BABY BOOM GENERATION'S ENTRANCE INTO THE LABOR FORCE, AND THE PROBABILITY OF SUFFICIENT INDIVIDUAL EXEMPTIONS TO ESTABLISH EASY PRECEDENT. AT THE SAME TIME, PEOPLE WILL BE WANTING TO RETIRE FROM THEIR PRIMARY CAREERS EARLIER IN ORDER TO DEVELOP SECOND CAREERS AND/OR TO HAVE MORE TIME FOR THE PLEASURES OF LEISURE TIME AND LEISURE TIME ACTIVITIES.

LEISURE TIME ACTIVITIES THEMSELVES WILL DIVERSIFY. WHILE OUTDOOR RECREATION AND SPORTS WILL CONTINUE TO BE POPULAR, OLDER PEOPLE WILL BECOME MORE INTERESTED IN LESS PHYSICALLY STRENUOUS ACTIVITIES WHICH ARE STILL CHALLENGING. SERIOUS STUDY OF MUSIC, PAINTING, AND DRAMA WILL BECOME MORE POPULAR, AND WILL PROBABLY CONTRIBUTE A GREAT DEAL TO EXPANDING THE AVAILABILITY OF ART TO THE ENTIRE POPULATION. ASTRONOMY, BIOLOGY, GEOLOGY, SOCIOLOGY -- ALL SORTS OF SUBJECT AREAS WILL BECOME ATTRACTIVE AS LEISURE TIME STUDIES, PARTICULARLY TO THOSE ENGAGED IN PRIMARY CAREERS FAR REMOVED FROM THEM. THE LINE BETWEEN LEISURE TIME ACTIVITIES AND SECOND CAREERS WILL INCREASINGLY BE BLURRED BY INFORMAL CONSULTING, IN WHICH THE ELDERLY WILL BE CONSULTED BY SMALL GROUPS AND INDIVIDUALS WHO EITHER CANNOT AFFORD PROFESSIONAL CONSULTANTS OR WHO DESIRE TYPES OF ASSISTANCE NOT ORDINARILY AVAILABLE.



BARTERING FOR GOODS AND SERVICES WILL BECOME MORE COMMON OUTSIDE CHAIN STORES, CORPORATIONS AND OTHER LARGE INSTITUTIONS. THIS WILL BECOME MORE COMMON PARTICULARLY AMONG INDIVIDUALS AND WILL USUALLY INVOLVE AT LEAST PART OF THE EXCHANGE IN SERVICE SUCH AS HOUSE- OR APARTMENT-PAINTING, DIFFERENT KINDS OF COOKING, STORY-TELLING, MUSIC LESSONS, CLOTHES-MAKING, FAMILY-MEDIATING, INTERIOR-DECORATION ADVISING, MONEY MANAGEMENT, AND SO ON. BOTH BARTERING AND CONSULTING WILL BECOME A MAJOR WAY IN WHICH UNRELATED YOUNG AND ELDERLY PEOPLE INTERACT.

BOTH THE INTEREST IN SECOND CAREERS AND THE DIVERSIFICATION OF LEISURE TIME INTERESTS WILL GENERATE INCREASING DEMAND FOR RESPONSE FROM THE FORMAL EDUCATIONAL SYSTEM. EVEN NOW, ADULT CONTINUING EDUCATION IS EXPERIENCING AN UNPRECEDENTED DEMAND FOR MORE THAN CAREER ADVANCEMENT OR REFRESHER COURSES. IF THE PUSH TO MOVE THE ELEMENTARY AND

SECONDARY SCHOOL SYSTEMS MORE HEAVILY INTO CAREER EDUCATION AND WORK-STUDY PROGRAMS SUCCEEDS, DEMANDS ON ADULT EDUCATION WILL INCREASE EVEN MORE HEAVILY AS PEOPLE RETURN TO THE EDUCATIONAL SYSTEM TO FEED THEIR HUMAN POTENTIAL AS WELL AS THEIR POCKETBOOKS. THIS DEMAND WILL BE PARTICULARLY GREAT FROM BOTH WOMEN AND THE INCREASING NUMBERS OF MEN INVOLVED IN HOMEMAKING WHO WILL SEE THEIR SPOUSE'S RETIREMENT AS A NATURAL HIATUS IN WHICH TO BEGIN A JOINT VENTURE OF SOME SORT, OR SIMPLY PERHAPS TO ENGAGE IN NEW PURSUITS.

BECAUSE OF THE INCREASED AMOUNT OF ACTIVITY AMONG THE ELDERLY, THEY WILL BE LESS ISOLATED, LESS SEGREGATED, MORE CREDIBLY INTEGRATED INTO THIS SOCIETY THAN THEY NOW ARE. WHAT WILL, OF COURSE, MAKE A FUNDAMENTAL DIFFERENCE IS THEIR ENHANCED POLITICAL POWER. AT THE MOMENT, OLDER PEOPLE ARE DISCOVERING THE TREMENDOUS LEVERAGE OF THE

VOTE, AND AS EVERY DISENFRANCHISED GROUP BEFORE THEM, ARE BEGINNING TO DEMAND WITH GREATER SUCCESS THAT POLITICS RESPOND TO THEIR NEEDS.

USE OF THIS LEVERAGE COUPLED WITH THE GREATER PROPORTION OF THE POPULATION THEY WILL REPRESENT WILL GIVE THEM A POLITICAL VOICE HERETOFORE UNIMAGINED. THIS IS LIKELY TO BE MOST VOCIFEROUSLY EXERTED AT THE LOCAL AND STATE LEVELS WHICH ARE MORE EASILY ACCESSIBLE AND MORE DIRECTLY RELATED TO EVERY DAY NEEDS, THAN AT THE FEDERAL OR NATIONAL.

ANOTHER RESULT OF THIS INCREASED ACTIVITY WILL BE A REDUCED NEED FOR NURSING HOMES AND INSTITUTIONS. SOME FORM OF NATIONAL HEALTH INSURANCE WILL ENABLE PREVENTIVE HEALTH CARE TO BECOME COMMON, AND A GREATER NUMBER OF DAY HOSPITALS WILL FLOURISH. INCREASINGLY, NETWORKS OF UNRELATED INDIVIDUALS OF VARYING AGES -- PROBABLY WITHIN A TEN- TO FIFTEEN-YEAR AGE RANGE -- WILL FORM OUT OF SHARED INTERESTS

AND FRIENDSHIPS; THESE NETWORKS WILL BE FAIRLY FLUID AND OF LONG DURATION, SOMETIMES SPREAD OUT GEOGRAPHICALLY, AND THEIR MEMBERS WILL RELY ON ONE ANOTHER FOR HELP IN TIMES OF TROUBLE OR CRISIS, MUCH LIKE THE EXTENDED FAMILY OF OLD. THESE NETWORKS WILL CONSIST OF AN ASSORTMENT OF INDIVIDUALS AND HOUSEHOLDS, MANY OF WHICH WILL BE MINI-URBAN COMMUNITIES OF COUPLES AND UNRELATED INDIVIDUALS POOLING DURABLE GOODS, OPERATING MEDIUM-SCALE FOOD COOPERATIVES, AND SUPPORTING ONE ANOTHER DURING ILLNESS OR OTHER CRISES. MATERIALISM WILL NOT BE A DOMINANT VALUE OF THESE MINI-COMMUNITIES AND NETWORKS, AND THEIR STANDARDS OF LIVING WILL PERHAPS BE LOWER THAN THE NATION AS A WHOLE, BUT THEY WILL BE RELATIVELY SELF-SUFFICIENT AND INDEPENDENT.

SOME FORM OF NATIONAL HEALTH INSURANCE, AN INTEGRATED SOCIAL SECURITY SYSTEM, LESS STRINGENT RETIREMENT AND PENSION PLANS, PLUS

INCOME FROM SECOND CAREERS AND CONSULTING, COMBINED WITH REDUCED RESOURCES NECESSARY TO SUPPORT MORE COMMUNAL OR COOPERATIVE LIVING ARRANGEMENTS WILL GENERALLY MEAN LESS FINANCIAL CONCERN FOR THE ELDERLY OF THE FUTURE. IN ADDITION, GREATER VALUE IN THE SOCIETY AT-LARGE WILL BE PLACED ON DECREASED WASTE, MORE IMAGINATIVE USES OF WHAT ALREADY EXISTS, AND THE GREATEST USE FOR THE LEAST EXPENSE.

THERE WILL BE LESS INTEREST IN WHAT WE NOW CALL CONSPICUOUS CONSUMPTION, LESS FADDISHNESS IN CLOTHING, AUTOMOBILES, AND SO ON, CREATING CIRCUMSTANCES FOR THE SOCIETY AS A WHOLE IN WHICH THE GAP BETWEEN THE INCOME OF THE ELDERLY AND THE INCOME OF THE MIDDLE-AGED IS SUBSTANTIALLY LESS.

EACH SUCCEEDING GENERATION OF OLDER PEOPLE WILL HAVE LIVED THROUGH NOT ONLY THE TREMENDOUS TECHNOLOGICAL CHANGES OF THE LAST THIRTY YEARS,

BUT MORE IMPORTANTLY, THROUGH THE QUITE AMAZING ATTITUDINAL CHANGES AND REVERBERATIONS: THE INTENSE CHALLENGING OF ALL TYPES OF AUTHORITY, FROM PARENTAL TO ADMINISTRATIVE TO RELIGIOUS TO SCIENTIFIC TO MEDICAL TO BUSINESS AUTHORITY; THE BLACK MOVEMENT, AND THE STRUGGLES OF OTHER MINORITY GROUPS AS WELL; THE WOMEN'S MOVEMENT; THE SEXUAL REVOLUTION; EXPERIMENTATION WITH FAMILY STRUCTURING; GAY LIBERATION; THE SELF-ASSERTION OF HANDICAPPED PEOPLE; THE DECLINE OF TRADITIONAL RELIGIONS AND THE RISE OF NEW FORMS OF RELIGION, INCLUDING THE SPREAD OF EASTERN RELIGIONS; FRAGMENTATION OF THE FAMILY; ENVIRONMENTAL CONCERNS; DECLINE OF PUBLIC CONFIDENCE IN GOVERNMENT AND IN INSTITUTIONS IN GENERAL; THESE ARE SOME OF THE MAJOR CHANGES WE HAVE EXPERIENCED, AND THERE ARE HUNDREDS MORE.

IT IS THE ABILITY TO ADAPT TO CHANGE AND TO RE-SHAPE IT THAT WILL

CHARACTERIZE THE ELDERLY OF THE FUTURE. THESE ATTITUDINAL CHANGES HAVE
HAVE CREATED AN ENORMOUS RESERVOIR OF IMAGINATION AND VENTUROUSNESS IN
DEVISING WAYS TO MEET HUMAN NEEDS OF THE FUTURE. EACH SUCCEEDING GENERA-
TION OF THE ELDERLY WILL BE INCREASINGLY ENDOWED WITH BOTH THE NECESSARY
SKILLS AND THE OPPORTUNITIES, INDEED, THE NEED TO USE THEM. THE ELDERLY
OF THE FUTURE WILL WIELD GREATER POLITICAL POWER THAN EVER BEFORE, NOT
AS ELDERS IN THE TRADITIONAL SENSE, BUT AS POLITICAL ACTIVISTS WITH
TIME AND INTEREST, WHOSE JUDGMENT HAS BEEN TEMPERED BY THE CERTAINTY
OF CHANGE. NEW FORMS OF UNRELATED KINSHIP WILL FLOURISH IN GREATER
VARIETY, FORMS WHICH WILL INCLUDE THE ELDERLY AND ON WHICH THEY WILL
BE ABLE TO DEPEND. SECOND CAREERS, MORE ACTIVE INVOLVEMENT OF WOMEN,
MORE SERIOUS USE OF LEISURE TIME, ALTOGETHER MUCH MORE DIVERSE ACTIVI-
TIES CAN'T HELP BUT MAKE IT TRUE THAT WE'RE NOT GETTING BETTER, FOR THE

10

ELDERLY EVEN TODAY, CONTINUE TO STAND AS LIVING TESTAMENTS TO THE INCREDIBLE AND UNKNOWABLE POTENTIAL OF THE HUMAN BEING.

THIS VIGNETTE OF THE FUTURE FOR THE ELDERLY IS CERTAINLY APPEALING AND PROBABLY TAINTED BY MY OWN VESTED INTEREST IN THE SUBJECT. THE PROBLEMS WHICH THE ELDERLY FACE TODAY ARE UNDENIABLY REAL AND HARDLY LIKELY TO VANISH IN THE FACE OF A DISTANT AND ROSY FUTURE. GETTING TO THE YEAR 2000 MEANS GOING THROUGH TODAY AND TOMORROW AND THE NEXT DAY AND THE NEXT YEAR, AND THE FUTURE IS SHAPED BY THE FLUID COURSE OF DECISIONS AND EVENTS AS THEY UNFOLD NOW, AS WE MAKE THEM NOW. WHILE THE INCOME GAP BETWEEN THE ELDERLY AND THE REST OF SOCIETY MAY DIMINISH OVER THE YEARS, IT IS REAL NOW, AND FOR A SIGNIFICANT NUMBER OF OLDER AMERICANS, DEVASTATING. THEY CAN'T WAIT FOR THE FUTURE.

AS I MENTIONED IN THE EARLIER PART OF MY REMARKS, THE ELDERLY

TODAY GREW UP AND MATURED IN A WORLD RATHER UNLIKE THIS ONE. THEIR EXPECTATIONS FOR THEIR OLD AGE WERE VERY DIFFERENT FROM WHAT THEY NOW MUST CONTEND WITH. THERE WAS RELATIVELY LITTLE IN THEIR LIFETIMES WHICH COULD HAVE PREPARED THEM TO DEAL WITH THE WORLD AS IT IS AND THEMSELVES AS ELDERLY PEOPLE IN IT.

THE ECONOMIC PROBLEM IS A SUBSTANTIAL ONE, THE PROBLEM OF SOCIAL AND PHYSICAL ISOLATION ANOTHER. NO ADEQUATE EQUIVALENT TO THE EXTENDED FAMILY HAS YET DEVELOPED, FOR INSTANCE, AND SO THE ELDERLY ARE RELEGATED TO NURSING HOMES AND INSTITUTIONS OF ALL SORTS, EVEN STATE MENTAL HOSPITALS. A FORTUNATE FEW HAVE BEEN ABLE TO FIND APARTMENT COMPLEXES AND HOTELS WHICH PROVIDE MORE THAN MERE HOUSING, BUT THIS IS NOT YET AVAILABLE ON A WIDE ENOUGH SCALE TO BE A VIABLE ALTERNATIVE FOR MOST OF THE ELDERLY, NOR WOULD IT EVER BE FOR THOSE WHO NEED NURSING CARE.

INCREASINGLY THE TEMPO OF LIFE IN OUR SOCIETY IS ADJUSTED TO FIT THE METABOLISM AND VIGOR OF YOUNGER ADULTS, AND THE PHYSICAL ISOLATION OF THE ELDERLY SIMPLY COMPOUNDS OUR GENERAL THOUGHTLESSNESS REGARDING THEIR NEEDS, THEIR SLOWER BUT STILL QUITE FUNCTIONAL PACE. IT IS IN THIS THOUGHTLESSNESS, HOWEVER, THAT THE ROOT OF THE PROBLEM LIES, FOR THE MAJOR HANDICAP IN RESOLVING THE PRESENT PROBLEMS OF THE ELDERLY IS ONE WE HAVE ALL GIVEN OURSELVES: WE HAVE SIMPLY GONE ALONG COMFORTABLY ASSUMING THAT THINGS WOULD TAKE CARE OF THEMSELVES, OR AT LEAST THAT SOMEBODY ELSE WOULD. LO AND BEHOLD, THEY HAVEN'T! AND WE HAVE VERY SECRETLY ASSUMED THAT EACH OF US WOULD NOT EVERY REALLY GROW OLD, SO WHY THINK ABOUT IT?

TODAY IS YESTERDAY'S FUTURE; TOMORROW IS TODAY'S. THOSE OF US WHO WOULD LIKE TO LOOK FOWARD TO GOOD THINGS IN OUR OWN OLD AGE MUST REALIZE

19

THAT THE FUTURE BEGINS NOW WITH THE CARE AND ATTENTION WE PAY, BOTH

INDIVIDUALLY AND COLLECTIVELY, TO THE OLDER PEOPLE IN OUR MIDST WHO

SUFFER OUR THOUGHTLESSNESS, OUR EXCLUSION, OUR MYTHS, OUR NEGLECT.

WE CAN HAVE THE FUTURE WE WANT IF WE ARE WILLING TO TAKE RESPONSIBILITY

FOR CREATING IT. Now.

* * * * *



2/9/76

THE WHITE HOUSE
WASHINGTON

Sarah:

Good Job!

Jim Cavanaugh



0009M

R B

BENEFITS 2-9

ADV FOR NOON EST

BY HELEN THOMAS

UPI WHITE HOUSE REPORTER

WASHINGTON (UPI) -- PRESIDENT FORD ASKED CONGRESS TODAY TO INCREASE SOCIAL SECURITY PAYROLL TAXES BY 0.3 PER CENT FOR BOTH EMPLOYEES AND THEIR EMPLOYERS AND TO EXTEND MEDICARE BENEFITS TO COVER "CATASTROPHIC" HEALTH COSTS.

FORD SAID HIS PROPOSALS ARE AIMED AT "HELPING ALL AMERICANS TO LIVE IN DIGNITY, SECURITY AND GOOD HEALTH."

AT A CEREMONY IN THE OVAL OFFICE, FORD SIGNED A SPECIAL MESSAGE TO CONGRESS URGING PASSAGE OF THE LEGISLATION. HE FIRST OUTLINED THE PROPOSALS IN HIS STATE OF THE UNION ADDRESS JAN. 19.

"AS PRESIDENT, I INTEND TO DO EVERYTHING IN MY POWER TO HELP OUR NATION DEMONSTRATE BY ITS DEEDS A DEEP CONCERN FOR THE DIGNITY AND WORTH OF OUR OLDER PERSONS," FORD SAID. "BY SO DOING, OUR NATION WILL CONTINUE TO BENEFIT FROM THE CONTRIBUTIONS THAT OLDER PERSONS CAN MAKE TO THE STRENGTHENING OF OUR NATION."

FORD SAID THE INCREASE IN THE SOCIAL SECURITY TAX WAS NECESSARY TO BUILD UP A TRUST FUND THAT IS BEING DEPLETED BECAUSE BENEFIT PAYMENTS ARE INCREASING FASTER THAN REVENUES. UNDER HIS PLAN, THE TAX WOULD INCREASE FROM 5.85 PER CENT TO 6.15 PER CENT JAN. 1, 1977.

THE PRESIDENT SAID THE INCREASE WOULD COST NO MORE THAN \$1 A WEEK FOR EACH WORKER.

FORD'S PROPOSAL FOR REVISION OF THE MEDICARE PROGRAM IS DESIGNED TO PROVIDE PROTECTION AGAINST "CATASTROPHIC" HEALTH COSTS FOR ABOUT 24 MILLION ELDERLY AMERICANS WHO HAVE THE INSURANCE COVERAGE.

UNDER HIS PLAN, FORD SAID NO ONE WOULD HAVE TO PAY MORE THAN \$500 A YEAR FOR HOSPITAL AND NURSING BILLS AND NO ONE WOULD PAY MORE THAN \$250 ANNUALLY FOR DOCTOR FEES.

BUT HE ALSO PROPOSED SOME CHANGES IN THE METHOD OF FINANCING THE INSURANCE PROGRAM.

"THE SINGLE GREATEST THREAT TO THE QUALITY OF LIFE OF OLDER AMERICANS IS INFLATION," HE SAID. "OUR FIRST PRIORITY CONTINUES TO BE THE FIGHT AGAINST INFLATION."

FORD SAID THAT ALTHOUGH DOUBLE DIGIT INFLATION HAD BEEN CUT NEARLY IN HALF, THE RETIRED, LIVING ON FIXED INCOMES "HAVE BEEN PARTICULARLY HARD HIT AND THE PROGRESS WE HAVE MADE IN REDUCING INFLATION HAS NOT BENEFITED THEM ENOUGH."

"THE PARTICULAR VULNERABILITY OF THE AGED TO THE BURDENS OF INFLATION REQUIRES THAT SPECIFIC IMPROVEMENTS BE MADE IN TWO MAJOR FEDERAL PROGRAMS, SOCIAL SECURITY AND MEDICARE."

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Adv for Noon EST

Ford-Elderly ADD 340

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-To increase incentives to keep Medicare costs down, Ford recommended that patients pay a larger share of hospital and doctor bills - up to \$500 per year per patient for hospitals and skilled nursing services and \$250 per year for doctor bills. This would affect all Medicare patients.

-In another move to "slow down the inflation of health costs," and help finance catastrophic protection, Ford asked that increases in Medicare payment rates in 1977 and 1978 be limited to 7 per cent a day for hospitals and 4 per cent for physicians' services.

Under the Ford plan, patients would pay 10 per cent of hospital and nursing home charges after the first day, up to a maximum of \$500 a year. In addition, the amount they would be expected to pay for medical services before the government began sharing the costs would be increased to \$77 from \$60.

"The savings from placing a limit on increases in Medicare payments and some of the revenue from increased cost-sharing will be used to finance the catastrophic illness program," Ford wrote in his message.

He added that he felt his proposals would not only offer broad coverage of catastrophic illnesses but also "promote efficient utilization of services and moderate the increases in health care costs."

David Mathews, secretary of Health, Education and Welfare, told reporters at a briefing that the cost of the catastrophic illness protection would total between \$1.1 billion and \$1.4 billion annually.

At the signing ceremony, Ford said that "the value of the Social Security system is beyond challenge." But he said he was worried about the trust fund that finances Social Security benefits. He said his decision to recommend higher taxes was "very difficult."

Mathews told reporters the increase in Social Security taxes would total about \$4.4 billion annually.

Ford said the alternative to higher taxes would be a limitation on increases in benefits, which rise in proportion to living costs.

If the higher taxes are put into effect, he said, "Current income will be certain to either equal or exceed current outgo."

MORE

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Ford-Elderly ADD 180

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The President emphasized that his recommendations "will not affect cost-of-living increases and benefits after retirement, and will in no way alter the benefit levels of current recipients." But he said they would protect future generations "against unnecessary costs and excessive tax increases."

In arguing for moves to hold down increases in health care costs, Ford said that before the Medicare-Medicaid programs were initiated in 1966, per-person health expenditures for the aged came to \$445 a year. Just eight years later, he said, these outlays had risen to \$1,218, an increase of 174 per cent.

At the outset, the Ford message stated that "the single greatest threat to the quality of life of older Americans is inflation," and asserted that the administration gives first priority to fighting inflation.

While noting that living cost increases last year were reduced by nearly 50 per cent from 1974, Ford said that retired persons on fixed incomes have not benefited enough from the lower inflation rate. He contended his proposals would help in that respect.

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Adv for Noon EST

Ford-Elderly 330

By FRANK CORMIER

Associated Press Writer

WASHINGTON AP - President Ford formally asked Congress today for a multibillion dollar boost in Social Security taxes, new catastrophic illness insurance for older Americans and larger contributions by Medicare patients to finance hospital and doctor bills.

Ford has said the proposed tax increase would cost each employee who pays Social Security taxes less than \$1 a week. The maximum increase for a worker would be \$49, raising the total maximum tax for that worker to \$1,014 in 1977. The tax hike would raise approximately \$4.4 billion during the 1977 calendar year.

In his message to Congress, the President recommended that Medicare patients pay up to \$500 per year for hospital care and skilled nursing services and \$250 per year for doctor bills. He also called for a limit on Medicare payment rates in 1977 and 1978 for both hospital and physician services.

All the proposals outlined in Ford's special message were announced Jan. 19 in the President's State of the Union address. But Ford took the occasion of signing the message during an Oval Office ceremony to declare that older Americans "have earned the right to live securely, comfortably and independently."

The ceremony came exactly one month in advance of the Florida presidential primary, in which Ford will be vying for the votes of thousands of retired people in that state.

Here are key elements in the President's request for new legislation:

- To bolster the Social Security trust fund, now paying out more than it takes in, the President asked that payroll taxes paid by employees and employers be increased by three-tenths of 1 per cent each. This increase will cost no worker more than \$1 a week, and most will pay less, Ford wrote.

- To protect Medicare beneficiaries against catastrophic medical bills, the President asked Congress to provide full coverage "for unlimited days of hospital and skilled nursing facility care," a more generous system than is now offered but one that would help only the minority of older people who need it.

MORE

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BENEFITS 2-9

1ST ADD BENEFITS WASHINGTON A099 XXX MEDICARE."

"I STRONGLY REAFFIRM MY COMMITMENT TO A STABLE AND FINANCIALLY STRONG SOCIAL SECURITY SYSTEM," FORD SAID.

HE SAID "TO HELP PROTECT OUR RETIRED AND DISABLED CITIZENS AGAINST THE HARDSHIPS OF INFLATION," HIS BUDGET REQUEST INCLUDES A FULL COST OF LIVING INCREASE IN SOCIAL SECURITY BENEFITS, TO BE EFFECTIVE WITH CHECKS RECEIVED IN JULY, 1976.

TO AVOID SERIOUS, FUTURE FINANCING PROBLEMS, FORD SAID LATER THIS YEAR HE WILL PROPOSE A CHANGE IN THE SOCIAL SECURITY FORMULA WHICH DETERMINES THE BENEFITS FOR WORKERS WHO RETIRE .

HE SAID THE CURRENT FORMULA DOES NOT PROPERLY REFLECT WAGE AND PRICE FLUCTUATIONS AND "THIS IS AN INADVERTENT ERROR WHICH COULD LEAD TO UNNECESSARILY INFLATED BENEFITS."

HE SAID THE PROTECTION AGAINST CATASTROPHIC ILLNESS COULD BE ACCOMPLISHED BY:

-- EXTENDING MEDICARE BENEFITS BY PROVIDING COVERAGE FOR UNLIMITED DAYS OF HOSPITAL AND SKILLED NURSING FACILITY CARE FOR BENEFICIARIES.

-- LIMITING THE OUT-OF-POCKET EXPENSES OF BENEFICIARIES FOR COVERED SERVICES TO \$500 PER YEAR FOR HOSPITAL AND SKILLED NURSING SERVICES AND \$250 PER YEAR FOR PHYSICIAN AND OTHER NON-INSTITUTIONAL MEDICAL SERVICES.

FORD SAID MORE STEPS ARE NEEDED TO SLOW DOWN THE INFLATION OF HEALTH COSTS AND TO HELP FINANCE HIS CATASTROPHIC PROTECTION.

THEREFORE, HE SAID HE WAS RECOMMENDING THAT CONGRESS LIMIT INCREASES IN MEDICARE PAYMENT RATES IN 1977 AND 1978 TO 7 PER CENT A DAY FOR HOSPITALS AND 4 PER CENT FOR PHYSICIAN RATES.

UNDER FORD'S PLAN, A PATIENT WOULD CONTINUE TO PAY UP TO \$104 FOR THE FIRST DAY OF A HOSPITAL STAY BUT THEN 10 PER CENT OF ADDITIONAL CHARGES UP TO \$500.

IN ADDITION, HE IS RECOMMENDING THAT THE EXISTING DEDUCTIBLE FOR MEDICAL SERVICES BE INCREASED FROM \$60 TO \$77 ANNUALLY.

UPI 02-09 11:13 AES



Bob Hartmann

TALKING POINTS

PRESIDENTIAL MESSAGE ON THE AGING

MONDAY, FEBRUARY 9, 1976



TODAY I AM SENDING A MESSAGE TO THE CONGRESS
THAT EXPRESSES MY CONFIDENCE AND SUPPORT OF
OLDER AMERICANS, MY DEEP CONCERN ABOUT THE PROBLEMS
OF AGING, AND MY PROPOSALS FOR DEALING WITH SOME OF THEM.

SOCIETY OWES A DEBT OF GRATITUDE TO ALL
OLDER PERSONS WHO HAVE WORKED HARD AND CONTRIBUTED
TO OUR NATION'S PROGRESS. OLDER AMERICANS CONTINUE
TO ENRICH OUR LIVES WITH THEIR VISION, STRENGTH AND
EXPERIENCE. THEY HAVE EARNED THE RIGHT TO LIVE
SECURELY, COMFORTABLY AND INDEPENDENTLY.

THE PROPOSALS I AM SENDING TO THE CONGRESS
TODAY OFFER SIGNIFICANT IMPROVEMENTS IN THE QUALITY
OF LIFE OF OLDER AMERICANS.

WE ALL HAVE A STAKE IN FIGHTING INFLATION.
BUT OLDER AMERICANS LIVING ON FIXED INCOMES ARE
ESPECIALLY HARD HIT.

I PLEDGE TO CONTINUE THE FIGHT AGAINST INFLATION.

TO PROVIDE SPECIAL RELIEF TO THE ELDERLY, I AM REQUESTING

IN MY BUDGET FOR FISCAL YEAR 1977 THAT THE FULL COST OF

LIVING INCREASE IN SOCIAL SECURITY BENEFITS BE PAID

DURING THE COMING YEAR.

THE VALUE OF THE SOCIAL SECURITY SYSTEM
IS BEYOND CHALLENGE.

I AM CONCERNED ABOUT THE INTEGRITY OF THE
SOCIAL SECURITY TRUST FUND THAT ENABLES PEOPLE TO COUNT
ON THIS SOURCE OF RETIREMENT INCOME. I AM CONCERNED
BECAUSE THE SYSTEM NOW PAYS OUT MORE IN BENEFITS
THAN IT RECEIVES IN TAX PAYMENTS.

TO PREVENT A RAPID DECLINE IN THE TRUST FUND
OVER THE NEXT FEW YEARS, I HAD TO MAKE A DIFFICULT DECISION.
I AM PROPOSING A SMALL PAYROLL TAX INCREASE OF THREE-TENTHS
OF A PERCENT EACH FOR EMPLOYEES AND EMPLOYERS OF COVERED
WAGES. THE ALTERNATIVE WOULD HAVE BEEN TO LIMIT THE
EXPECTED INCREASES IN RETIREMENT AND DISABILITY BENEFITS.

THIS PROPOSED TAX INCREASE WILL HELP STABILIZE
THE TRUST FUND SO THAT CURRENT AND FUTURE RECIPIENTS
WILL BE ASSURED OF RECEIVING THE BENEFITS THEY ARE
ENTITLED TO.

I AM ALSO VERY CONCERNED ABOUT THE EFFECT OF
CATASTROPHIC ILLNESS. I WANT TO LIGHTEN THE FINANCIAL
BURDEN WHICH NOW STRIKES AFTER PROLONGED HOSPITALIZATION
WHEN THE ELDERLY AND THEIR FAMILIES CAN LEAST AFFORD IT.
THEREFORE, I AM PROPOSING CATASTROPHIC HEALTH INSURANCE
FOR THE MORE THAN 24 MILLION AGED AND DISABLED AMERICANS
PROTECTED BY MEDICARE.



NO ONE WHO IS COVERED BY MEDICARE WOULD HAVE
TO PAY MORE THAN 500 DOLLARS A YEAR FOR COVERED HOSPITAL
OR NURSING HOME CARE. NO ONE WHO IS COVERED BY
MEDICARE WOULD HAVE TO PAY MORE THAN 250 DOLLARS FOR
ONE YEAR'S DOCTORS' BILLS.

BENEFICIARIES AND THEIR PHYSICIANS NOW HAVE
LITTLE INCENTIVE TO LIMIT THE DURATION OF HOSPITALIZATION
FOR LESS SERIOUS CONDITIONS.

TO ENCOURAGE ECONOMIC USE OF COVERED HEALTH
SERVICES, I AM ALSO PROPOSING CHANGES IN THE COST SHARING
REQUIREMENTS. AS UNDER THE CURRENT SYSTEM,
A BENEFICIARY WHO IS IN THE HOSPITAL WILL PAY 104
DOLLARS FOR THE FIRST DAY OF SERVICES.

IN ADDITION HE OR SHE WILL PAY 10 PERCENT OF ADDITIONAL
CHARGES UP TO AN ANNUAL MAXIMUM OF 500 DOLLARS.

FOR COVERED PHYSICIANS' SERVICES MY PROPOSAL WOULD INCREASE
THE ANNUAL DEDUCTIBLE FROM 60 DOLLARS TO 77 DOLLARS AND
WOULD CONTINUE THE CURRENT 20 PERCENT COST SHARING.

TO HELP FINANCE THE ADDED PROTECTION,
I AM PROPOSING TO LIMIT MEDICARE REIMBURSEMENT RATES
TO 7 PERCENT FOR HOSPITAL SERVICES AND 4 PERCENT
FOR PHYSICIANS' SERVICES.

THESE PROPOSALS ARE OF PARTICULAR IMPORTANCE
IN ACHIEVING MY GOAL OF HELPING ALL AMERICANS LIVE IN
DIGNITY, SECURITY AND GOOD HEALTH. I HOPE YOU WILL JOIN
IN EFFORTS TO SECURE CONGRESSIONAL PASSAGE OF THESE
PROPOSALS.

WE MUST SHOW OUR COMMITMENT TO A CAUSE
THAT IS TOO OFTEN NEGLECTED -- THE DIGNITY AND WELL-BEING
OF AMERICA'S OLDER GENERATION.

END OF TEXT

EMBARGOED FOR RELEASE
UNTIL 12:00 NOON (EST)

February 9, 1976
(Corrected
February 10, 1976)

Office of the White House Press Secretary

THE WHITE HOUSE

FACT SHEET

THE PRESIDENT'S MESSAGE ON OLDER AMERICANS

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THE PRESIDENT'S MESSAGE ON OLDER AMERICANS

The President's message to Congress today referred to two proposals dealing with income and health security for the aged and stated his continuing support for programs delivering services to the elderly under the Older Americans Act.

I. SOCIAL SECURITY AMENDMENTS OF 1976

To assist in protecting the financial integrity of the Social Security system, the President is proposing to increase the Social Security Old Age, Survivors and Disability Insurance (OASDI) tax rate by 0.3 percent each for employers and employees, and by 0.9 percent for the self-employed, beginning January 1, 1977. This increase would be divided between the OASI trust fund, which would receive 0.175 percent, and the DI trust fund, which would receive 0.125 percent.

In addition, provisions are included to phase out benefits for 18-22 year old full-time students, to change the Social Security retirement test from a limit on monthly earnings to a limit on annual earnings with no change in the amounts involved, and to eliminate the payment of monthly Social Security benefits for the months before a person files a claim if future monthly benefits would be permanently reduced as a result.

BACKGROUND

The Old Age, Survivors and Disability Insurance (OASDI) trust funds are paying out more in benefits than their current payroll tax receipts. This is largely due to increased benefits in the past few years and payroll tax receipts, which have lagged because of unemployment and slowed wage growth.

In 1975, the expenditures of the OASDI program exceeded income to the program by \$1.8 billion. Outgo is expected to exceed income by more than \$4 billion in 1976. Under present tax rates, the OASDI funds will continue to pay out more than they take in in all subsequent years until they are exhausted in the 1980's.

At present, it is possible to make up the shortfall in income by spending assets of the trust funds. Additional income is needed within the next few years, however, to prevent the trust fund assets from falling below an acceptable level -- and ultimately being exhausted.

The following table illustrates the projected status of the combined OASDI trust funds under two different sets of economic assumptions if no additional revenue is provided to the funds:

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Status of OASDI Trust Funds--Present Law
(Dollars in billions)

1977 Budget Assumptions			1975 Social Security Trustees Report Assumptions		
Calendar Year	Assets beginning of year		Assets beginning of year		
	Income Minus Outgo	as % of outgo during year	Income Minus Outgo	as % of outgo during year	
1977	\$-4.1	46%	\$-5.0	44%	
1978	-4.3	37	-5.8	33	
1979	-3.4	29	-6.2	25	
1980	-2.6	24	-7.0	18	
1981	-2.0	20	-9.0	11	

To prevent the rapid decline of the Social Security trust funds over the next few years, the choices are either to restrain increases in retirement and disability benefits or to increase revenues.

DESCRIPTION OF PROGRAM

The President has included a full cost of living increase in Social Security benefits in his FY 1977 budget. To improve the future financial stability of the Social Security system, the President proposed, effective January 1, 1977, a payroll tax increase of 0.3 percent each for employees and employers of covered wages. Also, the OASDI tax rate for the self-employed would be restored to a level equal to 1-1/2 times the employee rate.

The current Social Security tax rate is 5.85% for each employee and employer of covered wages. Under this proposal, the tax rate in 1977 would be 6.15% on a maximum wage base of \$16,500. This increase will cost workers with the maximum taxable income less than \$1 a week and will help stabilize the trust funds so that current and future recipients can be assured of the benefits that they have earned.

The following table shows the Social Security tax rates for employees and employers each under present law and under the proposal. It includes the Medicare Hospital Insurance (HI) tax in order to show the effect of the proposal on total Social Security* tax rates.

Social Security Tax Rates

Calendar Year	Present Law			Proposal		
	OASDI	HI	Total	OASDI	HI	Total
1976	4.95%	.9 %	5.85%	4.95%	.9 %	5.85%
1977	4.95	.9	5.85	5.25	.9	6.15
1978--80	4.95	1.1	6.05	5.25	1.1	6.35
1981--85	4.95	1.35	6.30	5.25	1.35	6.60
1986--2010	4.95	1.50	6.45	5.25	1.50	6.75
2011+	5.95	1.50	7.45	6.25	1.50	7.75

more

The following table shows the additional income, over what would be produced by present law tax rates, and the ratios of trust fund assets to outgo that would result from the proposed 0.3% rate increase. For purposes of comparison, the information is shown on the basis of the economic assumptions used in the 1977 budget and also on the basis of the earlier assumptions used in the 1975 Social Security Board of Trustees' Report.

Cost Effect of 0.3% Increase
(Dollars in billions)

Calendar Year	1977 Budget Assumptions		1975 Trustees Assumptions	
	Additional Income	Assets beginning of year as % of outgo during year	Additional Income	Assets beginning of year as % of outgo during year
1977	\$ 4.4	46%	\$ 4.4	44%
1978	5.2	41	5.2	39
1979	5.9	39	5.7	36
1980	6.5	38	6.3	34
1981	7.1	40	6.9	32

The effect of the proposal on taxes paid by employers and employees is at maximum an increase of less than \$1.00 per week. The following table shows the taxes paid by employees at various earnings levels in 1976 and the amounts they would pay in 1977 under present law and under the proposal.

Social Security Taxes for Employers and Employees,
Each, under Present Law and under the Proposal

Earnings Level	1976		1977		Year's Increase over Present Law
		Present Law		Proposal	
\$ 5,000	\$292.50	\$292.50	\$ 307.50		\$15.00
7,500	438.75	438.75	461.25		22.50
10,000	585.00	585.00	615.00		30.00
Maximum ¹ / ₂	895.05	965.25	1,014.75		49.50

The following table shows the Social Security tax rates for OASDI for employees and employers, each, and for the self-employed under the present law and under the proposal.

Calendar Year	Employees and Employers (Each)		Self-Employed	
	Present Law	Proposal	Present Law	Proposal
1976	4.95%	4.95%	7.0%	7.9%
1977	4.95	5.25	7.0	7.9
1978-80	4.95	5.25	7.0	7.9
1981-85	4.95	5.25	7.0	7.9
1986-2010	4.95	5.25	7.0	7.9
2011 +	5.95	6.25	7.0	9.4

¹/₂ \$15,300 for 1976; projected to increase automatically under present law to \$16,500 for 1977 under 1977 budget assumptions.

more

The following table shows present and proposed allocation to the DI trust fund for employees and employers combined and for the self-employed.

<u>Calendar Year</u>	<u>Employees and Employers, Combined</u>		<u>Self-Employed</u>	
	<u>Present Law</u>	<u>Proposal</u>	<u>Present Law</u>	<u>Proposal</u>
1977	1.15%	1.40%	0.815%	1.055%
1978--80	1.20	1.45	0.850	1.090
1981-85	1.30	1.55	0.920	1.165
1986--2010	1.40	1.65	0.990	1.240
2011+	1.70	1.95	1.000	1.465

COST EFFECT

The following table shows the additional income, over what would be produced by present law tax rates, that would result from the proposed 0.3% rate increase, on the basis of the economic assumptions used in the 1977 budget.

<u>Calendar Year</u>	<u>Additional Income as a Result of 0.3% Increase (billions)</u>
1977	\$ 4.5
1978	5.7
1979	6.3
1980	7.0
1981	7.7
1977-81	31.2

The following table shows the yearly increase under the proposed 0.9 percent rate increase for the self-employed on the basis of the economic assumptions used in the FY 1977 budget.

OASDHI Taxes for the Self-Employed
under Present Law and under a Proposal
to Increase the Rate to 1.5 Times the Employee Rate

<u>Earnings Level</u>	<u>1976</u>	<u>1977</u>		<u>Increase Over Present Law</u>
		<u>Present Law</u>	<u>Proposal</u>	<u>Present Law</u>
\$ 5,000	\$ 395.00	\$ 395.00	\$ 440.00	\$ 45.00
7,500	592.50	592.50	660.00	67.50
10,000	790.00	790.00	880.00	90.00
Maximum <u>2/</u>	1,208.70	1,303.50	1,452.00	148.50

OTHER PROVISIONS INCLUDE:

--- Phasing out Social Security benefits for students aged 18-22 who are in school full time. The phase out would occur over 4 years so that no student now receiving benefits would be eliminated. Federal student grant and loan programs and other student assistance programs enacted since the student benefit was included in the Social Security Act provide and

2/ \$15,300 for 1976; projected to increase automatically to \$16,500 for 1977 under 1977 Budget assumptions.

make available a wide range of funds for educational support. Savings to the Social Security system from this phase out are approximately \$300 million in FY 1977.

--- Changing the Social Security retirement test from a limit on monthly earnings to a limit on annual earnings with no change in the amounts involved. This change would eliminate current inequitable treatment for those who receive earnings in some months but not in others, as opposed to those who receive comparable earnings spread equally in each month.

--- Eliminating the payment of monthly Social Security benefits for the months before a person files a claim if future monthly benefits would be permanently reduced as a result. Faced with a choice between a large lump-sum payment and a reduction of future benefits, beneficiaries in many cases prejudice their longer run income. This result is considered inconsistent with the purposes of the Social Security Act.

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II. MEDICARE IMPROVEMENTS OF 1976

The President is proposing significant modifications in the Federal Medicare program to provide catastrophic health cost protection to Medicare beneficiaries, changes in cost sharing requirements, and limits on the annual cost increases which will be reimbursed by Medicare.

BACKGROUND

The Nation's health care system continues to be one of the most inflationary sectors of the economy. Hospital costs have risen by more than 200 percent since 1965 (from \$40/day to \$128/day), and physicians' fees have risen more than 85% in the same period. Both rates of increase are significantly higher than the corresponding increases in the consumer price index.

Medicare is a major component of Federal health spending. It provides protection to more than 24 million aged and disabled Americans, and is expected to pay out more than \$17 billion for health care in 1976. However, Medicare has several failings --- it does not provide protection against the catastrophic financial burden of extended illness, and it does not include adequate restraints on the increases in the costs of health care.

For hospital care, Medicare currently pays nothing for the first day, 100% of costs from the 2nd through the 60th day, a reduced percentage through the 150th day, and nothing at all after that. This pattern serves to lengthen short-term hospital stays, but can lead to financial ruin for persons suffering serious, extended illness. Medicare also requires a \$60 deductible and co-payments of 20% for physicians' services. Since there is no annual maximum, this provision contributes to the financial burden of catastrophic health costs.

An additional problem with Medicare is that it contains inadequate mechanisms to control health inflation. Like most health insurance plans, it reimburses largely on the basis of actual costs or customary charges giving providers insufficient cause to seek to limit cost increases.

DESCRIPTION OF PROGRAM

The major elements of the proposed "Medicare Improvements of 1976" are the following:

A. Catastrophic Cost Protection for Health Care

For the first time, Medicare beneficiaries would be provided protection against catastrophic health costs by limiting the amounts an individual must pay annually to \$500 for covered hospital and nursing home care and \$250 for covered physicians' services. These limits will be allowed to increase in future years in proportion to increases in cash benefits.

B. Cost Sharing Modifications

--- Hospital Costs (Part A). Part A benefits would be expanded to provide unlimited hospital and skilled nursing facility (SNF) days. Under this proposal, beneficiaries would be required to pay a deductible for the first day of a hospital stay (as under current law), and 10% of additional charges up to an annual maximum of \$500 for all covered Part A services.

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-- Physicians' Services (Part B). This proposal would increase the current annual deductible of \$60 to \$77 and maintain the existing co-payment of 20% for physicians' services. However, it would institute a maximum of \$250 a year. The deductible would increase with Social Security benefit increases. It would also establish a coinsurance of 10% of all charges above the deductible for all hospital-based physician and Part B home health charges.

C. Reimbursement Limits

Annual Medicare reimbursement increases would be limited to 7% for Part A provided per diem or per visit costs and 4% for physicians' service charges in 1977 and 1978.

Detailed Explanation

A. CATASTROPHIC PROTECTION

<u>Service</u>	<u>Current Law</u>	<u>President's Proposal</u>
Part A	No maximum liability limit on out-of-pocket expenses for covered services.	\$500 annual maximum liability limit for all covered services in 1976 and 1977, increased in future years in proportion to increases in cash benefits. All out-of-pocket expenses incurred in the last month of calendar year can be carried forward to next year.
Part B	No maximum liability limit on out-of-pocket expenses for covered services.	\$250 annual maximum liability limit for all covered services in 1977, increased in future years in proportion to increases in cash benefits. Same one month carry-over as Part A. Out-of-pocket expenses for charges in excess of reasonable charges do not count toward the maximum liability limit.

B. BENEFIT PACKAGE

1. Medicare Part A

<u>Service</u>	<u>Current Law</u>	<u>President's Proposal</u>
a. Hospital days (except in psychiatric hospitals)	90 days per benefit period plus 60 days of life-time reserve.	Unlimited days.

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b. Psychiatric hospital days.	190 lifetime days.	Same as current law.
c. Skilled nursing facility (SNF) days.	100 days per benefit period.	Unlimited days.
d. Post-hospital home health visits.	100 visits per benefit period following hospital or SNF discharge.	100 visits in year following hospital or SNF discharge.

2. Medicare Part B

No change in current coverage which has no upper limits on most covered services.

Home health services would continue to be limited to 100 visits per year and outpatient psychiatric services to no more than \$500 of reasonable charges per year and out-patient physical therapy services provided by a self-employed therapist to no more than \$100 in reasonable charges per year.

C. COST SHARING

1. Medicare Part A

<u>Service</u>	<u>Current Law</u>	<u>President's Proposal</u>
a. Hospital Services		
Deductible	\$104 for initial hospitalization in each benefit period beginning in 1976 (based on average daily hospital costs in 1974) and rising annually to reflect increases in hospital costs.	\$104 per admission, and allowed to rise annually. Deductible waived if Medicare covered inpatient services were received within 60 days prior to admission.
Coinsurance	An amount equal to 1/4 of the deductible for days 61-90 in a benefit period and 1/2 of the deductible for the 60 lifetime reserve days.	10% of hospital charges above the deductible.
b. SNF Services		
Deductible	None	None
Coinsurance	None for the first 20 days. An amount equal to 1/8 of the hospital deductible for days 21-100.	10% of charges.

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<u>Service</u>	<u>Current Law</u>	<u>President's Proposal</u>
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c. Home Health Services

Deductible	None.	None.
Coinsurance	None.	10% of charges.

d. Blood

Deductible	3 pints per benefit period.	3 pints per year.
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2. Medicare Part B

<u>Service</u>	<u>Current Law</u>	<u>President's Proposal</u>
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a. Physician, outpatient hospital care, outpatient physical therapy and speech pathology, laboratory services, medical supplies and most other covered services.

Deductible	\$60 per calendar year.	\$77 in 1977, and increased in future years in proportion to increases in cash benefits.
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Coinsurance	20% of reasonable charges above the deductible.	Same.
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b. Hospital-based physicians (inpatient pathology and radiology)

Deductible	None.	None.
Coinsurance	None.	10% of charges.

c. Home Health Services

Deductible	Included among services subject to \$60 per calendar year deductible.	Included among services subject to \$77 deductible in 1977.
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Coinsurance	None.	10% of charges.
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<u>Service</u>	<u>Current Law</u>	<u>President's Proposal</u>
d. Outpatient psychiatric services.	50% of reasonable charges (up to maximum reimbursement of \$250).	Same as current law.

D. PROVIDER REIMBURSEMENT

<u>Provider</u>	<u>Current Law</u>	<u>President's Proposal</u>
Hospitals, SNF's and home health agencies.	Reimbursed on the basis of reasonable costs. (Level of reimbursement for hospital per diem routine costs is limited to the 80th percentile of the per diem routine costs of similar hospitals.)	Places a 7% reimbursement limitation on the annual <u>rates of increases</u> in per diem hospital and SNF costs and home health visit costs.*
Physicians and other medical services.	Reimbursed on the basis of customary and prevailing charges. (Rates of increase in prevailing charges are limited by an economic index reflecting practice costs and earnings levels in the economy.)	Limits reimbursable increases in reasonable charges (the lesser of the customary and prevailing charges) to 4 percent per year.*

* Both the 7% cost and 4% charge increase limitations are proposed for two years pending the development of a longer run cost containment policy.

E. COST ESTIMATES

The following are the estimated cost increases attributable to the new catastrophic protection and the cost savings attributable to reforms in cost sharing and limits in reimbursement. The additional costs are estimated to range between \$1.1 billion and \$1.4 billion. The cost sharing reform is estimated to save about \$1.8 billion and the reimbursement limits to save about \$900 million. The savings from placing a limit on increases in medicare repayment rates and some of the revenues from increased cost sharing will be used to finance the catastrophic program.

Costs

FY 77 (in millions of dollars)

1. Catastrophic protection

a. Hospital Insurance

--- Initial estimate of cost of \$500 limit in FY 77 budget.

* +330

more

<u>Costs</u>	<u>FY 77 (in millions of dollars)</u>
-- Additions based on refinement of cost of \$500 limit.	+590 to 890
b. Supplementary Medical Insurance	
-- \$250 limit	+208*
<u>Total Cost</u>	+\$1,128 to \$1,428

* Shown in President's budget request.

<u>Savings</u>	<u>FY 77 (in millions of dollars)</u>
1. <u>Cost Sharing Reforms</u>	
a. Hospital Insurance	
-- 10% coinsurance	(-)1,730*
b. Supplementary Medical Insurance	
-- Dynamic deductible (\$77)	(-) 111*
-- Coinsurance on hospital based physicians and Part B home health services	(-) 19*
Subtotal	(-)1,860*
2. <u>Reimbursement limits</u>	
a. Hospital Insurance	
-- limited to 7% per diem increase	(-)730*
b. Supplementary Medical Insurance	
-- limited to 4% charge increase	(-)179*
Subtotal	(-)909*

Total Savings (-)\$1,641 to (-)\$1,341

*Shown in President's budget request.

F. NUMBER OF PERSONS COVERED, FY 77

<u>Service</u>	<u>Current Law</u>	<u>President's Proposal</u>
<u>Part A</u>		
Enrollees	24,900,000	Same
Users	5,900,000	Same
Users Assisted by \$500 limit	NA	1,200,000
<u>Part B</u>		
Enrollees	24,600,000	Same
Users meeting the deductible	14,200,000	12,200,000
Users Assisted by \$250 limit	NA	2,000,000

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III. OLDER AMERICANS ACT

The Older Americans Act was initially enacted in 1965 and has been subsequently amended in 1967, 1969, 1972, 1973, 1974, and the most recent amendments were signed into law by the President in November, 1975.

BACKGROUND

The major objective of the Older Americans Act is to bring into being a system of coordinated comprehensive services at the community level designed to enable older persons to live independent lives in their own homes or other places of residence and to participate in the life of their community. To achieve this objective, the Older Americans Act provides authorization for a national network on aging. This national network is composed of a State Agency on Aging in each State and Territory and the District of Columbia, 489 Area Agencies on Aging, 700 nutrition projects and the advisory committees to the State and Area Agencies on Aging and the nutrition projects.

DESCRIPTION OF ACT

Major sections of the Act designed to achieve the Act's overall objective include:

Title III: Provides support to State Agencies on Aging and through them, Area Agencies on Aging for the development of coordinated comprehensive service systems designed to enable older persons to live in their own homes or other places of residence.

This Title provides funds (1) for the support of State Agencies on Aging and (2) for the support of Area Agencies on Aging and social services provided by those agencies.

States receive funds under Title III on a formula basis based upon approval by the Commissioner on Aging of an annual State Plan submitted by the Governor.

Primary emphasis is placed on meeting the needs of low income and minority older persons. Prior to submitting the annual State Plan, the State must hold a public hearing on it. The State Plan designates within the State planning and service areas and identifies those areas in which Area Agencies on Aging will be established. Currently, States have identified 585 such planning and service areas and indicated that 489 Area Agencies will be in operation.

The Area Agencies, which may be public or private organizations receive their funds from the State Agencies on Aging based on an annual area plan approved by the State Agency. A public hearing must be held on this plan before it can be submitted to the State.

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The States must utilize at least 20% of their Title III funds for four national priority services: transportation, home care, legal services, and home repair. In addition, as additional resources become available under Title III States must use 50% of the new funds for the priority services. This requirement will no longer be operative when the States reach the point where they are utilizing 33-1/3% of their funds for these four priority services.

Section 308 of Title III provides for a model projects program designed to demonstrate new or innovative means of meeting the needs of older persons. This section of the law is administered directly by the Administration on Aging.

Title VII: Provides funds to the States for the operation of nutrition programs designed to provide hot, nutritious meals in congregate settings to older persons.

States receive funds for this program on a formula basis after the Commissioner on Aging has approved their annual State Plan submitted by the Governor. Primary emphasis is placed on meeting the needs of low income and minority older persons. Currently this program provides support for 700 nutrition projects that serve approximately 300,000 meals a day, five days a week, at over 4900 community sites located in churches, senior centers, and schools.

Eighty seven percent of these meals are provided in congregate settings; 13% are home delivered. More than 60,000 volunteers provide their assistance to this program.

Surplus commodities are contributed to the program at the rate of fifteen cents a meal during this Fiscal Year. This rate will increase to 25¢ a meal in Fiscal Year 1977.

An important provision in the 1975 amendments to the Act authorizes State or Area Agencies on Aging to enter into agreements for the purpose of meeting the common needs for transportation services of older persons and other segments of the population.

Several other recent actions have taken place designed to help meet these transportation needs.

- The Administration on Aging and the Department of Transportation have entered into a working agreement which has resulted and will continue to result in improved coordination of transportation services for older persons.
- \$20.8 million of Fiscal Year 1975 Urban Mass Transportation Administration funds were allotted for capital assistance grants to nonprofit corporations and organizations to serve the transportation needs of older persons and the handicapped. The Department of Transportation will release \$22 million for this purpose in Fiscal Year 1976.

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- Approximately 45 projects in 31 States have been selected under the Rural Highway Public Transportation Demonstration Program in Fiscal Year 1975. A major criterion for project selection is that the projects be adaptable to the needs of older persons and the handicapped.
- The first formula allotments have been made to the States under the Section 5 Capital Assistance Formula Grant Program of the National Mass Transportation Act of 1974. A section of the Act specifies that recipients of funds must provide for reduced fares for the elderly and the handicapped.

The Administration on Aging has made awards to 47 State Agencies on Aging for the purpose of promoting and developing ombudsman services for residents of nursing homes. The objective of these services is to establish a process at the community level which will be responsive to complaints from residents or relatives of older persons in Skilled Nursing Facilities and Intermediate Care Facilities. Activities are now underway at the State and local levels to achieve this purpose. The 1975 amendments to the Act authorize the Administration on Aging to continue such programs.

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OLDER AMERICANS MONTH, 1976

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A PROCLAMATION

The past few years have reminded us of the much needed lesson that we must preserve our precious natural resources. The collective wisdom, experience, and productive abilities of our older citizens are among our greatest natural resources.

We are becoming more aware of the importance of the contributions our older workers have made in the past. And we are increasing our efforts to ensure that our older citizens have the opportunity for security of income, maintenance of health, and continuing usefulness. The Bicentennial Charter for Older Americans prepared by the Federal Council on ^{Aging} ~~Again~~ describes those ~~Rights~~ and ~~Obligations~~.

Respect for our older citizens is important. The opportunities we give them to take pride in themselves is no less important.

The job market and volunteer service provide some of the best opportunities for ^{benefiting from} ~~utilizing~~ the resources possessed by Older Americans. Unfortunately, older and even middle-aged workers are too often the victims of myths and prejudices regarding their capabilities. Our society needs the know-how, experience, judgment, and eagerness these solid citizens bring to the job.

NOW, THEREFORE, I, GERALD R. FORD, President of the United States of America, do hereby designate the month of May, 1976, as Older Americans Month.

I urge all organizations concerned with employment and volunteer service to observe this month with appropriate ceremonies, activities, and programs designed to increase employment and volunteer opportunities for older persons. Such programs should include public forums for discussion of the Bicentennial Charter for Older Americans.

I ask all Americans to reflect upon the achievements and the needs of our older citizens and to do all in their power to make these years something to welcome.

IN WITNESS WHEREOF, I have hereunto set my hand this day of , in the year of our Lord nineteen hundred seventy-six, and of the Independence of the United States of America the two hundredth.

FEBRUARY 9, 1976

OFFICE OF THE WHITE HOUSE PRESS SECRETARY

THE WHITE HOUSE

REMARKS OF THE PRESIDENT
AT THE SIGNING CEREMONY
OF THE
OLDER AMERICANS MESSAGE

THE OVAL OFFICE

10:05 A.M. EST

Today I am sending a Message to the Congress that expressed my confidence and support of older Americans, my very deep concern about the problems of the aging and my proposals for dealing with the problems involving them. Society owes a very deep debt of gratitude to all older persons who have worked hard and contributed significantly to our Nation's progress.

Older Americans continue to enrich our lives with their vision, strength and experience. They have earned the right to live securely, comfortably and independently. The proposals that I am sending to the Congress offer significant improvements in the quality of life for all older Americans.

We all have a great stake in fighting inflation, but older Americans living on fixed incomes are especially hard hit. I pledge to continue the fight against inflation, to provide special relief to the elderly.

I am requesting in my budget for fiscal year 1977 that the full cost of living increase in Social Security benefits are paid during the coming year. The value of the Social Security system is beyond challenge. I am concerned, however, about the integrity of the Social Security Trust Fund that enables people to count on this source of retirement income. I am concerned because the system now pays out more in benefits than it receives in tax payments.

To prevent a rapid decline in the Trust Fund over the next few years I had to make a very difficult decision. I am proposing a small payroll tax increase of three-tenths of one percent each for employees as well as employers of covered wages. The alternative would have been to limit expected increases in retirement and disability payments. This proposed tax increase will help to stabilize the Trust Fund so that current and future recipients will be fully assured of receiving the benefits they are entitled to.

MORE

I am also very concerned about the effect of catastrophic illnesses. I want to lighten the financial burden which now strikes after prolonged hospitalization -- when the elderly and their families can least afford it. Therefore, I am proposing catastrophic health insurance for the more than 24 million Americans and disabled Americans protected by Medicare.

No one who is covered by Medicare would have to pay more than \$500 a year for covered hospitalization or nursing home care. No one who is covered by Medicare would have to pay more than \$250 for one year's doctor bills. Beneficiaries and their physicians now have little incentive to limit the duration of hospitalization for less serious conditions.

To encourage economic use of covered health services I am also proposing changes in cost sharing arrangements. As under the current system, a beneficiary who is in the hospital will pay \$104 a day for the first day of hospital services. In addition, he or she will pay ten percent of additional charges up to an annual maximum of \$500. For covered services my proposal would increase the annual deductible from \$60 to \$77 and would continue the current 20 percent cost sharing.

To help finance the added protection, I am proposing to limit Medicare reimbursement rates to 7 percent for hospital services and 4 percent for physician services. These proposals are of particular importance in achieving my goal of helping all Americans live in dignity, security and good health.

I hope you will join me in efforts to secure Congressional passage of these important proposals.

We must show our commitment to a cause that is often too long neglected--the dignity and well-being of America's older generations.

I will now sign the Messages to the Congress -- one to the House and one to the Senate urging that they undertake the enactment of this necessary legislation.

Thank you very much.

END

(AT 10:20 A.M. EST)

EMBARGOED FOR RELEASE
UNTIL 12 P.M. (EST)
MONDAY, FEBRUARY 9, 1976

February 9, 1976

Office of the White House Press Secretary

THE WHITE HOUSE

TO THE CONGRESS OF THE UNITED STATES:

I ask the Congress to join with me in making improvements in programs serving the elderly.

As President, I intend to do everything in my power to help our nation demonstrate by its deeds a deep concern for the dignity and worth of our older persons. By so doing, our nation will continue to benefit from the contributions that older persons can make to the strengthening of our nation.

The proposals being forwarded to Congress are directly related to the health and security of older Americans. Their prompt enactment will demonstrate our concern that lifetimes of sacrifice and hard work conclude in hope rather than despair.

The single greatest threat to the quality of life of older Americans is inflation. Our first priority continues to be the fight against inflation. We have been able to reduce by nearly half the double digit inflation experienced in 1974. But the retired, living on fixed incomes, have been particularly hard hit and the progress we have made in reducing inflation has not benefited them enough. We will continue our efforts to reduce federal spending, balance the budget, and reduce taxes. The particular vulnerability of the aged to the burdens of inflation, however, requires that specific improvements be made in two major Federal programs, Social Security and Medicare.

We must begin by insuring that the Social Security system is beyond challenge. Maintaining the integrity of the system is a vital obligation each generation has to those who have worked hard and contributed to it all their lives. I strongly reaffirm my commitment to a stable and financially sound Social Security system. My 1977 budget and legislative program include several elements which I believe are essential to protect the solvency and integrity of the system.

First, to help protect our retired and disabled citizens against the hardships of inflation, my budget request to the Congress includes a full cost of living increase in Social Security benefits, to be effective with checks received in July 1976. This will help maintain the purchasing power of 32 million Americans.

Second, to insure the financial integrity of the Social Security trust funds, I am proposing legislation to increase payroll taxes by three-tenths of one percent each for employees and employers. This increase will cost no worker

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(OVER)



more than \$1 a week, and most will pay less. These additional revenues are needed to stabilize the trust funds so that current income will be certain to either equal or exceed current outgo.

Third, to avoid serious future financing problems I will submit later this year a change in the Social Security laws to correct a serious flaw in the current system. The current formula which determines benefits for workers who retire in the future does not properly reflect wage and price fluctuations. This is an inadvertent error which could lead to unnecessarily inflated benefits.

The change I am proposing will not affect cost of living increases in benefits after retirement, and will in no way alter the benefit levels of current recipients. On the other hand, it will protect future generations against unnecessary costs and excessive tax increases.

I believe that the prompt enactment of all of these proposals is necessary to maintain a sound Social Security system and to preserve its financial integrity.

Income security is not our only concern. We need to focus also on the special health care needs of our elder citizens. Medicare and other Federal health programs have been successful in improving access to quality medical care for the aged. Before the inception of Medicare and Medicaid in 1966, per capita health expenditures for our aged were \$445 per year. Just eight years later, in FY 1974, per capita health expenditures for the elderly had increased to \$1218, an increase of 174 percent. But despite the dramatic increase in medical services made possible by public programs, some problems remain.

There are weaknesses in the Medicare program which must be corrected. Three particular aspects of the current program concern me: 1) its failure to provide our elderly with protection against catastrophic illness costs, 2) the serious effects that health care cost inflation is having on the Medicare program, and 3) lack of incentives to encourage efficient and economical use of hospital and medical services. My proposal addresses each of these problems.

In my State of the Union Message I proposed protection against catastrophic health expenditures for Medicare beneficiaries. This will be accomplished in two ways. First, I propose extending Medicare benefits by providing coverage for unlimited days of hospital and skilled nursing facility care for beneficiaries. Second, I propose to limit the out-of-pocket expenses of beneficiaries, for covered services, to \$500 per year for hospital and skilled nursing services and \$250 per year for physician and other non-institutional medical services.

This will mean that each year over a billion dollars of benefit payments will be targeted for handling the financial burden of prolonged illness. Millions of older persons live in fear of being stricken by an illness that will call for expensive hospital and medical care over a long period of time. Most often they do not have the resources to pay the bills. The members of their families share their fears because they also do not have the resources to pay such

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(OVER)

large bills. We have been talking about this problem for many years. We have it within our power to act now so that today's older persons will not be forced to live under this kind of a shadow. I urge the Congress to act promptly.

Added steps are needed to slow down the inflation of health costs and to help in the financing of this catastrophic protection. Therefore, I am recommending that the Congress limit increases in medicare payment rates in 1977 and 1978 to 7% a day for hospitals and 4% for physician services.

Additional cost-sharing provisions are also needed to encourage economical use of the hospital and medical services included under Medicare. Therefore, I am recommending that patients pay 10% of hospital and nursing home charges after the first day and that the existing deductible for medical services be increased from \$60 to \$77 annually.

The savings from placing a limit on increases in medicare payment rates and some of the revenue from increased cost sharing will be used to finance the catastrophic illness program.

I feel that, on balance, these proposals will provide our elder citizens with protection against catastrophic illness costs, promote efficient utilization of services, and moderate the increases in health care costs.

The legislative proposals which I have described are only part of the over-all effort we are making on behalf of older Americans. Current conditions call for continued and intensified action on a broad front.

We have made progress in recent years. We have responded, for example, to recommendations made at the 1971 White House Conference on Aging. A Supplemental Security Income program was enacted. Social Security benefits have been increased in accord with increases in the cost of living. The Social Security retirement test was liberalized. Many inequities in payments to women have been eliminated. The 35 million workers who have earned rights in private pension plans now have increased protection.

In addition we have continued to strengthen the Older Americans Act. I have supported the concept of the Older Americans Act since its inception in 1965, and last November signed the most recent amendments into law.

A key component of the Older Americans Act is the national network on aging which provides a solid foundation on which action can be based. I am pleased that we have been able to assist in setting up this network of 56 State and 489 Area Agencies on Aging, and 700 local nutrition agencies. These local nutrition agencies for example provide 300,000 hot meals a day five days a week.

The network provides a structure which can be used to attack other important problems. A concern of mine is that the voice of the elderly, as consumers, be heard in the governmental decision-making process. The network on aging

more

February 9, 1976

offers opportunities for this through membership on advisory councils related to State and Area Agencies on Aging, Nutrition Project Agencies and by participation in public hearings on the annual State and Area Plans. Such involvement can and will have a significant impact on determining what services for the aging are to be given the highest priorities at the local level.

The principal goal of this National Network on Aging is to bring into being coordinated comprehensive systems for the provision of service to the elderly at the community level. I join in the call for hard and creative work at all levels -- Federal, State and Area in order to achieve this objective. I am confident that progress can be made.

Toward this end, the Administration on Aging and a number of Federal Departments and agencies have signed agreements which will help to make available to older persons a fair share of the Federal funds available in such areas as housing, transportation, social services, law enforcement, adult education and manpower -- resources which can play a major role in enabling older persons to continue to live in their own homes.

Despite these efforts, however, five percent of our older men and women require the assistance provided by skilled nursing homes and other long term care facilities. To assist these citizens, an ombudsman process, related solely to the persons in these facilities, is being put into operation by the National Network on Aging. We believe that this program will help to resolve individual complaints, facilitate important citizen involvement in the vigorous enforcement of Federal, State and local laws designed to improve health and safety standards, and to improve the quality of care in these facilities.

Today's older persons have made invaluable contributions to the strengthening of our nation. They have provided the nation with a vision and strength that has resulted in unprecedented advancements in all of the areas of our life. Our national moral strength is due in no small part to the significance of their contributions. We must continue and strengthen both our commitment to doing everything we can to respond to the needs of the elderly and our determination to draw on their strengths.

Our entire history has been marked by a tradition of growth and progress. Each succeeding generation can measure its progress in part by its ability to recognize, respect and renew the contributions of earlier generations. I believe that the Social Security and Medicare improvements I am proposing, when combined with the action programs under the Older Americans Act, will insure a measure of progress for the elderly and thus provide real hope for us all.

GERALD R. FORD

THE WHITE HOUSE,

February 9, 1976.

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MESSAGE ON THE AGING



I ask the Congress to join with me in making improvements in programs serving the elderly.

As President, I intend to do everything within my power to help our nation demonstrate by its deeds a deep concern for the dignity and worth of our older persons. By so doing, our nation will continue to benefit from the contributions that older persons can make to the strengthening of our nation.

The proposals being forwarded to Congress are directly related to the health and security of older Americans. Their prompt enactment will demonstrate our shared concern that lifetimes of sacrifice and hard work conclude in hope rather than despair.

As the Chief Executive I will see to it that current laws which have an impact on the lives of the elderly, and the billions of dollars which have been appropriated to implement them, are administered in such a manner as to promote the coordination of public and private resources, to hold expenditures for administration down to an absolute minimum so that resources intended for older persons really reach them, and to provide a compassionate and expeditious handling of complaints and appeals.

We must make sure that the soundness of the Social Security system is beyond challenge. Maintaining the integrity of the system is a vital obligation each generation has to

those who have worked hard and contributed to it all their lives. I strongly reaffirm my commitment to a stable and financially sound Social Security system.. My 1977 budget and legislative program include several elements which I believe are essential to protect ^{the} ~~its~~ solvency and ~~its~~ integrity ^{of the system.} ¹ ₂

First, to help protect our retired and disabled citizens against the hardships of inflation, my budget request to the Congress includes a full cost of living increase in Social Security benefits, ^{to be} effective with checks received in July 1976. ~~XX~~
This will help maintain the purchasing power of 32 million Americans.

Second, to insure the financial integrity of the Social Security trust funds, I am proposing legislation to ² increase payroll taxes by three-tenths of one percent each for employees and employers. This increase will cost no worker more than \$1 a week, and most will pay less. These additional revenues are needed to stabilize the trust funds so that current income will be certain to either equal or exceed current outgo.



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check


~~I see this as an essential step for the years immediately~~
~~ahead.~~ ^{HP T. Ford,} I am also taking steps to avoid serious future financing
^{I will submit later this year a change in the Social Security law to}
problems ~~which will result if we do not act now to correct a~~

~~serious~~ flaw in the current system. The current formula which determines
benefits for workers who retire in the future ^{DOES NOT PROPERLY REFLECT} ~~overcompensates~~
~~for~~ wage and price fluctuations. This is an inadvertent
^{which could lead to unnecessarily inflated premiums.} ~~error, for which we all pay in inflated premiums.~~ ^{HP} The change
I am proposing will not affect cost of living increases in
benefits after retirement, and will in no way alter the benefit
levels of current recipients. On the other hand, it will pro-
tect future generations against unnecessary costs and excessive
tax increases. ^{HP} I believe that the prompt enactment of ^{all of} these
proposals is necessary to maintain a sound Social Security system
and to preserve its financial integrity.

~~But~~ ^{We need to focus also on} Income security is not our only concern. [^] The special
health care needs of our elder citizens, ~~proposed in all~~ Medicare
and other Federal health programs have been successful in im-
proving access to quality medical care for the aged. ^{Before} Prior to
the inception of Medicare and Medicaid in 1966, per capita health
expenditures for our aged were \$445 per year. Just eight years
later, in FY 1974, per capital health expenditures for the
elderly had increased to \$1218, an increase of 174 percent.
But despite the dramatic increase in medical services made

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possible by public programs, some problems remain.

There are ~~some~~ weaknesses in the Medicare program which must be corrected. Three particular aspects of the **CURRENT** ~~Medicare~~ program concern me: 1) its failure to provide our elderly with protection against catastrophic illness costs, 2) the serious effects that health care cost inflation is having on the Medicare program, and 3) ^{over utilization of hospital} ~~distorted cost-sharing~~ ^{and medical services.} ~~arrangements~~. My proposal^{ss} addressⁿ each of these problems. 

In my State of the Union Message I proposed protection against catastrophic health expenditures for Medicare beneficiaries. This will be accomplished in two ways. First, I propose extending Medicare benefits by ^{providing coverage} ~~allowing payment~~ for unlimited hospital and skilled nursing facility days of care for beneficiaries. Second, I propose to limit the out-of-pocket expenses of beneficiaries, for covered services, to \$500 per year for hospital and skilled nursing services and \$250 per year for physician and other non-institutional medical services. **(INSERT A)** ~~The financial burden of prolonged illness can be borne by very few older people. This proposal will eliminate this fear from the lives of the elderly and their families.~~

Added steps are needed to slow down the inflation of health costs and to ^{help in} ~~enable~~ the financing of this catastrophic protection. Therefore, I am recommending that the Congress

~~SECRET~~

P 4

This will mean that each year over a billion dollars of benefit payments will be targeted for handling the financial burden of prolonged illness. Millions of older persons live in fear of being stricken by an illness that will call for expensive hospital and medical care over a long period of time. ^{most often they} ~~they~~ do not have the ^{resources} ~~resources~~ to pay the bills. The members of their families share their fears ^{because they also} ~~they~~ do not have the resources to pay the bills. We have been talking about this problem for many years. We have it within our power to act now so that today's older persons ~~will~~ will not be forced to live under this kind of a shadow. I urge the Congress to act promptly.

programs, some problems, some weaknesses in ~~the~~ program. Three particular areas concern me: 1) its effectiveness against catastrophic events that health care programs, and 3) the proposal ^{addresses} ~~addresses~~ the Union Message that health expenditures will be accomplished through Medicare benefits and skilled nursing.

Second, I propose to help beneficiaries, for hospital and skill nursing physician and other

~~SECRET A)~~ financial burden of prolonged illness can be ~~eliminated~~

people. This proposal will eliminate this burden of the elderly and their families.

are needed to slow down the inflation of health care costs. ^{help in} ~~to enable~~ the financing of this catastrophic problem. Therefore, I am recommending that the Congress

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limit increases in medicare payment rates in 1977 and 1978 to 7% day for hospitals and 4% for physician services.

Additional cost-sharing provisions are ^{also} needed ~~in order~~ to encourage economical use of ^{the hospital and medical} services ~~for short hospital stays included under medical~~ ~~and routine physician care~~. Therefore, I am recommending that patients pay 10% of hospital and nursing home charges after the first day and that the existing deductible for medical services be increased from \$60 to \$77 annually.

^{HP} The savings from placing a limit on increases in medicare payment rates and some of the revenue from increased cost sharing will be used to finance the catastrophic ^{illness} program.

I feel that, on balance, these proposals will provide our elder citizens with protection against catastrophic illness costs, promote efficient utilization of services, and moderate the increases in health care costs.

The legislative proposals which ^{I have described} ~~are being~~ ^{ONLY} are ~~but~~ part of the over-all effort we are making on behalf of older Americans. ~~I must underscore my conviction that~~ ^{current} conditions call for continued and intensified action ~~to~~ ~~the action~~ on a broad front.

We have made progress in recent years. ^{The U.S. Government has} ~~we have~~ responded, for example, to recommendations made at the 1971 White House

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Conference on Aging, ~~to enact~~ ^{was enacted.} A Supplemental Security Income program, ~~increase~~ ^{have been increased in} social security benefits, more than the cost of living, ~~liberalize~~ ^{accorded with increases in the} The social security retirement test, ~~increase~~ ^{was liberalized. Many inequities in} ~~benefits for delayed retirement, eliminate~~ ^{have been eliminated. The} some inequities in payments to women, and ~~protect~~ 35 million workers who have earned rights in private pension plans ^{now have increased protection.}

~~It is~~ In addition we have continued to strengthen the Older Americans Act. I have supported the concept of the Older Americans Act since its inception in 1965, and ^{last November} signed the most recent amendments into law, ~~this past November~~. Funds available for programs administered by the Administration on Aging under this Act have increased from \$44.7 million in FY 1972 to \$270 million during the last fiscal year.

A key component of the Older Americans Act is the national network on aging which provides a solid foundation on which action can be based. I am pleased that we have been able to assist in setting up this network of 56 State and 489 Area Agencies on Aging, and 700 ^{local} nutrition agencies. These ^{local} nutrition agencies ^{provide} 300,000 hot meals a day five days a week. ~~The system, with the assistance of thousands of volunteers -- many of whom themselves are older persons --~~

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~~17~~ The network provides a structure through which other important concerns can be attacked. A concern of mine, for example, is that the voice of the aged, as consumers, be heard in the governmental decision-making process. The network on aging offers opportunities for this through membership on advisory councils related to State and Area Agencies on Aging, Nutrition Project Agencies and by participation in public hearings on the annual State and Area plans. Such involvement can and ~~will~~ will have a significant impact on determining what services for the aging are to be given the highest priorities at the local level.

^{purpose}
The goal of this National Network on Aging is to bring into being coordinated comprehensive ~~service~~ systems for ^{delivery of services to be} the elderly at the community level. I join in the call for hard and creative work at all levels ~~in the network~~ -- Federal, State and Area ^{in order to achieve} ~~toward~~ this objective. I am confident that progress can be made.

Toward this end, the Administration on Aging and a number of Federal Departments ^{and agencies have} ~~recently~~ signed agreements which will help to make available to older persons a fair share of the ~~FEDERAL~~ ^{FUNDS AVAILABLE} resources requested in the 1977 budget in such areas as housing, transportation, social services, law enforcement, adult education and manpower -- resources which can play a major role in enabling older persons to ^{continue to} live ~~independently~~ in their own homes ~~to the greatest extent possible~~. ~~IT DESPITE THESE EFFORTS, HOWEVER, FIVE PERCENT~~ ^{five percent, however,} of our older men and women require the assistance provided by skilled nursing homes and other long

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term care facilities. To assist these citizens, an ombudsman process, related solely to the persons in these facilities, is being put into operation by the National Network on Aging. We believe that this program ~~cannot only~~ ^{will} help to resolve individual complaints, ~~but that it can also~~ ^{IMPORTANT} facilitate citizen involvement in the vigorous enforcement of Federal, State and local laws designed to improve health and safety standards, ~~as well as~~ ^{AND WILL IMPROVE THE} quality of care in these facilities.

We must never lose sight of our obligations to help deal with the needs of older persons. At the same time we must not overlook the fact that older persons constitute one of the nation's greatest resources because of the contributions they can make to our society. We are seriously short-changing our nation when we deny older persons the opportunity for continued productive involvement. This is why my budget for 1977 calls for increases in the ACTION programs designed to provide older persons with the opportunity for constructive service.

Today's older persons have made invaluable contributions to the strengthening of our nation. They have provided the nation with a vision and strength that has resulted in

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unprecedented advancements in all of the areas of our life.
Our national moral strength ^{is due} ~~should and will be judged~~ in no
small part ^{to} ~~by our recognition~~ of the significance of their
contributions. We must continue and strengthen both our
commitment to doing everything we can to respond to the
needs of the elderly and our determination to draw on their
strengths.

Each generation of Americans ~~must be~~ engaged ⁱⁿ ~~implementing the policies which promote growth~~ ⁱⁿ ~~the~~ ^{of} ~~growth~~ ^{and progress} ~~its~~
A TRADITION OF
and progress. Each generation can measure its
progress in part by its ability to recognize,
respect and renew the contributions of earlier
generations. I believe that the Social Security
and Medicare improvements I am proposing, ~~do offer~~
when combined with the ~~kind of~~ action programs
under the Older Americans Act, ~~will help our~~ ^{offer a}
MEASURE OF PROGRESS FOR THE
~~generation to move forward in this all-important~~
ELDERLY AND THUS PROVIDE
~~area of our life.~~

REAL HOPE FOR US ALL.



I ask the Congress today to join ~~with~~ me in making improvements in our ~~programs~~ Federal programs serving the elderly.

Through our joint ~~and~~ determination to recognize and preserve the contributions of the Nation's older citizens, you and I ~~will~~ have the opportunity to demonstrate on behalf of all Americans a ~~concern~~ concern that lifetimes of sacrifice and hard work conclude in hope ~~and~~ rather than despair. We can ~~help~~ help meet this concern by ~~sharing a commitment~~ sharing a commitment to improve Federal programs for the elderly in a ^{way} manner that ~~will~~ increases ~~the~~ security and fosters self worth. We will be measured by our dedication to these goals.

As President, I intend to ^{meet this} measure up to meeting the challenge of assuring that older Americans purposefully share in our lives and contribute ^{in a meaningful way} to our society. I am

pleased today to submit to the Congress two proposals ~~that~~ ^{which deal with the problems of} address income and health security, thereby offering significant improvements in the quality of life of older Americans.

~~Control~~ Inflation remains the single greatest threat to the quality of life of older Americans. Our first priority continues to be the fight against inflation, ^{We have been able to} that has already ^{reduce by nearly half} resulted in nearly halving ^{experienced in} the double digit inflation of 1974.

But the retired, living on fixed incomes, have been ^{particularly} hard hit and the progress ^{we have made in reducing inflation has not benefited them equally} to date is not enough. We will

continue our efforts to reduce federal spending, balance the budget, and reduce taxes. The particular vulnerability of the aged to the burdens of inflation ^{however,} requires that ^{SPECIFIC} improvements be made in two major Federal programs, Social Security and Medicare.

We must begin by insuring that the Social Security system is beyond challenge. Maintaining the integrity of the system is a vital obligation each generation has to those who have worked hard and contributed to it all their lives. I strongly reaffirm my commitment to a stable and financially sound Social Security system. My 1977 budget and legislative program include several elements which I believe are essential to ~~this~~ ^{protect} its ~~solvency and integrity.~~ ^{end.}

First, to ^{help} ~~assist in~~ ~~protecting~~ our retired and disabled citizens against the hardships of inflation, my budget request to the Congress includes a full cost of living increase in Social Security benefits, effective with checks received in July 1976, which will help maintain the purchasing power of 32 million Americans.

The Social Security trust fund is currently paying out more in benefits than it receives in payroll tax receipts. To insure the financial integrity of the Social Security trust funds, I am proposing legislation to increase payroll taxes by three-tenths of one percent each for employees and employers. This increase will cost no worker more than \$1 a week, and most will pay less. These additional revenues are needed to stabilize the trust funds so that current income will be certain to either equal or exceed current outgo.

I see this as an essential step for the years immediately ahead. I am also taking steps to avoid serious future financing problems which will result if we do not act now to correct a flaw in the current system. The current formula which determines benefits for workers who retire in the future *does not properly* ~~overcompensates~~ *reflect* for wage and price fluctuations. This is an inadvertent error, for which we all pay in inflated premiums. *//* The change I am proposing will not affect cost of living increases in benefits after retirement, and will in no way alter the benefit levels of current recipients. *However,* ~~On the other hand,~~ it will *better* protect future generations against unnecessary costs and excessive tax increases. I believe that the prompt enactment of these proposals is necessary to maintain a sound Social Security system and to preserve its financial integrity.

~~But~~ Income security is not our only concern. The special health care needs of our elder citizens *is another matter of deep* ~~concern, us all.~~ Medicare and other Federal health programs have been successful in improving access to quality medical care for the aged. Prior to the inception of Medicare and Medicaid in 1966, per capita health expenditures for our aged were \$445 per year. Just eight years later, in FY 1974, per capital health expenditures for the elderly had increased to \$1218, an increase of 174 percent. But despite the dramatic increase in medical services made

possible by public programs, ^{deficiencies in that service} ~~some problems~~ remain.

There are structural weaknesses in the Medicare program which must be corrected. Three particular aspects of the Medicare program concern me: 1) its failure to provide our elderly with protection against catastrophic illness costs, 2) the serious effects that health care cost inflation is having on the Medicare program, and 3) distorted cost-sharing arrangements. My proposals address each of these problems.

In my State of the Union Message I proposed protection against catastrophic health expenditures for Medicare beneficiaries. This will be accomplished in two ways. First, I propose extending Medicare benefits by allowing payment for unlimited hospital and skilled nursing facility days of care for beneficiaries. Second, I propose to limit the out-of-pocket expenses of beneficiaries, for covered services, to \$500 per year for hospital and skilled nursing services and \$250 per year for physician and other non-institutional medical services. The financial burden of prolonged illness can be borne by very few older people. This proposal will eliminate this fear from the lives of the elderly and their families.

Added steps are needed to slow down the inflation of health costs and to enable the financing of this catastrophic protection. Therefore, I am recommending that the Congress

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The legislative proposals which I am making ^{however, are only} ~~are but~~ part of the over-all effort we are making on behalf of older Americans. I must underscore my conviction that current conditions call for continued and intensified action for the action on a broad front.

We have made progress in recent years. We have ^{made the} ~~responded,~~ ^{recommended changes proposed by} ~~for example, to recommendations made at the 1971 White House~~

Conference on Aging, to enact ^{was enacted} a Supplemental Security Income program, ^{were increased in relation to} increase social security benefits, ^{more than the} cost of living, liberalize ^{was liberalized} the social security retirement test, ^{were increased} increase benefits for delayed retirement, eliminate ^{were eliminated} some of the inequities in payments to women, ^{and protection was provided} and protect 35 million workers who have earned rights in private pension plans.

In addition, ^{to these improvements} we have continued to strengthen the Older Americans Act. I have supported the ^{basic} concept of the Older Americans Act since its inception in 1965, and ^{last november} signed the most recent amendments into law, ~~this past November~~. Funds available for programs administered by the Administration on Aging under this Act have increased from \$44.7 million in FY 1972 to \$270 million during the last fiscal year.

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has provided crucial help in meeting
~~can and must help meet~~ the needs of older persons.

The network provides a structure through which other *benefits may flow.*
~~important concerns can be attached.~~ The network on aging offers ^{such} opportunities for this through membership on advisory councils and State and area agencies, participation in public hearings on State and area plans, and involvement in the priority setting process for services at the local level.

The goal of this National Network on Aging is to bring into being coordinated comprehensive service systems for the elderly~~x~~ at the community level. I join in the call for hard and creative work at all levels of the network -- Federal, State and Area toward this objective. I am confident that *further* progress can be made.

Toward this end, the Administration on Aging and a number of Federal Departments recently signed agreements which will help to make available to older persons a fair share of the resources requested in the 1977 budget in such areas as housing, transportation, social services, law enforcement, adult education and manpower -- resources which can play a major role in enabling older persons to live in a self-sufficient manner, in their own homes, to the greatest extent possible.

Despite these efforts, five percent
~~Five percent~~ however, *five percent* of our older men and women require the assistance provided by skilled nursing homes and other long

term care facilities. To assist these citizens, an ombudsman process, related solely to the persons in these ^{types of} facilities, is being put into operation by the National Network on Aging. We believe that this program ^{will} ~~cannot only~~ help to resolve individual complaints, ^{and will} ~~but that it can also~~ facilitate ^{important} citizen involvement in the vigorous enforcement of ~~Federal, State and local~~ laws designed to improve health and safety standards, ^{and the} ~~as well as~~ quality of care in these facilities.

We must never lose sight of ~~our~~ obligations to ~~help~~ deal with the needs of older persons, ^{is not the only reason for concern with the aging} ~~At the same time~~ We must not overlook the fact that older persons constitute one of the nation's greatest resources ^{for} ~~because of the~~ contributions they can make to our society. We are seriously short-changing our nation when we deny older persons the opportunity for continued productive involvement. ^{for this reason} ~~This is why~~ my budget for 1977 calls for increases in the ACTION programs designed to provide older persons with the opportunity for constructive service.

Today's older persons have made invaluable contributions to the strengthening of our nation. They have provided the nation with ^{experience} ~~a~~ vision and ^{wisdom} ~~strength~~ that has resulted in



unprecedented advancements in all of the areas of our life. Our national moral strength ^{is due} ~~should and will be judged~~ in no small part ^{to} ~~by our recognition~~ of the significance of their contributions. We must continue and strengthen both our commitment to doing everything we can to respond to the needs of the elderly and our determination to draw on their strengths.

Our entire history has been marked by a tradition
Each generation of Americans is engaged in a tradition

of growth and progress. succeeding
Each generation can measure its

struggle forward from darkness
progress in part by examining its ability to recognize

and renew the contributions of earlier generations. I believe

the Social Security and Medicare improvements I am proposing

do offer a measure of real progress for the elderly, and *thus*

provide real hope
~~therefore~~ for us all.



In this 200th year of our independence, it is important that our Nation, by its deeds, recognize the dignity and worth of our older citizens. They have provided the strength which has made it possible for us to deal with developments that threatened to undermine and destroy the form of government bequeathed to us by our forefathers. They possess the insight, the vision, the wisdom, and the courage on which we must draw if we are to deal constructively with today's challenging and complex issues.

The Federal Council on Aging, created when the Older Americans Act was amended in 1973, has prepared a new Bicentennial Charter for Older Americans--an update of the Charter for Senior Citizens developed by the 1961 White House Conference on Aging. This Bicentennial Charter sets forth principles which can be used to analyze and to evaluate our nation's response to the problems that confront older persons and the response of older persons to the problems now confronting our Nation.

The Bicentennial Charter, for example, speaks to the "right to an opportunity for employment free from discriminatory practices because of age" and the "right to an opportunity to participate in the widest range of meaningful civic, educational, recreational and cultural activities".

We must make it possible for older persons to continue to be involved in the life of our Nation. One of the best opportunities for capitalizing on the strengths of older Americans is in the job market, where older, and even middle-aged, persons are too often the victims of myths and stereotypes about their capabilities. Likewise older persons are the victims of these same myths and stereotypes in the recruitment of volunteers who oftentimes represent the difference between success and failure in the delivery of services to those who are in need.

There is no finer way of demonstrating our respect for older persons than to give them the opportunity of proving that time has only enhanced their demonstrated abilities.

NOW, THEREFORE, I GERALD R. FORD, President of the United States of America, do hereby designate the month of May, 1976, as Older Americans Month.

1. I urge State and Area Agencies on Aging, organizations of older persons and other private and public organizations that are related to the field of aging to observe this month by arranging for public forums where the Bicentennial Charter for Older Americans will be discussed by older persons and where older persons will develop recommendations for action, addressed to both public and private bodies, designed to implement the principles set forth in the Charter.
2. I urge all employer and employee organizations and other organizations officially concerned with employment, both public and private, to observe this month with appropriate ceremonies, activities and programs designed to increase employment opportunities for older workers.
3. I urge all organizations, both public and private, engaged in the delivery of services to persons in need, to observe this month by placing increased emphasis on the utilization of volunteers and by intensifying their efforts to recruit, train and place older volunteers.

4. I urge all Americans to observe this month by focusing on both the achievements and needs of older persons and by resolving to support those programs in both the public and private sector which, if implemented, will help to make the ~~lives of older Americans both productive and free from want.~~ last days of life the best days for increasing numbers of our older Americans.

IN WITNESS WHEREOF, I have hereunto set my hand this day
of , in the year of our Lord nineteen hundred seventy-six,
and of the Independence of the United States of America the two hundredth.

✓ lives of older Americans both productive and free from
want.

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A PROCLAMATION

The past few years have reminded us of the much-needed lesson that we must preserve our precious natural resources. The collective wisdom, experience, and productive abilities of our older citizens is one of those greatest natural resources.

Increasingly, we have become more aware of the contributions our older workers have made in the past. We have increased our efforts to ensure that our older citizens have the opportunity for maintenance of income and health and for self-realization and continuing usefulness.

While respect for our older citizens is important, the opportunities we give them to take pride in themselves is more so. The most meaningful security is the knowledge, and opportunity to prove, that time has only enhanced their demonstrated capabilities.

One of our best opportunities for capitalizing on the resources possessed by Older Americans is in the job market, where older, and even middle-aged, workers are too often the victims of myths and stereotypes about their capabilities. Our vital economy needs the knowhow, experience, judgment, and eagerness which these solid citizens bring to the job.

NOW, THEREFORE, I, GERALD R. FORD, President of the United States of America, do hereby designate the month of May, 1976, as Older Americans Month.

I urge all employer and employee organizations, and other organizations officially concerned with employment to observe this month with appropriate ceremonies, activities, and programs designed to increase employment opportunities for older workers.

I ask all Americans to reflect upon the achievements and the needs of our older citizens and to do all in their power to make these years something to welcome, rather than dread. Most of all, I ask that we begin this joint effort today.

IN WITNESS WHEREOF, I have hereunto set my hand this day of , in the year of our Lord nineteen hundred seventy-six, and of the Independence of the United States of America the two hundredth.

Sara Massengale
Em 220

TALKING POINTS:

NATIONAL RETIRED TEACHERS ASSOCIATION/

AMERICAN ASSOCIATION OF RETIRED PERSONS

JANUARY 21, 1976



FIRST LET ME THANK YOU VERY MUCH FOR THIS BOOK
AND WELCOME YOU TO THE WHITE HOUSE TODAY. BETTY AND I
ARE VERY PLEASED TO HAVE YOU HERE WITH US. I UNDERSTAND
THAT THE GOALS OF YOUR ORGANIZATIONS FOLLOW THE BASIC THEME
OF THIS BOOK -- TO SERVE RATHER THAN BE SERVED, TO ENJOY
SELF-RENEWAL THROUGH ACTIVITY AND SERVICE, AND TO EMPLOY THE
CONCEPT OF "DYNAMIC MATURITY."

THIS IS REFLECTED IN THE VERY FINE VOLUNTEER WORK THAT IS
ACCOMPLISHED THROUGH THE AMERICAN ASSOCIATION OF
RETIRED PERSONS AND THE NATIONAL RETIRED TEACHERS
ASSOCIATION.

IN MY STATE OF THE UNION ADDRESS MONDAY NIGHT

I SPOKE ABOUT SEVERAL THINGS WHICH ARE OF PARTICULAR

CONCERN TO RETIRED PERSONS.

AS I SAID THEN, "MY FIRST OBJECTIVE IS TO HAVE
SOUND ECONOMIC GROWTH WITHOUT INFLATION." I WAS VERY
PLEASED TO REPORT THAT THE DOUBLE-DIGIT INFLATION RATE OF
1974 HAD BEEN CUT ALMOST IN HALF IN 1975.



AS YOU ARE WELL AWARE, OLDER AMERICANS WHO ARE LIVING ON
FIXED INCOMES ARE ESPECIALLY HARD HIT BY INFLATION.

I PLEDGE TO CONTINUE THE FIGHT AGAINST INFLATION TO HELP
THESE ELDERLY CITIZENS, AS WELL AS EVERY OTHER AMERICAN.

I ALSO SPOKE OF SOCIAL SECURITY -- WHICH IS SO
IMPORTANT NOT ONLY TO RETIRED PERSONS BUT ALSO TO PEOPLE
WHO ARE STILL WORKING AND CONTRIBUTING TO THE SYSTEM.

I AM RECOMMENDING IN MY BUDGET FOR FISCAL YEAR 1977 THAT
THE FULL COST OF LIVING INCREASE IN SOCIAL SECURITY BENEFITS
BE PAID DURING THE COMING YEAR.

ON MONDAY EVENING I INDICATED MY CONCERN ABOUT
THE INTEGRITY OF THE SOCIAL SECURITY TRUST FUND THAT ENABLES
PEOPLE TO COUNT ON THIS SOURCE OF RETIREMENT INCOME.

I AM CONCERNED BECAUSE THE SYSTEM NOW PAYS OUT MORE IN
BENEFITS THAN IT RECEIVES IN TAX PAYMENTS.

TO PREVENT A RAPID DECLINE IN THE TRUST FUND
OVER THE NEXT FEW YEARS, I WAS FACED WITH A VERY DIFFICULT
CHOICE -- EITHER TO LIMIT THE EXPECTED INCREASES IN RETIREMENT
AND DISABILITY BENEFITS OR TO INCREASE REVENUES.



I MADE A DECISION AND I KNOW IT TO BE THE RIGHT ONE.

I AM PROPOSING A PAYROLL TAX INCREASE OF THREE-TENTHS OF A
PERCENT EACH FOR EMPLOYEES AND EMPLOYERS OF COVERED WAGES.

THIS TAX INCREASE WILL HELP STABILIZE THE TRUST FUNDS SO THAT
CURRENT AND FUTURE RECIPIENTS WILL BE ASSURED THAT THEY WILL
RECEIVE THE BENEFITS THEY ARE ENTITLED TO.

I ALSO SPOKE MONDAY NIGHT OF THE BURDEN OF
CATASTROPHIC ILLNESS. I WANT TO ELIMINATE THE FEAR OF
THIS BURDEN. I THEREFORE PROPOSED CATASTROPHIC HEALTH
INSURANCE FOR THE MORE THAN 24 MILLION AGED AND DISABLED
AMERICANS PROTECTED BY MEDICARE.



AS I SAID THEN, NODOBY WHO IS COVERED BY MEDICARE WILL HAVE
TO PAY MORE THAN 500 DOLLARS A YEAR FOR COVERED HOSPITAL OR
NURSING HOME CARE NOR MORE THAT 250 DOLLARS FOR ONE YEAR'S
DOCTORS' BILLS.

TO HELP FINANCE THIS ADDED PROTECTION, I AM ALSO
PROPOSING CHANGES IN THE COST SHARING REQUIREMENTS.

AS UNDER THE CURRENT SYSTEM, A BENEFICIARY WHO IS IN THE
HOSPITAL WILL PAY FOR THE FIRST DAY OF SERVICES. IN
ADDITION HE OR SHE WILL PAY 10 PERCENT OF ADDITIONAL
CHARGES UP TO AN ANNUAL MAXIMUM OF 500 DOLLARS.



FOR COVERED PHYSICIANS' SERVICES MY PROPOSAL

WOULD INCREASE THE ANNUAL DEDUCTIBLE FOR 60 DOLLARS TO

77 DOLLARS. THE BENEFICIARY WILL CONTINUE TO PAY THE

EXISTING CO-PAYMENT OF 20 PERCENT. BUT I AM PROPOSING

THAT NO ONE COVERED BY MEDICARE WILL HAVE TO PAY MORE THAN

250 DOLLARS FOR ONE YEARS'S DOCTORS' BILLS.

I FEEL THAT THESE PROPOSALS ARE OF PARTICULAR
IMPORTANCE IN ACHIEVING MY GOAL OF HELPING ALL AMERICANS
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THAT YOU JOIN ME IN SECURING CONGRESSIONAL PASSAGE OF MY
PROPOSALS.

I WANT YOU TO KNOW THAT I APPRECIATE AND VALUE
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OLDER GENERATION.

I UNDERSTAND THAT YOU ARE GOING TO GO ON A TOUR
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ENJOY YOUR VISIT HERE AND PLEASE COME BACK AGAIN.

END OF TEXT

AAAP/JNATA 1-21-76

First let me thank you very much for this book and welcome you to the White House today. Betty and I are very pleased to have you ^{here} with us. I understand that the goals of your organizations follow the basic theme of this book -- to serve rather than be served, to enjoy self-renewal through activity and service, and to employ the concept of "dynamic maturity". This is reflected in the very fine volunteer work that is accomplished through the American Association of Retired Persons and the National Retired Teachers Association.

In my State of the Union address Monday night I spoke about several things which are of particular concern to retired persons.

As I said then, "My first objective is to have sound economic growth without inflation." I was very pleased to report that the double-digit inflation rate of ¹⁹⁷⁴ 1975 had been cut almost in half in ¹⁹⁷⁵ 1976. As you are well aware, older Americans who are living on fixed incomes are especially hard hit by inflation. I pledge to continue the fight against inflation to help these elderly citizens, as well as every other American.

I also spoke of Social Security -- which is so important not only to retired persons but also to people who are still working and contributing to the system. I am recommending in my budget for fiscal year 1977 that the full cost of



living increase in Social Security benefits be paid during the coming year.

On Monday evening I indicated my concern about the integrity of the Social Security Trust Fund that enables people to count on this source of retirement income.

I am concerned because
The system now pays out more in benefits than it receives in tax payments. ~~This is largely due to increased benefits in the past few years and payroll tax receipts which have lagged because of unemployment and slow wage growth.~~

To prevent a rapid decline in the trust fund over the next few years, I was faced with a very difficult choice -- either to limit ^{the expected} increases in retirement and disability benefits or to increase revenues.

I made the decision I knew was right. As I announced, I am proposing, ~~effective January 1, 1977,~~ a payroll tax increase of three-tenths of a percent each for employees and employers of covered wages. This tax increase will help stabilize the trust funds so that current and future recipients will be assured that they will receive the benefits they have earned.

I also spoke Monday night of the burden of catastrophic illness. I want to eliminate the fear of this burden. I therefore proposed catastrophic health insurance for the more than 24 million aged and disabled Americans protected by Medicare. As I said then, nobody who is covered by

Medicare will have to pay more than \$500 a year for covered hospital or nursing home care nor more than \$250 for one year's doctors' bills.

To help finance this added protection, I am also proposing changes in the cost sharing requirements. As under the current system, a beneficiary who is in the hospital will pay for the first day of service. In addition he or she will pay 10% of additional charges up to an annual maximum of \$500.

For covered physicians' services my proposal would increase the annual deductible from \$60 to \$77. The beneficiary will continue to pay the existing co-payment of 20%. But I am proposing that no one ^{covered by} ~~under~~ Medicare will have to pay more than \$250 for one year's doctors' bills.

I feel that these proposals are of particular importance in achieving my goal of helping all Americans to live in dignity, security and good health. I hope that you join me in securing Congressional passage of my proposals.

I want you to know that I appreciate and value your effective commitment to a cause that is too often neglected -- the dignity and well-being of America's older generation.

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AARP/NRTA 1-21-76

JCM

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FOR IMMEDIATE RELEASE

JANUARY 21, 1976

OFFICE OF THE WHITE HOUSE PRESS SECRETARY

THE WHITE HOUSE

REMARKS OF THE PRESIDENT
AND THE VICE PRESIDENT
TO THE
LEGISLATIVE COUNCIL OF THE
NATIONAL RETIRED TEACHERS ASSOCIATION
AND THE
AMERICAN ASSOCIATION OF RETIRED PERSONS

THE STATE DINING ROOM

2:50 P.M. EST

THE PRESIDENT: Mr. Vice President, Miss Mullen, Mr. Woodruff, members of the two fine associations of retired people:

It is a great privilege and pleasure for me to have an opportunity to greet all of you and to say a few words concerning some of the problems that I know face retired people and to relate them, to some extent, to the proposals that I made Monday night before the Congress and the American people.

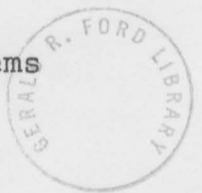
First, I would like to thank Miss Mullen and Mr. Woodruff for this book, which I understand has as a theme the theme that two organizations have for the activities of your many, many members. I will look forward to reading it, "Power of Years."

I know from practical experience that all of you and your associates have the power of years, and I congratulate you on it and hope that you will continue to have it.

Let me make one or two comments concerning problems that face you, and issues, which I tried to address Monday night in the State of the Union comments to Congress and the American people.

Number one, one of the principal issues we face in this country is how to do something affirmatively in the area of inflation. Fifteen or sixteen months ago we were going through a very traumatic period, with the rate of inflation up over 12 percent.

MORE



We have made substantial strides in cutting back on the rate of inflation. The current rate is roughly 6 percent. We hope to reduce that gradually, but constructively, in the months ahead. If we carry out responsible fiscal policy, if we do the other things that are needed and necessary, we can get the rate of inflation down to an area which is liveable for all people and a rate that must be obtained as far as retired people are concerned.

Number two, as all of you know, I indicated that I was not recommending any cap or any ceiling on Social Security benefits. The anticipated cost of living increase for the Social Security recipients is somewhere between 6 and 8 percent.

It is my feeling that we ought to permit -- and I have recommended that -- that to go into effect as planned under the existing law. But, I had to point out, and I think properly so, that at the pay-out rate, and based on the money that is received, the Social Security Trust Fund is going to get in trouble in the next four or five years. There is no question about it.

All of the experts can show you charts and graphs that indicate that unless we increase receipts on the one hand, we will be forced either to reduce benefits or else draw on the funds of the Treasury, the general funds.

It seemed to me that we had to face up to the issue of the integrity of the Trust Fund, and the best of the three alternatives, in my opinion, is to add a very, very small tax, three-tenths of 1 percent, on both employer and employee.

If you figure it out, the most a person would pay would be less than \$1.00 a week; the most. It adds up to \$47.00 a week (year) for the person with the highest income that is taxed -- \$15,400.

We must maintain the integrity of that Trust Fund. Otherwise, those who are retired or those who are working and intend to retire, will not have the security that is needed or necessary.

The second point I addressed, I think of some interest to you, is how we are going to handle the problem of catastrophic illnesses. Approximately 24 to 25 million people today are receiving Medicare benefits. The statisticians tell me that roughly three million of that 24 to 25 million are affected by catastrophic illnesses today, and everybody knows that very few people in our society today can carry the burden of catastrophic illness.

MORE



In order to insure that the retired people are covered, I am recommending some changes in Medicare.

Under existing Medicare arrangements, a person gets the first day free, and up to 60 days there is a small payment. But, after 60 days, there is an obligation both as to hospital or nursing home care and doctor bills.

Under the proposal that I have recommended, the first day of care will be free and there will be a small charge of 20 (10) percent of the cost of nursing home and hospital care up to 60 days, but after a \$500 payment is made per year, that is it. There is no other payment after \$500.

In the case of doctors' bills, the limit per year is \$250. We would increase the deductible from \$60 to \$77 and a limit of \$250 per year. This will give that catastrophic illness coverage to all people who are currently under Medicare, some 25,000 (25 million).

I think these are steps in the right direction. They take care of the problems of inflation. They give the Trust Fund the security and the integrity that is require and, most of all, it handles the problem of catastrophic illness, which I know from experiences in families that are close to me is a burden that few, if any, in our society can take care of.

I hope and trust that we can count on the support of all of you and your respective organizations. It will help to make, in my opinion, a better opportunity for enjoyment of life for our senior citizens.

Thank you very much.

Now, I would like to introduce my good friend and our outstanding Vice President, Nelson Rockefeller.

VICE PRESIDENT ROCKEFELLER: As a retired person, I feel a tremendous sense of community here but who was, based on 'power' of experience, drafted back very graciously by the President to serve with him, so that I am delighted with the privilege and opportunity of being in his Administration and of having this opportunity to say just a word with this wonderful group gathered here today.

Three things about the President that I particularly admire and that made it a tremendous honor and a pleasure for me to be associated with him in this capacity:

MORE

One was a deep sense of human concern and this, to me, in this difficult period in which we live, is a fundamental requirement for leadership.

Secondly is a tremendously inquisitive mind in trying to understand the issues and the problems and to find solutions, which is equally important, as you go down the road.

Then, one of the problems which faces a politician always, of course, is you may find a solution, but is that solution palatable from a political point of view. What I admire about the President is, his interest is finding what is the best solution for the American people for the long pull. When he finds that, that is what he stands for. No concern about the short-term political considerations.

That is the kind of political leadership I think this country needs and that we have.

Thank you.

THE PRESIDENT: It is my understanding you are going to have a tour of the White House following this get-together. It is a wonderful place. It is the nicest public housing I know. (Laughter)

I am sure you will enjoy the wonderful opportunity to see the historic places of interest in the White House, and I just wish you a very good year in 1976.

Thank you very much.

END

(AT 2:59 P.M. EST)

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END (AT 2:53 P.M. EST)