

Background and provisions "
THE OLDER AMERICANS ACT:

July 1965

THE ACT is designed to develop needed services, opportunities, and facilities for older persons by:

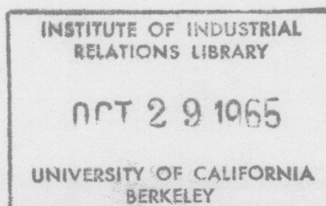
- . Establishing an Administration on Aging within the U.S. Department of Health, Education, and Welfare, to serve as Federal focal point and clearinghouse of information on all matters of concern to Older Americans.
- . Providing grants to the States to develop services for older people in their home communities.
- . Providing grants to public and nonprofit private agencies, organizations, institutions and individuals for demonstrations and research of national and regional value.
- . Providing grants for training persons for work in the field of aging.

The new Administration on Aging is headed by a Commissioner, appointed by the President. It will supersede and expand the work of the Office of Aging. The Act also establishes a 15-member Advisory Committee on Older Americans to work with the Secretary of Health, Education, and Welfare and with the Commissioner on Aging, who will serve as its chairman.

The Older Americans Act was introduced in the House of Representatives by Congressman John Fogarty of Rhode Island and in the Senate by Senator Pat McNamara of Michigan. It was passed by the Congress on July 6, 1965.

Background and provisions of the several grants titles of the Act follow. Statistics of aging appear on pages 6 & 7; a list of State Agencies on Aging, pages 8-10, and Regional Representatives on Aging, page 10.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
Administration on Aging
Washington, D.C. 20201



TITLE III

GRANTS TO STATES FOR COMMUNITY PLANNING, SERVICES, AND TRAINING

Background:

Programs for older persons have real meaning only if benefits and services are available to them in their home communities and are known to them or to their families. Many community health, welfare, recreational, employment, and educational agencies provide as part of their programs some services especially designed for the elderly. Some communities offer a number of such services; few, however, provide comprehensive, coordinated community-wide programs for the elderly, including guidance and counseling to help older people and their relatives find the services that exist. Indeed few communities know with any precision the extent and nature of the unmet needs of their older citizens.

Most States have demonstrated concern for this situation, and have taken action at least to the extent of organizing a statewide unit for program planning and stimulation. State commissions or committees on the aging have been established in 43 States, including the District of Columbia, Puerto Rico, and the Virgin Islands. (A list of State agencies appears on pp. 8-10.)

An increasing number of cities and counties now report having a planning and coordinating committee on aging but both States and communities have expressed the need for substantial additional support. The appropriations available to State agencies on aging -- where they have any -- have been inadequate to permit States to promote and encourage local planning and coordinating committees to assess the needs of their older citizens, and to stimulate public and voluntary agencies to provide community-wide programs of health, social services, employment, recreation, education, and housing to meet these needs of the elderly.

Among the programs that exist in some communities -- and are desirable in all -- are preparation for retirement; the use of clinics for healthy older people to help them maintain their health; the staffing and operation of multipurpose activity centers; the teaching of skills in the arts and crafts; social, educational, and recreational programs; provision of meal centers and home-delivered meals; development of sales outlets for senior craftsmen; the establishment of special telephone service to maintain contact with older persons living alone; and increasing the effectiveness of volunteer efforts -- both by and for older people.

UNDER TITLE III, THE ACT:

- . Provides funds to be allotted to the States to assist them in strengthening, extending, and coordinating State activities in aging, and to help them make grants to local governmental agencies and nonprofit voluntary organizations. Allotments to each State would be 1% of the appropriated funds, plus a share of the remainder based on the ratio of the State's population aged 65 and older to the national population 65 and older.

State grants might be made to localities for:

1. Community planning and coordination of programs
 2. Demonstrating programs or activities
 3. Establishing new or expanding existing programs
 4. Training special personnel
 5. Developing community-wide programs of health, social services, employment, recreation, and education
 6. Staffing and operating multipurpose activity centers
 7. Developing preparation for retirement courses
 8. Staffing informational, counseling, and referral centers
 9. Arranging for meal centers and home-delivered meals
 10. Increasing the numbers and effectiveness of volunteer workers and affording older people an opportunity to participate in giving, as well as receiving, such services
- . Limits the State's use of money from its allotted Federal funds for the support of any one project to a period of not more than 3 years; and in amounts, up to 75% of the cost of the project in its first year, 60% in the second, and 50% in the third.
 - . Permits the State to use up to 10% of its allotted Federal funds or \$15,000 (whichever is larger) for paying up to one-half of the State's administrative costs for operating the program and supplying technical assistance and related services.
 - . Requires submittal, for approval by the Secretary of Health, Education, and Welfare, of an overall State plan meeting certain criteria.
 - . Requires designation of a single State agency to administer or supervise the program.
 - . Authorizes the appropriation for State allotments of \$5 million in the current fiscal year; \$8 million in fiscal 1967; and sums to be set by future legislation for fiscal 1968, 1969, and 1970.

TITLES IV AND V

GRANTS TO PUBLIC AND PRIVATE NONPROFIT AGENCIES, VOLUNTARY ORGANIZATIONS, AND INSTITUTIONS FOR RESEARCH, DEMONSTRATION, AND TRAINING PROJECTS

Background:

In addition to the need for the initiation and spread of local projects and facilities, there are areas of research, demonstration, and training which are national in scope and implication, or would be of benefit to a number of States. For example, very little has been done in the design and provision of services in housing projects for older people. There are substantial gaps in definitive knowledge of the social and psychological processes of aging, of the preferences and patterns of older people as consumers, of the extent and the kinds of activities in which older people are interested and of which they are capable.

Experimental programs to determine what services are most effective in maintaining the independence, mental health, social participation, and good family relationships of older people are few and inadequately supported.

In those fields of work with older people where needs and methods are well established, there is a substantial shortage of professionally and technically trained personnel. Only a beginning has been made by some institutions of higher education towards meeting this need. In addition to the acute shortages in trained technical personnel there is also a need for persons broadly trained in aging to work in State and community planning of programs for the aged. Few college level courses in gerontology are available. Short courses and patterns for training personnel currently employed in a variety of occupations who need to add competency in aging to their present skills are also much in demand and generally unavailable. There is a dearth of traineeships, fellowships, and stipends available to students wishing to specialize in aging.

Programs for youth, for the ill and for the indigent are comparatively long established, well understood and accepted. The recency of interest and efforts in the field of aging make it difficult for such programs to compete for support from philanthropic organizations, community funds, and other sources of financing.

UNDER TITLES IV AND V: THE ACT:

- . Authorizes financial support through grants to, and contracts with, public and private nonprofit agencies, voluntary organizations, institutions, and -- in the case of contracts for research and demonstration (but not training) -- also with individuals. Projects might include:

Experiments in total community organization of services to older people.

Developing or demonstrating new approaches, techniques, and methods which hold promise of helping older persons.

Stimulating research in areas not now being supported by existing programs.

Developing training materials.

Designing and testing curricula.

Establishing university-based training and research centers.

Providing short-term or in-service training courses.

Providing traineeships, fellowships, and stipends for advanced training.

- . Permits the Secretary to require the recipient of any grant or contract to contribute money, facilities, or services to the project.
- . Authorizes \$1½ million for the current fiscal year for such projects; \$3 million for fiscal 1967; and such sums as Congress later authorizes for 1968, 1969, and 1970.

STATISTICS OF AGING

- . More people are living longer. Life expectancy at birth is now 69.9 years compared to 47.3 at the turn of the century. (For women it is 73.4 years; for men 66.6 years.)

There are 18 million older Americans -- men and women aged 65 or over. This is 9.4 percent of the approximately 191 million people in the United States.

- . The 65+ population continues to increase faster than the total population but not to the same extent that it did in the 1950's. Each day there is a net increase of slightly more than 800 people aged 65+ -- as approximately 3,760 sixty-fifth birthdays are reached and 2,960 deaths occur in the older age group.
- . Projections for 1970, 1985, and the year 2000, indicate possible totals of 19.6 million persons aged 65 and over in the national population in 1970, 25 million by 1985, and more than 28 million at the beginning of the next century.
- . Although the total population is growing younger, the older population is growing older. Half of all senior citizens are now more than 72.6 years old.
- . More than 12,000 Americans have passed their 100th birthday.
- . The States with the largest percentage of their populations in the older age group are: Iowa, Florida, Missouri, Nebraska, Kansas, Maine, Massachusetts, New Hampshire, and Vermont. Each had 11 percent or more of its population aged 65 and over in mid-1964. Iowa had the highest percentage, 12.4%.
- . Retirement age comes earlier, so that the average retiree may have 14 years in retirement, the equivalent in hours of free time to the length of an entire working life.
- . The median income for older families -- those headed by a person aged 65 or over -- was \$3,376 in 1964, less than half that for families with a younger head.
- . The median income for the older individual living alone or with non-relatives (but not in an institution) was \$1,297, just over two-fifths that of younger individuals on their own.

- . Nearly 80 percent of all older Americans live in households of their own. According to 1961 figures, nearly half of all older people lived with their spouses in their own homes, and another 30 percent lived in their own households but with no spouse present. Those not living in quarters of their own included 2.9 million living with relatives, approximately 400,000 lodgers with non-relatives, and 400,000 in institutions.
- . Ninety percent of the men and women of the Nation aged 65 or more are either receiving or are eligible to receive Social Security benefits under OASDI -- either as direct beneficiaries or dependents of beneficiaries.
- . For many of these older beneficiaries, however, benefit payments are minimum. Some 7% of OASDI beneficiaries also receive supplemental help from public assistance payments.
- . Approximately 29 percent of older men and under 11 percent of older women continue in the labor force. This means they are either employed -- full or part time -- or "actively seeking" employment.
- . The health costs of the elderly are two and a half times those of younger persons. In 1961, the total per capita expenditure for medical care for persons 65+ was \$315. The average for the under-65 person was \$128.
- . Older people are apt to spend twice as much time in hospitals as younger. They need to be hospitalized more frequently and need to stay for longer periods.
- . Although the percentage of older persons with one or more "chronic condition" is high -- 81% in 1961-63 -- only half of them had any interference with their major activity due to the condition. Less than 16% suffered serious restrictions in their usual activities.

STATE AGENCIES ON AGING

ALABAMA: State Commission on Aging, State Administrative Building,
Montgomery, Alabama 36104

ARKANSAS: Arkansas Governor's Commission on Aging, P.O. Box 2981,
Little Rock, Arkansas

CALIFORNIA: Citizens Advisory Committee on Aging, Room 113, 1209 Eighth
Street, Sacramento, California

COLORADO: Colorado Commission on Aging, 1375 Delaware Street, Denver,
Colorado

CONNECTICUT: Commission on Services for Elderly Persons, 165 Capitol
Avenue, Hartford, Connecticut

DELAWARE: Division of the Aging, P.O. Box 57, Smyrna, Delaware

DISTRICT OF COLUMBIA: District of Columbia Interdepartmental Committee
on Aging, 499 Pennsylvania Avenue, Room 300, Washington, D.C.

FLORIDA: Florida Commission on Aging, State Office Building, 107 W.
Gaines Street, Tallahassee, Florida

GEORGIA: State Commission on Aging, 7 Hunter Street, S.W., Atlanta,
Georgia

HAWAII: Commission on Aging, 1124 Miller Street, Honolulu, Hawaii

ILLINOIS: Illinois State Council on Aging, c/o Illinois Department of
Public Aid, Room 2000, 1600 N. La Salle Street, Chicago, Illinois

INDIANA: Indiana State Commission on Aging and Aged, 1015 State Office
Building, Indianapolis, Indiana

IOWA: Governor's Commission on Aging, Des Moines, Iowa

KANSAS: Division of Services for the Aging, State Department of Social
Welfare, Topeka, Kansas

KENTUCKY: Kentucky Commission on Aging, 600 W. Cedar Street, Louisville,
Kentucky

LOUISIANA: Louisiana Commission on the Aging, P.O. Box 4282, Capitol
Station, Baton Rouge, Louisiana

MAINE: Maine Committee on Aging, Vickery Hill Building, 11 Chapel Street,
Augusta, Maine

MARYLAND: State Coordinating Commission on Problems of the Aging,
403 State Office Building, Baltimore, Maryland

MASSACHUSETTS: Governor's Commission on Aging, 19 Milk Street, Boston,
Massachusetts 02109

MICHIGAN: Michigan Commission on Aging, 230 North Grand Avenue, Lansing,
Michigan

MINNESOTA: Minnesota Governor's Citizens Council on Aging, 658 Cedar
Street, St. Paul, Minnesota

MISSISSIPPI: Mississippi Council on Aging, P.O. Box 1698, Jackson,
Mississippi

MISSOURI: Interdepartmental Committee on Aging, Governor's Office, State
Capitol Building, Jefferson City, Missouri (Inactive at present)

MONTANA: Governor's Committee on Problems of the Aging, P.O. Box 1723,
Helena, Montana

NEW HAMPSHIRE: New Hampshire Council on the Aging, State House Annex,
Concord, New Hampshire

NEW JERSEY: New Jersey Division on Aging, P.O. Box 1540, John
Fitch Plaza, Trenton, New Jersey 08625

NEW MEXICO: Citizens Advisory Committee on the Aging, c/o New Mexico
Department of Public Welfare, 408 Galisteo, Santa Fe, New Mexico

NEW YORK: New York State Office for the Aging, 112 State Street, Albany,
New York

NORTH CAROLINA: Governor's Coordinating Council on Aging, Education
Building, Box 2599, Raleigh, North Carolina

NORTH DAKOTA: Governor's Citizens Committee on Aging, State Capitol,
Bismarck, North Dakota

OKLAHOMA: Special Unit on Aging, Oklahoma Department of Public Welfare,
Box 53161, State Capitol Station, Oklahoma City, Oklahoma

PENNSYLVANIA: Office for the Aging, Department of Public Welfare, Health
and Welfare Building, Harrisburg, Pennsylvania

RHODE ISLAND: Rhode Island State Division on Aging, Room A, 25 Hayes
Street, Providence, Rhode Island

TENNESSEE: Tennessee Commission on Aging, C2-209 Central Services
Building, Nashville, Tennessee

TEXAS: Governor's Committee on Aging, P.O. Box 12125, Capitol Station,
Austin, Texas

UTAH: Utah Council on Aging, Room 303, State Capitol, Salt Lake City, Utah

VERMONT: Interdepartmental Council on Aging, State Office Building,
Montpelier, Vermont

VIRGINIA: Commission on the Aging, 500 Virginia Building, North 5th Street,
Richmond, Virginia

WASHINGTON: State Council on Aging, P.O. Box 1162, Olympia, Washington

WEST VIRGINIA: West Virginia Commission on Aging, 1714 Washington Street,
East Charleston, West Virginia

WISCONSIN: State Commission on Aging, 6 West, Capitol Building, Madison,
Wisconsin

PUERTO RICO: Puerto Rico Gericulture Commission, 1254 Ponce de Leon
Avenue, Santurce, Puerto Rico

VIRGIN ISLANDS: Citizens Advisory Commission on Aging, Charlotte Amalie,
St. Thomas, Virgin Islands

States omitted have no State agency on aging at this time.

REGIONAL REPRESENTATIVES ON AGING

Administration on Aging specialists are located in each HEW regional office to assist States and communities.

REGION I: 120 Boylston St., Boston, Mass. 02116. Serving Conn., Maine, Mass., N.H., R.I., Vt. Mr. James C. Hunt

REGION II: Room 1200, 42 Broadway, New York, N.Y. 10004. Serving Del., N.J., N.Y., Pa. Mr. Louis L. Bennett

REGION III: 700 East Jefferson St., Charlottesville, Va. 22901. Serving D.C., Ky., Md., N.C., Va., W. Va., Puerto Rico, Virgin Islands. Mr. H. Burton Aycok

REGION IV: Room 164, 50 Seventh St., NE., Atlanta, Ga. 30323. Serving Ala., Fla., Ga., Miss., S.C., Tenn. Mrs. Virginia M. Smyth

REGION V: Room 712, New Post Office Bldg., 433 West Van Buren St., Chicago, Ill. 60607. Serving Ill., Ind., Mich., Ohio, Wis., Miss Verna Due

REGION VI: 560 Westport Road, Kansas City, Mo. 64111. Serving Iowa, Kans., Minn., Mo., Nebr., N. Dak., S. Dak. Miss Amelia Wahl

REGION VII: 114 Commerce Street, Dallas, Tex. 75202. Serving Ark., La., N. Mex., Okla., Tex. Mr. Clarence M. Lambright

REGION VIII: Room 9017, Federal Office Bldg., 19th and Stout Sts., Denver, Colo. 80202. Serving Colo., Idaho, Mont., Utah, Wyo., Mr. Allen M. A. Buckingham

REGION IX: 406 Federal Office Bldg., 50 Fulton St., San Francisco, Calif. 94102. Serving Alaska, Ariz., Calif., Hawaii, Nev., Oreg., Wash., Mr. Charles P. Weikel