Daniel T. Murphy

PLANNING FOR A COMPREHENSIVE SERVICE DELIVERY SYSTEM FOR THE OLDER RESIDENTS OF OAKLAND COUNTY, MICHIGAN

A REPORT

PREPARED BY

THE NATIONAL COUNCIL ON THE AGING
WASHINGTON, D.C.

FOR

OAKLAND COUNTY BOARD OF COMMISSIONERS

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FOREWORD

The Oakland County Board of Auditors and the Oakland County Commission on Economic Opportunity invited the National Council on the Aging to assist them in planning for a comprehensive service delivery system to meet the needs of elderly residents of the county. The County Board of Auditors had applied for and received a planning grant from the State of Michigan Commission on Aging. The planning project proposal envisioned that a coordinator would be hired to plan and design the service delivery system. However, in view of the developments in the field of the aging, the Oakland County Board of Auditors and the Oakland County Commission on Economic Opportunity - to whom the Board of Auditors had delegated the responsibility for the implementation of the planning grant - agreed that the county might be better served if another approach was utilized. It was recognized that plans needed to be made to help the county be in a better position to take advantage of revenue sharing in relation to human services and the then proposed new amendments of the Older Americans Act and the funds which would be available to the states and localities.

It was agreed that the thrust of the planning effort should relate more closely to the Administration on Aging strategy. This calls upon states to designate planning and service areas and area agencies on aging. The strategy places emphasis on the assessment of the

service needs of older persons and of the resources available through public and voluntary agencies and institutions to meet these needs as a first step in the process of developing a more cohesive and comprehensive service delivery system.

In view of the fact that area agency on aging designations had not yet been made in the State of Michigan, it seemed wise for Oakland County to accomplish its assessments within the shortest possible time and to decide the best auspices and structure for a county-wide planning and coordinating instrumentality. The National Council on the Aging was invited to provide assistance and consultation in relation to these two tasks, both of which are critical to the eventual establishment of a comprehensive service delivery system for older residents of Oakland County.

The National Council on the Aging carried out the work reported herein under a contract with the Oakland County Board of Commissioners. A team of consultants worked under the general direction of Marjorie A. Collins, Assistant Director of NCOA. Bernard Finkelstein of the NCOA staff was the Team Leader for the field work. He and Ms. Collins are co-authors of this report. Other NCOA staff members participated in the review of the demographic data, studies, reports and questionnaire responses made available to the consultant team by the Oakland County Board of Auditors, and the Oakland County Commission on Economic Opportunity as well as other material collected during the course of the work. NCOA staff members Dorothy Merritt and Robert Jones worked under Mr. Finkelstein's leadership in carrying out the field work required to supplement the information available from the above sources.

They confered with key staff of over thirty Oakland County agencies and organizations.

This report seeks to relate the information reviewed and gathered to a frame of reference which will be of value to Oakland County's efforts to develop a more comprehensive service delivery system for its older residents. The attempt was to avoid a "laundry list" of services. Here attention is directed toward the clusters of services which particular sub-grouping of old persons might require in the belief that this is a more useful perspective from which to embark on a county planning and coordination effort.

Some agencies and programs in Oakland County are specifically mentioned in the report, generally because they are illustrative of a kind of service currently offered. If a particular agency program or service is not mentioned, this does not imply an adverse evaluation.

The consultant team is deeply appreciative of the warm welcome given to them by those they met in Oakland County and the never failing helpfulness of Robert Chisholm, Administrative Assistant, Oakland County Board of Auditors, Edward Revis, Executive Director of the Oakland County Commission on Economic Opportunity and his staff.

I. INTRODUCTION

The purpose of this report is two-fold. First, it explores the factors which the Oakland County Board of Commissioners should take into account as it seeks to strengthen its capability in planning with and on behalf of its older residents, and suggests alternative structures for a planning instrumentality through which this might be done.

Secondly, the report provides some of the basic data and a frame which can be used in the planning and development of a more comprehensive service delivery system for the county. Human services require, as a first step, the collection and analysis of information about the needs of the population who are to be the beneficiaries of the planning process, the resources currently in place, and the modifications and extensions of services which are likely to be required if services are to be sufficiently comprehensive to meet identified needs.

In order to present the findings in a way which would be useful in the planning process, we have grouped them under headings which relate to the three major objectives of a service delivery system for older people. These objectives are:

1. To improve the quality of life of older persons and to compensate for one or more losses which are commonly associated with growing old.
2. To provide some needed help, care or protection for those among the older population who have become too fragile or

infirm to cope with all of the demands of everyday living and complete self-care.

3. To provide medical, nursing and personal care services for those who suffer from physical or mental chronic conditions and disabilities, and require long-term care, as well as care during acute episodes of illness.

In considering the needs of older persons and the resources available to them, it is important to recognize first of all that many older persons manage to live full and interesting lives, making use of their own resources, enjoying the informal relationships with family members, friends or neighbors, and utilizing the facilities and services available to all age groups in the communities in which they live.

However, the significant changes which have taken place in the structure and functioning of American families have created hardships and suffering for increasingly large proportions of our older citizens. These changes are, in turn, the consequences of the massive social and economic changes our society has been experiencing. Although the impact of social changes varies from individual to individual, family to family and community to community, the general trend is that families are less able to provide for all of the needs of their aged members.

The smaller homes and apartments of an urban society make it difficult for family members to accommodate an elderly relative and it is hard for older parents who have prized their independence to live in the homes of their children. Further, it is all too often forgotten that members of families may not get on well together, and intergenerational conflicts can occur between an adult child and older parents as readily as

in younger families. As more women have opportunity for education, more combine a business or professional career with motherhood and homemaking. Thus, they may not have the time or the opportunity to learn the skills required for caring for sick, feeble, older family members or are afraid that they do not, and therefore prefer to use specialized services.

While studies indicate that intergenerational ties of affection and concern remain strong, the fact is that family members do not always live in the same neighborhood, cities or even country and are not as readily available to be of help to one another.

Thus, communities must face the reality that traditional patterns of familial mutual aid and assistance can no longer be expected to provide all of the services needed. Older persons may require assistance from some broadly based mutual aid system which must be devised and services organized to take the place of those no longer provided through the family system. Viewed from this frame of reference, the organized services needed by and developed for the aged are but another part of a continuing process through which a society devises more appropriate systems of service for the care of its members as older systems cannot adequately fulfill important social functions.

The traditional resources for older persons, are homes for the aged, and chronic disease hospitals and infirmaries. The period of the 1950's and 1960's was a time for a great proliferation of new services for the elderly and an expansion of older forms. It was also a time when larger amounts of tax dollars were provided for these programs. In earlier periods, churches, fraternal groups and other charitable organizations bore the major costs of services for the elderly.

The expansion of programs resulted in extensive fragmentation of services and the need for their coordination into a more cohesive system of services. This, in turn, has lead to a greater emphasis on planning and the allocation of public funds for this purpose. The 1973 Older Americans Act Amendments and the guidelines from the national and state units on aging stress the importance of the shift of emphasis from project development to planning, so that there can be comprehensive services for the elderly.

This report is designed to assist Oakland County in developing a comprehensive service delivery system for the elderly. Such a system can be defined as one which makes available and accessible those goods and services necessary to maintain or increase the maximum independent functioning of the older residents in the community and to provide care for those who require it. Comprehensive services are, by definition, both multi-functional and multi-faceted and their delivery is through multiple agencies.

In order for the delivery system to function in a comprehensive way, it must be capable of assuring that individuals who enter the system through one of the multiple agencies has made available to them needed services provided by other agencies or institutions in the system. This in turn requires that there be linkage between the various components of the system. Important linkage mechanisms include knowledge of the various programs which comprise the service delivery system; staff capability to assess the needs of the older persons and to mobilize the resources available through the system to meet multiple needs; and formal or informal interagency agreements of cooperation and collaboration.

A plan for a comprehensive service delivery system involves finding programmatic ways to reduce the disfunctional consequences of fragmentation of services for older persons which cannot be overcome through the good will and efforts of individual agencies alone. Its achievement requires: (1) a planning and coordinating instrumentality for a particular service area - in this case, Oakland County - and (2) a visualization of a future desired state of affairs for older persons and action plans for achieving these objectives which can win the support of older persons themselves, interested and concerned citizens as well as the agencies and organizations with a stake in the action.

In this connection, it is important to take into account the differences between community and administrative planning. As indicated above, the focus of community planning is on a scheme of action for achieving a desired state of affairs. Administrative planning tends to focus more on the scheme of arrangements of program elements with the objective of putting them in an orderly and integrated relationship with one another. Such an objective may be achievable within a single agency or program where clear cut lines of authority can be established and specific areas of functioning and responsibility can be prescribed. This objective is not as readily achieved in community planning. This is because planning power is widely distributed and agreement about the most effective assignment of functions and responsibility can only be accomplished through agreements arrived at through the continuous emphasis on shared goals and objectives and the skillful use of such conflict resolution strategies as negotiations, trade offs and team work.

II. COMMUNITY PLANNING FOR THE AGING

A. RATIONALE FOR A SPECIAL PLANNING STRUCTURE

In the past ten years there has been a proliferation of community planning and coordination instrumentalities. Each field of special concern such as health and mental health, maintains that the uniqueness of their issues and problems requires the establishment of a special agency for planning and coordination purposes. The field of aging is a proponent of this position and it is one which is strongly supported in the "Older Americans Comprehensive Services Amendments of 1973." This act was passed by the Congress of the United States on May 3, 1973, for the purpose of strenghening and improving the Older Americans Act of 1965.

There are pragmatic reasons for the interest of communities, such as Oakland County, in establishing a focal point for planning, developing and coordinating human services for the elderly. Among them are the following:

1. The increasing proportion of older people to the total population requires that their unique issues and problems receive special attention. The number of older people in America has reached a level where they can no longer be ignored or kept on their current low level of importance. Economically, politically and socially, older persons are becoming an increasingly important segment of the population.

2. The inadequacy - both quantitatively and qualitatively - of the present pattern of service delivery for the aging population.
3. Recognition that the older person of tomorrow will be considerably different from the present generation of older Americans and that there needs to be a planning instrumentality which can be responsive to changing needs. Today's older American who tends to be passive, as a result of his history of work, education, culture and social values, is likely to be superceded by a more active and demanding older American.
4. The changing pattern of federal, state and local relationships in the development and support of human services is placing greater responsibility upon local communities to prepare themselves for human responsibility which they heretofore have not had to address.
5. The "New Federalism" with its revenue sharing, block grant concepts, represents a significant move away from categorical (special interest) funding. However, block grants *will not eliminate* special interest forces. Rather, the arena for competition between special interest has moved from the federal and state levels to the local communities. It is likely that there will be an

> even greater competition for block grant funds by special interest groups because local government is more accessible than are state or federal government. It is axiomatic that the most highly organized, persusasive, politically strong groups will be the greatest beneficiaries of revenue sharing, block grant funds. There are indicators that human services have the lowest priority in the distribution of current general revenue sharing funds. Unless local communities take steps to organize and structure their human services, they will find themselves in an even more untenable position than at present. People will be there even if the appropriate community resources are not.

The development of a comprehensive community human services plan is a formidable challenge. The large number of agencies, each with its own decision-making process and system of community relations, fosters the continuation of fragmented, specialized services. It must be accepted that decision-making made by one entity is neither feasible nor desireable.

Community planning and coordination development ultimately rests upon the principle of concurrence - concurrence in purpose and performance to achieve agreed upon goals and objectives. The diversity of agencies, service methods, philosophies in relation to how to conduct an effective program to serve the elderly, results in differences of opinion, competition for funds and striving for status

and authority. The ultimate goal of any plan directed toward coordination is to allow for maximum input of the consumers and providers of services and not allow domination by any single interest or grouping. See articles on "Barriers to Effective Community Planning for the Elderly," Appendix A.

B. PLANNING AND COORDINATING FUNCTIONS

The functions which need to be carried out by a planning and coordinating instrumentality, are the same irrespective of the structural model selected. The structure may affect the emphasis given to the functions identified below and the capability of the planning organization to carry out particular functions.*

1. Policy Development

The planning unit on aging should be given the responsibility to develop county-wide policy guidelines for the development of a comprehensive service delivery system, establish appropriate standards for services and for funding, develop measurable performance objectives, integrate policy requirements into legislative proposals as appropriate.

2. Program Funding

The primary source of funds for planning, coordination and program development in the field of aging, at the present time, is from the federal government to the states to the communities.

*Appendix B. "Comprehensive Service Delivery Functions and Activities" Contains a case example to show how a planning and coordinating instrumenality would go about planning for an Information and Referral Service.

Local funds for matching purposes are required. A community-wide approach to the development and submission of funding applications can be beneficial to the applicant agency. Additionally, the county may serve as a prime contractor to one or more public or voluntary agency subcontractors.

New Federalism (revenue sharing) concepts are reemphasizing the principle of distribution of public money by public bodies. The new factor is that local units of government will be responsible for the distribution of federal funds which previously were distributed by federal agencies. Each unit of local government needs to organize itself to handle its new responsibilities. The county level planning instrumentality should give leadership to a cooperation should planning efforts involving the cities, towns and villages in planning ways to use these funds for services for the elderly.

3. Program Services Priorities

The development of a community-wide Program Service Priority System is complex and difficult to achieve. Yet priority decisions are made each time budgetary allocation decisions are executed. Most priority plan efforts have had little impact

or effectiveness. This report will not establish a Program Services Priority System for Oakland County. Rather it provides following basic guide-lines for the establishment of Program Priorities:

(a) Priority determination must be based upon specified program goals and objectives.

(b) The Comprehensive Service Delivery concept is based upon the application of multi-faceted services through a variety of agencies. Each service agency is primarily related to a functional field of services, i.e., Health, Social Services, Leisure Time, etc. There are existing agencies in some functional fields which have planning and coordinating purposes and programs, such as The Comprehensive Health Planning Council, The Pontiac Area United Fund, The United Community Services, Southeast Michigan Council of Governments, etc.

Full recognition of existence of these planning agencies must be given by the county planning and coordinating aging structure. Every effort must be made to establish appropriate working relationships between it and agency or

unit and these other instrumentalities.

It is strongly recommended that the aging, planning, and coordinating organization make full use of these agencies by requesting and/or contracting for planning activities which are within the scope and competencies of agencies. If the functional field planning agency is unable or unwilling to conduct requested planning services, the aging planning unit must have the flexibility to determine if it will undertake the activity itself.

4. Service Systems Development

Comprehensive service delivery will depend upon the extent to which functional field can come to agreement and the capability the community-wide planning and coordination mechanism has of bringing together the various components to secure agreement about the delivery system.

This report describes the various service subsystems necessary to provide comprehensive services to elderly. These include the functional fields of health, social services, housing and supportive services. Service delivery is provided by public and voluntary agencies each of which has decision-making functions and authority. Public agencies

have a statutory base, with sanction and existence based upon a legislative process. Private non-profit agencies have charters or articles of incorporation and have sanction and assistance through the voluntary committment of the agency's constituency and/or funding sources.

Each agency - whether public or private - has the responsibility for planning its own efforts. Each agency dependent upon community support either through taxes or voluntary contributions has the responsibility for submitting its program goals and objectives to the community it serves for broader sanction and support. Each agency has the responsibility of relating itself to other agencies operating in its primary functional field.

The concept of concurrence planning and coordination holds to the principle that functional field planning and coordination is required if community-wide planning is to be effective. No single functional field can plan and coordinate another functional field. Finding ways to relate sub-system planning and action to the comprehensive service requirements of the elderly is a major function of the aging planning organization.

5. Management Information

A community-wide planning and coordination

program requires information for program development, assessment and evaluation. Without accurate information, planning and coordination projections will be based only upon estimates. Accurate information will provide the basis for operational evaluation and research.

The establishment of a data collection system as a part of a community's comprehensive service delivery system requires unique competency and skill. The Division of Data, Evaluation, and Program of the Oakland County Commission on Economic Opportunity has competency in this.

The United Way of America has developed a service identification system which is being used by local United Funds as well as other planning and funding organizations seeking to use uniform and comparable definitions of programs as a base for planning.*

Program Effectiveness Evaluation requires the development of evaluation standards, criteria and methodology. The complex nature of the problems of the elderly, the multiple service components, the lack of existing standards for measuring results and the difficulties of making gross measurements of results are indicators of issues confronting any evaluation activities. However,

*UWASIS, United Way of America Services Identification System: People and Programs Need Uniform and Comparable Definitions. United Way of America, Washington, D.C. 1972.

the development of evaluation procedures is mandatory for short and long range program planning and development. This activity should be considered as part of the Management Information System and undertaken by the unit to which this function is assigned.

C. PLANNING STRUCTURE MODELS

Various models for community planning and coordinating structures have emerged as local communities have sought more effective ways to give focus and cohesiveness to service programs for the elderly. These differ in terms of their geographic base, auspices and organizational structure.

1. Geographic Base

There are two trends discernable in relation to the geographic area to be covered by an aging planning effort. Increasingly, local units of government - counties, cities, townships, and villages - are establishing planning and coordinating instrumentalities as a means of a) providing guidance to the development and expansion of services, b) establishing a focal point for the better integration of social and physical planning as it affects the elderly. This trend has been accelerated by Revenue Sharing as local units of government respond to their desire and to community pressure to use the monies available from this source for more comprehensive services for the aging. By law, one or more of eight catagories must be chosen

for the spending of Revenue Sharing Funds. One catagory is the provision of social services to the poor and aged. The potentiality, if not the reality of, a proliferation of planning efforts by local units of government within counties is stimulating state legislation, such as the proposed Michigan Bill 4827, which would create county units on aging. Similar legislation is being proposed in other states.

There is also a strong trend toward the establishment of an area or regional approach to planning - both physical and social planning. In Michigan the state health and social service programs have units which correspond to planning districts.

This trend results from the need to have a planning base which goes beyond the boundaries of political subdivisions. Problems such as transportation, air pollution and the need for health and social services generally require a broader base for planning action steps.

The strategies of the administration on aging recognize the validity of this trend. Legislation authorizes states to designate planning and service areas, based on specified criteria.

These priority planning and service areas, for the most part, have the boundaries of one or more units of general purpose governments or councils. Where states have established COG's or Regional Planning Districts, the Planning

and Service Areas (PSA) may correspond to the states' overall plan for regional and area planning.

An Area Agency on Aging (AAA) is designed by the state unit on aging for the priority PSAs and will be responsible for developing the area plans. It is also responsible for implementation of plans which may be carried out directly or through contractual agreement with other agencies.

The Michigan Commission on Aging has not officially designated its Planning and Service Areas, nor has it designated its priority PSAs. Area Agencies on Aging are yet to be designated as well. The state plan for the dispersal of funds under Titles III and VII of the 1973 Amendments of the Older Americans Act has not been made. The AoA regulations for Title III are not expected before October 1973 and the matter of whether funds are to be concentrated in a few PSAs or more widely dispersed has not yet been decided. Nonetheless, states are moving ahead on plans based on the provisions of the Act, the strategy devised in 1972-73 and the guidelines prepared for the implementation of area wide model projects.

2. Auspices

The Older Americans Act of 1973 provides options which would permit public, private non-profit, or public and private auspices. The latter is the predominent pattern for long established local units on aging. The

preference of the Administration on Aging is clearly for general purpose local government auspices.

The question of administrative auspices for the planning instrumentality in Oakland County was thoroughly and carefully explored with those interviewed by a consultant team. There was unanimity of agreement that Oakland County, as a governmental entity, should take the leadership to bring about a structure for planning and developing a county-wide comprehensive service delivery system for the elderly.

3. Organization Structure

Among the various possible structural models, three are presented for consideration by the Oakland County Board of Commissioners. These are:

a. An Oakland County Commission on Aging

b. A separate County Department or Office on Aging

c. A planning and coordinating unit on aging as a component of a County administered multi-purpose agency.

In each of these patterns the Oakland County Board of Commissioners is the unit of general purpose local government responsible for the establishment of policy, planning and implementation of programs for the elderly. Each pattern has certain advantages and disadvantages which the Board of Commissioners will wish to weight in making their decision.

a. COMMISSION ON AGING

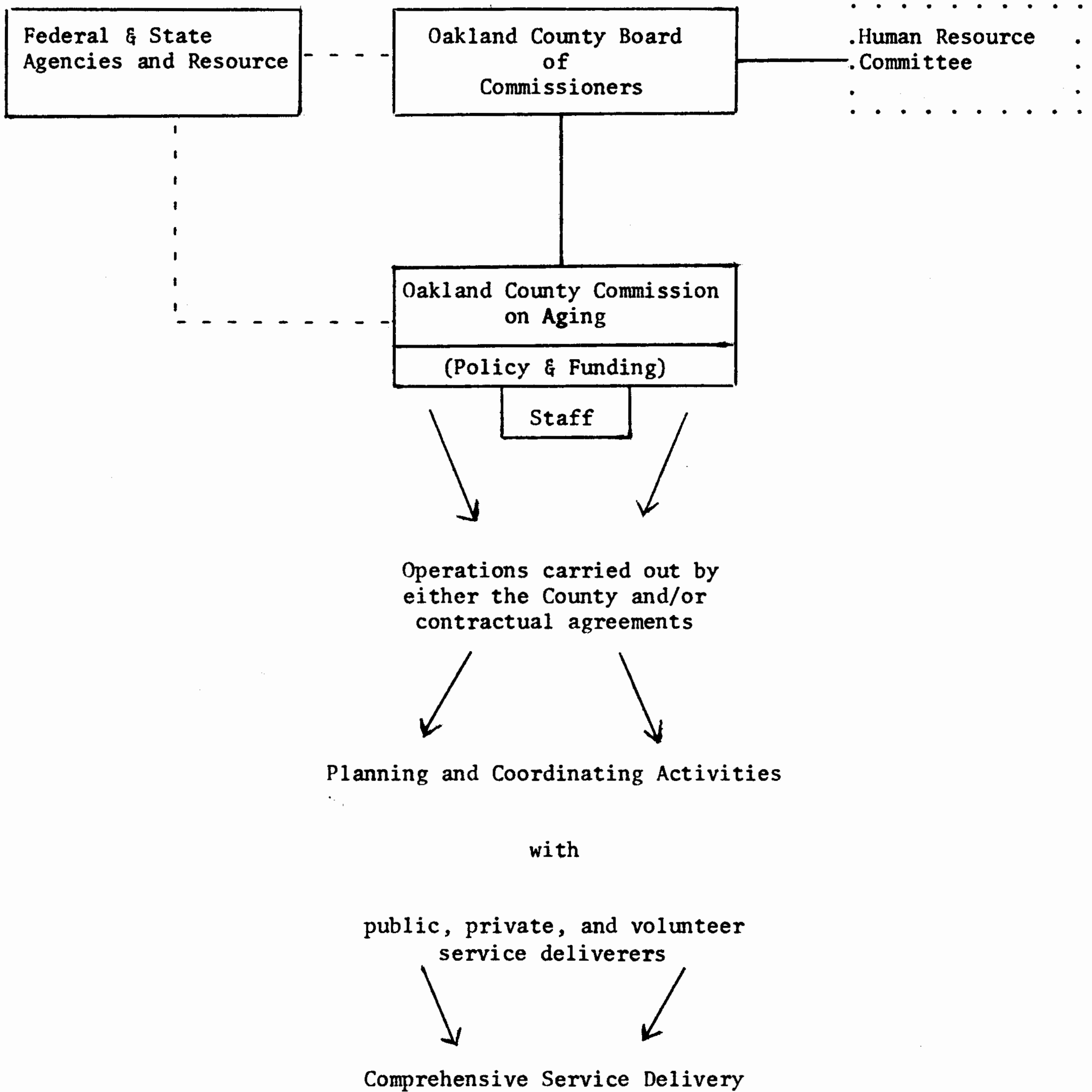
A Commission on Aging established by official action of a local unit of government is a popular form of organization and one which is compatible with the provisions of the Older American Comprehensive Service Amendments of 1973.

Commissions generally do not carry out direct service functions as these tend to confuse or detract from broad planning and coordination functions.

This structure has the following advantages. It clearly signifies the concern of the county for the older citizens and gives status to planning efforts on their behalf. The status of a commission makes it possible to secure the participation of high level citizen leadership as well as that of interested agencies and older persons themselves. There is the opportunity to provide for representation of other governmental and private planning organizations on the commissions.

The effectiveness of such a structure depends in large measure on the capability of its staff and their community planning capability.

a. OAKLAND COUNTY COMMISSION ON AGING



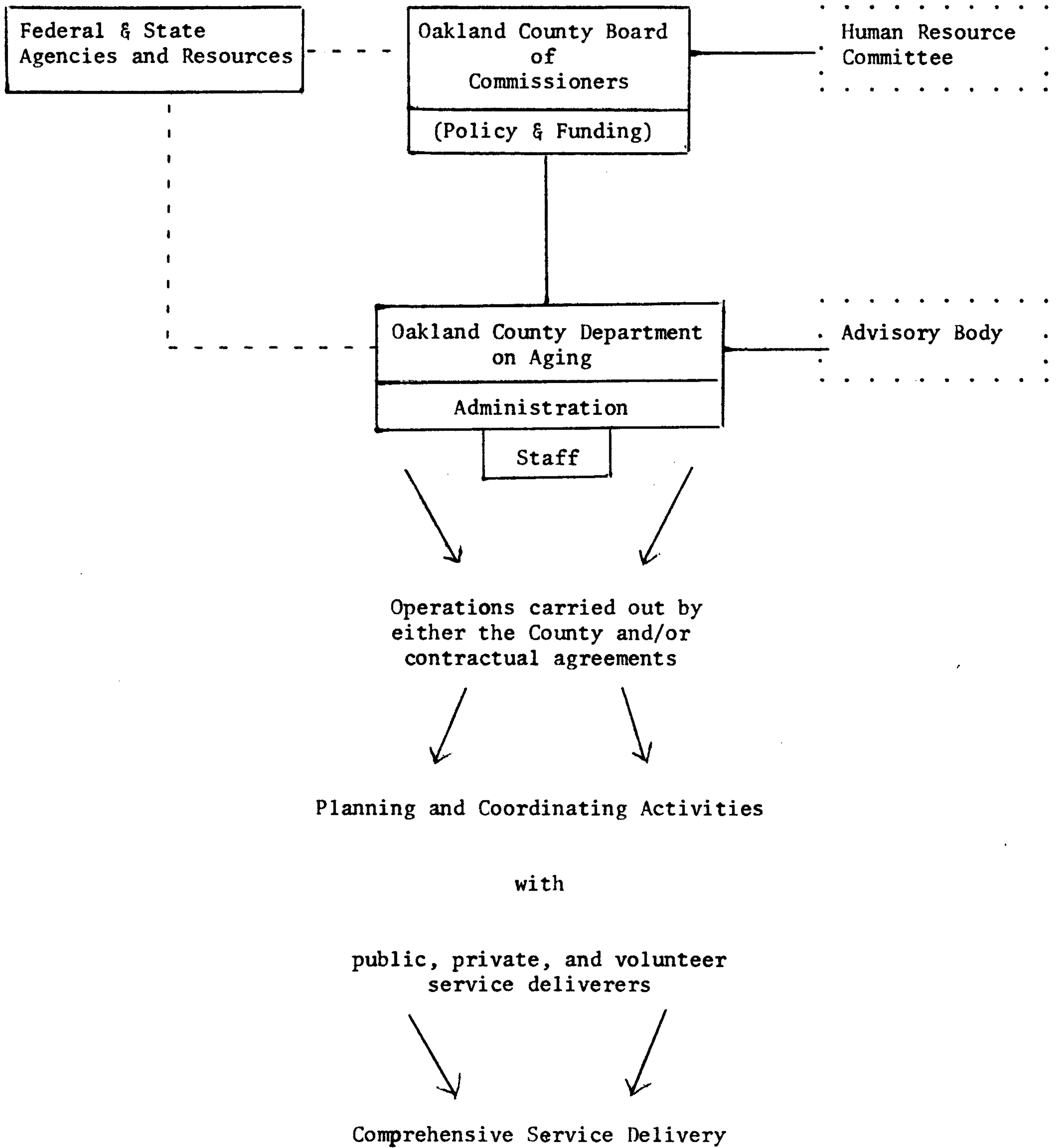
b. A County Department on Aging

A Department on Aging is a separate unit of general purpose local government. It is responsible to the chief executive and/or governing body of the political unit.

The strength of this pattern is that such a department is in a position to develop working relationships with other departments of local government around common interest or problems and generally has ready access to communication channels to state and federal agencies in regard to aging services, funding, etc.

The weakness of this pattern is that such departments may have lower status in relation to other larger established departments which can inhibit good working relationships. However, the greater likelihood of governmental funds for aging planning and services will elevate the status of such offices. The greater availability of funds could help to overcome the second weakness of this pattern - their more limited ability to effectively mobilize the interest and participation of the voluntary sector, consumers of services and interested influential citizens as is required for broader community planning and coordination functions.

b. OAKLAND COUNTY DEPARTMENT ON AGING



c. A Planning and Coordinating Unit on Aging, as a functional component of a County Administered Multi-Purpose Agency.

A planning and coordinating unit on aging may be established as a functional component of a County Administered Multi-Purpose Agency - such as the Oakland Councy Human Services Agency.

Recently, the County Board of Commissioners by resolution designated the Oakland County Commission on Economic Opportunity as the Human Service Agency. Under this resolution, the Human Service Agency is authorized to receive funds and to administer and develop and operate programs on behalf of the poor, including programs for the elderly. At the present time, the Human Service Agency is a non-profit corporation. Under consideration is the question of whether the Human Service Agency shall become a Department of County government or a public corporation.

The strength of this pattern, as it relates to the Oakland County Commission on Economic Opportunity, has had considerable experience in programming for the aging, and has taken leadership in the development of new programs.

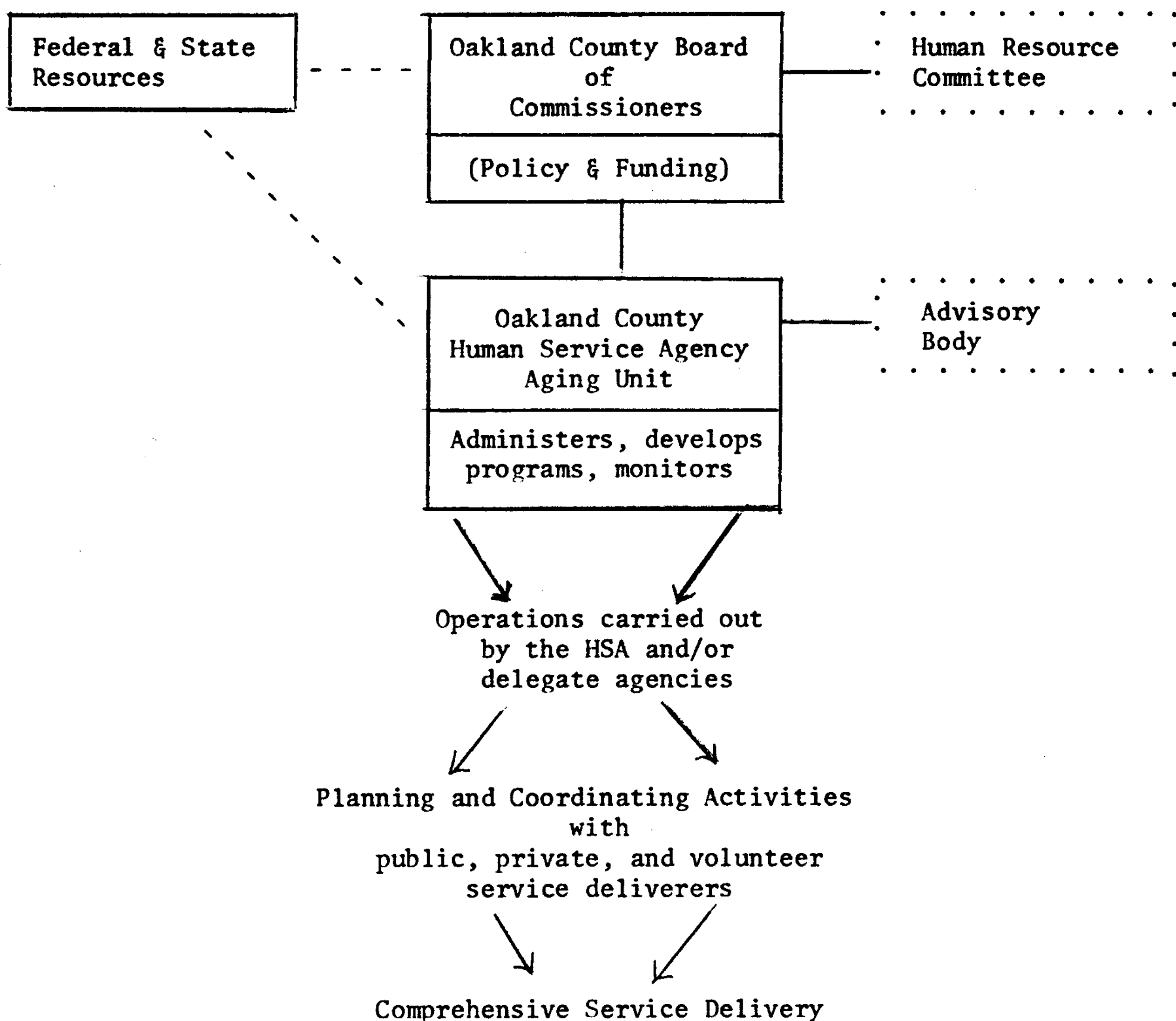
It had worked collaborativally with a large number of agencies serving the aged. Further, it has capability in data collection and program review and experience in allocating governmental program funds to other agencies. If the Human Service Agency is selected to be the agency to administer the planning and coordinating unit on aging, the Unit on Aging must have identity. It will not be able to fulfill community planning and coordination functions if it is submerged or given a low priority status because of greater interest in other population groups or problems.

The question of whether the Human Service Agency continues to operate aging programs is one which must be dealt with directly as a part of the determination of whether to assign the planning and coordinating functions on aging to that agency.

There is a general principle that the execution of planning and coordination functions on a community wide basis generally requires that the agency performing those functions should not have direct service activities. This is the basic position of the Administration on Aging as well. It is obvious that an agency which has planning

and coordination and possibly funding functions will find itself in a difficult, if not impossible, position if it determines allocations of funds and assigns functions to itself at the same time that it also makes these determinations for other agencies.

c. A UNIT OF OAKLAND COUNTY HUMAN SERVICE AGENCY



Planning Recommendations

1. The base of community support for the planning and coordination mechanism must be broad and active participation in the planning process encouraged.

   The recommended planning and coordinating concepts are based upon participation and concurrence of the people (consumers), agencies, organizations, and community institutions most affected by the decisions of the planning and coordinating structure. It is strongly recommended that the planning structure maintain a minimum of fixed or standing committees. It must have the flexibility to permit the most appropriate participation of the particular centers of interest. Since the goal of the planning and coordinating efforts is the delivery of comprehensive services, specific planning and coordinating activities will require participation of different individuals and groups at different times.

   The major groups from which participation is desired are cities and towns, service delivery agencies, senior citizens, interested individuals and other planning & funding agencies.

The participation of other agencies with planning components such as Pontiac Area United Fund (PAUF) and the Oakland Planning Division of the United Community Services (UCS) should have emphasis. These two agencies represent the federated fund raising efforts in Oakland County and both include budgeting, community planning and funding as organizational functions. UCS main headquarters are in the City of Detroit and the Oakland Planning Division is the branch for Oakland County. Many policies are established at the main headquarters for implementation. Planning decisions and service priorities set forth by the two agencies affect the allocations to member agencies.

UCS has a program for priority services which Oakland Planning Division implements. PAUF has not instituted a priority program but it is anticipated that PAUF will follow the UCS policy of ranking priorities and funding member agencies accordingly. Although senior citizen groups are not represented, seniors do participate in the planning activities of PAUF and UCS.

UCS has several priority categories for aging services; some are ranked under first, second, or third out of a total of four priority ratings. UCS and PAUF member agencies are encouraged to seek additional funding from sources other than United Fund. It is recommended that the two agencies consider uniform priority positions since local consideration has been given to

subcontracting certain planning and program evaluation functions to both of these agencies because of their relationship to specific service delivery agencies.

Two conditions must exist if the Planning and Coordinating structure is to function without built in restrictions:

a. The Aging, Planning, and Coordinating organization must be free to utilize the services of other planning agencies, such as the United Community Services, Pontiac Area United Fund, Comprehensive Health Planning Council, etc.

b. The aging, planning and coordinating organization must make decisions. While full participation of the various community interests is mandatory and such participation should influence the outcome, the final decision making must be vested in the Planning & Coordinating Unit.

2. The planning and coordination unit should provide for the participation of the cities and townships, particularly in relation to those functions for which the cities and townships have responsibility.

At the present time, the independent cities and townships affect the lives of the elderly primarily through zoning, land use decisions, property tax levies, police and fire protection, recreation and library services. Cities, with few exceptions, are not the deliverers of health and social services.

The particular methodology for participation should be determined by the nature of the activities to be conducted. Cities and townships receive revenue sharing funds which have significance for the elderly. Oakland County, through the Planning and Coordination Unit, can provide the medium through which the various cities and counties may develop joint planning and funding programs for the elderly.

3. The functions of the planning and coordination mechanisms should conform with those specified in the Older Americans Comprehensive Services Amendments of 1973 and those required by the Michigan State unit on aging for designation as the Area Agency on Aging.

   As stated in the Act, area agencies on aging will:

   a. Provide for the establishment of a comprehensive and coordinated system for the delivery of social service within the planning and service area covered by the plan, including:

      1) Determining the need for social services and taking into account, among other things, the numbers of older persons with low incomes in the area.

      2) Evaluting the effectiveness of the use of resources in meeting such needs.

      3) Entering into agreements with providers of social services in the area for the provision of services to meet the needs.

b. Provide for the expansion or improvement of social services in the planning and service area.

c. Provide for the establishment and maintenance of information and referral sources in sufficent numbers to assure that all older persons within the planning and service area covered by the plan will have reasonable convenient access to them. The amendments state that such information and referral sources are to (1) maintain current information regarding the opportunities and services available to older persons, and develop current lists of older persons in need of services and opportunities; and (2) to employ specially trained staff to inform older persons of the opprotunities and services available and to assist them in taking advantage of these resources.

In addition, the act provides for establishment of a National Information and Resource Clearinghouse for the Aging* which would have the responsibility for collecting, developing and assembling information related to the needs and interests of older persons. It would obtain information from public and private agencies and other organizations serving

*Ibid. Sec. 204 (a)

older persons and would encourage the establishment of state and local information centers - such as described in Sec. 304 (c) referred to above - and to provide technical assistance to such centers. The National Clearinghouse would also collect and disseminate information relevant to the consumer interests of older persons.

In the light of these developments and the need for a more comprehensive information and referral system in Oakland Count to be discussed below in the service recommendations, it is recommended that:

4. The planning and coordinating instrumentality assure that the Information and Referral structure developed for Oakland County be so designed as to provide a continuing source of data on problems presented, the availability of and gaps in service, and problems related to the provision of services by established agencies.

Such information is invaluable for planning purposes and for a continuing assessment of the efficiency and effectiveness of the service delivery system.

The Act also specifies other things an Area Agency on Aging should do. The most important ones from the perspective of planning and coordination functions relate to (a) periodic evaluations of activities carried out in relation to the area

plan; (b) provision of technical assistance to providers of social services; (c) securing the view of services in relation to matters of general policy which arise in the process of developing and administering the comprehensive plan; and (d) the establishment of an advisory council, consisting of representatives of the target population and the general public to advise the area agency on all matters relating to the administration of the plan and operations conducted as a part of the plan.

On the basis of these requirements, it is recommended that:

5. <u>The staff of the planning and coordination instrumentality of Oakland County be of the size and have the competence to carry out the (a) required planning, evaluation, consultative services and (b) the capability of providing staff services to advisory councils and other structures through which the participation of older persons and representatives of the general public can be utilized in the planning process</u>.

As suggested above, community wide planning and coordination requires information for needs assessment, program development, evaluation, and projection of future service needs.

6. <u>A Management Information System be an integral part of the planning and coordination instrumentality</u> which would have the responsibility for the establishing a data collection

system and devising Program Evaluation.

(See discription of functions above.)

Oakland County is fortunate in having a community agency which has the potential for developing an appropriate Management Information System. The Division of Data, Evaluation & Program of the Oakland County Commission on Economic Opportunity has the leadership and experience to assume this function.

It is not possible to determine the number, kind of personnel or the cost of this program component until the Management Information System is designed. This assignment might well be given to this division as a priority task.

Program Effectiveness Evaluation requires the development of evaluation standards, criteria and methodology.* The complex nature of the problems of the elderly, the multiple service components, the lack of existing standards for measuring results and the difficulties of making gross measurements of results are indicators of issues confronting any evaluation activities. However, the development of evaluation procedures is mandatory for short- and long-range program planning and implementation. This activity should be considered as part of the Management Information System and undertaken by the unit to which this function is assigned.

7. The planning and coordination unit should develop a sound relationship with the Michigan Commission on Aging since the state unit is likely to be the channel for the flow of certain designated

*See Appendix D. HEW, Office of Human Development, Administration on Aging, Information Memorandum. AoA-IM-74-5. July 19, 1973, regarding Standards for Evaluating Programs and Projects.

federal funds for the elderly (Older Americans Act funds distributed by the Administration on Aging).

House Bill 4827, introduced by Representative Varnum with 63 co-sponsors, provides for the establishment of a Commission on Aging in each of Michigan's counties. The bill provides for a $5 per capita appropriation for each person 65 and older residing in each county with no county receiving less than $15,000. This bill is in the Appropriations Committee.

If passed, the bill will provide a legislative base for a county coordination mechanism. Each county will have to determine how the "commission" would fit into its organizational pattern and prescribed representation.

8. The Oakland County Board of Commissioners should have the primary responsibility for funding the planning and coordination unit. This is implied in the recommendation that the planning instrumentality be established under Oakland County auspices.

Initially, federal Administration on Aging funds distributed through the states may be utilized. Unless existing policies change on both the federal and state levels, the local communities will have the responsiblity for continued funding of the Planning and Coordination Unit. The unit would or could continue to channel state and federal funds coming to the capacity to service agencies on the basis of priorities developed as a part of an on-going planning process.

9. The Planning and Coordinating Unit should have the capacity to take advantage of conditions which may arise outside the structured planning process.

Just as individuals may enter a service delivery system at many different places, almost any element of a comprehensive service delivery plan may be used as a starting point. Rational planning for the development of a service delivery system for the elderly will depend not only on pre-planned activities, but on events which occur in the real world.

For example, a crisis may provide the opportunity to engage in specific planning and coordinating activities, which previously were not possible, and which result in some improvement of a service. New or unexpected sources of funds may have the same effect. The important thing is that these opportunities must fit into the overall program goals and design if increased fragmentation is to be avoided.

It is not expected that all aspects of a comprehensive service delivery system can be tackled all at once. The goal is achieved on an incremental basis.

III. ANALYSIS OF PRESENT SERVICE DELIVERY SYSTEM

A. THE NEEDS OF OLDER PERSONS

The goal of a planned and coordinated service delivery system for the elderly is to assure that the assistance required by the increasingly large proportion of older persons in our communities is, indeed, available. If the service delivery system is to be comprehensive, the kinds of services needed by older persons must be provided.

The needs of older persons may be categorized as follows:

1. Medical diagnostic services and care facilities for both acute and long term periods of illness. Health services need to be available to persons living in their own homes as well as those living in residential and health facilities.
2. Help around daily living problems - shopping, home maintenance, and self-care when the ability to perform such tasks diminishes with advanced age, illness or disability.
3. Emergency and long-range supportive and surrogate services for those older persons who may experience a crisis, or who have an impaired capability for decision making or the performance of essential tasks of daily living.
4. Living accommodations which provide the safety, comfort and the simple amenities. These may be private dwellings, apartments, special housing for the elderly, foster or boarding homes, resident or congregate care facilities.

5. Opportunities for enjoyable and creative activites and for the maintenance or establishment of social relationships.

6. Environmental services which contribute to personal safety and the mobility of older persons. Such services are lighted streets, adequate police protection, low curbs, and ramps which facilitate mobility, and public transportation at a cost they can afford.

B. CHARACTERISTICS OF THE OLDER POPULATION IN OAKLAND COUNTY

1. Size of the Older Population

Oakland County has a growing population of older persons. In the 1960 Census, the proportion was 5.5%; in the 1970 census, 6.6% of the population of the county was sixty-five years of age or older - a total of 60,364 individuals. For the United States as a whole, one person in ten is age sixty-five or older. Persons age 60 and over number 93,364 in Oakland County.

There are more older women then men. In Oakland County, the distribution is 42.5% men to 57.4% women in the 65+ age group. These proportions are within one percentage point of those for the State of Michigan as a whole where the proportion of men is slightly higher. For the United States as a whole there are about 1.6% fewer older men then in Oakland County and more older women

Black persons over sixty-five years of age are only .2% of the population of Oakland County and 1.1% of the City of Pontiac as compared to .5% for Michigan and .8% for the country as a whole.

2. Social and Economic Characteristics

The report Poverty Incidence in Michigan by County published by the Michigan Department of Labor, Michigan Economic Opportunity Office in April 1972, and based on 1970 census data, shows that Oakland County and adjoining Macomb County rank in the 6-9% range, the lowest in the State of Michigan in the percent of persons living in poverty. However, of the 60,364 persons age sixty-five years and older living in the county, 27,767 or 46% have incomes near or below the poverty level. This approaches the national figure of 47%. Thus, for nearly half of the older people in Oakland County, to be old is to be poor.

The publication referred to above provides some other clues to what life if like for older persons in Oakland County. The county is one of five with the smallest distribution of persons 65 years of age and older receiving Old Age Assistance in 1970. This is shared with adjoining Livingston and Macomb Counties as well as Clinton and Ottowa Counties. While to be old is to be poor for 46% of all older persons in Oakland County, most appear to try to make out with Social Security benefits.

Oakland County, like many of the southern Michigan counties, has the lowest proportion of sub-standard housing in the state - 1.0% to 4.0% according to the 1970 census. However, since poor persons tend to live in poor housing, and since older persons tend to make up a substantial segment of Oakland County's poor, it can be assumed that large proportions of older persons live in sub-standard housing. Studies carried out in the county

over the past few years indicate that the suitability of housing is as important consideration as is the condition of housing. For example, the Senior Citizen Housing Survey carried out in the Birmingham area* as well as the Family Service of Oakland County Study of 1966 both suggest that many older persons in Oakland County are living in family homes which are too large and too difficult to maintain when strength begins to fail. Further, they may not be conveniently located to critical resources this and inadequate public transportation presents real problems for many.

Unemployment rates in Oakland County are among the lowest in the state. The data available indicates that relatively few persons sixty-five and older are in the labor market. It can be assumed that members of professions, such as law and medicine, as well as those who have their own businesses are more likely to continue to work after age 65 than are those employed in large industry and businesses.

Demographic data for Oakland County shows a rapid decline in the number of men in the older age ranges. In the 1970 census the male population of Oakland County was very nearly the same in each of three ten-year age categories - ages 25 to 34, 35 to 44, and 45 to 54. There were about 155,000 men in each of these age groupings. However, in the age range 55 to 64 there were only 36,000 men, and in the range 65 to 74 only 17,894. The pattern is similar for women, except that there are more women in all of these age categories and their proportion in relation to men increase in the upper age ranges.

In studies in communities with a similar economic base, it has been found that low proportions of older residents are the consequence of several

*Mauer, John C., Associate Professor of Management, School of Business Administration, Wayne State University, February 18, 1971, mimeo.

factors. These include: (1) Substantial migration of retirees to Florida or to the Southwest. (2) The smaller increase in longevity to be found among the current retiree group because of the industrial health hazards to which they have been exposed during their working years. (3) Older persons may be under-represented in the census samples. Whether or not this is the case in Oakland County could be a matter for further study.

C. FRAMEWORK FOR THE ASSESSMENT OF SERVICE DELIVERY SYSTEM

A comprehensive service delivery system for Oakland County needs not only to be responsive to the varying needs of individuals, but also to the different pattern of needs likely to be associated with different sub-groupings of the older population.

This analysis is based on the premise that older persons tend to share many conditions and situations in common such as failing strength, reduced income, loss of companions, separation from other family members, isolation from the community due to lack of transportation, etc. In planning services it is important to do so in terms of the needs which are likely to be common to groupings of older persons. The delivery of such services to individual older persons, however, requires the recognition of the uniqueness of each as well as understanding of conditions and situations which may be similar to that of many other older persons.

The organized services required by older persons in any community relate to the extent to which the informal kinship and neighborhood system is intact and is capable of providing needed services and social relationships. For example, studies have shown that the service needs of older couples tend to be different from those of older persons living in the home of a son or daughter. The former more frequently need help with activities

of daily living for which they may no longer have the necessary strength - heavy cleaning, yard work, etc. They have one another for companionship. Older persons living with a son or daughter are more likely to need home health services and the care takers may value day care and respite services. The needs of single older persons living in their own homes are different - and generally greater - than the other two groups referred to above. They tend to need more help with the various tasks of daily living and the opportunity to have supportive human relationships.

Older persons who live in stable, familiar neighborhoods with long-term friends and shopping services nearby are likely to need less service than those who are more isolated in more rural areas or live in their long time neighborhoods with the population changing around them.

Experience and studies in the field have shown that it is helpful to consider service needs of older persons within a framework of sub-catagories related to ability to doing things for themselves. Three catagories are defined below.

(1) The active, well older person

Studies in the field of the aging have shown that, in general, persons between the ages of 65 to 75 tend to have reasonably good health and remain active. Their needs relate to activities and services required to maintain or add to the quality of life when work ceases and families are grown, and to compensate for reduction in income through retirement, loss of work roles and the status associated with those roles, and a reduction in opportunities for social contacts because of reduced mobility among other losses. It is during this time that the need often arises to learn a new life style; to learn how to live as an older person with all that can imply.

(2) The fragile older persons

It is likely that more persons in the 75-85 age group have some limitations in their activities and in their basic ability to cope with the demands of every day life, although there are many who retain great vitality well into the 80's. Limitations are generally a consequence of the aging process itself and the debilitating and disabling effects of chronic diseases. As these effects are felt, older persons will need more services of a supportive and protective nature either from their families or from organized services.

The average life expectancy in the United States today is 71.1 years; for white females it is nearly 76 years. The number of persons over 75 is increasing at a faster rate than those over 65. It is important for planning purposes to note that in Oakland County 31% of the men and 38% of the women sixty-five years of age and older fall into the 75+ range. This means that there are likely to be a large proportion of fragile and infirm older persons in need of specialized services in their own homes as well as congregate and institutional care.

(3) The truly elderly

While the need for long-term medical, nursing, and personal care as a result of chronic conditions or disabilities can occur at any age, the greatest need for such services occurs among the truly elderly, those 85 and older. While many remain active and alert, there is, on the whole, a greater need for care and protection. This is borne out by the fact that the average age at admission in facilities providing long-term personal or health related care tends to be in the 80-85 year old range; the average age of residents tends to be in the 85-90 year old range. The 1970 census revealed that there are more than 5,000 centennarians in the county as a whole.

It is clear that effective planning for services for the aging population requires knowledge of the characteristics of the aging population in the service area; knowledge about the kinship and neighborhood structure of the communities in which large proportions of older persons live; a conception of the clusters of services required for particular conditions, situations and an orientation which focuses on prevention and on improving the quality of life of older persons as well as dealing with problems.

The analysis of the services currently available for senior citizens in Oakland County has been carried out within the framework identified above.

D. FINDINGS AND RECOMMENDATIONS

These findings and recommendations about the service delivery system for older persons in Oakland County are presented from the following perspective.

1. Services which are designed to improve the quality of life of older persons and to compensate for one or more losses which are commonly associated with growing older. Included are such things as retirement income, opportunities for enjoyable uses of greater leisure, opportunities to make new friends to take the place of those who are gone. The primary sub-group served is the active, well senior citizens.
2. Services which provide some needed help, care or protection for those among the older population who have become too frail or infirm to be able to cope with all the demands of daily living and complete self-care. Examples are home maker, home health aid services, escort services, chore services, etc. The primary sub-group served is the more fragile elderly.

3. Services which provide medical, nursing and personal care services for those who suffer from physical or mental chronic conditions and disabilities and require long-term care as well as care during acute episodes of illness. The primary sub-group served is the truly aged.

In general, services in Oakland County follow a pattern found in other communities. There is a larger volume of service for persons falling within the third category above even though there are still unmet needs. Service for the aged have traditionally focused on the provision of instituional care for both infirm and chronically ill persons. Homes for the aged established by local governmental units and those established by religious and fraternal groups have long been a resource for those unable to cope with the demands of independent living. State mental hospitals and public chronic disease facilities have, in the recent past, been the major resource for older persons needing long-term care. In the 1950's, before the clinical orientation predominated in state mental hospitals as it does now, over 50% of the residents of such facilities were persons 65 years of age and older.

Today there are an increasingly wide range of services available to all three groupings of older persons. During the 1950's "golden age" clubs and senior centers began to flourish. The 1960's is characterized by intensive outreach efforts and the exploration of ways to support the desire of older persons to remain in a community living situation and avoid institutional living as long as possible. With the proliferation of services in the 50's and 60's has come the extreme fragmentation of services and service delivery systems and the recognition of the need for community planning. These same trends and developments have been observed in Oakland County.

Since the 1971 White House Conference on Aging there has been a great deal of new legislation introduced as well as modifications in existing statues, such as the Social Security Act. This activity, combined with the impoundment of federal funds in some areas affecting the aging, has resulted in an ever changing and confusing picture of what federal funds are available for which programs and services.

Listed below is background information and data on the needs of Oakland County Senior Citizens. This information should be kept current.

1. Services which improve the quality of life and compensate for losses.

   a. Income

      The major sources of income for older persons not in the labor market are: Social Security benefits, including OASDI, Medicare, Old Age Assistance, Aid to the Blind and Aid for the Disabled for those who qualify; private and other governmental pensions; savings and investments.

      Social Security is the major source of income for older persons in Oakland County. Of the 4,000 older persons interviewed in 1968 as a part of Project FIND, 3,000 said that their only source of income was this benefit. In February of that year a total of 56,196 persons 62 and older were

beneficiaries. This included 37,695 workers, 8,746 wives of retired workers and 9,755 widows.* In 1969 the number of beneficiaries was 66,196.** While the 1973 figures are undoubtedly different, the proportions are likely to be similar. The large number of widows is of particular significance in planning services for the elderly.

Private Pensions: Manufacturing is the dominant industry in Oakland County, with the automobile industry as the largest employer. It is expected under the new contract that retired skilled workers will have an income of $6,000 a year including Social Security benefits. While figures were not readily available on benefits for other industrial workers in the area, the pace set by the U.A.W. tends to result in better benefits for other workers in the area.

It is to be noted here that industrial pensions are not generally available to widows of retirees. It is sometimes possible to make arrangements for survivors' benefits with a reduction in the amount of benefit paid during the retirees lifetime. However, few exercise this option. The cessation of the pension benefits with the death of the husband is a major cause of poverty of older widows.

*Memorandum compiled by OCCEO.

**OCCEO Transportation Study, Feb. 1969, mimeograph, page 3.

Employment Opportunities: For most industrial workers there is mandatory retirement - generally age 65 for skilled and unskilled workers; 68 for supervisory-management employed. As pension benefits have improved and eligibility for them is based on the number of years worked, not age alone, more workers are retiring at an early age - some in their fifties. In addition to this group, there are those who retire early because of disabilities.

With good retirement benefits, such as those available to industrial workers in Oakland County, there is not much demand for additional work opportunities for older persons or for "second careers." The better than average pensions encourage the use of leisure in travel and in the outdoor activities - readily available in Michigan where large numbers of people have a vacation home on the many lakes and streams in the area.

But not all older persons in the county have good retirement income and there are those who want to or must continue to work. A relatively new resource is the Senior and Youth Employment Service in the west county area which has an agreement with OCCEO to provide employment opportunities for a minimum of 800 youths and 200 seniors during the current year. Older persons are employed by OCCEO in drop in centers and for out-reach work. There is also an Older Worker Specialist at the district public Employment Service with the responsibility to assist workers 45 years of age and older in finding employment.

In addition to full- or part-time jobs which may be available to older persons through the general economy, and through various manpower and training programs, there are some federally funded programs which offer opportunities for part-time work for older persons - with regular pay, a stipend or with reimbursement for out-of-pocket expenses only. These include the Foster Grandparent program, VISTA, Green Thumb, Senior Community Services Programs and RSVP. These programs are not currently available to residents of Oakland County, but work is underway to develop RSVP projects for funding.

Public Assistance: Recipients of Old Age Assistance are from 2 to 3% of the over 65 population of Oakland County. This low percentage is shared with adjoining Macomb and Livingston Counties and with Ottawa and Clinton Counties.* The Oakland County Department of Social Services reports 21,257 recipients of OAA in 1972 and 27,109 certified for Medicare.

Adult categories of assistance have been federalized by Public Law 92-603 and will be administered by a new Bureau of Supplemental Security Income for the Aged, Blind and Disabled, established in the Social Security Administration.

*Michigan Department of Labor, Michigan Economic Opportunity Office, Poverty Incidence in Michigan, 1970.

The new program, which goes into effect January 1, 1974, will provide uniform benefits throughout the country in the amounts of $130 a month for each eligible individual; $195 a month for each eligible couple. There is provision in the law for State supplementation of these Federal payments at the option of the State. In general, large industrial states, such as Michigan, provide benefits at a rate higher than those stated above and the State legislature needs to take action for State supplementation. In Michigan H.B. 4156 deals with supplementary payments and has been enabled and according to the House Fiscal Agency of the State of Michigan the monies are budgeted for 1973-1974.

The regulations for the SSI program have not yet been promulgated. Currently there is an effort at the Department of Health, Education and Welfare to establish a "hold harmless" level of funding by states presently providing assistance above the levels indicated above. State funds previously used in the Federal matching formula could be used for this purpose.

The Social Security Office in Oakland County expects to expand its staff to include about 80 persons who will determine eligibility for these Federal benefits. There are two locations at present and two more will be added to make their services more readily accessible to potentially eligible persons.

In the 1972 version of Project FIND designed to make more older persons aware of their possible eligibility for food stamps, 3,038 Oakland County residents responded to the Social Security Administration mailing on this matter. The Pontiac American Red Cross mobilized 113 persons to follow up with the respondents and were successful in helping to make this benefit available to more older persons.

The matter of the continuation of food stamps for older persons who will receive the SSI benefit referred to above is still being debated. At issue is the matter of increasing the basic benefit versus continuation of food stamps.

INCOME RECOMMENDATION

It is recommended that the planning and coordination instrumentality:

(1) Work with planning and advisory entities to review and monitor legislation that effects the benefits and well being of the elderly. Such action should be taken through a coalition of senior citizen groups, public and private agencies, and concerned citizens, and interested civic and other groups.

(2) Work with organized labor and industrial management to find ways to assure that spouses of retirees have survivor benefits. A major reason for the greater poverty of older women is the cessation of pension benefits upon the death of the husband. The principle of survivor benefits found in the Federal Old Age and Survivors Disability Insurance Program should be incorporated into industrial pension plans.

(3) Encourage public employment programs and the various manpower and training programs to place a high priority on employment opportunities for older persons who want or need to work and are physically able to do so. Employment would need to be for a limited number of hours and within the guidelines of Social Security so that benefits are not reduced. Recruitment procedures need to be determined in order to reach those seniors in need of additional income.

(4) Develop a proposal for the institution of Older American Community Service Employment Programs, Title IX of the Older American Comprehensive Service Amendments.

The purpose of this title is to promote useful part-time work opportunities in community service activities for unemployed low-income persons fifty-five and older who have poor employment prospects. It provides essentially for the continuation of the Mainstream program previously funded under OEO and administered by the Department of Labor. No new appropriations have been made, nor have the new plans and guidelines been developed. Up-to-date information can be secured from the Michigan Commission on Aging and from the regional office of the Department of Labor.

b. Recreation-Leisure Time Activities

Retirement from work means not only a loss in income, which is partially compensated for as described above. There is also a reduction in opportunities to have meaningful social contacts with others and a loss of role and status. Some of these losses, for men in particular, can be more painful than the reduction of income.

Older women who have not been in the work force also experience changes in role and status as children grow up and leave home, and with the loss of their spouse.

With advancing age, channels for social contacts with others tend to become more limited. Old familiar neighborhoods may change with an influx of strangers or be torn apart by highway construction or urban renewal. As a result, the

informal patterns of neighborliness and mutual aid may be replaced by increased social isolation.

The organized opportunities in Oakland County for pleasurable social activities as well as antidotes for losses of the sort identified above are provided through some 196 senior clubs, the six drop-in centers established by the Oakland County Commission on Economic Opportunity, programs of the local community parks and recreation departments, or associations, libraries, and adult and continuing education programs in schools and colleges and chapters of AARP-NRTA.

The various Senior Clubs and Organizations tend to focus on social and recreational activities, travel, information and referral service, telephone reassurance, a hot lunch program and education programs. Sponsorship or auspices has some influence on the major focus of these groups. For example, church-sponsored groups have a heavy emphasis on helping fellow members in times of crises or need through visits, calls, cards, special religious services, as well as service activities.

The senior group under UAW sponsorship provides retired members with information about benefits, assists with problems regarding pension rights, benefits, Medicare, etc. There is also a newspaper which helps persons no longer working keep abreast of what is going on.

There is a loose federation of senior clubs called the Oakland County Council of Senior Groups but there appears to be no strong leadership within the group to facilitate

the development of a strong federation. There is no present source of overall staff assistance in relation to matters of organization and programming.

Six OCCEO Drop-In Centers are the only programs for older persons within the recreation-leisure time category which operate a five-day a week program. There is an average weekly attendance at these centers ranging from 30 to 200. The centers are located in areas of high concentrations of older poor persons, therefore, most of the participants have low incomes. Most centers have more women participants than men. The participants in the various centers tend to reflect the population characteristics of the neighborhoods in which they were located.

The programs of the center are largely activity focused - with cards, pool, TV watching, arts and crafts, and occasional congregate meal functions predominating. Travel is an important activity here as in all of the leisure time programs, and range from the passive travelogues of the YMCA program for its truly elderly group to the schedule of one-day or overnight trips which are popular with the centers and clubs.

There is not now in Oakland County a truly multi-purpose senior center. While some are involved in the congregate meal programs of the OCCEO, there are no centers with adequate facilities for food service, for a health screening, or for an on-site counselling program. Most are limited as to the kinds of educational programs which can be provided.

RECREATION-LEISURE TIME RECOMMENDATIONS

It is recommended that the planning and coordination organization:

(1) Help one or more of the currently operating drop-in centers become a multi-purpose senior center.

Title V of the Older Americans Comprehensive Services Amendment of 1973 provides for federal assistance for community efforts to create or expand multi-purpose senior centers which can provide a focal point for the development and delivery of a wide variety of social services for older persons, not just leisure time services. Title V has two parts - Part A is a grant program for facilities for multi-purpose senior centers; Part B is a personnel staffing grant program designed for the purpose of assisting in the establishment and initial operation of such a center. The federal match is 75% of the cost of the first year, with successively smaller matches for two additional years. Allocations for states will be based on a formula which includes such factors as the need for such centers, their financial needs and population over sixty-five. No funds have been appropriated for this title, but Title III funds may be used in the interim. Information is available from the Michigan Commission on Aging.

In addition, building funds may be available through the Neighborhood Facilities program of the Department of Housing and Urban Development. Contact the HUD regional office for current information.

Assistance in developing plans for multi-purpose senior centers can be secured through the National Institute of Senior Centers of the National Council on the Aging, Washington, D.C.

(2) Seek a way to provide staff services to the Oakland County Council of Senior Groups and to provide program assistance to the members of this group and other providers of leisure time activity programs.

The scope of activities and programs of the various senior groups in the county is limited, as is the number of centers open five days a week. Program assistance is sorely needed and could be provided on a "circuit rider" basis combined with program development seminars and other means of program enrichment. This could be provided by qualified staff members added to the staff of some mutually agreed on community agency.

(3) Encourage the Oakland County Association of Libraries to develop plans for the expansion of their services to senior clubs and centers and to special housing for the aged.

There are twenty-nine community libraries in Oakland County and twenty-eight of them replied to a survey questionnaire prepared by the Oakland County Public Library Trustees group in regard to their interest in and programs for the aging.

A number of libraries already have programs for older persons where a major emphasis is on serving those in institutional settings. The thrust of this recommendation is to encourage attention to the contribution of libraries in supporting the well-being of older persons and help to prevent deterioration, which can result from the lack of intellectual stimulation and the opportunity to explore new ideas.

Title VIII of the Older Americans Act of 1973 contains provisions for an Older Readers Services Program. However, no funds have been authorized or appropriated and are not expected before next year.

c. Housing

The availability of comfortable and safe living arrangements contribute greatly to the quality of life of older persons and is an important deterrent to premature institutionalization. Studies carried out in several communities in Oakland County indicate that high proportions of older persons own their homes and have resided there for a long time.

For many older persons, it is difficult to maintain the family home on their more limited income and the house may be too big and require more attention than a single older person can give when they lose a spouse and when younger family members are not available to help them. Also, they may not be convenient to grocery stores and other necessary services.

In Oakland County at the present time there are ten housing developments for senior citizens for a total of 1,637 individual units. Most are concentrated in the more densely populated areas of the county. The sites vary in size from a ten unit development in Royal Oak Township to the 264 unit in the city of Clawson

Special housing for the elderly is in great demand with the result that persons who have applied for apartments can expect to wait from 6 months to five years for space in the present supply of facilities.

There are four new senior housing projects at various stages of development. In addition, one large developer, Tower Group, has approximately 10 sites in Oakland County available for construction of senior housing. Bethany Villa plans to construct approximately 230 units on recently acquired land. However, as a result of federal freezes on housing loans, many of these planned units are in doubt and waiting lists will lengthen during the delay.

Studies of housing needs in various Oakland County communities indicate a strong desire on the part of older persons for special housing for the elderly. For example, in the Birmingham "Senior Citizen Housing Survey"* 57% of those interviewed expressed interest in living in special senior housing, 23% of this group were persons who lived alone and 27% were persons living with a non-relative. The least interested were the 13% living with their spouses. However, women with a spouse in poor health were among those most interested in living in senior housing as were those couples with low income.

The difficulties of transportation was offered as another reason for interest in senior housing. The assumption would seem to be that such housing was or would be located on sites more accessible to shopping and other necessities. Public

*John C. Mauer, Associate Professor of Management, School of Business Administration, Wayne State University, Feb. 18, 1971, mimeo.

transportation in Oakland County is grossly inadequate to meet the needs of older persons.

It is clear that many if not most older persons will need assistance if they are to have safe and adequate shelter. This includes housing allowances and other forms of subsidy, tax breaks for both home owners and apartment dwellers, assistance with home repairs and rehabilitation efforts to preserve neighborhoods through selective replacement of sub-standard dwellings and with full provisions for the elderly to remain in their familiar environment.* Attention should also be given to providing various kinds of housing options - not high rise buildings alone. Only Bethany Villa in Troy offers another form of senior housing.

Living arrangement is a concept which includes more than the bricks and mortar of housing. It refers to the amenities available, care in selection of sites so that the housing facilities do not hamper the older person's ability to handle for him or herself the details of daily living and foster social interaction among residents.

Consultants visiting some senior housing noted that linkage had not yet been made in many instances to community resources such as libraries, recreation departments or associations and supportive health and social services. Only the public housing had social service staff available to deal with the social, physical and mental problems associated with

*A recommendation of the 1971 White House Conference on Aging.

aging. It is to be noted that most of the senior housing is relatively new; therefore, residents tend to be self-sufficient and the management of privately sponsored housing has not yet felt the impact of a resident population who have greater needs for social support as they grown older. A point of concern is that little thought has been given or planning undertaken in relation to this inevitable state.

HOUSING RECOMMENDATIONS

(1) Oakland County and the 63 local units of government join together to explore ways to help older persons continue to live in their own homes.

The bulk of the older population live in non-specialized housing. Special attention needs to be given to how tax assessment and how code enforcement affects the ability of older persons to remain in their homes. Revenue sharing can provide for tax abatement programs for both apartment dwellers and those living in private houses. Title I and XVI of the Social Security Act can be used for home repair and is provided for in a limited way in Michigan.

(2) The Oakland County Housing and Real Estate Office works in conjunction with the Planning and Coordinating body to provide technical assistance to and seek the cooperation of each of the 63 local units of government by having new developers submit their plans to meet the social service needs of their residents.

Developers do not customarily consider or include local service needs, and therefore will be in need of technical assistance on the kinds of services and facilities to which the aged must have access. Most of the housing built by other sponsors have a nurse available. Since most are relatively new, they

have not had to face the problems associated with an aging resident group. The absence of emergency and long-range plans can result in serious problems for landlords and tenants alike.

(3) A variety of housing be developed, not high rise apartments only, and include row housing or town houses, and other forms of lower density housing accommodations.

d. Help with Changes which Accompany the Aging Process.

Persons experience an enormous amount of change as they grow older, both in their physical and mental condition and in their life situation. There is very little help available to older residents of Oakland County as they try to cope with these changes, as is true for older persons elsewhere.

There is no real retirement planning program in the community, despite the "thirty and out" emphasis of the UAW. The question of "out to what" is rarely considered except in financial terms. Pre-retirement counselling in Oakland County businesses and industry appears to be of the "gold watch" variety. Some form of recognition is given for long years of service, and the retiree is advised of his benefits. As people live longer and retire earlier, this kind of a pre-retirement program is totally inadequate preparation for the changes retirees and their spouses will have to face.

Information and Referral services available in the county are largely provided through the senior drop-in and the neighborhood centers of the OCCEO and the Social Security Administration offices. In 1972 there were 4,624 persons 55 years of age and older served by the drop-in centers and there were 914 persons in this age group accepted by neighborhood centers for assistance and referral.

The Oakland County Commission on Economic Opportunity has been a major resource for information and referral services since its inception. In the Medicare Alert program, in 1966, OCCEO recruited 70 part-time employees who were elderly, for their task of organizing and informing them of medicare benefits. They were joined by an additional 1,000 volunteers.

In 1967, the OCCEO was selected as one of twelve pilot Project FINDs, funded by OEO in Washington through the National Council on the Aging, as was the case for Medicare Alert.

The OCCEO made use of the findings of these two projects to develop program approaches to the needs identified. For example, the Medicare Alert program, among others, resulted in the employment of public health personnel to do health screening and the develpement of OCCEO-sponsored clinics for dental treatment. In addition, OCCEO contracted with Family Services of Oakland County and with Catholic Social Services to provide family counselling, including counselling for older persons.

The collaborative pattern established by the OCCEO has continued to operate with the neighborhood centers continuing to draw on the professional resources of public and

private agencies for the benefits of those coming to their attention.

The local Social Security offices are an important resource information and referral service. These offices are now mandated to provide these services and efforts are underway to get tooled up to do so in a more organized way. They are likely to need help from other agencies in the county which have been actively involved in providing information and referral service as a significant component of their overall program.

Other organizations provide information and make referrals as a part of their own specialized service. Visiting Nurse Association, for example, is often a place to which persons turn for help in relation to older persons' needs. Housing managers and social service staff are called on to assist in the mobilization of community resources required in particular situations. FISH, the volunteer program largely organized through local churches, provides substantial amounts of information and referral service of a more informal nature.

Our analysis of the services of Oakland County has been hampered by the lack of complete and detailed information about who really does what for older persons. Lists or directories of resources do not contain complete information on all of the services in Oakland County.

Where can older persons in Oakland County go for consultation and help in dealing with the many adjustments he or she is called upon to make?

The major resources for such assistance are the OCCEO drop-in centers and the neighborhood centers, Family and Child Services, Catholic Social Services, Salvation Army and the Department of Social Services and the Legal Aid Society.

With the transfer of responsibility for financial assistance to Social Security as of January 1, 1974, there is the critical question of how public social services are to be made available to adults. In Michigan, services have generally been made available only to recipients of adult categorical aid.

Changes have been made in Titles I and XVI of the Social Security Act in relation to social services*. Efforts are being made currently to exempt the aging from the provision that 90% of social services be given to recipients and only 10% to others. This is of particular importance in relation to homemaker service needs.

In county social service departments throughout the country, the availability of public social services for older persons has been minimal, despite the provisions of Title XVI of the Social Security Act. In the face of rising public assistance caseloads and the greater pressure for service for younger age groups, the service needs of the elderly have all too often frequently been ignored. This problem can be aggravated further by the new federal assistance plan unless local Social Security offices take a stronger advocate role in relation to service needs they uncover during the eligiblity determination

*See Senate's Special Committee on Aging Report, "The Rise and Threatened Fall of Service Programs for the Elderly," March, 1973.

process or in carrying out their information and referral responsibilities.*

The information given above and reports examined suggest that services are more readily available to older persons at the time of a crisis. It is well known that older persons tend not to seek out help with personal problems related to changes in life style, and feel they ought to be able to cope with such things on their own. Often, they see these problems as peculiar to themselves as individuals and do not have the comfort of knowing they are shared with others facing the same situations.

A development of particular interest in this regard is the program at the Oakland University Continuum Center. As an outgrowth of a Continuing Education for Women Program, a plan was developed in which members of a Detroit UAW-sponsored senior center participated in a course. It was developed along the lines of "know yourself" and was directed toward greater self-awareness and sensitivity to other persons. Members of the group found this a most valuable experience; the center staff noted a change in members' feelings and attitudes toward one another - a deeper sense of kinship with one another and of belonging to the center. This led to the development of a program in which older persons would function as counsellors to other older persons. A proposal for the extension of this program has been submitted to the Michigan Commission on Aging for funding. Such a project could contribute greatly to the availability of counselling which could help older persons not yet at a crisis point.

*See National Council on the Aging, National League of Cities and U.S. Conference of Mayors, Social Services for the Elderly, 1972, for description of provisions.

COUNSELLING RECOMMENDATIONS

It is recommended that the planning and coordinating unit:

(1) Seek ways to stimulate better retirement planning through collaborative efforts with appropriate representatives of industry and labor and organizations knowledgeable about the problems of adjustment in retirement.

The National Institute of Industrial Gerontology of the National Council on the Aging has long concerned itself with the various social and economic problems associated with retirement. Its resources, publications, consultation and technical assistance - might be tapped in relation to this recommendation. The American Association of Retired Persons - National Retired Teacher Associations (AARP - NRTA) has also done work in this area and has publications on the subject.

(2) Develop a comprehensive information and referral service system which affords older persons agencies which serve them with ready access to its services.

This service is one of the most important linkage mechanisms in comprehensive service delivery system. In the section of recommendations regarding a county planning and coordination mechanism, the importance of this service for planning was stressed. Such a service has importance as well in helping to assure that comprehensive services are in fact, available to needy older persons and that the system functions as a system - not as a collection of unrelated, disparate services. (See Appendix B for detailed description of how such a service can be planned and implemented.)

(3) Convene social service agencies - public and private and other interested organizations - to explore ways to provide seniors with help in coping with the changes which accompany the aging process.

In Oakland County assistance is more likely to be provided at a time of crisis. This recommendation calls attention to the need for assistance directed at preventing crisis, or at least early detection of problems. Multi-purpose senior centers are a useful site for such efforts as are health screening programs. The Oakland University Continuum Center's program for training counsellor aides has such a focus. Exploration of ways to relate the resources of this program to Oakland County agencies should be explored as well as its possible contributions to retirement planning efforts.

(4) Examine the impact on public social services of the transfer of responsibility for payments to Social Security and take steps to assure that these services are available to adults.

In Michigan, public social services are provided to assistance recipients only, even though the Services Amendments of the Social Security Act given states the option to include former and present recipients. The critical question now is how will continued eligibility for public social services be handled locally, and what kinds of referral procedures need to be worked out between local Social Security offices and public Departments of Social Services? Information should be sought from the Social and Rehabilitation Services regional office and the Michigan Department of Social Service regarding guidelines for priority services and eligibility for service.

e. Ability to Get Around

Mobility is a common problem for all of the aging including the ambulatory well aging. Because of reduced income, failing eyesight, faulty hearing and other problems associated with growing old, relatively few older persons own their own automobiles. This is as true in an automotive center like Oakland County as it is in other parts of the country.

In Oakland County, 5% of all families, numbering 14,380, have no private transportation.* It can be assumed that a substantial, though unknown, proportion of these families are older persons for the reasons cited above. The findings of various studies of housing and other inquiries into the needs and problems of older persons always result in the identification of transportation as a major problem for this reason and the lack of an adequate public transportation system. The common complaint is that those buses which exist do not run at times when older persons who are not in the labor market would be likely to need transportation. Nor are the routes so arranged as to go near the places older persons are likely to want to go - senior club meeting places, hospitals and churches, social and health agency offices, Social Security, and places where they need to transact personal business.

*"Housing Needs in Oakland County with Special Emphasis on Low and Moderate Income Families," page 2.

Many of the agencies responding to the questionnaire indicated that they provide transportation for their clients or participants. A growing number of service agencies recognize that this may well be an appropriate and necessary part of their own service delivery plans.

Other dimensions of mobility relate to whether or not streets have high curbs, whether sidewalks are kept in good repair and have ice and snow removed in winter. Ramps help wheelchair-bound persons become more mobile and care needs to be taken that services for older persons are physically available - and not inaccessible because of long steep stairs, dark foyers and hallways and location in neighborhoods in which older persons would have fears for their safety. All of these are factors which affect the critical function of mobility.

TRANSPORTATION RECOMMENDATIONS

It is recommended that the planning and coordinating instrumentality find ways to:

(1) Work with the Southeastern Michigan Transportation Authority in regard to the critical transportation needs of Oakland County.

There are two aspects of the transportation problem. One is the need for better mass transit - a need of the whole southeastern Michigan region and a problem which is not likely to be resolved quickly. The other is the need for transportation so that needed social and health services are, in fact, available.

In Oakland County agencies and institutions appear to accept that they have some responsibility, if not the principle responsibility, to assure that their clients, patients, participants can get to the service. Often volunteer drivers are used; some agencies and institutions have their own vehicles and paid drivers.

(2) <u>Oakland County experiment with different approaches to transportation to and from needed services</u>.

In regard to public transportation, efforts could be made to assure that bus routes be changed to better meet the requirements of the older persons who comprise a substantial part of their passengers - or would do so if buses went where they needed to go. Other communities have had success in this. In addition, efforts should be directed toward the establishment of mini-bus feeder lines which can accommodate people who do not live near main transit routes or need to go to places not served by them. The use of school buses for a similar kind of service might be explored in that the hours of use by older people would not conflict with those of the school children.

In regard to transportation to social and health services, community agencies might explore the relative cost effectiveness of providing transportation themselves as compared to pooling their resources to establish a joint service which would pick up persons on a demand basis and deliver them where they need to go. A number of communities are experimenting with a Dial-a-Bus or similar service. The National Council on the Aging publication on transportation is available which suggests various approaches made by other communities.

Transportation is a service given priority for funding under Title III of the Older Americans Act. The State of Michigan has been allocated $2,188,097 for area planning and services through December 31, 1973 and these funds are now available.

In addition the Department of Transportation has special project funds for transporation of disadvantaged groups, including the elderly. Information available through the DOT regional office.

f. Health Maintenance

Persons interviewed indicate that Oakland County has a high proportion of doctors and other health professionals and that securing the services of a doctor is not a problem for most people. Health practitioners appear to have followed the migration of the more affluent in the Detroit area to Oakland County. Solo practice is the common pattern for the delivery of medical services.

For those who are beneficiaries of Medicaid, the situation may be different. A large number of doctors are reported to reject Medicaid patients. Such patients must then rely on the services available from hospital clinics and emergency rooms.

In 1970 there were eleven hospitals of all kinds in Oakland County with a total of 2,949 beds. Persons interviewed say that there are few instances when people experience difficulty in being admitted for an episode of acute illness or accident and the care provided is adequate.

With few exceptions, there is no formalized program for discharge planning in acute hospitals. Handling referrals to community resources and to other levels of care as may be required in individual cases is handled by hospital social services and/or home care departments.

A most valued service had been the arrangements for participants of one senior drop in center to have a thorough health examination. Experience in other communities indicates that when persons have been accustomed to having a periodical physical check-up - as is true for many employees of large industries - the lack of such an opportunity when one is retired is a source of considerable anxiety. Most older persons feel that if they can just maintain good health, they can cope with the other aspects of growing older.

Senior clubs and center often have speakers on health and nutrition subjects and the Cooperative Extension Services has given nutrition courses at OCCEO centers.

The OCCEO provided leadership in the formation of a coalition of agencies in the development of a meals program for senior citizens, which is just getting underway. Included are the Oakland County Health Department, American Red Cross, Birmingham Junior League, Pontiac State Hospital, Northeast Oakland Vocational-Educational Center and local churches. The program is designed to provide one hot meal a day, five days a week, for 400 persons during a six-month pilot period. The project is serving sections of the City of Pontiac with high concentrations of poor older persons.

Funds in the amount of $3,518,237 are available to the State of Michigan for the Nutrition Program, Title VII of the Older Americans Act of 1973. Valuable experience has been gained in the OCCEO program which can be built in developing a proposal for the extension of this program to other areas of the county and adding a home delivered meals component.

With health as one of its priority areas, OCCEO has led the way in focusing on the need for physical health and dental health screening and for collaborative relationships with mental health programs, but much remains to be done.

Health services in Oakland County, as is true for other areas of the country, are primarily oriented to acute and long-term care - with considerably less attention given to prevention and rehabilitation.

There are ameliorative and rehabilitative services avail-avle in relation to hearing losses - a common disability for industrial workers subjected to high levels of noise for long periods of time. There are also rehabilitation services provided by other specialized health agencies, such as the Arthritis Foundation, Kenny Rehabilitation Center located at the Pontiac General Hospital, the Kidney Foundation of Michigan, Michigan Heart Association, Oakland County Society for Crippled Children and Adults, Pontiac Visiting Nurse Association and the Veterans' Administration Hospital. Each provides some services for persons living in non-institutional settings.

The critical matter of home health services is discussed in the section below.

HEALTH MAINTENANCE RECOMMENDATIONS

It is recommended that the planning and coordinating instrumentality:

(1) Work with the health sub-system to develop a health maintenance program.

Should one or more multi-purpose senior centers be established, health screening could be a program component.

(2) Seek to extend the present nutrition program.

Through the use of funds now made available through Title VII of the Older Americans Act of 1973.

(3) Explore ways to relate the dental program proposed by the Health Department to the nutrition project.

2. Opportunities to continue to learn.

Opportunities for continuing education are found in the programs of the libraries in the area, the community colleges and Oakland College and in the classes given by the YMCA.

There are classes offered by the Department of Education of the Waterford Schools which are available to seniors as well as others. In this semi-rural community, the lack of transportation presents a serious barrier to extensive participation by older persons.

The general impression is that opportunities for continuing "knowing and growing" are not as extensive as they might be, given the resources of Oakland County.

It is recommended that the planning and coordinating unit:

(1) Work collaboratively with educational institutions in the area to provide courses of interest to older persons.

Junior colleges are frequently a source of training for para-professional careers of interest to older persons. Academic courses provide opportunities for continuing intellectual studies and interest.

There is presently considerable debate about federal funds for education and some funds have been deleted from various appropriation bills. The State Office of Education is a source of current information.

(2) Supportive and Protective Services for the Fragile Elderly

Help, care and protection for fragile older persons living in their own homes, are minimal in Oaklanc County. This is also true nationwide. In recent years efforts have been made to develop alternatives to institutional care for this sub-group of seniors. Many studies have shown that institutionalization is not necessarily the best choice and that it should not be the only choice for persons experiencing difficulty with the tasks of daily living. Further, as the costs of care in medical facilities have risen, and as state mental hospitals have taken on a clinical rather than custodial function, there has been increased interest in ascertaining the type and levels of are which are most appropriate for differing conditions/situations of older persons.

a. Home health services

There is a most critical need for the development of home health services in Oakland County, as is true for the country as a whole.

National attention was directed toward this need by the National Health Survey of 1966. It showed that over 5% of older persons in the country as a whole resided in such institutions as nursing homes, homes for the aged, and mental hospitals. However, it was found that about 25% of the residents sixty-five and older received only personal services - help with eating, dressing and bathing - while another 13% received neither personal nor nursing services. Thus 38% did not require the professional services and protection offered by an institutional setting. Other studies stimulated by the National Health Survey showed from 25 to 50% of the residents of nursing homes, for example, did not require the level of care provided by these institutions.

However, a strong institutional orientation still exists among those who serve the elderly and activities at care facilities have been slow in developing. Just as specialized housing for the elderly has lessened the need for the traditional homes for the aging, so does the availability of home health and related services lessen the need for nursing home and state mental hospital placement.

The acute care orientation of Medicare, and to a large extent, Medicaid as well as the acute care orientation of the carriers, such as Michigan Blue Cross and Blue Shield, has contributed to this problem. This is reflected in the fact that Medicare reimbursements for home health services have been dropping year by year. This is due largely to the increasingly narrow definitions of eligibility for services and therefore reimbursement. This has resulted in a large number of disallowals for reimbursement for home health services which has caused tremendous financial problems for voluntary, public and proprietary agencies alike and put a damper on the expansion of these services. This, in turn, results in an increased demand for more costly institutional care. In the State of Michigan in 1970, $83.5 million was spent on nursing home care compared with $54,000 for home health care for the aged.*

According to the 1970 census, there were 3,067 persons sixty-five and older living in institutional settings in Oakland County and 320 living in group quarters such as rooming and boarding houses. Together this is 5.6% of the total 65+ population of the county.

This means, of course, that 94-95% of the older population live in their own homes. It should be noted that information gathered through the National Health Survey

*"Home Health Services for the Aged in Southeastern Michigan," a report prepared and written by Jeanne Fitzgerald and Citizens for Better Care, for the Comprehensive Health Planning Council of Southeastern Michigan, November 1972, mimeo, p. 3.

in 1965-67 showed that large proportions of the 95% of the older persons living at home had many chronic diseases and disabilities and that about 5% were home and bed-bound. Therefore, more older persons than not are likely to receive a combination of medical, nursing and personal care at home.

When these findings became known, fear was expressed in many quarters about what would happen if family care-takers gave up their roles and, in a wholesale fashion, sought institutional placements. This concern stimulated interest in programs which support the desire and ability of family caretakers to provide their invaluable assistance to older persons. Among these are adult day care programs and various kinds of respite services which enable the caretakers to have time away from his or her demanding responsibilities for an ill, fragile or impaired older person and to come back to them refreshed and ready to carry on. There are no day care or other respite services in Oakland County. This, too, can be a contributory factor to the extensive use of institutional facilities.

In Oakland County, fragile and infirm older persons, or those recovering from an acute episode of illness, are pro-vided home health services by the Pontiac Visiting Nurse Association, the Detroit Visiting Nurse Association, and the Oakland County Health Department nurses.

In 1970, the Pontiac VNA served a total of 821 patients age sixty-five and older and the Detroit VNA served 2,328 older Oakland County residents.* The Pontiac VNA reported on the questionnaire that 392 persons age 55 to 99 were served during 1972. This reduction in service is related to the great problems associated with reimbursements from Medicare, Medicaid, and Blue Cross.**

Fees for both VNAs are on a sliding scale and patients are accepted irrespective of ability to pay. No fee visits are underwritten by the Pontiac Area United Fund, the West Bloomfield United Fund or the United Community Services of Avon.

In the excellent report on "Home Health Services for the Aged in Southeastern Michigan" it is estimated that the average number of persons sixty-five and over who might need some kind of home health services was 7,862 for Oakland County. The estimated number who received care in 1970 was 2,033 or 25.86%.

The Oakland County Department of Health provided nursing service to 132 persons age 65 and over living in their own homes in 1972. In addition, public health nurses in both public and voluntary home health care agencies provide consultation to family members regarding their care of patients.

*Ibid. Page 15.

**Ibid. See discussion on pp. 19-41 of problems associated with scope and payment for Services. See also Special Committee on Aging, United States Senate report. <u>Home Health Services in the United States</u>. July 1973.

Other home health services include the American Red Cross home nursing classes, and home delivered meal services provided through commercial funders or as a part of the program of church groups or FISH. Funds now available through Title VII of the Older Americans Act should make it possible to develop a more extensive home delivered meals program.

Some of the hospitals in the county have shown interest in developing home care programs and in the use of their kitchens for a home delivery meal service.

HOME HEALTH RECOMMENDATIONS

It is recommended that the planning and coordinating agency:

(1) Give highest priority to the development of home health services.

(2) Find ways for Oakland County health service agencies to collaborate more directly with others in the southeastern Michigan region to make home health services more readily available to older persons as a means of preventing unnecessary institutionalization or postponing the need for congregate care.

The report on Home Health Service for the Aged in Southeastern Michigan, referred to above, clearly defines the problem and the courses of action required. These problems cannot be tackled effectively on a single county basis,

collaborative efforts are required in as much as the rest of the problem relates to Medicare and Medicaid funding and reimbursement practices.

Title III of the Older Americans Act emphasizes services which help older persons to remain in their own homes. Home health services, as well as health evaluation programs can be funded under this Title. Information is available from the Michigan Commission on Aging.

b. Home help and "chore" services

Homemaker, housekeeping and "chore" services such as shopping, yard work, etc., are often necessary adjuncts to home health services. This is particularly true for fragile and infirm couples and for older persons living alone.

Home help services are not readily available in Oakland County. The Pontiac FISH program appears to be heavily relied on for services of this nature. There are some 600 FISH volunteers in the Pontiac area drawn mostly from church groups. The Homemaker Service of Metropolitan Detroit is the other major provider of this service and demands for this service are increasing.

The Michigan Employment Security Commission office serving the county is the major resource for continuing home help. The Department of Social Services, upon a physician's authorization, will pay for the cost of such help for recipients of assistance in the adult categories, but persons needing this

service must find the home helper himself. There is no special program designed to make such help more readily available to fragile, ill or disabled elderly persons living in their own homes.

At this time the cost of home help service is assumed by the consumer which limits the demand for such service on the part of limited income seniors.

HOME HEALTH RECOMMENDATIONS

It is recommended that:

(1) Ways be sought to make home help services become more readily available.

This is a program which can be funded under Title III of the Older Americans Act and Title XVI of the Social Security Act.

In some communities, women's clubs or other groups have organized programs which recruit and train persons for these needed services, and have found ways to give dignity and support to persons performing these tasks. The prevailing situation in Oakland County is inadequate to meet the need.

c. Protective services

Protective services refer to those services provided to fragile and infirm older persons who, because of physical and/or mental disability, have difficulties with self-maintenance and with management of their own affairs.

Information made available to the consultant team indicates that the Family and Child Services of Oakland County carries

the major responsibility for persons in need of protective services.

The agency hopes to augment its services to this very needy group of older persons through an enlarged volunteer program called CATE - Case Aides to the Elderly. A proposal for the support of this project has been made to the Birmingham Junior League.

The Oakland County Probate court is also active in serving older persons no longer able to manage their own affairs. In 1972 there were guardianship actions in regard to 193 older persons and 85 persons between the ages of 65-89 were committed to hospitals for the mentally ill by the Mental Health Division of the Probate Court.

PROTECTIVE SERVICES RECOMMENDATION

It is recommended that:

(1) The Oakland County Department of Social Service develop a protective service program.

Title XVI of the Social Security Act provides for funds for a public protective service program.

d. Geriatric mental health screening service

The Oakland County Community Mental Health Service has the responsibility for developing more and different types of mental health service in the county so that hospitalization in the state institutions would not remain the main form of psychiartric treatment. The Oakland County Board

has the specific responsibility to assess mental health resources in the county, coordinate existing services into broad future plans and to develop, fund and oversee all public mental health agencies for others.

There are 24 funded programs in Oakland County which include in-patient, out-patient and partial hospitalization for mentally ill children and adults, after care for patients released from Pontiac State Hospital as well as a variety of services for disturbed youngsters and the retarded.

For example, Pontiac General Hospital Community Mental Health Clinic provides out-patient service. The geriatric programs is still in a developmental stage.

Providence Hospital has a Day Hospital Program which provides partial hospitalization during the day to southern Oakland County residents. The Mental Health Clinics provide consultation services and therapy to patients in the hospital and in convalescent homes. Family and Child Services of Oakland County and Catholic Social Services under contract, provide after care services.

Community Mental Health Services programs utilize the resources of the Department of Social Services and the Pontiac Housing Commission, for assistance in helping older persons discharged from mental health hospitals become established in their own homes or in group homes. As a part of this same effort, the help of the Social Security office is sought in

relation to Medicare benefits; FISH often provides transportation of patients to and from out-patient treatment services; and senior centers help with resocialization

It is recommended that the planning instrumentatality be so structured as to foster:

(1) Close working relationship with the Community Mental Health Board to assure that the unique needs of older persons are addressed, that older persons are not unnecessarily committed to state hospitals, and that adequate places for discharged older persons are made. (See planning recommendations above.)

3. Long-term services for the truly aged.

Community services for long-term care are generally provided in institutional settings. It has long been assumed that the provision of the necessary combination of medical, nursing and personal care can be more effectively and more economically provided in these settings.

As the discussion under Home Health Services above indicates, this is not necessarily true in either human or financial services. The most common types of long-term care facilities are nursing homes, homes for the aging and chronic disease hospitals.

a. Nursing Homes

In 1970 there were 3,459 nursing care facility beds in Oakland County. This was a rate of 5.73 per 100

persons 65+ for nursing care beds, the highest ratio found in any of the seven counties in the southeastern Michigan Region.

The Oakland County Department of Health has the responsibility for surveillance and licensure and certification of nursing homes and homes for the aged, a total of 4,354 beds in 1972. In 1970, the total was 3,676. The 1972 figure represents an increase of 678 beds.

Nursing homes have developed in the county at a rapid rate. Presently, they number 46. There appears to be an adequate number in terms of present demands and the level of care is generally regarded as good.

A tendency for the proprietary nursing homes to discharge patients when they are too difficult to care for was noted by persons interviewed. The Oakland County Hospital then becomes the resource of last resort for such patients. County chronic diesease facilities generally perform this critical function in communities across the country.

Persons knowledgeable about long term care services in the county believe that an unspecified number and proportion of persons reside in nursing care facilities who do not require this level of care. They think that the limitations of home health services in the county contributes to this situation. This means that care for needy elderly is likely to be more expensive than it should be, irrespective of source of payment for the care - Medicare, Medicaid, Blue Cross or the private

resources of the older person and his family. There is also the human loss of freedom of choice which is only possible when alternatives to institutional care are, in fact, available.

The recommendations made in relation to home health and home help services are the most effective ways to deal with this problem.

b. Homes for the Aged

There are two homes for the aged in Oakland County. A third, Lourdes Archdiocesan Home, has become a 108 bed skilled nursing home. Many homes for the aged established under religious, fraternal, nationality group auspices have moved in this direction.

c. Chronic Disease Facilities

The Oakland County Hospital is the major chronic disease facility in the county. It provides medical and skilled nursing care and has approximately 200 beds.

d. Mental Health Facilities

Studies made during the 1950's revealed that over half of the patients in state mental hospitals were older persons. Some were people who had grown old in these institutions, others were fragile infirm older persons who could not manage on their own and had no families which could or would take care of them.

Often they required only custodial care. All across the country, in recent years, there has been a mass discharge of older patients to other levels of care - with little help offered to ease the adjustments from life in large institutions to other settings. The information provided by the County Community Mental Health Board indicates efforts to do more careful screening and to avoid unnecessary admissions to state hospitals.

The statement of priorities supplied to the consultant by the Director of the Oakland County Community Mental Health Board does not make any specific reference to services for older persons. However, they would benefit from the Board's first priority which is directed toward the provision of emergency services at Pontiac General and Providence Community Mental Health Clinic which will be backed up by new in-patient beds at Pontiac State Hospital. Studies have shown that some erratic behavior and so called "senility" in older persons can be the result of malnutrition and other causes, and that some conditions are reversible. A period of careful examination and treatment can result in the avoidance of commitment to a state mental hospital for some older persons.

Another priority of importance to older persons is the plan to open hospitals day and night in the southeast section of the county. Older persons and their families can be well served by day hospitals. Younger family members can more readily provide care for mentally impaired older persons in their homes if they have help in doing so. Day care centers and day hospitals provide a way to lessen the disruption of family life for younger members and helps them to carry a part of the care of elderly parents or other relative.

It is recommended that placing with the Community Mental Health Board referred to above:

(1) Give priority attention to alternatives to mental institutional care for the fragil and impaired elderly and to careful discharge planning.

In an eagerness to discharge older persons from state mental hospitals, insufficient allocation may be given to discharge planning and the quality of the alternate plan.

Volunteer Services: There is evidence of considerable interest in volunteer services for and by the elderly in Oakland County.

Information available from the Library Association, Red Cross and senior drop-in centers and clubs indicates a substantial amount of volunteer services is given in facilities providing long-term care to older persons. Such services are of inestimable value in providing added opportunities for social interaction, to see a fresh face, to think about something else besides all the attributes of illness.

Hospitals have active volunteer auxiliary whose members provide a range of personal and friendly services. The Mental Health Board uses volunteer workers as back up therapists and thus extend their services.

An important volunteer project was carried out under the direction of the dental division of the Oakland County Department

of Health which is very interested in the health needs of older persons. Sixty-nine members of the Oakland County Dental Society, on a volunteer basis, studied the needs of 1,931 older patients residing in 23 nursing homes.

As a result of this exploratory study, a project proposal has been developed which would make dental services available to older residents of long-term care institutions, the elderly homebound, as well as ambulatory seniors. Such a program would make a significant impact on the nutrition and physical well being of seniors. There is to be a workshop on dental care for nursing home operations on June 14, 1973, at which time, dental problems and available services will be discussed. The dental care unit of the Health Department has $1,400 worth of portable equipment which can be fully utilized.

Family & Children Services makes good use of volunteers through a Junior League project and the libraries have been actively involved in volunteer programs in collaboration with a Chapter and through the interest of individual volunteers. FISH, composed of volunteers from churchs in the county, is heavily relied on for a wide variety of helpful activities for the elderly.

In the face of the extensive voluntary activities, of which the above are but a few example:

<u>It is recommended that the planning and coordinating agency give particular attention to the impact of part - pay and reimbursement volunteer programs and citizen participation.</u>

There needs to be a unified approach for the recruitment, placement, and use of volunteers on the part of all agencies and organizations needing volunteer services. The purpose is to find ways to accommodate the various methods of volunteer service such as - Foster Grandparents and RSVP programs funded through ACTION as well as the extensive volunteer service provided by individuals and groups. Care needs to be taken in the eagerness to secure additional program funds or as a result of pressure of federal and state programs which need to "get the money out" and those not requiring reimbursement for expenses are not displaced from their job unnecessarily and discouraged from active participation.

RECOMMENDATION PRIORITY ACTION

It is clear from the analysis above that different priority actions are required for each of the sub-groups of elderly - (1) active, well older persons, (2) fragile aging persons living in their own homes or home-like settings, and (3) the truly elderly who require extensive protection and care.

1. The major action thrust for the active well aged should be directed toward maintaining physical and mental health and the sense of well being. The priority programs, which can be a means of achieving this objective are:

    a. Health screening for the early detection and treatment of problems as a means of preventing or delaying chronic debilitating and disabling conditions.

    b. A nutrition program which includes education about

nutrition, opportunities for those with limited income to have nutritious meals and opportunities for socialization which is a stimulus to jaded appetities. Related to this is the need for a dental care program which enables older persons to eat a wider range of foods. This program is of critical importance because there is evidence that malnutrition, especially when coupled with social isolation, does contribute to symptoms of senility.

c. The importance of mobility in retaining capability for self care underscores the importance of foot care - an all too often neglected health maintenance need.

d. Multi-purpose senior centers are the focal point for the delivery of services for this group of aging. Center buildings can be the site of congregate meals programs, where some aspects of a program of health screening and health maintenance can occur. Senior Centers, in other words, can be to older persons what schools are for children - the focal point for a whole range of health, recreation and social services. The greatest service which can be given to this age group is concentrated action to achieve this kind of a senior center program.

2. The fragile aging living at home, with family members, in rooming and boarding houses in Oakland County are the most neglected of all groups of aging. There is an absence of in-home health services and various home maintenance services. This is a group most in need of opportunities for socialization provided through friendly visiting, telephone reassurance, home delivered meals, transporation to church, special senior center programs designed for the less active and other kinds of programs which help less mobile elderly have ties with other people and the world outside. Many of these programs require volunteer workers; many can be initiated by voluntary associations, service clubs and groups of older persons themselves.

   Action steps should be taken immediantly to extend services of this kind. Further, since a major deterrent to the expansion of home health services is to be found in governmental regulations, a knowledgeable and aroused citizen can be invaluable in achieving the changes required.

3. In Oakland County the impaired and truly elderly have an adequate supply of institutional facilities. In fact, the attention and funds given to these facilities and the lack of attention and funds available for alternatives undoubtedly results in high proportions of older persons in institutions when this kind and level of care is not needed.

   Improvement of in-home services and the development of adequate day care and respite services etc. is required

before substantial reduction in institutionalization is likely to occur. Meanwhile, better admission and discharge planning would help clarify who and how many need institutional care, and who and how many would be better served in some other ways. The present system is costly to the individuals themselves, their families and the tax paying public.

It is of critical importance that the county maintain its own chronic disease facility and infirmary. The large number of proprietary facilities argues for this. Experience has shown the proprietary nursing homes and hospitals are more ready to discharge troublesome patients and it is necesary for public facilities to be available as the service of last resort.

Appendix A
The Gerontologist
Vol. 13, No.2
Summer 1973
Washington, D. C.

Conclusions from a study of four community planning organizations are reported. The organizations, professionals, and individuals involved in the planning process act as interest groups competing with one another. Given the different resources of the interests involved, the elderly will remain outside the planning process unless structural changes and other inducements are provided.

Barriers to Effective Community Planning for the Elderly[1]

C. L. Estes, PhD[2]

Effective community planning for the elderly is more than efficient planning. It seeks a real effect on the persons experiencing the problems of aging, and, therefore, includes as an integral part—action.

Barriers to such effective planning are many and complex. These are essentially organizational, professional, and political in character. They each interact and mitigate in favor of our already existent and inadequate ways of dealing with social problems in terms of band-aid services rather than broad social change and foster the continued relegation of the elderly to second class citizenship in matters which directly affect them.

Organizational Barriers

The major organizational barriers are related to, first, the interorganizational composition of planning bodies, that is, the problems which especially confront federations of organizations; second, the problems of legitimacy which organizations inevitably face in assuming the position that they can and will plan for some segment of the population. And, third, the lack of a specific technology of planning and the potential areas for gaining power which discretionary tasks like planning open up.

Organizations act to preserve their individual organizational domains. As Warren (1971) has conceptualized it, "an organization's domain consists of access to those resources it needs to perform its task functions and to remain viable as a system." In addition, Warren notes that "Organizations enter voluntarily into concerted decision making only under those circumstances which [they perceive] are conducive to the preservation or expansion of their respective domains." All organizations fear the loss or encroachment of domain; thus in interrelations they tend to support organizationally nonthreatening issues (Warren, 1971) and press their own organizational interests as opposed to those of the planning organizations.

One of the major dilemmas which the federative or collegial planning organization must face is obtaining compliance from its membership. Because of the ostensibly equal partnership of all members in a federation, there is no central authority which can enforce ground rules or decisions which the members make. Further, the members have a prior and necessarily greater commitment to their own organizations than to the federative one (Litwak & Meyer, 1970; Warren, 1967). Federative planning organizations,

1. Based on a paper presented at the 18th Annual Meeting of the Western Gerontological Society, Portland, April 16-18, 1972. Research supported by NIMH Special Fellowship No. 5-FO3-MH45336-BEHA.

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therefore, from the beginning, are beset by problems of coordination and control.

The legitimacy of the purpose of such planning organizations is likely to be a continuing question, especially when its purposes come into conflict with the interests of the individual organizational members. Another legitimacy question is even more basic. At whose behest and request, by whose authority, and for whose benefit do such planning organizations actually operate? Self-annointment and self-appointment may be shaky grounds for a stable, strong, and effective organization. For example, members of the planning organizations studied sometimes testified at public hearings. When asked, "Whom do you speak for?" those testifying sputtered complicated explanations. Frequently those conducting the hearings would reply, "It is obvious that you speak only for yourself as an individual." This was because the legitimacy of most of the planning bodies studied was never really firmly established. (The one exception in the study was the County Office with authority from the Board of Supervisors, an office and a staff, rather than a federative organization with a membership).

Sources of legitimacy can be numerous and overlapping. For planners, Rein (1969) has listed four potential sources of legitimacy: (1) expertise, (2) professional values, (3) bureaucratic position [authority], and (4) consumer preference, each of which has its own special problems. Nevertheless, the question of legitimacy is a real one to which any effort at planning with the realistic hope of being implemented must give consideration. One of the solutions to this problem proposed here is the development and active participation of a constituency of elderly who can speak for themselves.

The technology of planning which constitutes the core activity of the planning bodies is one major factor which determines the degree of potential conflict among the leaders and members of the organizations. Organizational uncertainty opens up potential areas for power struggles. As Crozier (1964) has shown, lack of predictability arising from the task itself provides a potential source of power to organization members if they choose to use it. As Dalton (1959) notes, "power accrues to those who can control the areas of uncertainty," for they can claim expertise in situations which no one else can really evaluate.

Of significance is the fact that the activity of planning, as practiced by the organizations studied, does not appear to be either uniformly or consistently defined in any sense of the word, much less standardized in terms of the tasks required to plan. The broad areas of uncertainty in planning as an activity and the consequent potential for leaders and rank and file members to negotiate to strengthen their influence over defining what the planning should include and actual planning outcomes provide a clue to the high degree of member involvement in the planning organizations studied. As we might have anticipated, much activity within these organizations was focused on a power struggle among individuals, organizations, and professions.

The fact that the task of planning is not rigidly defined has implications for the potential control and domination of this activity by self-proclaimed experts. Planning appears highly complex and, resultantly, planning performance is difficult for outsiders to evaluate. Precisely because the occupation of community planning is not highly predictable, professional colleagues can make the case that they are the only ones qualified to validate their own performance. The consequent potential for social agency planners to professionalize their planning work, and thereby keep out nonprofessionals (or, at least, minimize their input) offers a great source of power.

The uncertainty of planning as an activity has other organizational ramifications. The literature of goal displacement is relevant here. If we take goals to be the "state of affairs which the organization is attempting to realize" (Etzioni, 1961), the individual members of the planning organizations studied list the goals of the planning organizations as variants on the themes of planning, coordination, education, and/or research.

Because these goals were broad and ambiguous, they were open to continual definition and redefinition, interpretation, and reinterpretation. Goals which represent difficult or intangible objectives are wide open for displacement or change (Merton, 1957; Selznick, 1966; Warner & Havens, 1968). Selznick (1966) ably describes the special difficulty an innovating organization faces:

> In an innovating agency this [goal] displacement tends to take the form of a retreat from the initial program to a more moderate and conservative program in the interest of maintaining the strength of the organization in an adverse environment.

Warner and Havens (1968) have described the displacement of intangible goals as resulting because

> What is sanctioned tends to be what is evaluated, and

what can be evaluated tends to be what is visible and tangible and measurable.

The tangible goals are likely to become those activities which ensure or enhance survival or maintenance of the organization.

Intangible goals, however, are not necessarily negative in consequences for organizations espousing them. They may encourage management ideologies in which ideas espoused by the organization leaders may be dramatized and become the impetus to action. Conversely, such ideologies may justify existent authority relations and organizational activities even though they run contrary to organzational objectives (Bendix, 1956; Selznick, 1966).

Finally, and unfortunately, the organization having intangible goals can operate on the assumption that it is effective since the intangible nature of the goals prevents evaluation (Warner & Havens, 1968).

As we might have predicted, in the planning organizations studied goal displacement did occur. In at least two of the three planning organizations with members, much effort was expended on problems of organizational survival, maintenance, and enhancement, defining and redefining goals, and on attempting to decide on new or special functions which would differentiate one planning group from another.

The result, essentially, was that the members of the planning bodies did one (and the same) thing well — they communicated information about the organizations in which they were employed. The planning groups avoided systematic research concerning the problems of the elderly in the community, made no efforts to communicate with or to actively involve the elderly in their activities, and by-passed social action of any kind beyond sending occasional letters, telegrams, and making appearances at local hearings.

Any conflicting views of what the different planning organizations should be doing were resolved by doing nothing, lest a severe conflict emerge among the participating members. Because the membership was purely voluntary, with no central authority to force continued membership or compliance with decisions made, the planning organizations were unable to take either decisive or controversial action lest the members resign. The organizational and professional rivalries constituted within the planning organizations were ostensibly to be minimized apparently at any cost. Consequently, emphasis was on the values of harmony, consensus, communication, and nonthreatening topics of discussion.

Professional Barriers

The major professional barriers are, first, the ease with which the professional can claim and receive legitimacy as an expert in areas about which he may know very little (or very much), and, second, the critical importance of professionals as labelers, that is, as the ones who can label and define a social problem such that their definitions of the problem eventually become accepted reality at official levels of government. A third professional barrier is related to the fact that different professions have different perspectives on what the problems of aging are (Coe, 1967) and that a specific profession has a vested interest in seeing that its perspective is widely accepted as the correct one. Fourth, and of critical importance, is the consequence of such perceptions or labels for the persons labeled (in this case, the elderly). The professional labelers, therefore, have a potentially serious impact not only on local officials and policy making bodies but also on the elderly themselves.

Those who have designated themselves as qualified to plan for the elderly have quickly become the recipients of an extensive referral process as the caretakers of the problems of the elderly at the community level. In organizing themselves to plan and coordinate services for the elderly, the professionals have thereby initiated the first step in becoming defined as the local experts in this area. Like Merton's (1957) "self-fulfilling prophecy," when an individual or group holds and acts on a belief, that belief becomes a reality in the sense that others come to believe it is a reality also.

By labeling themselves and acting as though they are qualified to plan and coordinate, social agency personnel thereby become the reality they claim. Their initial informal and unofficial role is gradually legitimated, becoming imbued with an objective and official quality.

Now being defined as expert, it is the professionals' conceptualization of aging as a social problem which may come to constitute an important version of official reality at the local level. As described by Berger and Luckmann, (1966) when social reality is institutionalized, it becomes part of the collective stock of knowledge. Although socially generated, this knowledge takes on the character of objective reality and, until changed, it influences our perceptions of problems and how to deal with them. Professionals, then, have a power advantage in their

ability to create the collective stock of knowledge in the field of aging.

Such power is especially important in view of Becker's (1963) and Matza's (1969) theory that any quality (such as growing old) becomes a social problem in a true sense only when it is labeled as a problem by some social group. The more influential the group doing the labeling, the more widespread the acceptance of the labels. The social problem, then, is not inherent in the aging process of the individual. Instead, growing old is a social problem as a consequence of the labeling process applied by others.

In the field of aging, local professionals have done much of this labeling. In their ability to legitimize labels, these professionals have had a heretofore unrecognized major source of power.

Further, the more the labeling process is monopolized by one or two specific professions, the more likely the problems of aging are to be cast into a narrow view, calling for the precise services which the professional labelers themselves can offer.

Essentially, the position taken here is that reality is socially constructed, and that it is plural (Collins & Makowsky, 1972). Constructions of reality are maintained only because people act as if they have an objective character. "Social structures exist only because people believe that they exist" (Collins & Makowsky, 1972), and contrary to appearances, they are somewhat fragile because such beliefs are based on a matter of definition.

However, the definitions arrived at and the realities constructed and accepted are not simply a result of negotiation among equal partners to an interaction process. As conflict theory (Collins, 1968; Dahrendorf, 1958; Weber, 1946) and our research inform us, men act in their own interests as they perceive them, but also some men have an advantage over others in influencing the perception of our interests that we come to accept. Some have greater prestige, legitimacy, and access to communication and other resources which influence the interaction we experience and the consequent perceptions of reality which we hold. Essentially, social life is characterized by the struggle of individuals and organizations in support of their perceptions of reality.

Certainly the planning and helping professions likewise have a vested interest in determining the dominant perceptions of reality about the problems of aging and their solutions which our local and national policy-makers come to believe.

The professional norm-goals of rational planning, coordination, cooperation, and avoidance of duplication may have served to legitimate the professionals' perception of reality, but they have also served to support the interests of the traditional agency structure and traditional models of social planning, thereby providing legitimacy for monopoly and lack of competition, and the continued dominance of the research, planning, and social work professions in social problem areas. In many cases, the results have been less than beneficial for the elderly themselves.

The organization and management of the White House Conference on Aging and the local state conferences preceding it demonstrate this point. As Butler (1971) has observed, the "handing down of issues from above" prior to these conferences was clearly a form of "patronization of the elderly." The definition of the issues and problems by the Technical Advisory Committee which, incidentally, was "partisan in representation, Republican to Democratic—five to one" (Butler, 1971), is an example of how the professions are encouraged to dominate and perhaps inadvertantly constrict our thinking.

Certainly the principles of rational planning involving the preliminary scientific determination of needs of the elderly is an admirable ideal, but even this aspect of planning is not as impartial as it may appear. Sociologists such as Gouldner (1969) long ago made the point that there is no such thing as a value-free sociology. Assumptions and values are inevitably built into any research effort. How the problem is defined, how variables are selected, and how the data are interpreted are each instances in which value-laden choices are made.

One of the major problems in the use of experts in social planning results from the goal displacement of the scientific belief that, to be accurate and free to derive the truth, the planner-analyst must be free of responsibility to any constituency. His professional allegiance is solely to his method and to his colleagues who will evaluate his standards of performance, keeping him honest to the cannons of science. The unanticipated consequence of such procedures has been to protect the planners' right to irrelevance and to his own special biases and interests, for making choices is a basic part of any research process.

The belief in rational and (by implication) value-free definitions of social problems and their solutions in planning can serve as an

ideology to undergird the financial and social support of the very professionals who are in charge of defining the problem and proposing the solutions. The predictable result is (1) the support of those who have a vested interest in seeing that the services which they can provide are defined as what is needed (Scott, 1969) and that the client they serve is defined as representative of those most in need, and (2) the support of detached planners who may in fact be so detached that they fail to grasp the problems of aging as they are experienced by the elderly themselves.

The consequences of the professionals' labeling process in defining the problems of the elderly must be considered as the fourth barrier of professional origin. A major consequence of this labeling, of course, is for the elderly themselves. Given the symbolic interactionist position that, in developing one's own self-concept (Blumer, 1969; Mead, 1940), the individual learns to view himself from the point of view of other people, the consequences of labeling may well drastically alter a person's self-image in a positive or negative direction, depending on how others perceive and label him.

We know that the elderly, just like everyone else, operate on the basis of meanings which are derived from and modified by the interactions they have with others in their environment. If in these interactions, old people encounter negative perceptions held by others of them, they will undoubtedly come to share similar negative perceptions of themselves.

The effect for the elderly of the professionals' definition of the situation is compounded by the fact that individuals who are growing old experience many new problems and role changes. These are likely to make them more vulnerable to the cues and perceptions of others in their interactions, thereby augmenting the potential influence of others in revising the self-images which older persons hold of themselves. In the long run, it is conceivable that the professionals who serve and who plan for the elderly could have an impact on how the elderly actually experience the aging process.

Political Barriers

Another major type of impediment to planning is the political barrier in the nature of the planning process itself. As described in the 1969 Report of the Gerontological Society's Committee on Research and Development Goals for Social Gerontology:

Policies and programs are established as a result of

> political factors plus the way experts define the situation, [and] programs based on present definitions rapidly become obsolete, yet persist because of the personal and institutional vested interests developed. There is abundant evidence that present definitions are inadequate (Anon, 1969).

Further, we know that how experts define the situation is at least a partial results of a political process among professionals and the organizations (Kuhn, 1962) in which the professionals are employed.

To state the obvious at this point, knowledge is a form of power and in the inevitable struggle of interests and values, knowledge will be interpreted and translated in the interests of those most willing and able to use or abuse it. We know that those in positions of legitimacy and respectability and those with financial, political, or ideal interests at stake will readily utilize such knowledge to their advantage—and that they have a disproportionate ability to do so. The social analyst, social planner, and social worker err if they conceptualize their roles apart from the political sieve through which their knowledge must pass before it becomes effective.

One political barrier relates precisely to this point. The planner analyst perceives his commitment to a pure and objective plan, claiming first that such a plan is possible, and second that he must remain clean of the corrupting influence of political life (Archibald, 1970; Warren, 1971). Although admirable in concept, such a position is both impractical and unrealistic. The consequence often is that, according to the planner's view of the world, what results from the political struggle after the perfect plan is devised, is worse than no plan at all (Meyerson & Banfield, 1955).

Summary

Organizations act as interest groups, as do members of professional groups and individuals. Major problems are (1) to set up an organizational structure which assures a meaningful leadership role for the elderly in the planning process—including the initial determination of objectives, (representation of the elderly and their problems should be congruent with the diversity in the population of old people), and (2) to make it worthwhile to the organizations and professionals participating (via inducements) to work in such planning efforts without subvert-

ing the goal of meaningful participation by the elderly.

To accomplish this:

New types of organizations are required. One possible solution is to turn around the flow of authority so that the hiring of consultants is at the discretion of the elderly. This would provide one means of insuring that the experts have a primary responsibility directly to the elderly, and that they are in close touch with those experiencing the problems for which they seek to plan.

Professionals (planners, social scientists, social workers) can be expected to define the problems of aging in terms of their own socialization, professionalization, and organizational interests. Therefore, the elderly must be an integral part of any efforts to define the problems of aging.

Rational planning techniques, originated to provide the basis for social change, can become an ideology supporting the system of professionals who employ its rhetoric—resulting (intentionally or unintentionally) in the intimidation of the elderly and their being left out or opting out of the planning process. This can also result in the omission of community leaders and politicians who very much need to become aware of the problems of aging.

Planning and implementation should ultimately represent action goals, some of which undoubtedly will compete or conflict with approaches utilized by existing community agencies. Contrary to current practice, such competition is healthy and should be encouraged.

The elderly themselves and the planner-analysts must learn to operate effectively in the political world which ultimately determines actual planning outcomes.

The elderly must be involved in defining the problem, as well as in planning the strategies to deal with them, and their implementation. The question must be raised as to whether any federal, state, or local funding should go to any part of the traditional agency structure unless provisions are made for the compulsory involvement of older people throughout the planning implementation processes.

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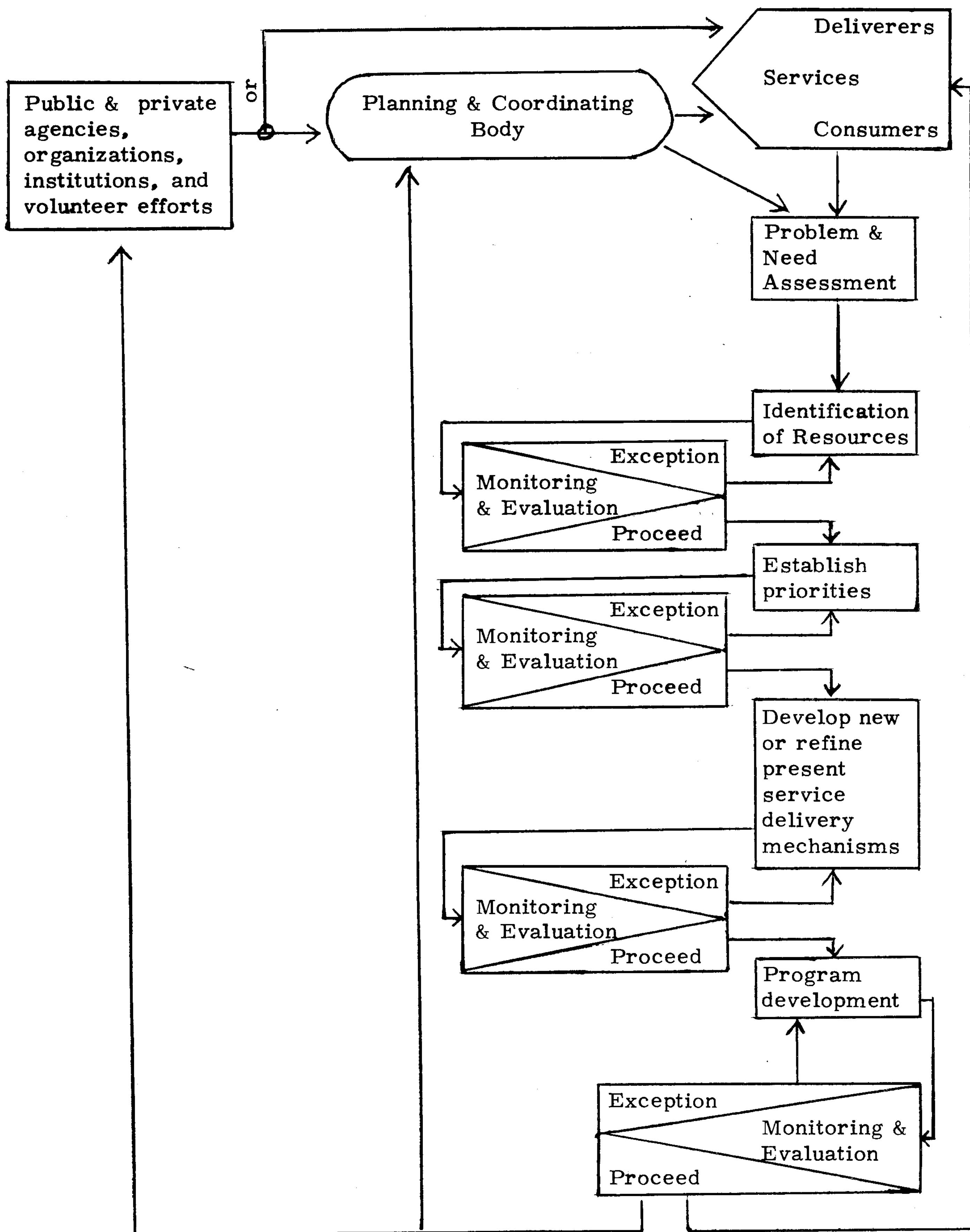
COMPREHENSIVE SERVICE DELIVERY FUNCTIONS



Appendix C

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

OFFICE OF THE SECRETARY

WASHINGTON, D.C. 20201

Office of Human Development
Administration on Aging

INFORMATION MEMORANDUM
AoA-IM-74-5
July 19, 1973

TO : STATE AGENCIES ADMINISTERING PLANS UNDER TITLES III AND RECIPIENTS OF GRANTS UNDER TITLE IV OF THE OLDER AMERICANS ACT OF 1965, AS AMENDED

SUBJECT : Standards for Evaluating Programs and Projects Assisted Under Section 308 or Title IV of the Older Americans Act

CONTENT : The recently passed Older Americans Comprehensive Services Amendments require that the Secretary of DHEW develop and publish general standards to be used by him in evaluating projects and programs assisted under the R&D, Training and Model Project Programs in Aging. These standards were published in the "Federal Register" on June 28, 1973 accompanied by a request for comments. Since the "Federal Register" has limited circulation, this copy is being forwarded in order to insure the opportunity for your review.

These standards are not intended to establish criteria against which grants or contracts under Title III or IV are to be awarded. Instead, they are designed to establish the general criteria against which approved projects and programs will be evaluated. The content is based, in large part, upon the goals set forth in the 1973 Older Americans Comprehensive Services Amendments.

The criteria included in the notice are summarized as follows:

All programs will be measured by the degree to which the program or project meets its own objectives and by cost comparisons. In addition, all Programs will be measured against criteria based upon the goals listed in Title I of the Older Americans Act, as amended and stress the provision of comprehensive services.

Criteria for the Model Projects (Section 308) concern the extent to which programs increase the ability to serve the elderly at the State and local level.

Criteria concerning Training Programs in Aging (Title IV, Part A) are based upon goals stated in Sections 401, 403 and 404 of the Act. Stress is placed on providing trained personnel to meet the needs of organizations and programs serving the elderly.

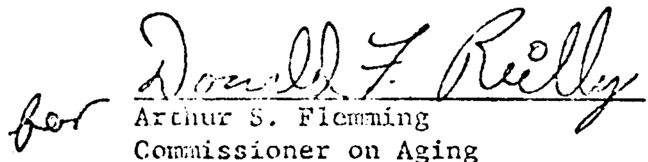
The criteria for the Research and Development Projects in Aging (Title IV, Part B) are based upon statements concerning the quality and relevance of the projects as found in the Act and some additional criteria covering the utilization of that research.

Finally, the criteria for Multidisciplinary Centers for Aging (Title IV, Part C) stress the performance of the functions for those centers listed in the Act.

The criteria can be used not only by AoA in its evaluation efforts but also by other levels of government in their evaluations.

A request for comments accompanied the publication, and we extend that request to you. Comments should be received by the Commissioner on Aging by August 27, 1973.

INQUIRIES TO : Regional Program Directors on Aging or Howard White, AoA, Room 3511 HEW-S, 330 C Street, S.W., Washington, D.C. 20201. (202) 962-8751.



Arthur S. Flemming
Commissioner on Aging

federal register

Office of Human Development

ADMINISTRATION ON AGING

Evaluation Standards for Programs and Projects

Under section 207(b) of the Older Americans Act of 1965, as amended by the Older Americans Comprehensive Services Amendments of 1973 (PL 93-29), the Secretary of Health, Education, and Welfare must develop and publish general standards to be used in evaluating the programs and projects assisted under section 308 or Title IV of the Act. Such standards must be published before grants or contracts are made.

The standards set forth below are the implementation of this requirement. They apply to the following programs:

Model Projects Program (Section 308)
Training Programs (Title IV, Part A)
Research and Demonstration Projects (Title IV, Part B)
Multidisciplinary Centers of Gerontology (Title IV, Part C)

The standards will be used by the Administration on Aging in making grants and contracts under these programs; and are effective immediately.

The standards will be revised in light of experience and public comment, and interested persons are requested to address comments, criticisms, and suggestions regarding the standards to the Commissioner on Aging, Room 3039, Mary E. Switzer Building, 330 C Street, S.W., Washington, D.C. 20201. Such comments should be sent in time to reach the Commissioner's office within 60 days of the date of publication of this notice.

1. *Purposes of the standards.* These criteria are published to inform potential grantees and contractors of the standards which will be used to evaluate the programs and projects assisted under the following programs:

Model Projects Program (Section 308)
Training Programs (Title IV, Part A)
Research and Demonstration Projects, (Title IV, Part B)
Multidisciplinary Centers of Gerontology (Title IV, Part C)

The criteria will be used by the Administration on Aging (AoA), and it is recommended that they be employed by States and communities in evaluating these projects and programs. Specifically, they will be the basis for national evaluations conducted under section 207(a) of the Older Americans Act.

Not all criteria will be used to evaluate each program or project. However, at least some of the criteria will be applicable to every project funded under the programs listed above.

Individual projects and programs will be evaluated as part of the overall effort under the Older Americans Act to improve the condition of the elderly. Individual projects and programs will be evaluated for the level of their contribution to the goals of the Older Americans Act.

2. *Criteria relating to all covered programs.*— (a) *Output goals.* Each project or program must have approved output goals for its own operations. Output goals state the expected results of the program, such as number of individuals trained, meals served, or specific elements of new and improved knowledge. Criteria relating to output goals are discussed under paragraph 3, Program efficiency.

(b) *Impact goals.* Impact goals will be developed by AoA for each program funded under the Act. These goals state the expected effects of outputs, e.g., improved health or nutrition for the elderly, more individuals working in programs for the elderly or more effective planning. Impact goals are discussed under paragraph 4, Program effectiveness.

3. *Program efficiency.* Program efficiency will be measured by the extent to which project output goals are met, and by the comparative costs for meeting comparable goals. Specifically, projects and programs will be evaluated against the following criteria:

(a) The extent to which the grantee or contractor meets or exceeds the output goals established by the program or project.

(b) The extent to which the cost of a program or project is consonant with its level of output when compared to other methods of achieving similar goals.

4. *Program effectiveness.* Measures of program effectiveness concern the extent to which the specific programs and projects will help to meet national goals and objectives. The effectiveness criteria are based on the purposes stated in Title I of the Older Americans Act, as amended and Title I of the Older Americans Comprehensive Services Amendments of 1973. Specifically, projects and programs will be evaluated against the following criteria:

(a) The extent to which the program or project contributes to the development or capability of comprehensive programs which approach a full range of health, education, and social services to older citizens who need them.

(b) The extent to which the program or project increases national and local capability to give full and special consideration to older citizens with special needs in the planning, development and operation of service delivery programs.

(c) The extent to which the program or project improves capacity for priority setting to insure the delivery of services to citizens with the greatest economic and social needs until such services are available to all elderly.

(d) The extent to which the program or project helps lead to the coordinated delivery of a full range of services to older citizens including, where applicable, meaningful employment opportunities for many individuals including older persons, young persons and volunteers from the community.

(e) The extent to which the program or project develops or provides resources and techniques for insuring that the planning and operation of comprehensive programs will be undertaken as a partnership of older citizens, community agencies, State and local governments and other members of the community with appropriate assistance from the Federal Government.

5. *Criteria for model projects program.* Each model project will be evaluated against the following criteria:

(a) The extent to which the project strengthens State, regional (intra-State), metropolitan area, county, city or community capacity for planning and coordinating programs.

(b) The extent to which the project suggests and develops innovations and improvements in programs, institutional practices, laws, and regulations which will improve the status of the elderly.

(c) The extent to which the project broadens the base of human and material resources invested by the community in activities which aid the elderly.

(d) The extent to which the project organizes or influences the organization of services needed by the elderly so that they will be more effectively delivered and more easily available.

(e) The extent to which the project or program increases the capability of service providers to meet specific needs, such as: transportation, housing, continuing education, preretirement planning and the needs of the physically and mentally impaired.

6. *Criteria for training.* The criteria for the success of the training programs supported under Title IV of the Older Americans Act are based upon the goals for the program described in sections 401, 403, and 404 of the Act. Specifically, training programs will be measured against the following criteria:

(a) The extent to which the program contributes to the provision of a broad range of quality training and retraining opportunities responsive to changing needs of programs in the field of aging.

(b) The extent to which the program attracts additional people into the field of aging.

(c) The extent to which the program helps to make personnel training programs more responsive to the need for trained personnel in the field of aging.

(d) The extent to which the program results in educational institutions at all levels providing increased training opportunities in the field of aging.

7. *Criteria for research and development projects.* The criteria for evaluating research and development grants and contracts concern both the quality and relevance of a research, development or demonstration project and the degree of utilization of the project's results. Specifically, R&D projects will be measured against the following criteria:

(a) The extent to which the project generates information on the current patterns and conditions of living of older persons and on their effect on wholesome and meaningful living for such persons.

(b) The extent to which the project develops or demonstrates new approaches, techniques, and methods which hold promise of a substantial contribution toward wholesome and meaningful lives for older persons.

(c) The extent to which the project develops or demonstrates approaches, methods and techniques for achieving or improving coordination of community services for older persons.

(d) The extent to which the project evaluates approaches, techniques and methods which may assist older persons to enjoy wholesome and meaningful lives and to contribute to the strength and welfare of the United States.

(e) The extent to which findings can be used to improve projects and programs by researchers, individuals conducting demonstrations, and those operating projects and programs to serve the elderly.

(f) The extent to which the results of R&D projects can be used for improved planning, decision making and policy making in programs for the elderly.

(g) The extent to which research and demonstration projects use standardized methods for collecting both cost data and estimates of physical and mental conditions so as to permit comparisons among projects and with other findings.

8. Criteria for multidisciplinary centers of gerontology. Multidisciplinary centers of gerontology will be evaluated against the same criteria for R&D and training activities as independent programs and projects. (See paragraphs 6 and 7). In addition, the centers will be measured against the following criteria:

(a) The extent to which the center performs the full range of activities described in section 421 of the Act.

(b) The extent to which the center increases the use of information on aging in the teaching of biological, behavioral, and social sciences at colleges or universities.

(c) The extent to which the center provides useful consultation to public and voluntary organizations with respect to the needs of older people and in planning and developing services for the elderly.

(d) The extent to which the center creates opportunities for innovative, multidisciplinary efforts in teaching, research, and demonstration projects with respect to aging.

Effective date: June 28, 1973.

Dated: June 25, 1973.

FRANK CARLUCCI,
Acting Secretary.

[FR Doc.73-13043 Filed 6-27-73;8:45 am]

Appendix D

PRINCIPLE REFERENCE MATERIALS SUPPLIED

1. "Home Health Services to the Aged in Southeastern Michigan," prepared and written by Jeanne Fitzgerald and Citizens for Better Care, for the Comprehensive Health Planning Council of Southeastern Michigan, mimeo, November 1972.
2. "Housing Needs of Oakland County with Special Emphasis on Low and Moderate Income Families," prepared by Oakland County Board of Auditors, presented to Human Resources Committee, Oakland County Board of Commissioners, Mimeo, March 38, 1973.
3. "Housing Needs of Southfield Senior Citizens," prepared for Southfield City Council, by Parks and Recreation Department, City of Southfield, mimeo, December 1972.
4. "Needs of Aged Persons in Oakland County - The Characteristics and Problems of Aged Persons Served by Six Social and Health Agencies," by Family Service of Oakland County, mimeo, 1966.
5. "Planning for a Comprehensive Delivery System to meet Elderly Needs in Oakland County and Livingston County," prepared by Oakland County Board of Auditors, mimeo, November 28, 1972.
6. "Poverty Incidence in Michigan," Michigan Department of Labor, Michigan Economic Opportunity Office, mimeo, 1970.
7. Project Proposal, Oakland County Commission on Economic Opportunity, for Nutritional Service Delivery System for the Elderly, submitted December 6, 1972.
8. Questionnaire/Responses to Oakland County Board of Auditors, sent out January 12, 1973.
9. "Services to Senior Citizens and Shut-Ins: Progress Report," prepared by Avon Township Public Library, mimeo, April 30, 1973.
10. "Senior Citizens Housing Survey," by John C. Maurer, Associate Professor of Management, School of Business Administration, Wayne State University, Detroit, Michigan, mimeo, February 18, 1971.
11. "Transportation," prepared by Oakland County Commission on Economic Opportunity, mimeo, February 1969.
12. US Census Data obtained from the US Census Bureau for 1970.

Appendix E

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Opportunities for Older Americans in ACTION
The Foster Grandparent Program - One Part of ACTION
Retired Senior Volunteer Program - One Part of ACTION
VISTA
PEACE Corps - Part One of ACTION
Service Corps of Retired Executives - Part One of ACTION
Active Corps of Executives - One Part of ACTION