

ELDERLY AFFAIRS

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FOREWORD

During the Sixth Session of the Legislature of the State of Hawaii, House Bill 1636, an omnibus budget bill was adopted. One section of that bill, later to become Act 202 of the Session Laws of Hawaii, 1972, commissioned the Legislative Reference Bureau to undertake a study of the aged in Hawaii. *Elderly Affairs* completes that assignment.

This study is in keeping with the declared doctrine of the legislature which held to the concept "of the inherent dignity of the individual in our democratic society, the older people of our State are entitled to, and it is the joint and several duty and responsibility of the State of Hawaii and its counties to enable our older people to secure equal opportunity to the full and free enjoyment" of life. It is hoped that this study will aid in exposing some of the problems faced by the aged today and perhaps act as a step toward resolving a few of the major challenges confronting the field of aging in Hawaii.

Many individuals and agencies have been most helpful and cooperative in supplying data and information necessary for this study. The Bureau is especially indebted for the contributions of Renji Goto and the Hawaii State Commission on Aging, Letitia Uyehara of the Bureau staff, the Department of Social Services and Housing, the Department of Planning and Economic Development, the staff at the University of Hawaii, and the numerous other private organizations, governmental agencies, and individuals who were so important to the final report. Finally, the patient and efficient performance of Sally Hayashi, who supervised a skillful secretarial staff and attended to the numerous clerical chores that go into such a report, cannot be overlooked without a sincere word of appreciation.

Samuel B. K. Chang
Director

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INTRODUCTION

While the maxims declaring silence to be golden and patience a virtue may hold true in many situations, they do not apply to a study of the aging in today's society. Even a perfunctory examination of the state of the aged in America today would lead to the depressing conclusion that the aged are a deprived and suffering segment of our population. Indeed, to keep silent about their plight and to wait patiently for someone else to act would be anything but virtuous. The future of the aged is today, and any procrastination could well be fatal.

During the Sixth Session of the Legislature of the State of Hawaii, House Bill 1636, an omnibus budget bill was adopted. One section of that bill, later to become Act 202 of the Session Laws of Hawaii, 1972, commissioned the Legislative Reference Bureau to undertake a study of the aged in Hawaii.

The role of the aged in Hawaii has changed drastically over the years. Early marriage, large families, and respect for elders are commonly accepted social values in most of the peasant and folk societies from which Hawaii's immigrant and indigenous peoples have been drawn. Yet, where once strong family ties existed, drawn close by circumstance as well as by culture, very loose ties prevail today. Grandparents seldom share the same household or even the same neighborhood with younger generations. Instead, forced apart by the relatively new practice of single family living and a mobile society, they may often be found living in solitude, quite apart from the life which was once theirs. Mandatory retirement, and the resultant lowering of income, ill health and increasing medical needs are only a few of the problems which face the increasing number of aged people in Hawaii. At present, when every tenth American is 65 or older, and when the rest of the population daily progresses toward that magical, yet arbitrary number, it becomes even more important to give fuller consideration to the problems of the aging and the aged.

Because the aged have grown apart from much of the rest of society, a tragic situation has developed. People with a lifetime of valuable experiences to share are being pushed into an isolated and ignored life. Their isolation need not be in their physical surroundings, for many of the aged population live in bustling apartment buildings, rooming houses and other close quarters. However, when family members fail to call, when no one asks for advice or counsel, and when the few friends who maintain a relationship begin to die off, then a person becomes isolated in the strongest sense of that word. The tragedy of isolation does not rest with the individual alone, for the entire society is hurt. The skills, insights, moral force, and culture which the aged are so qualified to pass on are instead lost forever. This is a problem for all of the people, not just individual families who have ignored their kindred oldsters, for without oldsters the entire culture suffers. Our heritage dwindles and our future is threatened. The irony remains that a society based on a work ethic should have inadvertently developed a system that virtually assures that a significant number of its citizens cannot be productive and contributing members of society and are therefore relegated to isolationism.

By conducting a study of the aging population in Hawaii, it is hoped that a step toward meeting this major challenge which confronts us, shall have been achieved. It might also be noted that numerous studies and a proliferation of books relating to the aging line the libraries' shelves. Furthermore, during many of the numerous interviews conducted in connection with the study the question inevitably arose, "What, another study?" The only feature which could be used to differentiate this study, as in reality a step toward achieving a goal and not merely a small addition to an already established literary field, cannot be found in the study itself, nor can it be initiated by those conducting the study. That feature is the legislation aimed at helping the aging in Hawaii which might result from some of the thoughts put down in this study. That first step can only be taken by the legislators of the State. And, only then will the step from "just another study" to "meeting a challenge" finally be taken.

*when 're you speak, remember every cause
stands not on eloquence, but stands on laws;**

the law

*Story

CHAPTER I

THE LAW

Respect for the aged came naturally in ancient Hawaii, for it was the aged who preserved the traditions of the past and who insured the acculturation of the younger generations. Because the Hawaiians had not developed a written language, they depended on the memories of men to record their literature of songs, genealogies, stories, ritualistic and honorific chants, and traditions embodying fragments of history and biography. This remarkable knowledge of the past earned them respect and sometimes even deference in ancient Hawaii. In later years, the immigrants from other rural and folk societies arrived; and they brought with them a strong history of reverence for their elderly ancestors. It was no wonder then, that the Palolo Home for Aged Chinese Men should have been one of the first facilities built to serve the aging in Hawaii.

The first formal evidence of Hawaii's concern for the aged came with the passing of Senate Bill No. 384 in 1963. This legislative milestone, which became Act 198, authorized a State Commission on Aging, including representatives from each of the counties. In addition, county committees were also authorized with commission members appointed by the mayors of the respective counties.

State Goal

It was not until 1965, however, that a clear picture of what could be considered the State's goal for the aged of Hawaii emerged. This goal was illustrated in section 1 of Act 261 of the Session laws of 1965, as follows:

"SECTION 1. Declaration of purpose. The legislature hereby declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our State are entitled to, and it is the joint and several duty and responsibility of the State of Hawaii and its counties to enable our older people to secure equal opportunity to the full and free enjoyment of the following:

- (a) An adequate income in retirement in accordance with the American standard of living.
- (b) The best possible physical and mental health which science can make available, without regard to economic status.
- (c) Suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.
- (d) Full restorative services for those who require institutional care.
- (e) Opportunity for employment with no discriminatory personnel practices because of age.
- (f) Retirement in health, honor and dignity.
- (g) Pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities.
- (h) Efficient community services which provide social assistance in a coordinated manner and which are readily available when needed.
- (i) Immediate benefit from proven research knowledge which can sustain and improve health and happiness.
- (j) Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives."

Compilation of Laws

Since that time, a continued concern for the aged has been demonstrated in Hawaii. A compilation of state laws relating to the elderly, which can be found in Appendix A, is intended to bring together for ready reference the many enactments which are scattered throughout the *Hawaii Revised Statutes*. They appear in summary form with bracketed references at the beginning of each section indicating the section number of the statute concerned. It should be noted, however, that this compilation does not include all laws of a general nature that could apply to the aging as well as to other segments of society. Time did not permit such an extensive compilation to be completed, but the following is as much as could be done within the limitations of the study. This compilation should still be useful, for it does summarize the laws relating specifically to Hawaii's elderly citizens.

The compilation of laws gives clear evidence that Hawaii has long recognized the importance of providing special care for its elderly citizens. One area which is detailed in the appended compilation is that of retirement for

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public officers and employees. While this section does deal with a special interest group, it is included because it is the chief law governing that most important concern of the elderly—retirement. Since a similar law governing private pension systems has not yet been enacted, although interest is great and one may soon pass, this law is included even though it does refer only to government employees.

Chapter 88, *Hawaii Revised Statutes*, presents the legal authority for the creation of the Employee's Retirement System of the State of Hawaii. Allowances are made for retirement at age 55 with at least ten years of service. The System is a "funded" system, i.e., contributions are calculated on an actuarial basis to accumulate a cash reserve sufficient for the payment of all member benefits. Contributions are made on a joint basis by members and their employing governments. Retirement allowances are based on 2.5 per cent of average final compensation for policemen and firemen, on 2 per cent of average final compensation for general employees, and on 3.5 per cent for judges and elected officers.

Aging Program

Another area of the law, which deserves considerable discussion, is that delineating programs on aging. This chapter, Chapter 349 of the *Hawaii Revised Statutes*, will, because of its importance to the field of aging in Hawaii, be included in its entirety.

"CHAPTER 349 PROGRAMS ON AGING

Sec. 349-1 Commission; appointment; tenure. There shall be a state commission on aging which shall consist of not less than twenty-one nor more than twenty-seven members. The membership shall include, ex officio, the director of health, the director of social services, the superintendent of education, the president of the University of Hawaii, the director of labor and industrial relations, the secretary of the state employees retirement system, or their permanently appointed designees, and by invitation, the Hawaii representative of the United States Department of Health, Education, and Welfare. The remaining members shall be appointed by the governor in accordance with article IV, section 6, of the State Constitution. One-third of the members shall be appointed for the term of four years, one-third for the term of three years, and one-third for the term of two years, and thereafter the terms of office of each member shall be four years. Of the appointed members there shall be one member from the county of Hawaii, one member from the county of Maui, and one member from the county of Kauai and at least one-third of the age of sixty years or older. The members shall serve without compensation but shall be paid their necessary expenses in attending meetings of the commission. The members shall be selected on the basis of their interests and knowledge in and their ability to make contributions to the solution of problems relating to aging. The governor shall appoint the chairman of the commission. There shall be no less than four meetings of the commission each year, all meetings to be held in the city and county of Honolulu.

Sec. 349-2 Duties of commission; reports. The commission shall:

- (1) Provide a mechanism by which governmental and nongovernmental agencies can coordinate their plans, policies, and activities with regard to aging.
- (2) Create public awareness and understanding of the needs and potentials of older persons.
- (3) Encourage state departments, universities, and other appropriate agencies to conduct needed research in the field of aging. When the research cannot be done within the established agencies, it shall be carried out by this commission.
- (4) Recommend legislative and administrative action on behalf of the aging; review legislation pertaining to older persons and appropriations made for services in their behalf in such fields as health, social welfare, education, employment, and recreation; consider and present revisions and additions needed and report to the governor and to the legislature regarding such legislation.
- (5) Appraise the availability, adequacy, and accessibility of all services and facilities for older persons within the State.
- (6) Study the operations and the operating policies affecting older persons of all state and county departments and agencies responsible for providing services for older persons, including without limitation to the generality of the foregoing, the agencies with primary responsibility for public health, social welfare, education, housing, employment, recreation, and retirement, and report to the governor and to the legislature. The executive heads of all such departments and agencies shall cooperate with the commission in providing information as the commission deems necessary for the effective discharge of its duties under sections 349-1 to 349-5; provided, that no provision of law with respect to confidentiality of information shall be violated herewith.

THE LAW

- (7) Stimulate, guide, and provide technical assistance in the organization of local or regional committees on aging, and in the planning and conduct of services, activities, and projects.
- (8) Stimulate training for workers in services to the aging.
- (9) Promote the development of services to assist middle-aged and older persons to develop skills, attitudes, and interests to prepare themselves for their later years.
- (10) Maintain contacts with local, state, and federal officials and agencies concerned with planning for middle-aged and older persons.
- (11) Cooperate with national groups on aging and arrange for participation by representatives of the State in White House conferences and other national conferences from time to time.
- (12) Administer funds allocated for its work; be authorized to accept, disburse, and allocate funds which may become available from other governmental and private sources; provided, that all such funds shall be disbursed or allocated in compliance with any specific designation stated by the donor and in the absence of such specific designation, the funds shall be disbursed or allocated on projects directly benefiting the elderly in accordance with the purposes of sections 349-1 to 349-5.
- (13) Submit an annual report with recommendations to the governor and the legislature.

Sec. 349-3 County committees; appointment. The mayor of the city and county of Honolulu and the chairman of the board of supervisors of each of the other counties shall each appoint within their respective counties a committee of not less than fifteen persons charged with the duty and responsibility of developing such information as the state commission requires or as the committee deems advisable concerning the problems of aging within the respective counties. The committees shall submit to the state commission plans and proposals for meeting these problems in the several counties. Each county committee shall endeavor to secure the widest possible citizen participation in its efforts and, for this purpose, may utilize or continue the existence of study panels or groups. The membership of each county committee shall include, ex officio, the chief administrative officer at the county level (or his permanently appointed designee) of the state department of health, of the state department of social services, of the employment service office of the state department of labor and industrial relations, and of the state department of education, the administrative head of any county recreation agencies, and the county representative of the state commission. The other members shall be selected upon the basis of their interest in the problems of aging, their effectiveness in promoting the welfare of the middle-aged and older persons within the county, and their knowledge of local conditions. The chairman shall be elected annually from the nongovernmental members of the committee. One-third of the nongovernmental members of the county committees shall be appointed for four years, one-third for three years and one-third for two years, and thereafter their successors shall be appointed for terms of four years. Each county committee shall meet at least three times a year. The members of the county committee shall receive no compensation for their services. The respective boards of supervisors or council may make appropriations to meet the necessary expenses of the committees.

Sec. 349-4 Director; qualification; duties; assistants. The state commission on aging shall select and employ a director who shall be exempt from chapters 76 and 77. The director shall have professional training and recent experience in the field of social work, education, public health, or other related field, or the equivalent in work experience in one of these fields, and recent experience in a supervisory, consultative, or administrative position.

The director shall serve as consultant to the governor on problems on aging; shall assist in coordinating the programs of all agencies concerned with problems of aging; shall help plan, organize, and coordinate the activities of the county committees; shall arrange for statewide studies of the needs and existing facilities for older persons and develop recommendations and plans for action consistent with the purposes of this chapter; shall secure statistical data from the county committees and from state and local agencies; shall arrange for the exchange of information, plans, and programs between public and private groups interested in the problems of aging; shall prepare articles, reports, and bulletins for the use of the state commission and the county committees and agencies and for general publication; shall keep and maintain records and reports and conduct correspondence relative to the work of the commission. The director shall be paid and reimbursed for reasonable and necessary traveling expenses in carrying on this work. The commission may employ such additional staff for the director as may be necessary to carry out the duties of the commission, subject to chapters 76 and 77, and provide suitable quarters.

Sec. 349-5 Administering of state commission. The state commission on aging shall be within the department of budget and finance for administrative purposes and shall sit in an advisory capacity to the director of finance on matters set forth herein.

Sec. 349-6 Declaration of purpose. The legislature hereby declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our State are entitled to, and it is the joint and several duty and responsibility of the State of Hawaii and its counties to enable our older people to secure equal opportunity to the full and free enjoyment of the following:

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- (1) An adequate income in retirement in accordance with the American standard of living.
- (2) The best possible physical and mental health which science can make available, without regard to economic status.
- (3) Suitable housing, independently selected, designed, and located with reference to special needs and available at costs which older citizens can afford.
- (4) Full restorative services for those who require institutional care.
- (5) Opportunity for employment with no discriminatory personnel practices because of age.
- (6) Retirement in health, honor, and dignity.
- (7) Pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities.
- (8) Efficient community services which provide social assistance in a coordinated manner and which are readily available when needed.
- (9) Immediate benefit from proven research knowledge which can sustain and improve health and happiness.
- (10) Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.

Sec. 349-7 **Definitions.** For the purposes of sections 349-6 to 349-10:

- (1) "Commission" means the state commission on aging as defined by section 349-1;
- (2) "Committees" means the county committees on aging as defined by section 349-3;
- (3) The term "director" means the director of the commission on aging;
- (4) The term "nonprofit institution or organization" means an institution or organization which is owned and operated by one or more corporations or associations no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

Sec. 349-8 **Research, planning, services, facilities, and training fund.** There shall be a fund to be known as the "Research, Planning, Services, Facilities, and Training Fund." The fund shall consist of contributions from any source, appropriations made available by the federal, state, or local governments for the purposes of sections 349-6 to 349-10, and any interest or other income earned from investments of the fund.

Sec. 349-9 **Purpose of the fund.** The fund shall be used for:

- (1) Research, planning, development, and coordination of programs and facilities designed for older persons;
- (2) Demonstration programs or activities which are beneficial to older persons;
- (3) Training or special personnel needed to carry out programs designed for older persons; or
- (4) Establishing new or expanding existing programs for older persons which provide (A) recreational and other leisure time activities; (B) informational, health, welfare, counseling, or referral services; or (C) assistance to older persons in providing volunteer community or civic services.

Sec. 349-10 **Authority of commission.** The commission may by way of grant to or contract with the committees, any public or nonprofit private agency, organization, or institution or any private person:

- (1) For research or developmental projects and facilities which are or may be beneficial to older persons;
- (2) For the specialized training of persons employed or prepared for employment in carrying out programs designed for older persons;
- (3) For information, health, welfare counseling, or referral services;
- (4) For educational programs for maintenance of health and development of vocational interests and skills;
- (5) For enlisting and training older persons for voluntary civic services;
- (6) For opportunities for development of constructive use of retirement time; or
- (7) For transmission of arts, skills, or culture of older persons to the younger people.

The commission may adopt, amend, or repeal necessary rules and regulations to implement sections 349-6 to 349-10. It may, to the extent it deems appropriate, require the recipient of any grant or contract to contribute money, facilities, or services to carry out the project for which the grant or contract is made."

THE LAW

Summary

An equal opportunity to the full and free enjoyment of an adequate income, good health, suitable housing, freedom, independence, happiness, honor and dignity—this is the goal of the State of Hawaii for its elderly citizens.

This chapter on law consists essentially of a discussion of state laws relating to the elderly. It refers specifically to Appendix A which brings together, for ready reference, the many enactments which are scattered throughout the *Hawaii Revised Statutes* including those relating to taxes, employment, housing, and others. The laws on the public employees retirement system and those establishing the Commission on Aging are considered in detail.

The statutes delineating the State's program on aging were included in total. They provide for a State Commission on Aging with between twenty-one and twenty-seven members, including representatives from each county. The duties of the Commission include:

- (1) Coordinating plans and activities;
- (2) Creating a public awareness of the needs of the elderly;
- (3) Encouraging and conducting research projects;
- (4) Recommending legislative and administrative action;
- (5) Evaluating services;
- (6) Providing technical assistance;
- (7) Promoting the development of services and stimulating training;
- (8) Administering funds and disbursing them; etc.

This law also provides for the establishing of County Committees on Aging, as well as a permanent staff for the Commission.

It is important to understand and to be aware of the laws relating to the elderly, for it is on them that the programs aimed at serving this group must rest. The statutes themselves reveal the intent of the legislature, who are in turn representatives of all the people. Thus, when the goals for the aging are spelled out in the laws, it is safe to say that such is the will of the people. In this case then, our goal is an equal opportunity to the full and free enjoyment of an adequate income, good health, suitable housing, freedom, independence, happiness, honor and dignity for the elderly in our State.

*the world is too much with us; late and soon,
getting and spending, we lay waste our powers:
little we see in nature that is ours.**

programs and services

*Wordsworth

CHAPTER II PROGRAMS AND SERVICES

Stated briefly, the objective of this chapter is to determine:

- Who in Hawaii has programs affecting the elderly?
- What is the administering agency for each of these programs?
- What are the objectives of these programs and how can they be described?
- How many elderly people does the program serve?

An attempt has been made to answer each of these questions in the descriptions of the programs.

A look at the current services available serves one important function. It is the first step in finding out who is doing *what*, *how*, and to *what extent* to meet the needs of the elderly. Why find this out? Because by so doing, the gaps in programming can better be determined and improvements can be instituted to better serve the elderly. Unfortunately, the ultimate assessment of current programs and whether their resources are reaching the elderly is not within the scope of this study. However, an up-to-date accounting of current programs available should be useful in eventually accomplishing this goal. The description of the methodology used and the apparent limitations of the research and general notes about the programs are included in this part, but the actual program descriptions have been placed in Appendix B. Because the program descriptions were numerous, it was felt that their placement in the appendix would provide a ready reference for those seeking such information without adding to the bulk of the textual part of the study.

Methodology

The main method employed to collect the information used in this chapter was a series of interviews, conducted most often in person, but sometimes by telephone or mail service. Interviews were arranged with a number of agencies and organizations selected because their activities appeared to influence the lives of older people, whether as a prime or an ancillary concern. Interview questions were designed to elicit information on the type of program, the administering agency, the statutory basis for it, a description of the program and its objectives, an estimate of the number of aging served, and the approximate personnel count and budget for the last three years.

Limitations

There were problems with this section of the study. The first was that although our greatest efforts were expended, there are undoubtedly other organizations who have programs for the elderly which have been overlooked. However, included here is as complete a list as was possible for us to compile. A second problem was that of all the agencies and organizations known to be involved with the elderly, not all responded to the inquiry. With more time and resources, a higher response rate and more complete survey of programs could have been obtained.

Limited agency records, or our respondents' limited knowledge of records, imposed a restriction. Some organizations either have not kept records which would enable them to give completely accurate responses or they may have undergone changes in personnel. One problem faced by many state agencies has been that since the switch from regular budgeting procedures to the newer PPB (Planning, Programming, and Budgeting) system, there has been a great change in program titles and program record keeping. In other words, a program under the old system may just be a small part of a new program in PPB. This leads to an overlapping of personnel and budget information which makes it very difficult to determine exactly what is being spent on an "old" program under the "new" system. Hopefully, these problems will soon be ironed out when the complete change to PPB has been accomplished.

Despite these and other limitations, this chapter on the agencies and organizations which have programs to meet the needs of the elderly should provide some useful information which can be utilized to plan programs and allocate resources for the future. It can also serve as a base for future studies of the achievements and gaps in programs concerned with the elderly.

ELDERLY AFFAIRS

General Notes

The program information appears in the following form:

Administering Agency

Program Title

Legal Basis: _____

Description: _____

Objective: _____

Estimated number of aging served: _____

Personnel:)
) *(for the last three years)*

Budget:)

Due to the limitations mentioned earlier, not all of the requested information was made available for each of the programs. However, it was felt that these programs should be included anyway with the hope that the needed information could be added later.

The programs were divided into the following categories: State of Hawaii, City and County of Honolulu, County of Hawaii, County of Maui, County of Kauai, U.S. Government, and Private Organizations. Unless otherwise stated, all programs under "State of Hawaii" and "U.S. Government" are statewide. Programs which include the elderly but also serve other age groups will be so indicated. All programs for the elderly which have age limitations are also specified. One final note, in many cases the reason for a small number of personnel in a particular program, even though the budget is the same or higher than in previous years, is the state "freeze" on hiring. The freeze has resulted in many authorized positions remaining unfilled, therefore when the budget and personnel data are listed, the decrease in personnel may not appear to warrant the consistently large budget.

As was explained earlier, the actual list of programs and descriptions are included in Appendix B.

*this is a wise maxim, 'to take warning
from others of what may be to your own
advantage.**

out-of-state survey

*Terence

CHAPTER III OUT-OF-STATE SURVEY

Because concern for the aged is a matter of national interest, a survey of the programs currently existing in other states was conducted. A questionnaire¹ was mailed to all of the state commissions on aging as well as to offices in American possessions. The replies appear in tabular form in this chapter.

National Goals

Goals for the elderly in the nation were delineated in the "Declaration of Objectives" section of the Older Americans Act of 1965. Here, it was declared that "... It is the joint and several duty and responsibility of the governments of the United States and of the several States to assist our older people" in "... the full and free enjoyment" of:

Adequate income;

"The best possible physical and mental health . . .";

Suitable housing;

"Full restorative services for those who require institutional care";

Opportunity for employment;

"Retirement in health, honor, dignity . . .";

"Pursuit of meaningful activity . . .";

"Use of efficient community service";

"Benefit from proven research knowledge";

"Freedom, independence and free exercise of individual initiative in planning and managing their own lives."²

For the aged, significant areas of need have been broadly defined on both the national and local levels. By surveying the state units on aging, a fairly complete picture of on-going activities can be drawn. In the 1960's, the number of programs affecting the aged, either directly or indirectly, proliferated. In programs directed specifically toward the aging, there was implementation or expansion of legislation such as Old Age and Survivors Insurance, Medicare, Medicaid, Old Age Assistance, Medical Assistance, grants under the Older Americans Act for community projects, and special housing for the aged. Also, under the Economic Opportunity Act and the Demonstration Cities and Metropolitan Development Act, the aged were included indirectly. This legislative action makes a current assessment of programs in other states, as well as our own, desirable. Thus, a survey was conducted in the following manner.

Survey

A questionnaire with a total of twelve items relating to the field of aging was mailed to each of 56 agencies familiar with the problems of aging in their particular locales. The information solicited from these agencies had to do with population, aged facilities and programs, administrative organization, and budgetary matters.

There were a total of 38 replies or 67.8 per cent of the sample responding to the inquiry with completed questionnaires. Several others merely sent some general informational pamphlets on the aging, stated that they could not reply within the given period of time, or felt that the questions were inapplicable to their area. These responses appear with the notation "NR" (no response) in the following tabulations.

Aged Population in the States

Table 1 indicates the number of elderly persons in the total population of the state as well as the kinds of facilities available to them. The notations "g," "p," and "b" under the "facilities" section indicate whether these organizations are government sponsored, privately sponsored, or jointly sponsored by both groups, respectively.

TABLE 1
AGED POPULATION IN THE STATES AND THE FACILITIES AVAILABLE TO THEM

States	Approximate Aged Population	Facilities							
		Retirement or Nursing Homes	Day Care Centers	Senior Centers	Low-Income Housing Specifically for the Aged	Private Subdivisions, Cooperatives, or Apartments for Aged Residents	Recreational Areas	Multipurpose Center	Other
Alabama	330,000	B	—	P	B	P	B	B	—
Alaska	7,000	B	—	B	G	—	—	—	—
Arizona	161,474	P	P	P	B	P	—	P	—
Arkansas	NR	NR	NR	NR	NR	NR	NR	NR	NR
California	1,800,977	B	B	B	B	B	B	B	—
Colorado	187,891	B	—	B	P	P	G	P	—
Connecticut	NR	NR	NR	NR	NR	NR	NR	NR	NR
Delaware	NR	NR	NR	NR	NR	NR	NR	NR	NR
Florida	985,690	P	P	P	B	P	B	—	—
Georgia	367,458	B	P	P	B	P	—	P	—
Hawaii	44,116	B	P	B	B	P	G	G	—
Idaho	67,776	P	—	G	G	P	G	—	—
Illinois	NR	NR	NR	NR	NR	NR	NR	NR	NR
Indiana	—	P	—	B	B	B	B	B	—
Iowa	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kansas	266,201	P	—	B	B	B	—	B	—
Kentucky	NR	NR	NR	NR	NR	NR	NR	NR	NR
Louisiana	306,725	P	—	P	P	P	P	P	—
Maine	118,000	P	P	P	P	P	B	—	—
Maryland	300,000	B	P	B	P	P	B	G	—
Massachusetts	640,000	B	—	B	G	P	B	B	—
Michigan	NR	NR	NR	NR	NR	NR	NR	NR	NR
Minnesota	420,000	B	P	B	G	B	—	—	—
Mississippi	222,320	B	—	B	B	B	G	—	—
Missouri	560,656	P	P	P	B	P	P	P	—
Montana	69,000	B	—	B	B	G	B	B	—
Nebraska	183,526	B	P	B	G	P	P	B	—
Nevada	NR	NR	NR	NR	NR	NR	NR	NR	NR
New Hampshire	78,412	B	—	P	G	P	—	—	—
New Jersey	696,989	B	G	B	G	P	B	B	—
New Mexico	72,000	B	—	B	B	B	G	G	—
New York	1,960,742	B	B	B	B	B	B	B	—
North Carolina	414,120	P	P	G	G	G	G	G	—
North Dakota	19,378	P	—	P	P	P	—	—	P ²
Ohio	NR	NR	NR	NR	NR	NR	NR	NR	NR
Oklahoma	298,822	P	B	B	G	P	B	G	—
Oregon	226,799	P	—	B	G	P	B	G	—
Pennsylvania	1,272,126	B	B	B	B	P	B	B	—
Rhode Island	NR	NR	NR	NR	NR	NR	NR	NR	NR
South Carolina	NR	NR	NR	NR	NR	NR	NR	NR	NR
South Dakota	NR	NR	NR	NR	NR	NR	NR	NR	NR
Tennessee	382,997	B	B	B	B	B	—	B	—
Texas	990,368	—	—	—	—	—	—	—	—
Utah	80,000	B	P	G	B	P	B	P	G ³
Vermont	47,488	P	—	B	B	P	P	—	—
Virginia	NR	NR	NR	NR	NR	NR	NR	NR	NR
Washington	325,000	B	—	B	B	P	B	B	B
West Virginia	NR	NR	NR	NR	NR	NR	NR	NR	NR
Wisconsin	472,865	B	G	B	—	—	B	B	B ⁴
Wyoming	30,000	B	P	G	—	P	B	G	—
District of Columbia	NR	NR	NR	NR	NR	NR	NR	NR	NR
American Samoa	NR ⁵	NR	NR	NR	NR	NR	NR	NR	NR
Guam	NR ⁵	NR	NR	NR	NR	NR	G	NR	NR
Puerto Rico	177,077	B	B	B	B	B	G	G	—
Micronesia (TTPI)	5,024 ⁵	—	—	—	—	—	—	—	—
Virgin Islands	NR	NR	NR	NR	NR	NR	NR	NR	NR

¹Multipurpose Centers funded under Title III, Older Americans Act of 1965.

²Foster care homes for the elderly.

³Public school facilities including buses.

⁴Racine Area-wide Model Project on Aging Demonstration Information and Referral Centers funded under Title IV, ADA.

⁵Did not feel the questionnaire applied to them.

NR=No response

G=Government sponsored

P=Privately sponsored

B=Sponsored by both private and government agencies.

OUT-OF-STATE SURVEY

Programs and Services

Table 2 describes the kinds of services and programs available for the aged in particular, as well as who administers these programs and how many people participate in them. The wide range of services available to the aged, including such things as food stamps, medicare, employment aids, and adult education result in a varied number of government agencies and private organizations becoming involved with the problems of the aging. In Hawaii, as with many other states, the Departments of Health, Education, Social Services and Housing, Labor and Industrial Relations, and numerous other federal, county, and private agencies all have a direct influence on the field of aging.

Planning and Coordinating Activities

With the prolific number in the kinds of services and programs available to the aged, it seemed appropriate to try to determine which agency was responsible for coordinating activities and planning for the future. Table 3 illustrates which agencies are involved in comprehensive planning, comprehensive services, and generally overseeing the programs in each state. After studying Table 3, it becomes apparent that the single agency most often responsible for all of these endeavors is the State Commission on Aging. However, in many cases these duties are still either divided amongst various agencies or assigned to none at all. In the case of Massachusetts, a single executive level agency called the Executive Office of Elderly Affairs is accountable for all of these activities. Massachusetts became the first state in the nation to have a cabinet-level office to deal solely with the affairs of the elderly. Their plan will be described in detail in the final chapters of the study.

Primary Function of Agencies on Aging

Table 4 attempts to further define the role of the state agencies on aging by determining the primary functions and activities of these bodies. The information brought out by this table indicates that thirteen states claim statewide planning, disbursement of funds, program development, information and referral, and research as their primary functions and activities. The Hawaii State Commission on Aging claims all but information and referral as a primary function.

Staff

The number of professional and nonprofessional staff employed by the agencies on aging and the salary ranges of the respective employees are listed in Table 5. The term "professional" was defined in the questionnaire as:

paid employees doing work that requires education, training, and skill in the academic or scholarly aspects of the institution's program, as distinct from the merely mechanical and clerical aspects. Such employees would usually have at least a bachelor's degree in a relevant subject, or post high school education and appropriate experience equivalent to a bachelor's degree.

Massachusetts is again outstanding in the results of this table, with a high professional employee rate numbering thirty-five. States with aging populations of comparable size to that in Hawaii, including Vermont and Idaho, have professional staffs of seven and fourteen respectively. Hawaii has a staff of five professionals and two nonprofessionals. Massachusetts also provides for the highest professional salaries with New York running a close second. The high in Massachusetts is \$2,666 per month; in New York it is \$2,624 per month; and in Hawaii it is \$1,336 per month.

Sources of Income

Data concerning the sources of income and the total revenues distributed to other agencies for programs related to aging are included in Table 6. It becomes clear in this table that in the vast majority of states, the largest source of income for the aging programs comes from the federal government. This can be partially attributed to the large number of matching-fund grants which the federal government has established. Table 6 also discloses that large amounts of money are distributed to other agencies for programs related to aging.

Expenditures and Future Needs

Table 7 shows the distribution of expenditures during the last fiscal year for the replying agencies, with breakdowns on research, planning, program development, services, facilities, and general operating costs.

Finally, the question of future needs was approached with an item asking for the estimated future needs in the next five years. Of those that replied, additional services appeared to be the most costly and crucial future need.

TABLE 2
PROGRAMS AND SERVICES¹

	(a) Food Stamps Administration ²	(b) Adult Education for the Elderly	(c) Adult Protective and Rehabilitative Services	(d) Burials	(e) Care Homes	(f) Employment Services
Alabama	USDA/ Welfare (All Poverty)	Local Schools & Colleges	VRS	S.S. & Welfare	Private & State Hosp.	Alabama Emp. Service
Alaska	E	—	—	—	E	—
Arizona	Welfare (Unknown)	Sr. Centers (50) Jr. Colleges (200)	—	—	Some Available	—
Arkansas	NR	NR	NR	NR	NR	NR
California	E	E	E	—	—	E
Colorado	County Welfare	State Education	—	—	—	State Employment
Connecticut	NR	NR	NR	NR	NR	NR
Delaware	NR	NR	NR	NR	NR	NR
Florida	Div. of Family Services (100,000)	State Board of Education (10,800)	Div. of Family Services	County	Div. of Family Services	Florida Emp. Service
Georgia	Div. Family & Children Svcs. (32,000)	Emory Univ. Atlanta	—	Private Burial Societies	Privately Owned	U.S. Dept. Labor, Golden Age Emp. Service
Hawaii	DSSH (2000)	DOE (Education) (2163)	—	DSSH (Social Services) (507)	DSSH (908)	DOL (Labor) (5979)
Idaho	—	—	—	—	—	—
Illinois	NR	NR	NR	NR	NR	NR
Indiana	E	E	—	—	E	E
Iowa	NR	NR	NR	NR	NR	NR
Kansas	SDSW (State Dept. of Social Welfare) Food Programs (7,433)	Public Instruction	SDSW (767)	NA	Proprietary (19,000, est.)	Employment Service
Kentucky	NR	NR	NR	NR	NR	NR
Louisiana	Dept. of Public Welfare	Parish Councils on Aging & L.S.U. Ext. Service	Dept. of Ed.	Private Enterprise	Private Enterprise	Emp. Sec. & Parish Councils on Aging

E = Programs exist but administrative information unavailable.

NA = Not applicable.

NR = No response.

¹This table logs information acquired in response to the question, "What kinds of services or programs are available specifically for the aged, who administers these programs, and how many people participate in them?"

²Figures appearing in parentheses below each entry refer to the number served.

(g) Health Screening Clinics	(h) Housing Subsidies	(i) Medicare	(j) Medicaid	(k) In-home Nursing or Attendant Care Services	(l) Mental Health Services
Health Dept.	—	Social Security Administration	Welfare & Health Dept.	Welfare, Health and OEO	State Dept. of Mental Health
—	E	E	E	E	E
—	—	Aetna Life Ins. Company (# Unknown)	—	—	—
NR	NR	NR	NR	NR	NR
E	—	E	E	E	—
State & County Health	Non-Profit Homes & Public Housing	—	—	—	County
NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR
Div. of Health	HUD 10,000	Div. of Family Services & Social Security Administration (936,595)	Div. of Family Services (2,300)	Div. of Health (NA)	Div. of Mental Health (NA)
—	HUD, Atlantic Housing Authority	Social Security Administration (359,000)	Family & Children Services (91,000)	Visiting Nurse Assoc.	Div. of Mental Health
HSSC (817)	Aaron Chaney, Inc. (200)	Social Security Administration	DSSH	Saint Francis Hosp., (623) Haw. Cnty. Comm. on Aging (203)	DOH (Health) (365)
—	—	—	—	—	—
NR	NR	NR	NR	NR	NR
—	E	E	E	—	E
NR	NR	NR	NR	NR	NR
NA	NA	Social Security Administration (239,000)	SDSW, Medical Services (20,366)	State Bd. of Health (opt. with Counties)	SDSW Division of Institutional Management
NR	NR	NR	NR	NR	NR
Dept. of Health	F.H.A.	Social Security Administration	Dept. of Public Welfare	Home Health Care Service	Dept. Hospitals

TABLE 2 (Continued)
PROGRAMS AND SERVICES

	(m) Nutritional Services	(n) Old Age Assistance	(o) Senior Action	(p) Senior Citizen Clubs	(q) Information and Referral	(r) Limited Guardianship
Alabama	Welfare & Title III	Welfare	—	Recreation and Others	Many Organizations	—
Alaska	E	E	E	E	—	—
Arizona	Soc. Serv. Agencies, Churches, Private Org. (150)	Welfare (13,450)	—	NA (2500)	Comm. Council Sr. Centers	—
Arkansas	NR	NR	NR	NR	NR	NR
California	E	E	—	E	E	—
Colorado	Local Sponsors	State (31,000)	Private	Local, Non-profit	Title III	—
Connecticut	NR	NR	NR	NR	NR	NR
Delaware	NR	NR	NR	NR	NR	NR
Florida	Div. of Health (NA)	Div. of Family Services (56,000)	Clubs & Organizations	Cities & Counties	Individual Project (300,000)	—
Georgia	—	Family & Children Services (91,000)	—	—	—	—
Hawaii	DOH (938)	DSSH (3147)	Sr. Action Cong. (12,000)	105 Various (14,800)	Counties (14,700)	—
Idaho	—	—	—	—	—	—
Illinois	NR	NR	NR	NR	NR	NR
Indiana	—	E	—	E	E	—
Iowa	NR	NR	NR	NR	NR	NR
Kansas	—	SDSW 16,024	E	E	—	—
Kentucky	NR	NR	NR	NR	NR	NR
Louisiana	Institutional Setting	Public Welfare	La. Commission on Aging	Parish Councils on Aging	Parish Councils on Aging	Private Agencies

(s) Outreach Services	(t) Supplemental Income	(u) Consumer Education	(v) Legal Aid	(w) Emergency Food and Medical Services	(x) Transportation Services	(y) Meals	(z) Others
Many Organizations	—	Many Organizations	Many Organizations	Welfare & OEO	Program Type & Volunteer. Many Organizations	Many Organizations	—
E	—	—	—	—	—	—	—
County Council on Aging (150)	—	Sr. Center (50)	—	Churches and Sr. Center (100)	—	Churches, Private Org. (200)	—
NR	NR	NR	NR	NR	NR	NR	NR
E	E	E	E	E	E	E	—
Local Gov.	Federal Local Sponsors	—	ACLU	—	Reduced Fares, Sr. Centers, OEO Programs, etc.	20 Meals on Wheels	—
NR	NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR	NR
Individual Project (300,000)	—	Individual Projects & State	County	—	Individual Project	Individual Project	—
—	—	Office of Aging	Project Focus Comm. Council of Atlanta	—	—	—	—
—	—	MEO (under OEO) (1837)	—	MEO+KEO (120 Meals) MEO (643 Nutritional Serv.)	—	MEO (887)	Lanikila Crafts (414)
NR	NR	NR	NR	NR	NR	NR	NR
—	—	—	—	—	E	E	—
NR	NR	NR	NR	NR	NR	NR	NR
E	—	Office of Attorney General	SDSW	OEO	Limited to Title III Projects in Rural Areas	E	—
NR	NR	NR	NR	NR	NR	NR	NR
Parish Councils on Aging	Employment Sec. & Parish Council on Aging	LSU Ext. Service	OEO & Legal Aid Societies	Dept. of Public Welfare	Parish Councils on Aging	—	—

TABLE 2 (Continued)
PROGRAMS AND SERVICES

	(a) Food Stamps Administration ²	(b) Adult Education for the Elderly	(c) Adult Protective and Rehabilitative Services	(d) Burials	(e) Care Homes	(f) Employment Services
Maine	Government	University	Government	Towns	Private	Emp. Sec. State Office on Aging
Maryland	Dept. of Employ- ment and Social Services	Public Education	Dept. of Vocational Rehabilitation	Church groups	Private	Dept. of Employment
Massachusetts	Welfare & Local OEO (8000)	Public Schools	—	Welfare	Public Health for Certification (40,000)	State Dept. of Employment
Michigan	NR	NR	NR	NR	NR	NR
Minnesota	Welfare Dept.	Schools-Colleges	Welfare Dept.	Welfare	Private-Non profit	State Emp. Service
Mississippi	State Dept. of Public Welfare	Div. of Instruction State Dept. Ed.	SDPW	Private	State Bd. of Health	Miss. State Employment Serv.
Missouri	Division of Welfare	—	—	—	—	Senior Centers
Montana	Counties	School Districts	Public Welfare	Public Welfare	—	State Emp. Service
Nebraska	Welfare Dept.	Variety of Agencies	Welfare Dept.	Welfare Dept.	Variety of Agencies	Dept. of Labor
Nevada	NR	NR	NR	NR	NR	NR
New Hampshire	—	State University Continuing Educ.	Old Age Assistance and Recipients	—	Private	State
New Jersey	—	—	Dept. of Institutions and Agencies	—	Dept. of Health	Dept. of Labor and Industry
New Mexico	Health & Social Services	Some Public Schools	Health & Social Services, Welfare Dept.	Health & Social Services	—	State Employ- ment Office
New York	Social Services	Education	Mental Hygiene & Education	Social Services	Health & Soc. Services	Labor
North Carolina	NR	NR	NR	NR	NR	NR
North Dakota	Social Services (2200)	—	County Welfare	County Commission	Private Admin. (3489)	North Dakota State Employment
Ohio	NR	NR	NR	NR	NR	NR
Oklahoma	Dept. of Instit., Social and Rehab. Services (DISRS)	Local, State Gov't, Private Organizations	DISRS	—	—	State Agency

(g) Health Screening Clinics	(h) Housing Subsidies	(i) Medicare	(j) Medicaid	(k) In-home Nursing or Attendant Care Services	(l) Mental Health Services
Public & Private	Government	Government	Government	Private	Government
Dept. of Health	Public Housing	Social Services Administration	Dept. of Health and Social Services	Public & Private	Public & Private
Health Dept. & M.S. Cntrs. (40,000 Yr.)	State Housing Div. (6000)	Welfare Soc. Sec. (576,000)	Welfare (50,810)	Distr. Nursing & Visiting Nurs. Assoc. (10,000)	Regional MH Units
NR	NR	NR	NR	NR	NR
—	Housing Authorities	Social Security	Welfare Dept.	Nursing Services	Mental Health Centers
State Bd. of Health	HUD & Farmers Home Adm.	Hospital & Med. Services	Medicaid Commission	State Bd. of Health	MIAC—Mental & Mental Retardation
—	Local Housing Authorities (3944)	Social Security	Div. of Welfare (129,391)	Div. of Welfare (50)	—
State Health Dept.	Federal	Social Security Administration	County Welfare	—	Local County Gov't.
—	Local Housing Authorities	Social Security Administration	Welfare Dept. (11,001)	Areawide Model Project (834)	Dept. of Public Institutions
NR	NR	NR	NR	NR	NR
Title III Project & Area Project of State Council on Aging	—	Social Security Administration	Division of Public Welfare	Visiting Nurses & Home-Health Agencies	Community Mental Health Agencies
Dept. of Health	—	Social Security Administration	Dept. of Institutions & Agencies	Visiting Nurses Assoc.	—
Local Public Health Depts. & Private Clinics	Local Housing Authorities	Blue Cross Equitable Life, Social Security Administration Federal	Health and Social Services	Local Nursing Homes (1100)	Dept. of Hospitals and Institutions & Private M.H. Assn.
Health & Mental Hygiene	Housing and Soc. Services		Social Services	Health & Social Services	Mental Hygiene
NR	NR	NR	NR	NR	NR
—	County Welfare	Federal Gov.	Social Services (8132)	County Welfare	Public Health (NFA)
NR	NR	NR	NR	NR	NR
Health Dept.	HUD	DISRS	DISRS	DISRS	Mental Health Dept.

TABLE 2 (Continued)
PROGRAMS AND SERVICES

	(m) Nutritional Services	(n) Old Age Assistance	(o) Senior Action	(p) Senior Citizens Club	(q) Information and Referral	(r) Limited Guardianship
Maine	Private	Government	Private	Public & Private (33,000)	Public & Private (30,000)	Public
Maryland	Public & Private	Dept. of Employment and Social Services	Private	Public & Private	Public & Private	Dept. of Social Services
Massachusetts	St. Ed. & Eld. Affairs (9,000)	Welfare (30,000)	Indep. Org. (40,000)	Individual Clubs (80,000)	Variety of Agencies (150,000)	Court Appt.
Michigan	NR	NR	NR	NR	NR	NR
Minnesota	Non-Profit Groups, Hospitals, etc.	Welfare	Groups	Groups	Welfare-Health Health & Welfare Councils	Welfare Courts
Mississippi	Coop. Extension Service, Council on Aging	State Dept. of Public Welfare	—	Local Groups	Dept. of Public Welfare	Dept. of Public Welfare
Missouri	University Extension Nutrition Corp.	Div. of Welfare (93,188)	Sr. Citizens Clubs	Private Groups (50,000)	Title III Projects and SOS	—
Montana	State Office on Aging	Public Welfare	State Office on Aging	Local Citizens	Local Senior Clubs	Public Welfare (Local level)
Nebraska	Commission on Aging	Welfare Dept. (7,642)	—	No Administration	Areawide Model Project (2,764)	—
Nevada	NR	NR	NR	NR	NR	NR
New Hampshire	—	Division of Public Welfare	Council on Aging	Local Clubs	Council on Aging	—
New Jersey	—	Dept. of Institutions and Agencies	—	None	State Office on Aging	—
New Mexico	OEO (EFMS) Title III Projects, UNM and Others	HSSD (9,100)	Senior Citizens Clubs	—	HSSD Common Aging, Dept. of Hosp. & Institutions	HSSD
New York	Office for the Aging	Social Serv.	OEO	Office for the Aging	Office for the Aging	Mental Hygiene
North Carolina	NR	NR	NR	NR	NR	NR
North Dakota	Social Serv. (1,000)	Soc. Serv. (3,909)	Sr. Centers & Clubs	Soc. Serv. (5,000)	Sr. Centers	Sr. Centers
Ohio	NR	NR	NR	NR	NR	NR
Oklahoma	DISRS—Local	DISRS	—	Local	DISRS Title III	—

(s) Outreach Services	(t) Supplemental Income	(u) Consumer Education	(v) Legal Aid	(w) Emergency Food and Medical Services	(x) Transportation Services	(y) Meals	(z) Others
Public & Private	—	—	—	—	—	—	—
Public & Private	—	Public & Private	Public & Private	Dept. of Employment & Social Services	Public & Private	Public & Private	—
Various Org. (5,000)	Welfare	Ex. Office of Consumer Ed.	Local OEO Largely (1,000)	Private Org. & Welfare	Locally Sponsored (40,000)	(Nutrition Serv.) —	St. Housing DIU (15,000 Low- Income Units)
NR	NR	NR	NR	NR	NR	NR	NR
OEO	Welfare	Many Groups	—	Office of Economic Opportunity	Senior Centers	Senior Centers	—
Dept. of Public Welfare	—	Cooperative Extension Service	OEO	OEO	Areawide Proj. So. Miss. Planning & Dev. District	Meals on Wheel	—
Title III Projects and OEO	—	University Extension	St. Louis & Kansas City Local Gov't.	OEO	O.A.I.S. 600	Nutrition Corp. & Volunteers 450/Day	—
State Office	Local Programs (FGD, etc.)	State Level Advocacy	Various Local Programs	Various Federal Programs	Ind. Local Grant; @Ind. Local Programs	Fed., State, Local Administration	Cooperation at all Levels Concerning Aging
Various Com. on Aging Agencies	—	—	—	Project 93	Areawide Projects & Title III Grantees (12,000)	—	—
NR	NR	NR	NR	NR	NR	NR	—
—	—	—	OEO	OEO	Council on Aging Project Access.	—	—
—	—	—	Legal Assistance	—	—	State Office on Aging	—
OEO-Welfare (HSSD)	OEO & Private Family Agencies	Consumer Protection Agency Office	OEO, Bar Assn.	OEO	Senior Centers	Sr. Meals Service Via Title III Project	—
Office for the Aging & Soc. Serv.	Social Services	Office for the Aging & Social Services	OEO	Social Serv. Health	Regulation of Discounts, Etc. Transportation	Office for the Aging & Soc. Serv.	—
NR	NR	NR	NR	NR	NR	NR	NR
Sr. Centers	Farmers Union (200)	Sr. Centers (200)	Sr. Centers (200)	CAP Agencies, County Welfare	E	Sr. Centers & Clubs (1,000)	Local Council Aging—Occupational Therapy (80)
NR	NR	NR	NR	NR	NR	NR	NR
DISRS Title III	—	DISRS Title III	OEO & Legal Aid Society	OEO	Local	DISRS Title III	—

TABLE 2 (Continued)
PROGRAMS AND SERVICES

	(a) Food Stamps Administration ²	(b) Adult Education for the Elderly	(c) Adult Protective and Rehabilitative Services	(d) Burials	(e) Care Homes	(f) Employment Services
Oregon	Human Resources Welfare Commodity Assist.	Up to Each Univ.	Welfare, Prog. on Aging, Vocational Rehab., Leagal Aid	—	Private Nursing Homes (10,900), Private Homes for Aged (2,800)	OEO Emp. Div.
Pennsylvania	Welfare (48,000)	Bureau of the Aging (10,000)	Bureau of Aging (5,000)	Welfare (\$128,000 spent on Burials for 1 Yr.)	Welfare (10,000)	Bureau of Emp. Security
Rhode Island	NR	NR	NR	NR	NR	NR
South Carolina	NR	NR	NR	NR	NR	NR
South Dakota	NR	NR	NR	NR	NR	NR
Tennessee	Dept. Public Welfare	Dept. Education	Multiple Agencies	Private	Private, Public	Employment Security
Texas	Dept. of Public Welfare	Texas Foundation Agency	—	Local Gov't., Private Business	Dept. of Public Welfare, Dept. of Health	Texas Employment Committee
Utah	Family Service (Welfare)	Universities Colleges	—	—	—	Utah State Employment
Vermont	Dept. of Social Welfare (1,100)	—	—	—	Private (52) Nursing (47 Aged Homes)	—
Virginia	NR	NR	NR	NR	NR	NR
Washington	DSHS NA	Commun. Colleges NA	DSHS Adult Serv. (50,231)	DSHS NA	DSHS (8,300)	Employment Sec.
West Virginia	NR	NR	NR	NR	NR	NR
Wisconsin	—	—	—	—	—	—
Wyoming	Division of Public Assistance & Social Services	—	DPASS, Division of Vocational Rehab.	—	—	—
District of Columbia	NR	NR	NR	NR	NR	NR
American Samoa ²	NR	NR	NR	NR	NR	NR
Guam ²	NR	NR	NR	NR	NR	NR
Puerto Rico	—	Government	Government, Private	Municipal Government	Government	Government
Micronesia (TTPI)	—	Title III Grantees (800)	—	—	—	—
Virgin Islands	NR	NR	NR	NR	NR	NR

²Did not feel that the questionnaire applied to them.

(g) Health Screening Clinics	(h) Housing Subsidies	(i) Medicare	(j) Medicaid	(k) In-home or Attendant Care Services	(l) Mental Health Services
Dept. of Health	Fed. Gov. HUD (2,601 units)	Soc. Sec. Adm. Insurance Co., Hosp., Home Health Agencies	Human Resources, Welfare	Private Nursing BOH-PUB. Nurses, Home Health Agen.	Human Resources, Mental Health
Dept. of Health	HUD	Welfare	Welfare	Welfare	Welfare
NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR
Dept. of Public Health, Dept. of Mental Health	Federal & State (HUD)	Social Security Administration	Dept. of Public Health	Dept. of Public Health Dept. of Public Welfare	Dept. of Mental Health
Health Dept.	HUD, Local Housing Authorities	Social Security Administration, Health Dept.	Welfare, Health Dept.	Local Health Units, Private Business	Dept. of MH/MR
—	Limited	Social Security Administration	Family Services (Welfare)	—	Div. of Mental Health & Comp. Health Services
Dept. of Health	HUD, Vt. Hsing. (207 Snrs.)	Social Security Administration (49,870)	D.S.W.	Home Health/ Visiting Nurse	Private
NR	NR	NR	NR	NR	NR
Title III Multiple Service Centers	HUD	Social Security Administration (302,137)	DSHS (302,137)	Public Health (Approx. 13,000)	DSHS (Approx. 1,700)
NR	NR	NR	NR	NR	NR
—	—	—	—	—	—
—	—	—	—	County Mental Health Units	—
NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR
Government	Government	Government	Government	Government	Government
—	—	—	—	—	—
NR	NR	NR	NR	NR	NR

TABLE 2 (Continued)
PROGRAMS AND SERVICES

	(m) Nutritional Services	(n) Old Age Assistance	(o) Senior Action	(p) Senior Citizens Clubs	(q) Information and Referral	(r) Limited Guardianship
Oregon	Churches, St. Programs on Aging now Developing	Welfare (14,000)	—	Local	Adm. on Aging, (Title III) OEO, S.S., Welfare, Public Nurses, etc.	Legal Aid Court System
Pennsylvania	Bureau for Aging (15,000)	Dept. of Welfare (51,375)	Bureau for the Aging (5 Councils)	Bureau for the Aging (150,000)	Welfare	Welfare (6 County Programs)
Rhode Island	NR	NR	NR	NR	NR	NR
South Carolina	NR	NR	NR	NR	NR	NR
South Dakota	NR	NR	NR	NR	NR	NR
Tennessee	TCA, DPH, DPW, OEO, USDA	Dept. of Public Welfare	TCA, RSVP	State, Local	TCA, Multiple Agencies	DPW
Texas	Health Dept.	Welfare	Governor's Comm. on Aging, Private Organizations	Governor's Comm. on Aging, Private Org., A&M College	Governor's Comm. on Aging	Local
Utah	Schools or Salt Lake County (1,000)	Family Services	—	Government & Private	Government & Private	—
Vermont	O.A., Extension Service	DSW 4,600	—	AARP, NCSS, OEO, O.A., etc. 67 Clubs	Soc. Security	—
Virginia	NR	NR	NR	NR	NR	NR
Washington	County Extension Off. (2,000)	DSHS (23,200)	—	Local (76,000)	County/Local Centers (56,000)	DSHS
West Virginia	NR	NR	NR	NR	NR	NR
Wisconsin	—	—	—	—	—	—
Wyoming	Older Americans Act	DPASS	—	Varied	Varied	—
District of Columbia	NR	NR	NR	NR	NR	NR
American Samoa	NR	NR	NR	NR	NR	NR
Guam	NR	NR	NR	NR	NR	NR
Puerto Rico	Government, Title III Areawide	Government	—	Private	Government	Government
Micronesia (TTPI)	—	—	—	—	—	—
Virgin Islands						

(s) Outreach Services	(t) Supplemental Income	(u) Consumer Education	(v) Legal Aid	(w) Emergency Food and Medical Services	(x) Transportation Services	(y) Meals	(z) Others
(Same as Q)	Green Thumb Prog., Dept. of Labor, Foster Gr. Parent Program, Action	Ext. Serv.	County Bail Assoc. OEO	Ext. Serv. County Health Welfare, Church	Mass Transit Admin. on Some OEO, Church, etc.	Same as (m)	Ret'd. Sr. Volun. Prog., Home Repair, Phone Reassurance, Friendly Visits
Welfare	Welfare (70%)	Welfare (20 Programs)	Welfare (10 Programs)	Welfare	Trans. May Accomp. A Prog. Bureau for Aging	Bureau for The Aging (15,000)	—
NR	NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR	NR
TCA, Multiple Agencies, Red Cross	Dept. of Public Welfare	TCA, multiple Agencies	OEO, Dept. of Public Welfare	TCA, DPW, OEO, USDA	TCA, DPH, DMH	TCA, Churches, DPW	—
Local Programs	—	Local	Local Community Action Agencies	Local	—	Local	—
—	—	—	—	OEO	Areawide Project	Multiple	—
OEO Extension	—	Extension (6,299)	Legal Aid	DSW	“Wheels” Pilot Program (319)	Snr. Cntrs. (832 Wkly.)	—
NR	NR	NR	NR	NR	NR	NR	NR
Serv. Centers County Extension	DSHS	Attorney Gen'l Office	OEO	Red Cross & Food Banks, OEO	Bus Title III 4 Counties; 2 Projects	OEO Title III & IV (3,600)	—
NR	NR	NR	NR	NR	NR	NR	NR
—	—	—	—	—	—	—	—
Varied	—	OEO	—	—	Older Americans Act	—	—
NR	NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR	NR
NR	NR	NR	NR	NR	NR	NR	NR
Government	Government	Government	Government	Government	Government	—	—
—	—	—	OEO Legal Serv.	Office of Emer- gency Planning	—	—	Cul. Ed. Prog. Title III Grantees (3,000) Gen'l. Health Title III (1100)

TABLE 3
COMPREHENSIVE PLANNING AND SERVICES¹

	Comprehensive Planning	Comprehensive Services	Overseeing Programs & Services
Alabama	Commission on Aging	Com. on Aging, Welfare	Commission on Aging
Alaska	Dept. of Hlth. & Soc. Serv.	Dept. of Hlth. & Soc. Serv.	Office of Aging, (DHSS)
Arizona	Div. for the Aging, State Welfare Dept.	None	Div. for the Aging, State Welfare Dept.
Arkansas	NR	NR	NR
California	Commission on Aging	Commission on Aging	Commission on Aging
Colorado	Div. of Serv. for the Aging, Dept. of Soc. Services	Same	Same
Connecticut	NR	NR	NR
Delaware	NR	NR	NR
Florida	Div. of Family Services, Bureau on Aging	Same	Same
Georgia	Office of Aging, Dept. of Human Resources	None at present—To be admin. by Area Planning and Dev. Comsn.	Office of Aging, Dept. of Human Resources
Hawaii	Commission on Aging	Same	Same
Idaho	Idaho Office on Aging	Idaho Office on Aging	Idaho Office on Aging
Illinois	NR	NR	NR
Indiana	Comsn. on Aging and Aged	Same	Same
Iowa	NR	NR	NR
Kansas	Div. of Serv. for the Aging	Same	Same
Kentucky	NR	NR	NR
Louisiana	Commission on Aging	Commission on Aging	Commission on Aging
Maine	State Office on Aging	Same	Same
Maryland	Dept. of Employment and Social Services	DESS, Dept. of Health and Mental Hyg.	Com. on Aging (coordination)
Massachusetts	Exec. Off. of Elder Affairs	Exec. Off. of Elder Affairs	Exec. Off. of Elder Affairs
Michigan	NR	NR	NR
Minnesota	Governor's Citizens Council on Aging	Welfare Dept.—some service	Governor's Council
Mississippi	Miss. Council on Aging	None	Miss. Council on Aging
Missouri	Mo. Office on Aging	Mo. Office on Aging	Mo. Office on Aging
Montana	Aging Serv. Div., Social and Rehab. Serv.	All levels of gov't agencies, various local Senior Clubs	Aging Serv. Div., Social and Rehab. Serv.
Nebraska	Commission on Aging	No one agency	No one agency
Nevada	NR	NR	NR
New Hampshire	State Council on Aging	State Council on Aging	State Council on Aging
New Jersey	State Office on Aging	State Office on Aging	State Office on Aging
New Mexico	Commission on Aging	COA, HSSD, Dept. Hosp. and Instit., etc.	Commission on Aging
New York	Office for the Aging	Office for the Aging, Soc. Serv., Hlth., Hsng., Lbr., Educ., Mental Hygiene	Office for the Aging via Gov.'s Interdeptmental Com. on Problems of Aging
North Carolina	Governor's Coordng. COA	Local Councils on Aging	Governor's Coordng. COA
North Dakota	Governor's Coun. on Human Res., Soc. Serv. Board	Soc. Serv. Board	Aging Serv., Div. of Soc. Serv. Board
Ohio	NR	NR	NR
Oklahoma	DISRS—SCOA	DISRS—SCOA	DISRS—SCOA
Oregon	State Prgm. on Aging, Dept. of Human Resources	Same	Same
Pennsylvania	Bureau for the Aging	Bureau for the Aging	Bureau for the Aging

TABLE 3 (Continued)
COMPREHENSIVE PLANNING AND SERVICES¹

	Comprehensive Planning	Comprehensive Services	Overseeing Programs & Services
Rhode Island	NR	NR	NR
South Carolina	NR	NR	NR
South Dakota	NR	NR	NR
Tennessee	Commission on Aging	Commission on Aging	Commission on Aging
Texas	Governor's Com. on Aging	—	GCOA
Utah	Division of Aging	Division of Aging	Division of Aging
Vermont	Agency of Human Serv. with Office on Aging	Office on Aging	Office on Aging, OEO, Dept. of Soc. Wel.
Virginia	NR	NR	NR
Washington	State Unit on Aging	State Unit on Aging	State Unit on Aging
West Virginia	NR	NR	NR
Wisconsin	—	—	—
District of Columbia ..	NR	NR	NR
American Samoa	NR	NR	NR
Guam	NR	NR	NR
Puerto Rico	Gericulture Commission	Gericulture Commission	Gericulture Commission
Micronesia (TTPI)	Office on Aging with Com. Development Division	Office on Aging	Office on Aging
Virgin Islands	NR	NR	NR

NR = No response.

¹This table logs information acquired in response to the question, "Which organization is responsible for the comprehensive planning, services, and overseeing of programs in your state?"

TABLE 4
FUNCTIONS

States	Statewide Planning	Disbursement of Funds	Program Development	Information and Referrals	Research	Other
Alabama	X	—	X	X	X	X (Advocate)
Alaska	X	—	X	X	X	X
Arizona	X	—	—	—	—	—
Arkansas	NR	NR	NR	NR	NR	NR
California	X	X	X	X	—	—
Colorado	X	—	—	—	—	—
Connecticut	NR	NR	NR	NR	NR	NR
Delaware	NR	NR	NR	NR	NR	NR
Florida	X	—	X	X	X	X (Advocate)
Georgia	X	X	X	—	X	X
Hawaii	X	X	X	—	X	X
Idaho	X	—	—	—	—	—
Illinois	NR	NR	NR	NR	NR	NR
Indiana	X	—	X	—	X	—
Iowa	NR	NR	NR	NR	NR	NR
Kansas	X	—	X	X	—	X
Kentucky	NR	NR	NR	NR	NR	NR
Louisiana	X	X	X	X	X	X (Advocate)
Maine	X	X	X	X	X	—
Maryland	—	X	X	X	—	X (Advocate)
Massachusetts	X	—	—	—	—	—
Michigan	NR	NR	NR	NR	NR	NR
Minnesota	X	X	X	X	X	—
Mississippi	X	X	X	—	X	X
Missouri	X	X	X	—	—	X (Advocate)
Montana	X	X	X	X	X	X (Advocate)
Nebraska	—	—	—	—	—	—
Nevada	NR	NR	NR	NR	NR	NR
New Hampshire	X	X	X	X	—	—
New Jersey	X	X	—	X	—	—
New Mexico	X	X	X	X	X	—
New York	X	X	X	X	X	—
North Carolina	X	X	X	X	X	—
North Dakota	X	X	X	X	X	(Project monitoring)
Ohio	NR	NR	NR	NR	NR	NR
Oklahoma	X	X	X	X	X	X
Oregon	X	X	X	X	X	X (Advocate)
Pennsylvania	X	X	X	—	X	X
Rhode Island	NR	NR	NR	NR	NR	NR
South Carolina	NR	NR	NR	NR	NR	NR
South Dakota	NR	NR	NR	NR	NR	NR
Tennessee	X	X	X	X	X	X
Texas	X	X	X	X	—	X
Utah	X	X	X	X	—	X (Advocate)
Vermont	X	X	X	—	X	—
Virginia	NR	NR	NR	NR	NR	NR
Washington	X	X	X	X	X	—
West Virginia	NR	NR	NR	NR	NR	NR
Wisconsin	—	—	—	—	—	—
Wyoming	X	X	X	—	X	—
District of Columbia ..	NR	NR	NR	NR	NR	NR
American Samoa	NR	NR	NR	NR	NR	NR
Guam	NR	NR	NR	NR	NR	NR
Puerto Rico	X	X	X	X	X	—
Micronesia (TTPI)	X	X	—	—	—	—
Virgin Islands	NR	NR	NR	NR	NR	NR

NR = No response.

TABLE 5
STAFF COUNT AND SALARY RANGE
OF STAFF IN AGENCIES ON AGING

State	Number of Staff	Salary Range		Number of Staff	Salary Range	
	Professional:	Professional:		Non-Professional:	Non-Professional:	
Alabama	9	—		3	—	
Alaska	2	1,266	to 2,043	1	—	to 606
Arizona	5	863	to 1,342	2	448.50	to 501.50
Arkansas	NR	NR		NR	NR	
California	10	708	to 1,417	3	458	to 542
Colorado	12	833	to 1,666	8	400	to 708
Connecticut	NR	NR		NR	NR	NR
Delaware	NR	NR		NR	NR	NR
Florida	6	764	to 1,289	4	329	to 633
Georgia	11	540	to 1,665	2	471	to 565
Hawaii	5	949	to 1,336	2	457	to 675
Idaho	14	—		0	—	
Illinois	NR	NR		NR	NR	
Indiana	3	—		2	—	
Iowa	NR	NR		NR	NR	
Kansas	7	704	to 1,094	2	432	to 670
Kentucky	NR	NR		NR	NR	
Louisiana	11	600	to 1,280	5	420	to 680
Maine	10	666	to 1,250	6	417	to 666
Maryland	7(+1 part time)	833	to 1,558	7(+1 part time)	467	to 789
Massachusetts	35	666.66	to 2,666.66	10	417	to 750
Michigan	NR	NR		NR	NR	
Minnesota	7	1,049	to 1,433	3	408	to 497
Mississippi	7	922	to 1,739	2	539	to 758
Missouri	4	750	to 1,192	1	517	—
Montana	7	500	to 980	4	340	to 680
Nebraska	7	500	to 1,300	4	320	to 445
Nevada	NR	NR		NR	NR	NR
New Hampshire	8	667	to 1,333	6	240	to 105
New Jersey	14	718	to 1,503	6	400	to 879
New Mexico	7	630	to 1,291	3	360	to 660
New York	16	994	to 2,624	15	435	to 900
North Carolina	7	785	to 1,386	4	435	to 625
North Dakota	4	600	to 1,250	1	300	to 500
Ohio	NR	NR		NR	NR	
Oklahoma	7	615	to 1,285	3	440	to 685
Oregon	5	1,000	to 1,555	3	300	to 600
Pennsylvania	18	833	to 1,833	4	458	to 725
Rhode Island	NR	NR		NR	NR	
South Carolina	NR	NR		NR	NR	
South Dakota	NR	NR		NR	NR	
Tennessee	7	650	to 1,576	5	420	to 620
Texas	13	Merit System—Graduated Scale		6	Merit System—Graduated Scale	
Utah	6	1,000	to 1,416	6	333	to 583
Vermont	7	564	to 1,040	2	240	to 500
Virginia	NR	NR		NR	NR	
Washington	14	640	to 1,782	7	412	to 552
West Virginia	NR	NR		NR	NR	
Wisconsin	—	—		—	—	
Wyoming	4	—	—	—	—	
District of Columbia ..	NR	NR		NR	NR	
American Samoa	NR	NR		NR	NR	
Guam	NR	NR		NR	NR	
Puerto Rico	10	500	to 1,100	6	250	to 400
Micronesia (TTPI) ...	3	183.33	to 416.66	1	141.66	to 158.33
Virgin Islands	NR	NR		NR	NR	

TABLE 6
SOURCES OF INCOME AND DISTRIBUTION OF FUNDS
TO AGENCIES FOR AGING PROGRAMS

State	Source of Income			Total Revenues Distributed
	Local	Federal	Other	
Alabama.....	—	—	—	—
Alaska.....	—	—	—	—
Arizona.....	26,741	80,218	—	203,945
Arkansas.....	NR	NR	NR	NR
California.....	60,000	678,000	0	602,000
Colorado.....	548,955	501,712	—	386,329
Connecticut.....	NR	NR	NR	NR
Delaware.....	NR	NR	NR	NR
Florida.....	31,840	702,701	—	627,701
Georgia.....	66,000	340,000	—	239,000
Hawaii.....	272,619	681,636	0	785,978
Idaho.....	135,064	2,227,230	—	—
Illinois.....	NR	NR	NR	NR
Indiana.....	—	—	—	—
Iowa.....	NR	NR	NR	NR
Kansas.....	19,000	257,000	—	—
Kentucky.....	NR	NR	NR	NR
Louisiana.....	154,629	265,224	—	206,403
Maine.....	300,000	750,000	—	850,000
Maryland.....	36,500	326,000	—	200,000
Massachusetts.....	3,000,000	800,000	—	700,000
Michigan.....	NR	NR	NR	NR
Minnesota.....	53,000	87,000	70,000	368,000
Mississippi.....	173,870	692,735	—	14,700
Missouri.....	27,560	745,595	—	675,738
Montana.....	23,000	200,000	—	—
Nebraska.....	—	—	—	340,269
Nevada.....	NR	NR	NR	NR
New Hampshire.....	28,000	427,230	0	0
New Jersey.....	187,488	381,656	0	403,777
New Mexico.....	98,000	472,800	1,000	0
New York.....	1,656,000	2,411,000	—	3,100,000
North Carolina.....	88,479	338,339	0	268,732
North Dakota.....	128,000	343,160	14,000	343,160
Ohio.....	NR	NR	NR	NR
Oklahoma.....	25,000	225,762	0	150,762
Oregon.....	15,489	61,956	—	—
Pennsylvania.....	502,000	535,500	700,000	760,000
Rhode Island.....	NR	NR	NR	NR
South Carolina.....	NR	NR	NR	NR
South Dakota.....	NR	NR	NR	NR
Tennessee.....	113,432	296,408	—	0
Texas.....	—	—	—	—
Utah.....	79,000	500,000	—	438,820
Vermont.....	113,500	400,000	—	0
Virginia.....	NR	NR	NR	NR
Washington.....	91,000	516,232	0	516,232
West Virginia.....	89,534	202,728	—	—
Wisconsin.....	—	—	—	—
Wyoming.....	—	—	—	—
District of Columbia.....	NR	NR	NR	NR
American Samoa.....	NR	NR	NR	NR
Guam.....	NR	NR	NR	NR
Puerto Rico.....	285,896	1,750,800	0	—
Micronesia (TTPI).....	35,000	150,000	—	63,452
Virgin Islands.....	NR	NR	NR	NR

NR=No response.

TABLE 7
DISTRIBUTION OF EXPENDITURES DURING
THE LAST FISCAL YEAR

State	Research	Planning	Program Development	Services	Facilities	General Operating Costs*	Other
Alabama	—	—	—	—	—	—	—
Alaska	—	—	—	—	—	—	—
Arizona	24,000	—	—	—	—	82,959	—
Arkansas	NR	NR	NR	NR	NR	NR	NR
California	10,000	45,000	602,000	—	—	135,000	—
Colorado	5,075	—	8,790	224,645	129,757	99,198	—
Connecticut	NR	NR	NR	NR	NR	NR	NR
Delaware	NR	NR	NR	NR	NR	NR	NR
Florida	—	—	—	—	—	86,840	—
Georgia	—	—	—	—	—	—	—
Hawaii	57,597	110,680	20,449	765,529	—	—	—
Idaho	—	—	—	—	—	—	—
Illinois	NR	NR	NR	NR	NR	NR	NR
Indiana	—	—	—	—	—	—	—
Iowa	NR	NR	NR	NR	NR	NR	NR
Kansas	—	—	—	—	—	—	—
Kentucky	NR	NR	NR	NR	NR	NR	NR
Louisiana	—	—	—	—	—	—	—
Maine	—	—	—	—	—	—	—
Maryland	—	—	75,000	125,000	—	—	—
Massachusetts	260,000	—	725,000	250,000	—	—	—
Michigan	NR	NR	NR	NR	NR	NR	NR
Minnesota	68,000	—	—	—	—	140,000	2,000
Mississippi	—	—	135,000	—	—	135,952	—
Missouri	334,500	—	341,238	—	—	97,417	—
Montana	—	—	—	—	—	—	—
Nebraska	18,000	—	—	153,808	—	51,000	—
Nevada	NR	NR	NR	NR	NR	NR	NR
New Hampshire	—	—	—	352,230	—	—	108,000
New Jersey	0	403,777	0	0	0	165,367	0
New Mexico	10,000	25,000	15,000	10,000	20,000	25,605	—
New York	—	—	—	—	—	—	—
North Carolina	33,000	—	—	—	—	125,086	268,732
North Dakota	—	—	—	13,795	—	24,000	—
Ohio	NR	NR	NR	NR	NR	NR	NR
Oklahoma	12,000	9,000	49,300	150,762	5,000	16,000	8,700
Oregon	—	—	—	—	—	—	—
Pennsylvania	76,000	76,000	76,000	266,000	114,000	152,000	—
Rhode Island	NR	NR	NR	NR	NR	NR	NR
South Carolina	NR	NR	NR	NR	NR	NR	NR
South Dakota	NR	NR	NR	NR	NR	NR	NR
Tennessee	—	—	92,609	12,675	8,277	23,905	264,263
Texas	—	—	—	—	—	—	—
Utah	28,950	46,320	28,950	334,598	5,500	134,182	500
Vermont	—	124,296	—	—	—	11,269	48,062
Virginia	NR	NR	NR	NR	NR	NR	NR
Washington	20,000	—	—	—	—	91,000	5,000
West Virginia	NR	NR	NR	NR	NR	NR	NR
Wisconsin	—	—	—	—	—	—	—
Wyoming	—	—	—	—	—	—	—
District of Columbia	NR	NR	NR	NR	NR	NR	NR
American Samoa	NR	NR	NR	NR	NR	NR	NR
Guam	NR	NR	NR	NR	NR	NR	NR
Puerto Rico	—	—	—	—	—	—	—
Micronesia (TTPI)	8,750	45,000	8,750	18,000	8,750	8,750	28,000
Virgin Islands	NR	NR	NR	NR	NR	NR	NR

NR=No response.

*For many states, no breakdowns were available, so all costs were included under "General Operating Costs."

ELDERLY AFFAIRS

When the aging person is viewed as an individual, it is obvious that he has many needs. Unlike a poverty stricken person who can be greatly helped by a simple job or a nutritious meal, the aging person sometimes requires more. He may lack the warmth of a close family atmosphere or the good health of a younger person or just plain ambition to enter new fields of interest. This is definitely not to say, however, that all old people suffer alike. On the contrary, they are individuals with varied problems—some of which require new services. This idea is borne out in a recent article in *Psychology Today*, where Dr. Bernice Neugarten summarizes the results of a fifteen-year study at the University of Chicago of 2,000 persons as they have moved into “old age.” These studies emphasize the fact that “the aged” are not a homogenous group and that to be old is not necessarily to be ill, isolated, or senile.³ The replies from the states on future needs is displayed in Table 8.

TABLE 8
ESTIMATED COSTS OF FUTURE NEEDS IN THE NEXT FIVE YEARS

State	New Facilities	New Equipment	Additional Services	Personnel	
				Professional	Nonprofessional
Alabama	—	—	—	—	—
Alaska	—	2,000/yr.	—	60,000/yr.	25,000/Yr.
Arizona	—	1,300	—	102,853	14,250
Arkansas	NR	NR	NR	NR	NR
California	—	—	—	—	—
Colorado	—	20,000	11,819,420	1,000,000	50,000
Connecticut	NR	NR	NR	NR	NR
Delaware	NR	NR	NR	NR	NR
Florida	—	50,000	30,000,000	900,000	150,000
Georgia	—	—	—	—	—
Hawaii	0	3,000	10,332,000	635,215	121,785
Idaho	—	—	—	—	—
Illinois	NR	NR	NR	NR	NR
Indiana	—	—	—	—	—
Iowa	NR	NR	NR	NR	NR
Kansas	NA	NA	NA	147,000	34,000
Kentucky	NR	NR	NR	NR	NR
Louisiana	—	—	—	—	—
Maine	—	—	—	—	—
Maryland	NA	20,000	100,000/yr.	—	—
Massachusetts	—	—	—	—	—
Michigan	NR	NR	NR	NR	NR
Minnesota	Combined budget is 250,000		—	—	—
Mississippi	16,800	4,488	8,000	900,000	130,000
Missouri	—	—	—	—	—
Montana	—	—	—	—	—
Nebraska	—	—	—	—	—
Nevada	NR	NR	NR	NR	NR
New Hampshire	—	—	—	—	—
New Jersey	—	—	—	—	—
New Mexico	0	2,500	500,000	20,000	8,500
New York	—	—	—	—	—
North Carolina	—	—	—	—	—
North Dakota	—	—	—	—	—
Ohio	NR	NR	NR	NR	NR
Oklahoma	—	—	—	—	—
Oregon	—	—	—	—	—
Pennsylvania	8,700	9,000	—	720,000	213,000
Rhode Island	NR	NR	NR	NR	NR
South Carolina	NR	NR	NR	NR	NR
South Dakota	NR	NR	NR	NR	NR
Tennessee	37,500	5,000	25,000	216,000	70,000
Texas	—	—	—	—	—
Utah	32,010	10,000	341,005	744,065	305,392
Vermont	—	—	—	—	—
Virginia	NR	NR	NR	NR	NR
Washington	—	9,000	64,000	90,000	37,000
West Virginia	NR	NR	NR	NR	NR
Wisconsin	—	—	—	—	—
Wyoming	—	—	—	—	—
District of Columbia	NR	NR	NR	NR	NR
American Samoa	NR	NR	NR	NR	NR
Guam	NR	NR	NR	NR	NR
Puerto Rico	—	—	—	—	—
Micronesia (TTPI)	—	—	100,000	—	—
Virgin Islands	NR	NR	NR	NR	NR

NR = No response.

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Summary

Because concern for the aged is a matter of national concern, a survey of the programs currently existing in other states was conducted. A questionnaire was mailed to all of the state commissions on aging as well as to offices in American possessions. The highlights of the replies are as follows:

- (1) Population and facilities available—Hawaii, with a little over 44,000 elderly citizens, has a variety of services available which are either government sponsored, privately sponsored, or sponsored by both.
- (2) Administration of the programs is generally divided among the various departments according to funding and type.
- (3) The single agency most often responsible for comprehensive planning, services, and the general overseeing of programs in each state, is the State Commission on Aging. The effectiveness of the various Commissions cannot be determined by the survey.
- (4) In defining the role of the state agencies on aging, it was found that thirteen states claim statewide planning, disbursement of funds, program development, information and referral, and research as their primary functions. The Hawaii Commission claims all but information and referral as a primary function.
- (5) In the area of employing professional and nonprofessional staff, Massachusetts was most outstanding, with a professional employee rate numbering thirty-five. Hawaii appeared to be understaffed when compared to other states of comparable size and underpaid when compared to states which have become leaders in the field.
- (6) In the vast majority of states, the largest source of income for the aging programs comes from the federal government. This can be partially attributed to the large number of matching-fund grants which the federal government has established.
- (7) The "aged" are not a homogeneous group. They have different problems and different needs. To be old is not necessarily to be ill, isolated, or senile.
- (8) The Massachusetts practice of developing a cabinet level office to handle all elderly affairs appears to be a landmark plan and a worthwhile model for the future.

On the whole, the programs on aging in the states indicate that there is a developing awareness of the hitherto-ignored problems of the aged population. Hawaii, although demonstrating a comprehensive program in this area, shows areas which can still be improved. If Hawaii's elderly population is to receive the benefits, privileges, and respect due them, then it is essential that state policies dealing with this group take into consideration the better aspects of each of the programs in our sister states. To date, Hawaii has stood as a model for a variety of significant aging program innovations. Now, it is most important that this progressiveness continue.

*so may'st thou live, till, like ripe fruit,
thou drop into thy mother's lap, or
be with ease gathered, not harshly
plucked, for death mature: this is
old age.**

population

*Milton

CHAPTER IV POPULATION

An understanding of the population characteristics of Hawaii is an important tool in the study of aging persons. The increase in the length of life and the increase in the number of older persons in our society create personal and social problems of great significance. To understand the elderly and the environment in which they live, general demographic data is essential. Demographic reports on (1) the size and characteristics of the aging population; (2) the proportion of the total population who are old; and (3) the average length of an individual's life are some of the data that will be included in this chapter.

Population Pyramids

Hawaii, as the "crossroads of the Pacific" and the so-called "melting-pot" which it has become, deserves a close look at its population because of the interesting way in which it was settled. First, the native Polynesians; then the various western cultures; and finally the plantation immigrant groups, including the Chinese, Japanese, and Filipinos.

The age and sex of a population has a direct influence on the culture and society of a particular area. Because women are limited in their child-bearing years, their absence during certain time periods would have a profound effect on the population. Further, it is the presence of women that insures the survival of the group. In Hawaii, where much of the population were originally immigrants or from families of immigrants, the kinds of people who came are significant. Hawaii, because it was so far away, meant a long, hard journey to a strange country as well as exhausting work on the plantations after arrival. Thus, the early immigrants were normally young, strong males. The effect on Hawaii has been that its population has shown a considerable excess of men over women and has maintained an essentially youthful appearance. This is quite apparent to local students who go to mainland colleges. Often, one of the first impressions of their new communities is that "there are so many old people around here" or that "everybody looks so old." It isn't really that people of the same age look any older, but that there are more elderly persons living in these areas. A comparison of Figures 1 and 2, that is, the population pyramids for the nation and for Hawaii, makes this quite apparent.

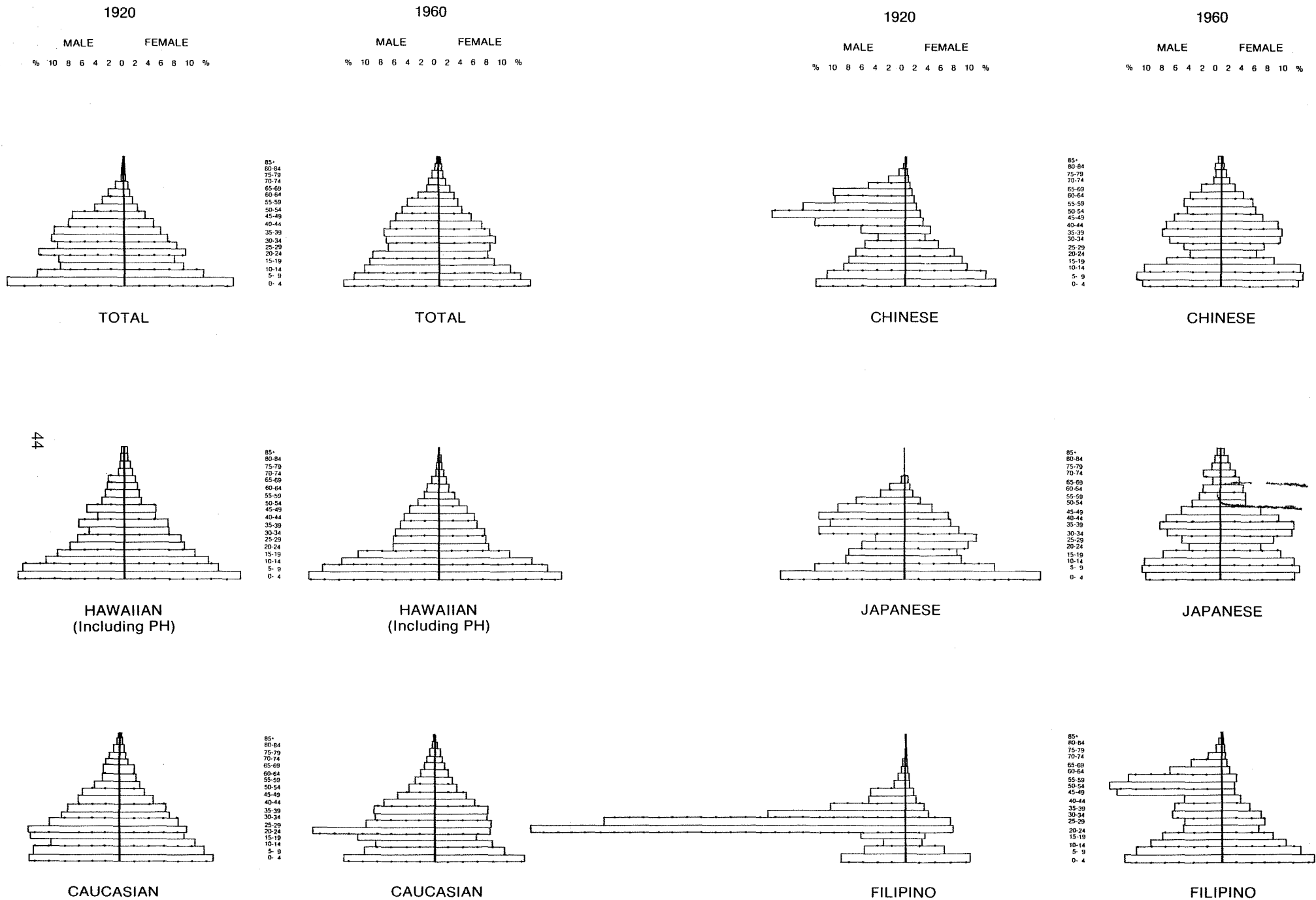
One of the most effective devices for reflecting changes in both the age and sex distributions of any group is the population pyramid. The left half of the graph depicts the age distribution of the males, while the right half shows the females. Figure 1, a comparison of population in Hawaii during 1920 and 1960 for various ethnic groups, presents some interesting contrasts. In 1920, all but the Hawaiians showed an excess of males over females, with the most extreme example pictured as the Filipinos. It was the Filipinos who came as immigrants with very few women, thus the extreme excess. By 1960, the pyramids had begun to balance out, but the large Filipino male population was still evident—this time in an older age group.

In an explanation of how to interpret the population pyramid, Andrew Lind states, "The population of a region unaffected by migration tends to assume the form of an isosceles triangle, with approximately equal proportions of males and females on the left and right sides and a gradual decline in numbers from the base to the vertex according to age."¹ Figure 2, Population Pyramids of the United States during 1901, 1921, and 1961, demonstrates this phenomenon in the first two sample years. By 1961, however, the over 65 and even the over 75 age groups greatly increased, resulting in a tower, not a pyramid, showing a fairly small number of young people outnumbered by aging parents and grandparents. Nationally, then, the aged are a social problem merely by number. In Hawaii too, their number is increasing, as is dramatically demonstrated by Figure 3. Here it is evident that the per cent change is quite large, ranging from a 37.8 per cent change in the 55-59 age group to a 53.7 per cent change in the 75+ age group. Their longevity is due not only to improved social conditions, but better nutritional practices, and more time for leisure as well. Since the turn of the century, the size of the population aged 65 and over in the nation has multiplied many times from 3.1 million in 1900 to 20 million in 1970.² In Hawaii, that age group increased from 2,677 in 1900 to 44,116 in 1970.³ In percentages, the aged population rose from 1.7 per cent to 5.7 per cent of the total population. A breakdown of all age groups in tabular form is provided in Table 9. The data in Table 9 is for 1970 only.

Distribution of Population

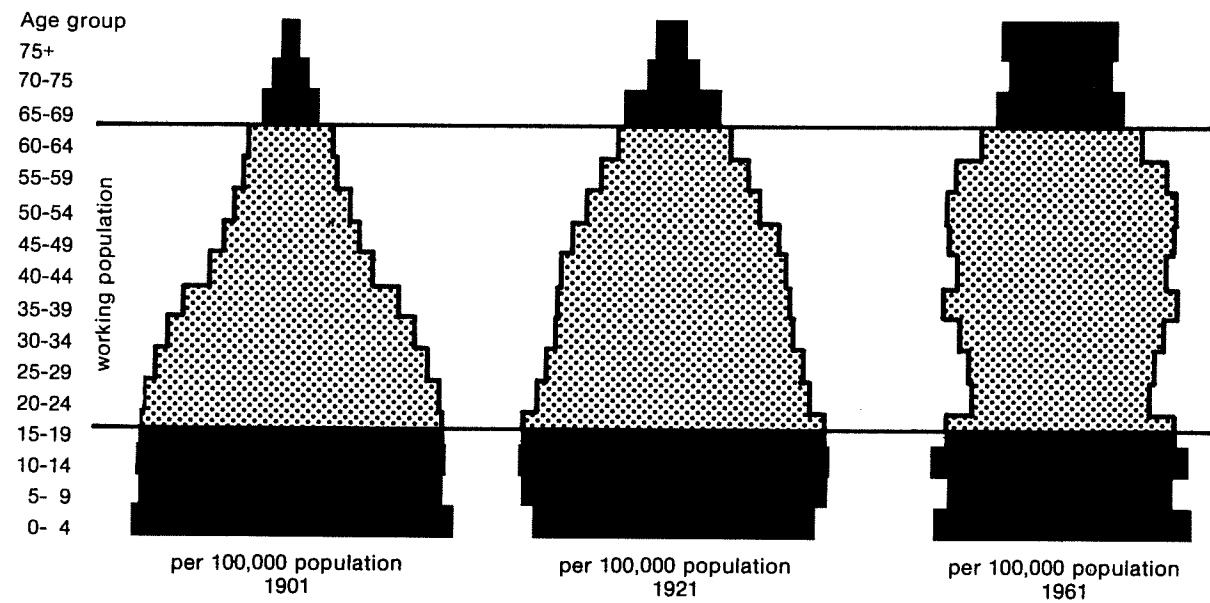
Hawaii's elderly population is distributed in a manner similar to that of the rest of the population. The Counties of Kauai, Maui, and Hawaii, however, have a larger percentage of aged persons, when compared to the total

Figure 1
AGE AND SEX PYRAMIDS



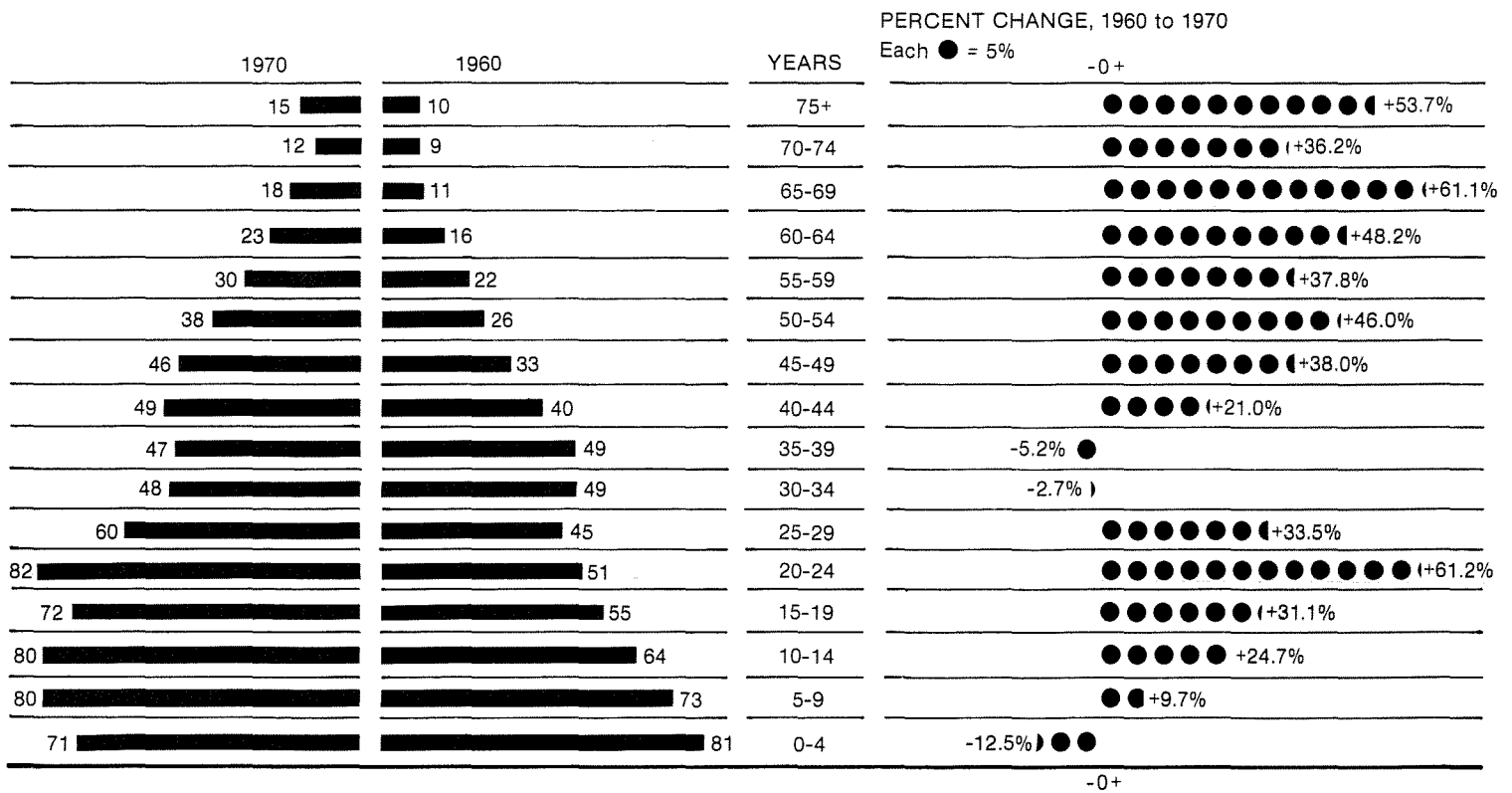
Source: Lind, Andrew W., *Hawaii's People*, University of Hawaii Press, Honolulu 1967.

Figure 2
POPULATION PYRAMIDS



Source: Ralph Emery, *Understanding Old Age* (London: National Association of Mental Health, 1967).

Figure 3
POPULATION BY AGE: 1970 AND 1960
 NUMBER IN THOUSANDS



Source: U.S., Bureau of the Census, *U.S. Census of Population*, 1970.

TABLE 9
AGE AND SEX: 1970

Age	Both sexes	Male	Female
All ages.....	768,561	399,205	369,356
Under 1 year	15,158	7,821	7,337
1 year	13,653	6,932	6,721
2 years	13,285	6,835	6,450
3 years	13,840	7,148	6,692
4 years	14,875	7,520	7,355
5 years	15,539	7,972	7,567
6 years	16,122	8,252	7,870
7 years	16,131	8,236	7,895
8 years	16,157	8,377	7,780
9 years	15,887	8,153	7,734
10 years	16,797	8,643	8,154
11 years	16,048	8,178	7,870
12 years	15,780	8,075	7,705
13 years	15,501	7,887	7,614
14 years	15,686	8,008	7,678
15 years	15,047	7,722	7,325
16 years	14,513	7,415	7,098
17 years	14,610	7,453	7,157
18 years	13,722	7,226	6,496
19 years	13,951	7,459	6,492
20 years	16,703	9,737	6,966
21 years and over	449,556	234,156	215,400
Under 5 years	70,811	36,256	34,555
5 to 9 years	79,836	40,990	38,846
10 to 14 years	79,812	40,791	39,021
15 to 19 years	71,843	37,275	34,568
20 to 24 years	81,555	46,807	34,748
25 to 29 years	59,459	30,358	29,101
30 to 34 years	47,633	23,846	23,787
35 to 39 years	46,685	23,084	23,601
40 to 44 years	48,844	23,749	25,095
45 to 49 years	46,199	23,347	22,852
50 to 54 years	38,053	19,620	18,433
55 to 59 years	30,343	17,037	13,306
60 to 64 years	23,372	13,791	9,581
65 to 69 years	17,658	9,671	7,987
70 to 74 years	11,831	5,781	6,050
75 to 79 years	7,021	3,062	3,959
80 to 84 years	4,593	2,364	2,229
85 years and over	3,013	1,376	1,637
Under 18 years	274,629	140,627	134,002
62 years and over	57,004	29,749	27,255
65 years and over	44,116	22,254	21,862
Median age	25.0	24.7	25.5

Source: U.S. Census Population: 1970, Final Report PC(1)-B13, table 20.

ELDERLY AFFAIRS

county population. A tabulation of the population by age and census tract is included in Table 10. Also, the census maps (Insets A-H) depict the location of census tracts on Census Bureau maps. For the State as a whole, approximately two out of three persons aged 65 and over live on Oahu, while four out of five of the total population of the State also live there.

In the City and County of Honolulu, approximately three-fourths of the elderly live in the city, although they make up only about 4 per cent of the city's population. In the County of Hawaii, approximately one-third of the elderly live in Hilo, with other large concentrations being found in the adjoining areas of Papaikou-Waiakea and Keaau-Mt. View. Maui County showed large concentrations of aged persons in Wailuku and Makawao-Paia. Together, these areas hold about one-third of Maui's elderly population, with the rest being geographically dispersed throughout the area. Although Kauai shows little evidence of elderly concentrated areas, it could be said that nearly half of the elderly population reside on the eastern side of Kauai in towns like Lihue, Kapaa, Koloa-Poipu, and Puhi-Hanamaulu.

Ethnic Characteristics

Hawaii has often been written about as a land of many peoples, and the idea still remains that a vibrant variation in ethnic stock and in cultural heritage continues to be Hawaii's most distinctive social attribute and one of its major attractions and charms for visitors. The immigrant groups that make up a large percentage of the population are important in the planning of programs for the aged because as they age, special consideration must be given them. Take, for example, the Japanese—this group constitutes almost half of the elderly population. Many of these people came to Hawaii; spent their lives toiling on plantations; and although they most probably saw to the education of their children, they themselves lacked the ability or the will to read and write in the English language. Moreover, their cultural heritage often puts up barriers to elderly programs, including such necessary aids as welfare assistance. Thus, careful thought must be given to planning programs for this and every other group. Table 11 presents the ethnic composition of the total population of the State in the years 1853-1970. Because the U.S. Census changed their definitions on various racial data for the 1970 census, this data was not used. Instead, the 1970 figures represent estimates based on a sample of 19,344 persons surveyed by the Hawaii State Department of Health. Table 12, showing the number of foreign born in the State, serves to further establish the importance of ethnic stock in Hawaii. Approximately two-thirds of the population aged 65 and over are foreign born, and this population drops as the age brackets are lowered.⁴

Population Projections

By 1980, the total resident population of the State is expected to reach about 900,000. This means that the aged population can be expected to increase accordingly. People are living longer today, for various reasons, and thus the aged population will continue to grow as it has steadily done in past years. Table 13 projects the population figures through the year 2020 with a breakdown by county. Table 14 gives a detailed listing of the life expectancy for various age groups in Hawaii for the years 1969-71, 1949-51, and 1919-20.

TABLE 10
DISTRIBUTION OF TOTAL POPULATION AND PERCENTAGES OF DISTRICTS
AGES 55-59, 60-64, 65-74, 75 & Over—1970
CITY AND COUNTY OF HONOLULU

	Total Population	55-59	%	60-64	%	65-74	%	75-over	%	Total Elderly Population	Total %
HONOLULU COUNTY ..	629,176	22,641	3.6	16,599	2.6	20,992	3.3	10,393	1.7	70,625	11.2
Koko Head, Diamond Head, (CT-1-7, 9, 16-17)	57,742	2,824	4.9	1,954	3.4	2,370	4.1	1,142	2.0	8,290	14.4
Palolo, Kaimuki, Kapahulu, (CT 8, 10-15)	33,204	1,752	5.3	1,268	3.8	1,780	5.4	1,037	3.1	5,837	17.6
Waikiki, (CT 18-20)	13,124	777	6.0	684	5.2	938	7.2	433	3.3	2,832	21.6
Moiliili, McCully, (CT 21-26)	26,621	1,178	4.4	733	2.8	993	3.7	446	1.7	3,350	12.6
Manoa, Tantalus, Nuuanu, (CT-27-33, 44, 45)	41,305	2,003	4.8	1,519	3.7	2,054	5.0	997	2.4	6,573	15.9
Makiki, Pauoa, (CT 34-39, 41, 43)	37,099	1,820	4.9	1,416	3.7	1,923	5.2	1,084	2.9	6,243	16.8
Chinatown, (CT 40, 42, 51-52)	2,667	256	9.6	318	11.9	372	13.9	116	4.3	1,062	39.8
Kalihi, Palama (CT 46-50, 53-65)	78,476	4,082	5.2	3,104	4.0	4,095	5.2	1,933	2.5	13,214	16.8
Moanalua, Pearl City (CT 66-80)	109,029	1,886	1.7	1,239	1.1	1,336	1.2	695	.6	5,156	4.7
Waipio, Ewa (CT 81-86)	27,622	465	1.7	349	1.3	390	1.4	211	.8	1,415	5.1
Waipahu (CT 87-89)	28,899	783	2.7	628	2.2	716	2.5	341	1.2	2,468	8.5
Wahiawa, Schofield (CT 90-95)	37,329	690	1.8	570	1.4	703	1.8	333	.9	2,296	6.2
Waianae, Nanakuli (CT 96-98)	24,077	692	2.9	506	2.1	642	2.7	220	.9	2,060	8.6
Waialua, Haleiwa (CT 99-100)	9,171	406	4.4	320	3.5	412	4.5	206	2.3	1,344	14.7
Waimea, Kahaluu (CT 101-103)	21,471	685	3.2	517	2.4	609	2.8	287	1.3	2,098	9.8
Kualoa, Kaneohe, Kailua, Waimanalo (CT 104-113)	81,310	2,368	2.9	1,472	1.8	1,623	2.0	926	1.1	6,389	7.9
Northwestern Island Chain ¹ (CT 114)	31	—	—	—	—	—	—	—	—	—	—

¹The Northwestern Island Chain population is included as part of the total Oahu population by the State Department of Planning and Economic Development. The 31 individuals are under the age range of the above table.

Source: U.S. Bureau of the Census

TABLE 10 (Continued)
DISTRIBUTION OF TOTAL POPULATION AND PERCENTAGES OF DISTRICTS
AGES 55-59, 60-64, 65-74, 75 & Over—1970
HAWAII COUNTY

	Total Population	55-59	%	60-64	%	65-74	%	75-over	%	Total Elderly Population	Total %
HAWAII COUNTY.....	63,468	3,417	5.4	3,020	4.8	3,838	6.0	2,000	3.2	12,275	19.3
Hilo (CT 202-09).....	28,412	1,412	5.0	1,102	3.9	1,474	5.2	781	2.7	4,769	16.8
Honokaa (CT 219).....	2,829	158	5.6	186	6.6	192	6.8	99	3.5	635	22.5
Kau (CT 212).....	3,398	200	5.9	196	5.8	189	5.6	96	2.8	681	20.0
Keaau (CT 210).....	3,802	229	6.0	229	6.0	306	8.1	155	4.1	919	24.2
No. Hilo (CT 221).....	1,881	143	7.6	134	7.1	129	6.9	75	4.0	481	25.6
No. Kohala (CT 218)...	3,326	187	5.6	152	4.6	213	6.4	102	3.1	654	19.7
No. Kona (CT 215-16)...	4,832	260	5.4	223	4.6	283	5.9	111	2.3	877	18.2
Paaupuu (CT 220).....	1,819	129	7.1	112	6.2	111	6.1	53	2.9	405	22.3
Pahoa (CT 211).....	1,352	73	5.4	79	5.8	137	10.1	75	5.5	364	26.9
Papaikou (CT 201).....	5,503	310	5.5	326	4.1	385	7.0	228	5.2	1,249	22.7
So. Kohala (CT 217)...	2,310	130	5.6	97	4.2	96	4.2	51	2.2	374	16.2
So. Kona (CT 213-14)...	4,004	186	4.4	184	4.6	323	8.1	174	4.3	867	21.7

Source: U.S. Bureau of the Census

TABLE 10 (Continued)
DISTRIBUTION OF TOTAL POPULATION AND PERCENTAGES OF DISTRICTS
AGES 55-59, 60-64, 65-74, 75 & Over—1970
KAUAI COUNTY

	Total Population	55-59	%	60-64	%	65-74	%	75-over	%	Total Elderly Population	Total %
KAUAI COUNTY.....	29,761	1,712	5.7	1,547	5.1	1,885	6.3	839	2.8	5,983	20.1
Eleele (CT 407).....	3,710	212	5.7	182	4.9	205	5.5	103	2.8	709	19.1
Hanalei (CT 401).....	1,182	78	6.6	78	6.6	75	6.3	38	3.2	269	22.8
Kapaa (CT 403).....	3,794	208	5.5	194	5.1	284	7.5	149	3.9	835	22.0
Kaunakakai (CT 408)...	3,173	200	6.3	157	5.0	223	7.0	97	3.1	677	21.3
Kekaha (CT 409).....	4,159	241	5.8	206	5.0	276	6.6	104	2.5	827	19.9
Koloa (CT 406).....	3,141	181	5.8	167	5.3	224	7.1	93	3.0	665	21.2
Lihue (CT 405).....	3,124	221	7.1	183	5.9	192	6.2	116	3.7	712	22.8
Puhi (CT 404).....	3,642	206	5.7	192	5.3	194	5.4	67	1.9	659	18.1
Wailoa (CT 402).....	3,499	161	4.5	143	4.0	205	5.7	72	2.0	581	16.6
Niihau (CT 410).....	237	4	1.7	5	2.1	7	3.0	0	0	16	6.8

Source: U.S. Bureau of the Census

TABLE 10 (Continued)
DISTRIBUTION OF TOTAL POPULATION AND PERCENTAGES OF DISTRICTS
AGES 55-59, 60-64, 65-74, 75 & Over—1970
MAUI COUNTY

	Total Population	55-59	%	60-64	%	65-74	%	75-Over	%	Total Elderly Population	Total %
MAUI COUNTY	46,156	2,573	5.6	2,246	4.9	2,774	6.0	1,395	3.0	8,988	19.5
Molokai (CT 317-319) ..	5,261	294	5.5	263	5.0	256	4.9	109	2.1	922	17.5
Haiku (CT 302).....	2,067	92	4.4	78	3.8	127	6.1	77	3.7	374	18.1
Hana (CT 301)	969	47	4.9	57	5.9	57	5.9	27	2.8	188	19.4
Kahului (CT 311-12) ...	8,287	419	5.0	327	3.9	393	4.7	180	2.2	1,319	15.9
Kihei (CT 307)	1,636	86	5.2	61	3.7	97	5.9	37	2.3	281	17.2
Kula (CT 303)	2,124	117	5.5	117	5.5	208	9.8	115	5.4	557	26.2
Lahaina (CT 314-15) ...	5,524	359	6.5	246	4.5	304	5.5	157	2.8	1,066	19.3
Lanai (CT 316)	2,204	191	8.7	145	6.6	150	6.8	35	1.6	521	23.6
Makawao (CT 304-05) ..	5,788	286	4.9	293	5.1	355	6.1	182	3.1	1,116	19.3
Puunene (CT 313).....	1,132	60	5.3	102	9.0	150	13.3	127	11.2	439	38.8
Sprecklesville (CT 306) .	781	43	5.5	51	6.5	43	5.5	10	1.3	147	18.8
Waihee (CT 308).....	1,299	59	4.6	63	4.8	89	6.8	59	4.5	270	20.8
Wailuku (CT 309-10) ...	9,084	520	5.7	443	4.9	545	6.0	280	3.1	1,788	19.7

Source: U.S. Bureau of the Census

TABLE 11
ETHNIC STOCK: 1853 TO 1970

Ethnic stock	1970 ¹		1950 ²	1920	1890	1853
	Number	Per Cent				
All races	773,632	100.0	499,769	255,912	89,990	73,137
Hawaiian	7,697	1.0	12,245	23,723	34,436	70,036
Part Hawaiian	125,224	16.2	73,845	18,027	6,186	983
Caucasian	255,437	33.0	114,793	49,140	18,939	1,687
Chinese	29,966	3.9	29,501	23,507	16,752	364
Filipino	61,240	7.9	53,382	21,031	(NA)	5
Japanese	207,379	26.8	180,508	109,274	12,610	(NA)
Korean	7,201	0.9	5,111	4,950	(NA)	(NA)
Negro	5,925	0.8	1,928	348	(NA)	(NA)
Puerto Rican	4,110	0.5	6,944	5,602	(NA)	(NA)
Samoa	5,846	0.8	(NA)	(NA)	(NA)	(NA)
Mixed, exc. Part Haw'n.	60,770	7.9	20,336	(NA)	(NA)	(NA)
Other and unknown	2,837	0.4	1,176	310	1,067	62

NA=Not available.

¹Based on sample of 19,344 persons surveyed by Hawaii State Department of Health. U.S. Census data on ethnic stock in 1970 (shown in table 9) were based on different definitions than those used previously and hence are not comparable.

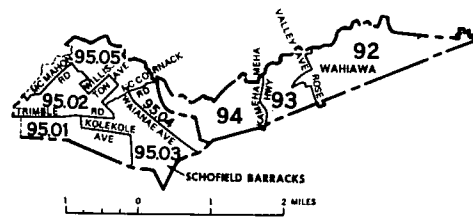
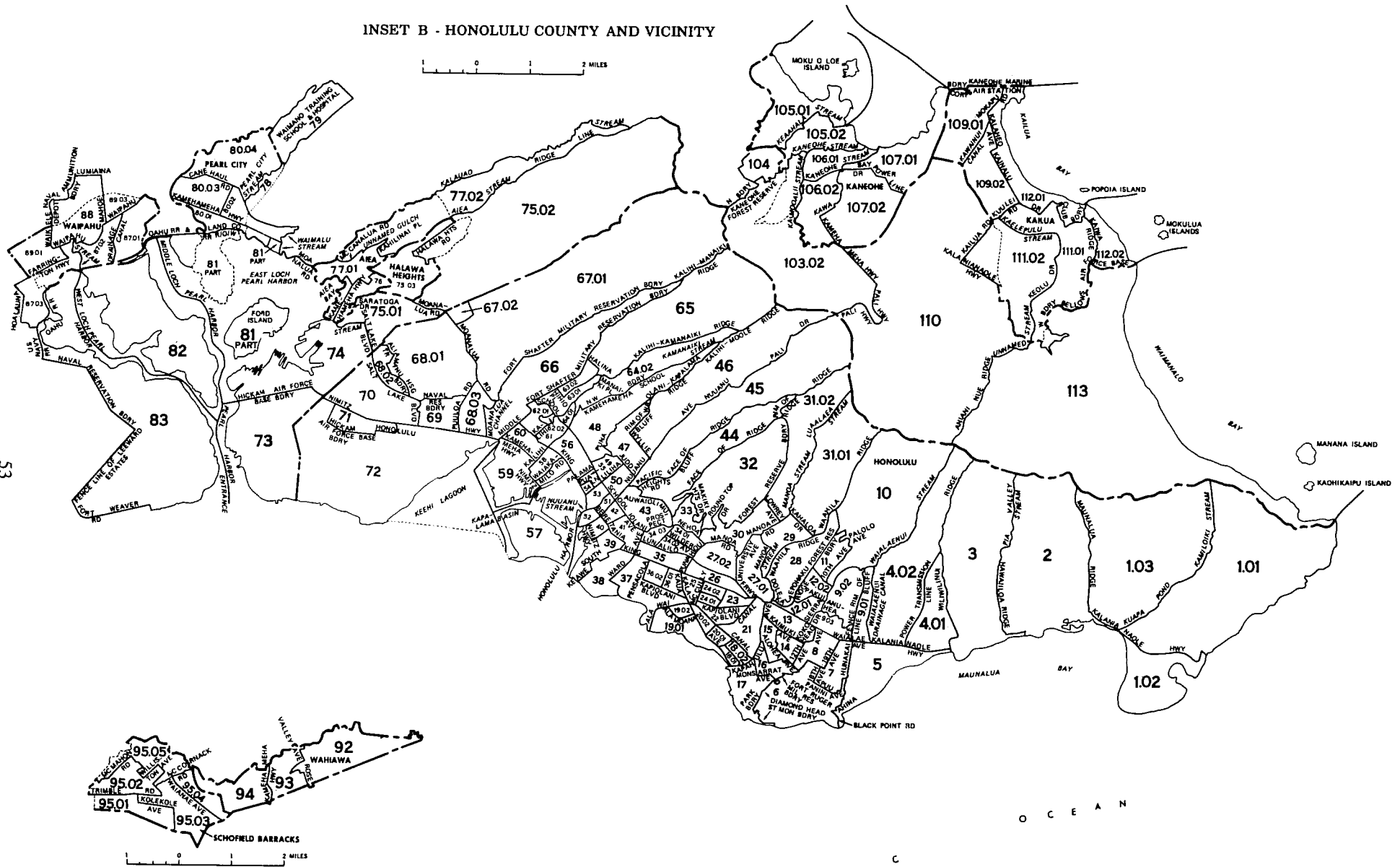
²Partly estimated for Koreans, Negroes, Puerto Ricans, and the residual "other" category.

Source: Data for 1853-1920 from Andrew W. Lind, *Hawaii's People*, 3rd Ed.(1967), p.28; 1950 from *U.S. Census of Population: 1950*, Bulletin P-C52, pp. viii and 38; 1970 from Hawaii State Department of Health.

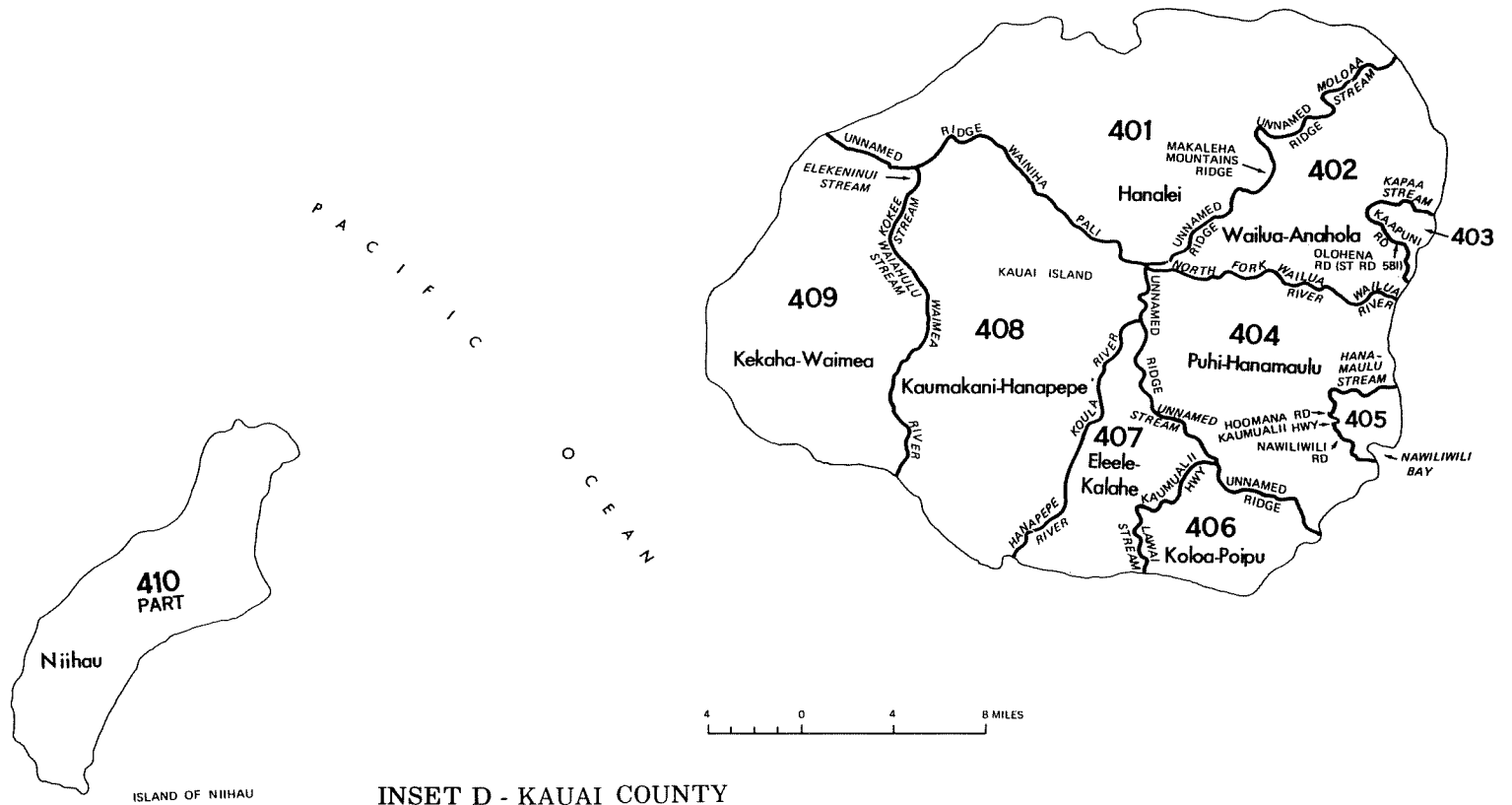
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INSET B - HONOLULU COUNTY AND VICINITY



INSET C - WAHIAWA AND SCHOFIELD BARRACKS



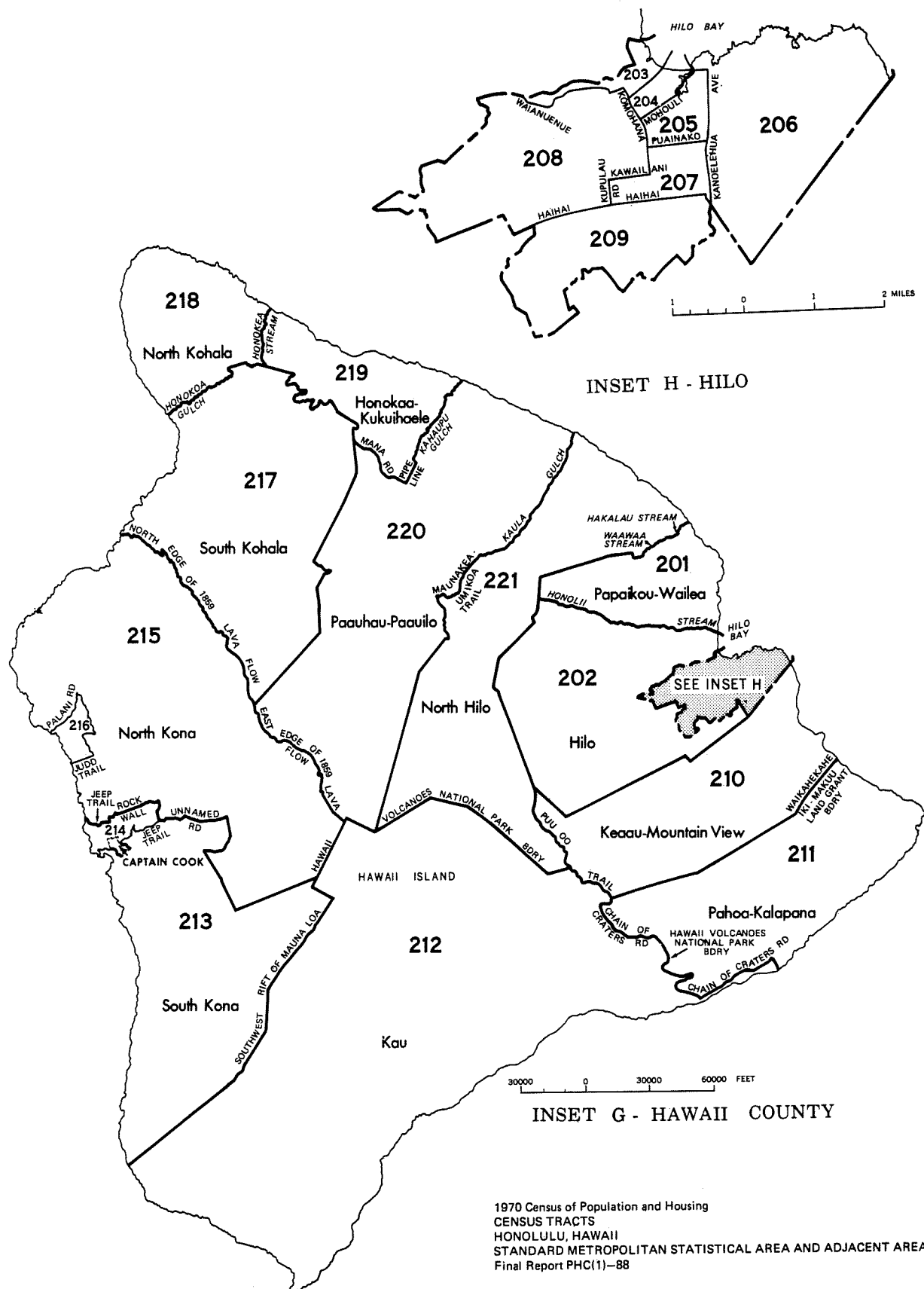


TABLE 12
PLACE OF BIRTH AND RESIDENCE: 1853 TO 1970

Year	Living in Hawaii ¹						Living on Mainland, born in Hawaii ²
	Total population	Born in Hawaii	Born on U.S. Mainland	Born in U.S. outlying areas	State of birth not reported	Foreign born	
1853.....	73,138	71,310	692	—	—	1,136	533
1860.....	69,800	(NA)	(NA)	—	—	(NA)	435
1866.....	62,959	(NA)	(NA)	—	—	(NA)	524
1872.....	56,897	52,380	889	—	—	3,628	729
1878.....	57,985	48,455	1,276	—	—	8,254	1,067
1884.....	80,578	46,272	2,066	—	—	32,240	1,219
1890.....	89,990	48,117	1,928	—	—	39,945	1,304
1896.....	109,020	53,237	2,266	—	—	53,517	1,306
1900.....	154,001	58,931	4,284	6	—	90,780	1,307
1910.....	191,909	86,483	5,688	3,614	—	96,124	3,741
1920.....	255,912	136,349	10,957	2,637	—	105,969	10,551
1930.....	368,336	214,517	30,191	2,419	—	121,209	19,457
1940.....	423,330	278,506	54,224	2,209	—	88,391	23,723
1950.....	499,794	355,574	65,640	1,960	—	76,620	51,955
1960.....	632,772	421,168	128,992	4,962	8,750	68,900	115,070
1970 ³	769,913	455,892	178,808	15,876	42,661	75,595	(NA)

NA=Not available.

¹Population totals include the Midway Islands, 1910-1940, and other minor outlying islands, 1940, reported with Hawaii for census purposes. Persons born abroad or at sea of American parents combined with those born on U.S. Mainland, 1900-1950, and with those born in U.S. outlying areas, 1960 and 1970. Persons born in the Philippines (2,372 in 1910, 18,728 in 1920, 52,672 in 1930, 35,778 in 1940) included with foreign born for all years.

²Estimated by interpolation for 1853, 1866-1884, and 1896. The actual number enumerated in the decennial U.S. Census was 588 in 1850, 584 in 1870, and 1,147 in 1880.

³Data by place of birth based on a sample and not adjusted to add exactly to the indicated revised full-count total.

Source: Robert C. Schmitt, *Demographic Statistics of Hawaii: 1778-1965* (University of Hawaii Press, 1968), pp. 74, 75, 121, 122, and 183; U.S. Bureau of the Census, *U.S. Census of Population: 1970*, Final Report PC(1)-C13, table 45.

TABLE 13
POPULATION PROJECTIONS, FOR THE STATE, 1971 TO 2020, AND FOR
COUNTIES, 1971 TO 2000
(In thousands)

Assumptions	Total resident population, July 1 ¹					
	1971	1980	1990	2000	2010	2020
Low assumptions ²	788	842	933	1,025	1,125	1,230
Medium assumptions ³	788	897	1,049	1,209	1,382	1,569
High assumptions ⁴	788	965	1,201	1,452	1,729	2,032

Year (July 1)	Total resident population (medium assumptions) ¹					
	State total	City and County of Honolulu	Other Counties			
			Total	Hawaii	Kauai	Maui
1971.....	788.3	645.7	142.7	66.1	30.1	46.5
1975.....	830	680	150	68.1	32.0	49.9
1980.....	897	735	162	73.2	34.6	54.2
1985.....	971	795	176	79.3	37.5	59.2
1990.....	1,049	859	190	85.3	40.5	64.2
1995.....	1,128	924	204	91.0	44.0	69.0
2000.....	1,209	990	219	98.0	47.0	74.0

¹Includes armed forces (50,762 in 1971, 55,000 thereafter) and military dependents (62,181 in 1971, 60,000 thereafter), almost all of them on Oahu.

²Assumes gradual convergence with "Series D" national fertility projections by Bureau of the Census and zero net migration for civilians other than military dependents.

³Assumes gradual convergence with "Series D" national fertility projections and same level of net in-migration as in 1960-1970 period.

⁴Assumes gradual convergence with "Series C" national fertility projections and twice the annual level of net in-migration as in the 1960-1970 period.

Source: Hawaii, Department of Planning and Economic Development, *The State of Hawaii Data Book, 1972, A Statistical Abstract* (Honolulu: 1972).

TABLE 14
ABRIDGED LIFE TABLE FOR HAWAII BY SEX, 1969-71

Age	Probability of dying in interval following age x	Survivors at exact age x	Years lived in interval following age x	Total years lived after exact age x	Expectation of life Average number of years lived after exact age x
x	q _x	l _x	L _x	T _x	e _x
Males					
0	0.022737	100000	97975	7045604	70.456
1	0.003089	97726	390151	6947629	71.093
5	0.001524	97424	486751	6557479	67.308
10	0.001846	97276	486023	6070728	62.407
15	0.006087	97096	484107	5584705	57.517
20	0.006977	96505	480868	5100598	52.853
25	0.007391	95832	477418	4619730	48.206
30	0.008488	95124	473703	4142313	43.547
35	0.012718	94317	468782	3668610	38.897
40	0.018885	93117	461468	3199829	34.364
45	0.027847	91358	450931	2738361	29.974
50	0.046749	88814	434262	2287431	25.755
55	0.062402	84662	410812	1853169	21.889
60	0.095102	79379	379182	1442358	18.170
65	0.151000	71830	333164	1063176	14.801
70	0.212720	60984	273374	730012	11.971
75	0.314555	48011	202223	456637	9.511
80	0.382856	32909	132378	254414	7.731
85	1.000000	20310	122036	122036	6.009
Females					
0	0.016250	100000	98534	7718058	77.181
1	0.003080	98375	392743	7619524	77.454
5	0.001672	98072	489950	7226782	73.689
10	0.001092	97908	489297	6736832	68.808
15	0.002893	97801	488331	6247535	63.880
20	0.002730	97518	486918	5759204	59.058
25	0.002590	97252	485696	5272286	54.213
30	0.006011	97000	483664	4786591	49.346
35	0.008650	96417	480074	4302928	44.628
40	0.009817	95583	475702	3822855	39.995
45	0.015597	94645	469878	3347153	35.365
50	0.027898	93168	459733	2877275	30.883
55	0.036897	90569	444841	2417543	26.693
60	0.049049	87227	426234	1972702	22.616
65	0.086142	82949	398125	1546469	18.644
70	0.135163	75804	354712	1148345	15.149
75	0.204799	65558	295483	793634	12.106
80	0.312503	52132	220749	498151	9.556
85	1.000000	35840	277402	277402	7.740

Source: East-West Population Institute (Honolulu, Hawaii: 1972).

TABLE 14 (Continued)
ABRIDGED LIFE TABLE FOR HAWAII BY SEX, 1919-20

Age	Probability of dying in interval following age x	Survivors at exact age x	Years lived in interval following age x	Total years lived after exact age x	Expectation of life Average number of years lived after exact age x
x	q _x	l _x	L _x	T _x	e _x
Males					
0	0.108200	100000	94375	4779778	47.80
1	0.045276	89120	348410	4685403	52.57
5	0.024423	85085	420230	4336993	50.97
10	0.019757	83007	410935	3916763	47.19
15	0.032888	81367	400145	3505828	43.09
20	0.046511	78691	384305	3105683	39.47
25	0.051779	75031	365443	2721378	36.27
30	0.052793	71146	346340	2355935	33.11
35	0.058288	67390	327130	2009595	29.82
40	0.058288	63462	306963	1682465	26.51
45	0.065220	59323	284570	1375502	23.19
50	0.081216	54505	258750	1090932	20.02
55	0.101092	48995	229408	832182	16.99
60	0.127095	42768	196528	602774	14.09
65	0.161920	35843	159483	406246	11.33
70	0.220210	27950	118680	246763	8.83
75	0.423932	19522	76920	128083	6.56
80	0.597813	11246	39423	51163	4.55
85	1.000000	4523	11740	11740	2.60
Females					
0	0.096950	100000	95257	4729720	47.30
1	0.046409	90305	352838	4634463	51.32
5	0.022761	86114	425670	4281625	49.72
10	0.022875	84154	415958	3855955	45.82
15	0.042455	82229	402418	3439997	41.83
20	0.057787	78738	382315	3037579	38.58
25	0.069297	74188	358088	2655264	35.79
30	0.074558	69047	332365	2297176	33.27
35	0.071566	63899	308063	1964811	30.75
40	0.066109	59326	286825	1656748	27.93
45	0.071132	55404	267168	1369923	24.73
50	0.082720	51463	246673	1102755	21.43
55	0.105643	47206	223563	856082	18.14
60	0.158602	42219	194355	632519	14.98
65	0.216620	35523	158378	438164	12.33
70	0.292475	27828	118793	279786	10.05
75	0.380111	19689	79735	160993	8.18
80	0.742155	12205	48213	81258	6.66
85	1.000000	7080	33045	33045	4.67

Source: East-West Population Institute (Honolulu, Hawaii: 1972).

TABLE 14 (Continued)
ABRIDGED LIFE TABLE FOR HAWAII BY SEX, 1949-51

Age	Probability of dying in interval following age x	Survivors at exact age x	Years lived in interval following age x	Total years lived after exact age x	Expectation of life Average number of years lived after exact age x
x	q _x	l _x	L _x	T _x	$\frac{o}{e}_x$
Males					
0	0.028841	100000	97912	6775867	67.76
1	0.006065	97116	386968	6677955	68.77
5	0.002935	96527	481844	6290987	65.17
10	0.003179	96244	480515	5809143	60.36
15	0.005878	95938	478355	5328628	55.54
20	0.006937	95374	475238	4850273	50.86
25	0.007800	94707	471759	4375035	46.20
30	0.010742	93968	467414	3903276	41.54
35	0.012948	92959	461953	3435862	39.96
40	0.019813	91755	454586	2973909	32.41
45	0.032397	89937	443002	2519323	28.01
50	0.054033	87023	424295	2076321	23.86
55	0.089898	82321	393971	1652026	20.07
60	0.118271	74921	353244	1258055	16.79
65	0.169530	66060	303340	904811	13.70
70	0.252323	54861	240187	601471	10.96
75	0.330222	41018	170819	361284	8.81
80	0.432600	27473	106558	190465	6.93
85	1.000000	15588	83907	83907	5.38
Females					
0	0.021663	100000	98432	7126513	71.27
1	0.004712	97834	390110	7028081	71.84
5	0.002643	97373	483545	6637971	68.17
10	0.002251	97116	485051	6154426	63.37
15	0.003580	96897	483659	5669375	58.51
20	0.004301	96550	481748	5185716	53.71
25	0.005411	96135	479431	4703968	48.93
30	0.007140	95615	476468	4224537	44.18
35	0.010557	94932	472387	3748069	39.48
40	0.019114	93930	465498	3275682	34.87
45	0.028414	92135	454380	2810184	30.50
50	0.033445	89517	440676	2355804	26.32
55	0.062188	86523	420166	1915128	22.13
60	0.096247	81142	387162	1494962	18.42
65	0.137327	73332	342470	1107800	15.11
70	0.198211	63262	285835	765330	12.10
75	0.281196	50723	218250	479495	9.45
80	0.382343	36460	147218	261245	7.16
85	1.000000	22520	114027	114027	5.66

Source: East-West Population Institute (Honolulu, Hawaii: 1972).

TABLE 15
CHARACTERISTICS OF THE POPULATION: 1970

Subject	State	City & County Of Honolulu	Other Counties		
			Hawaii	Kauai	Maui
Total ¹	769,913	630,528	63,468	29,761	46,156
Age:					
Under 5 years	70,811	58,701	5,446	2,629	4,035
5 to 17 years	203,818	165,156	17,656	8,311	12,695
18 to 24 years	109,228	96,972	5,810	2,317	4,129
25 to 44 years	202,621	171,021	14,380	6,835	10,385
45 to 64 years	137,967	105,941	14,338	6,945	10,473
65 years and over	44,116	31,385	5,838	2,724	4,169
Sex:					
Male	399,205	327,041	32,898	15,556	23,710
Female	369,356	302,135	30,570	14,205	22,446
Race:					
White	298,160	259,519	18,298	7,733	12,610
Negro	7,573	7,388	114	41	30
Indian	1,126	996	72	30	28
Japanese	217,307	169,078	23,817	9,780	14,632
Chinese	52,039	48,288	1,841	538	1,372
Filipino	93,915	65,553	10,454	8,135	9,773
Hawaiian	71,375	53,709	7,809	3,011	6,846
Korean	8,656	8,058	330	83	185
Other races	18,410	16,587	733	410	680
Households	203,088	164,763	17,260	8,282	12,783
Families	170,358	138,277	14,533	6,902	10,646

¹Includes 1,352 residents of the City and County of Honolulu inadvertently omitted from the tabulations on population characteristics.

Source: U.S. Bureau of the Census, *U. S. Census of Population: 1970*, Final Report PC(1)-B13, and underlying data.

POPULATION

Summary

This chapter gives a detailed account of Hawaii's population characteristics. It is included as a research tool to provide background data on which to base further decisions. Demographic reports on:

1. The size and characteristics of the population;
2. The proportion of the total population who are old; and
3. The average length of an individual's life are included in this chapter.

A final table, displaying the general characteristics of the population of Hawaii should give some idea about the type of data included in this chapter. The data reveal that the population 65 and over account for one of the fastest growing segments of the population of the State. They number over 44,000 in present census figures and are increasing daily. Females show a slightly higher increase in proportion than males.

The distribution of the elderly indicates that most elderly Caucasians are centered in urban areas, such as in Honolulu, while the outlying rural areas become the homes of foreign born or native oldsters. The plantation influence is now evident in the large number of Filipino laborers retiring and moving into the surrounding communities. Of course, the greatest concentration of elderly residents still remains in Honolulu (over 31,000), and many of this group are foreign born.

The elderly population of Hawaii, then, is steadily increasing, often non-English speakers who are foreign born with rather low fixed incomes and centralized in Honolulu. They include a significant part of the population of the State and deserve the close attention of the government if the State is to live up to its declared goal of providing them with an equal opportunity to secure the full and free enjoyment of an adequate income, good health, suitable housing, equal employment, meaningful activities, efficient community services, freedom, independence, and retirement in health, honor, and dignity.

*the miserable have no other medicine,
but only hope.**

economic needs

*Shakespeare

CHAPTER V ECONOMIC NEEDS

The nation has been made increasingly aware of the many problems facing the elderly population, and the question of wealth has emerged as one of the most significant of these problems. In recent years, there has been a growing recognition that "too many of our citizens neither share adequately in the benefits of our economic progress nor contribute effectively to its creation."¹ Unfortunately, those who share least in benefits often turn out to be the elderly. This group has a rather unique problem, for many of them are part of a rapidly growing number of families that are distinguished by the fact that none of their members contribute to the family's support by working in the labor force. Instead, total reliance for income lies with pension checks and what might otherwise be termed "outside income." Take for example Jisaburo Yamane, who spent the last twenty-one years of his working career in the employ of the Dole Company. After faithfully serving the company for that period of time, he now receives a monthly pension from the company totaling \$19.70. Without Social Security, his family would be in dire straits. What is shocking is that a pension of \$20 is actually issued today, 1972, not 1900!

Until recently, the problems of retirees have been generally overlooked, yet each passing year increases the economic problems of old age. There are several factors contributing to these developments in aging. Among them are:

- (1) At one time, few people actually lived for sixty, seventy, or eighty years. Today, increasing numbers of people reach age 65, together with larger proportions of the aged groups attaining the very oldest ages.
- (2) The "aging" of the population results in greater numbers of widows and other women living alone.
- (3) Previously, many people attaining the age of 65 were either unwilling or unable to retire. Now, more people are retiring prior to age 65 due to economic slowdowns or other reasons. Thus, they are faced with living on an inadequate retirement income for a longer period of time.
- (4) "Growing urbanization, together with decay of metropolitan centers and widespread social strife, increase the economic insecurity of the elderly, many of whom are clustered in old neighborhoods of large cities."²
- (5) The aging have, until lately, been a rather passive group. However, the growing senior power movement has gained strength nationally and has earned them more of the recognition that they need and deserve.

The need for reform and action is obvious. In 1971, more than 4.7 million older Americans fell below the poverty line.

TABLE 16
POVERTY THRESHOLDS (POOR AND NEAR POOR)
OLDER UNRELATED INDIVIDUALS AND FAMILIES, 1970

Location and Sex	Unrelated Individual 65 and Over		2-Person Family, Head 65 and Over	
	Poor	Near Poor	Poor	Near Poor*
TOTAL	\$1,852	\$2,315	\$2,328	\$2,910
Nonfarm	1,861	2,326	2,348	2,935
Male	1,879	2,349	2,349	2,936
Female	1,853	2,316	2,336	2,920
Farm	1,586	1,983	1,994	2,493
Male	1,597	1,996	1,996	2,495
Female	1,576	1,970	1,972	2,465

*Near Poor threshold is defined as 125 per cent of the poor threshold.

Source: Bureau of the Census, Special Committee on Aging, U.S. Senate, A Pre-White House Conference on Aging, Summary of Development and Data, Washington, 1971.

Also, the likelihood of being poor is more than twice as great for older Americans as it is for younger Americans. One out of every four aged persons is poor as compared to one out of every nine younger persons. There has been a disturbing reversal in the once encouraging trend toward reducing the number of poor among the elderly. There was a 23 per cent reduction, from 6 million to 4.6 million, in the number of poor older people from 1959 to 1968. However, that number is now on the increase, with the years 1968 to 1970 showing a jump of 100,000.

ELDERLY AFFAIRS

Thus, while most of the nation has been enjoying a rising prosperity, the aged remain a pocket of poverty with little means of helping themselves. The economic growth and industrial expansion of past decades have not solved the basic economic problems of the retired aged as they have for other groups; instead, these problems have probably been aggravated. Moreover, the financial problems faced during retirement are aggravated by long-term tendencies toward higher prices and higher wages.

Data from the 1960 Census, tabulating income by age and sex for the State, are displayed in Table 17, with Figure 4 illustrating median income in a bell-shaped curve, with the lower income appearing in the very young and the older age groups. Through the evidence in this table, it becomes apparent that a large percentage of the population 65 and over receive an income of less than \$3,000. This is a fact which is in line with the same trend evident in 1960. Although the figures may be slightly altered, the increase in dollar amount has not been great enough to overcome the inflationary factors in the economy and has, therefore, been unable to significantly increase the buying power of the elderly population. Whatever the reason, the fact remains that older people, on the average, have lower incomes than people who are middle aged.

Income: Where Does It Come From?

The income of the elderly derive from a variety of sources. As illustrated by Figure 5, on the basis of a national survey of the aged conducted in 1963, 32 per cent of their income consists of earnings; 30 per cent consists of social security benefits (OASDHI); 9 per cent consists of other public and private pension benefits; 15 per cent consists of interest, dividends, and rent; and 13 per cent consists of public assistance and miscellaneous sources. While these percentages do change in Hawaii, the national picture does provide a general picture of income sources.

Old Age Assistance

The main resource for needy aged persons lacking sufficient funds for such essentials as food, clothing, and housing is Old Age Assistance (OAA). This program, although governed by state laws receives significant input from the federal government in the form of funding, and accordingly, some say as to procedural matters in the implementation of the law. Federal participation is based on Title I of the Social Security Act, with the original intent and main thrust of the law being to aid needy old people in their own homes. In a discussion of OAA, the President's Committee on Economic Security made the following statement, "Old-age pensions are recognized for old people who are dependent upon the public for support and who do not need institutional care."³

Various amendments in the law were made over the years to allow: for vendor payments, by which the provider of service (hospital, doctor, nursing home, dentist, pharmacist, etc.) billed the responsible agency rather than the individual patient; an expansion of medical care programs and their separation from cash assistance to individuals (beginning with the Kerr-Mills amendments to the Social Security Act); and to establish Medicaid (through a 1965 amendment adding Title XIX to the Social Security Act) which extended medical care provisions to other categories of needy persons and also included limited days of care in mental and tuberculosis hospitals for people 65 and over.

Like other states, there has been little continuity to the OAA Program in Hawaii, due to the progression of amendments in the federal law. Therefore, it does not seem too important to trace in detail the extent of the program over the years from its inception in Hawaii. Suffice it to say that the program has fluctuated as changes in definition have occurred. However, Hawaii has generally had a smaller number of recipients on OAA than most other states.

OAA Recipients in Hawaii

Table 18 represents a tabulation of statistical data gathered by the Department of Social Services and Housing for the months of July 1970 through June 1971. Information on the number of OAA cases reported, average monthly cases reported, and average number of individuals served monthly (several individuals, such as dependents, may be included in a single case) are included. It also shows the total monthly expenditures on cases and the average grant per case.

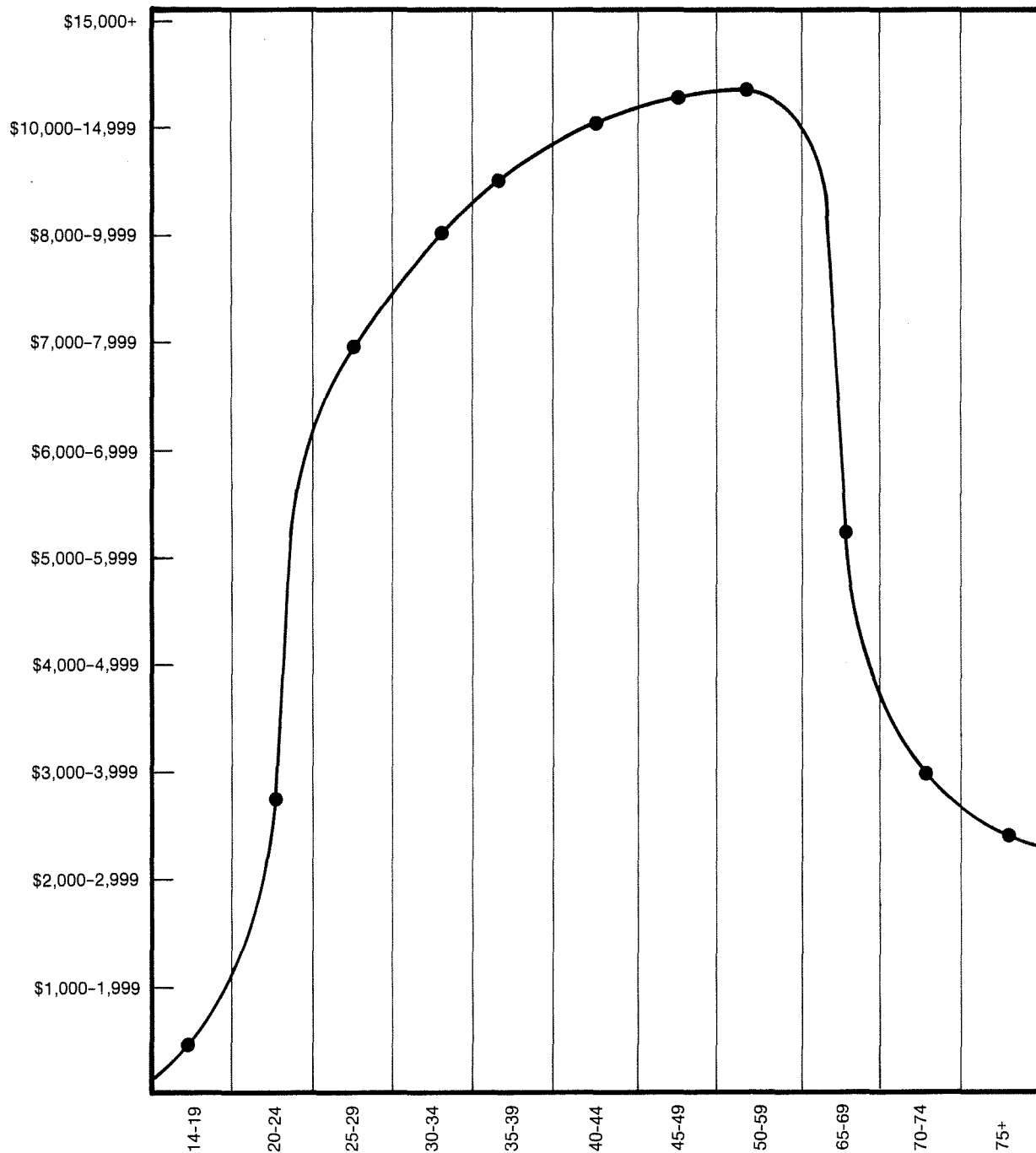
For comparative purposes, Table 19 lists the average monthly cases, average number of individuals served, average grant, and average expenditures for the years 1960-61 and 1970-71. Since 1960, there has been a substantial increase in both the number of recipients of Old Age Assistance and the average grant awarded. While there

TABLE 17
INCOME IN 1959 of PERSONS, BY AGE AND SEX FOR THE STATE OF HAWAII: 1960
(percentages in parentheses)

Age	Total	Under \$1,000	\$1,000- \$2,999	\$3,000- \$4,999	\$5,000- \$6,999	\$7,000- \$9,999	\$10,000- Over
ALL AGES 14 and Over..	314,851 (100.0)	62,027 (19.7)	92,623 (29.4)	81,169 (25.9)	44,316 (14.1)	19,810 (6.3)	14,406 (4.6)
Under 24 Years							
Male	48,285 (100.0)	13,863 (28.7)	25,667 (53.1)	6,848 (14.2)	1,445 (3.0)	339 (0.7)	123 (0.3)
Female	24,009 (100.0)	13,681 (56.8)	7,275 (30.2)	2,807 (11.6)	233 (1.0)	87 (0.1)	16 (0.3)
TOTAL	72,384 (100.0)	27,544 (38.1)	32,942 (45.5)	9,655 (13.3)	1,678 (2.3)	426 (0.6)	139 (0.2)
25-44 Years							
Male	91,261 (100.0)	1,922 (2.1)	12,815 (14.1)	33,252 (36.4)	24,628 (27.0)	11,619 (12.7)	7,025 (7.7)
Female	50,904 (100.0)	12,810 (25.2)	19,345 (38.0)	13,972 (27.4)	3,746 (7.4)	606 (1.4)	325 (0.6)
TOTAL	142,165 (100.0)	14,732 (10.4)	32,160 (22.6)	47,224 (33.2)	28,374 (19.9)	12,325 (8.7)	7,350 (5.2)
45-64 Years							
Male	54,512 (100.0)	3,147 (5.8)	10,794 (19.8)	18,455 (33.9)	10,548 (19.3)	5,789 (10.6)	5,779 (10.6)
Female	23,905 (100.0)	6,631 (27.7)	8,678 (36.3)	4,361 (18.2)	2,882 (12.1)	858 (3.6)	495 (2.1)
TOTAL	73,417 (100.0)	9,778 (12.5)	19,472 (24.8)	22,816 (29.1)	13,430 (17.1)	6,647 (8.5)	6,274 (8.0)
65 Years and Over							
Male	13,480 (100.0)	4,555 (33.8)	6,051 (44.9)	1,465 (10.9)	584 (4.3)	324 (2.4)	501 (3.7)
Female	8,405 (100.0)	5,418 (64.5)	1,998 (23.8)	509 (6.0)	250 (3.0)	88 (1.0)	142 (1.7)
TOTAL	21,885 (100.0)	9,973 (45.6)	8,049 (36.8)	1,974 (9.0)	834 (3.8)	412 (1.9)	643 (2.9)

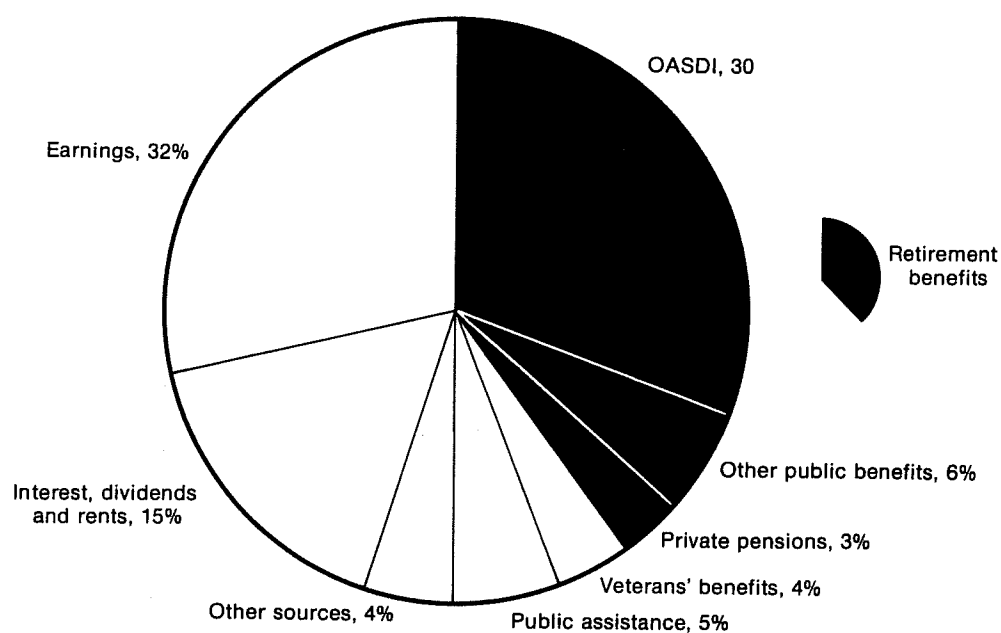
Source: U.S. Bureau of the Census, *U.S. Census of Population: 1960: Detailed Characteristics Hawaii Final Report PL (1)-13D*, Washington, D.C., U.S. Government Printing Office, 1963.

Figure 4
MEDIAN INCOME CURVE



Source: 1970 Census Data, Detailed Characteristics, Table 193. Information based on Median Income by age.

Figure 5
SHARES OF AGGREGATE MONEY INCOME OF PERSONS 65 AND
OVER,¹ BY SOURCE, UNITED STATES



¹Including their spouses.

Source: Matilda White Riley and Anne Foner, *Aging and Society, Vol. I: An Inventory of Research Findings* (New York: Russell Sage Foundation, 1968). Hereinafter cited as: Riley and Foner, *Aging and Society, Vol. I*.

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have been many independent factors accounting for the upward trend, two factors which have had an impact on this program are:

- (1) Changing economic patterns; and
- (2) Social legislation, especially the Social Security Act and amendments, which have liberalized provisions and increased coverage and benefits.

A further examination of Table 19, however, reveals that while the percentage of aged persons in the total population is still on the increase, the percentage of aged persons served by the program has remained at approximately 6 per cent of the aged population. Average OAA grants have increased from \$61.26 in 1960 to \$96.26 in 1970. Rising costs have, at times, been attributed to the following:

- (1) Raising subsistence standard allowance to a minimum standard of living compatible with decency and health;
- (2) Increasing ratio of those needing costly nursing and personal home care;
- (3) Increasing cost of specialized care, such as convalescent, nursing and/or personal care;
- (4) Rising cost of living; and
- (5) Gradual depletion of savings and other economic resources of those needy aged assisted for a long period of time.⁴

TABLE 18
OLD AGE ASSISTANCE: NUMBER OF CASES, EXPENDITURES
FOR ASSISTANCE, AND AVERAGE PAYMENTS, JULY 1970-JUNE 1971

Month and Year	Cases	Expenditures	Average Grant
July 1970	2,268	\$ 214,669	\$94.65
August 1970.....	2,295	221,217	96.39
September 1970.....	2,324	219,990	94.66
October 1970	2,351	230,432	98.01
November 1970	2,357	222,607	94.45
December 1970	2,391	229,442	95.96
January 1971	2,390	230,003	96.24
February 1971	2,403	232,307	96.60
March 1971	2,448	236,016	96.41
April 1971	2,475	242,948	98.16
May 1971	2,502	242,761	97.03
June 1971	2,503	241,002	96.29
TOTAL 1970-71	28,707	\$2,763,394	\$96.26
Average Monthly Cases—2,392			
Average Monthly Individuals—2,632			

Source: Data provided by the Department of Social Services and Housing.

TABLE 19
CASES, EXPENDITURES AND AVERAGE GRANTS UNDER OAA—HAWAII

	1970-71	1960-61
Average monthly cases.....	2,392	1,458
Average monthly individuals	2,632	1,608
Population 65 and over	44,116	29,162
Aged population as percentage of total	6%	5%
Expenditures	\$2,763,394	\$1,072,461
Average grant	\$96.26	\$61.26

Source: Data provided by the Department of Social Services and Housing: *State of Hawaii Data Book 1972, A Statistical Abstract*, Department of Planning and Economic Development, and *Characteristics of Recipients Receiving Old Age Assistance*, Hawaii, September 1960, Department of Social Services and Housing.

ECONOMIC NEEDS

Hawaii's OAA Program Compared With Other States

The Social and Rehabilitation Service in the Department of Health, Education and Welfare periodically issues tables showing the comparative extent of each of the assistance programs among the states. They use various standard indices which appear to give the clearest comparative data available. These include: the number of recipients of monthly cash benefits, a ranking of states according to the amount expended per capita for OAA, average OAA payments, and per capita personal income. For ease of reference, this data will be presented in a series of tables showing various comparisons among the states.

Hawaii's ranking in the various areas relating to their Old Age Assistance program may be described as follows:

- (1) Table 20: In February 1970, there were 50 out of every 1,000 persons in the population 65 and over receiving OAA. Among the states, this put Hawaii into a ranking of 37 out of 51 (District of Columbia is also ranked). The national average is 104 recipients for every 1,000 persons in the aged population.

Those receiving both OAA and OASDHI numbered 32 out of 1,000, as compared to 63 out of 1,000 nationally. Hawaii's ranking among the states in this category was 30.5. When OASDHI recipients are considered alone, Hawaii ranks 18th among the states with a recipient rate of 877 per 1,000 as compared to 855 nationally.

- (2) Table 21: Hawaii spent \$3.10 per capita for OAA and ranks 42nd among the states in expenditures.

- (3) Table 22: Under OAA, where amounts of payments to old age recipients are within the discretion of the state government, old age recipients in Hawaii receive fairly high payments. The exact amount depends upon a recipient's need for food, clothing, and rent set against an officially designated scale, as well as upon his own means and those of his children. The average payment to Hawaii recipients was \$96.25 in 1970, as compared to \$77.30 nationally. Hawaii ranked tenth among the states and New Hampshire was first with an average payment of \$168.10.

Reasons for OAA Limitations

Table 23 indicates that Hawaii ranks high, occupying seventh place, in average per capita income among the states. Therefore, one explanation for the small proportion of the aged receiving OAA payments has been that because of the high per capita income, there are proportionately fewer poor persons in the older population. However, if this theory were valid, presumably all states with a higher average per capita income would have a lower recipient rate than Hawaii. Among the first ten states listed in Table 23, only half have a lower recipient rate.

Another possibility is that the number of people needing OAA is low because many persons are covered under Social Security. There may be some validity to this argument, but while it is undoubtedly an influencing factor, it is not the only answer.

Still another explanation has been that the State OAA Program has been a conservative one, not only because few qualify for assistance, due in part to the rigorous criteria for eligibility, but also because benefit amounts are fairly low.

Finally, because of Hawaii's special ethnic considerations, it has been suggested that the Oriental family influence is exhibited in this situation, for a family would lose face if an aged parent were to accept public assistance. Although this explanation seems to appeal to both government bureaucrats and some of the aged population, it cannot be accepted here without further proof, especially since a significant proportion of OAA recipients are Oriental or Filipino.

Social Security

Social Security (OASDHI) has poured millions of dollars into the pockets of the aged and disabled since its inception. It has indeed been a source of security to many families and individuals who might otherwise be in even more depressing circumstances. For an indication of the extent of Social Security services in the United States refer to Table 24. Also, in referring back to Table 22, it is apparent that the average monthly OASDHI Retirement Insurance Benefit is approximately \$115.97. This payment gives Hawaii a ranking of 23rd among the states in average payments. Table 25 reveals that an estimated 877 of every 1,000 people aged 65 and over receive OASDHI cash benefits, a far greater number than those receiving OAA help. It might also be noted that many older persons receive benefits under phases of the program other than retirement insurance, mainly, spouses of retirees, aged widows and widowers, and special 72 and older beneficiaries.

TABLE 20
NUMBER OF RECIPIENTS AGE 65 AND OVER RECEIVING MONTHLY CASH BENEFITS
UNDER OAA, OASDHI, OR BOTH, BY STATE, FEBRUARY 1970

State	Number ^a per 1,000 Receiving OAA Total		Number per ^a 1,000 Receiving Both OAA and OASDHI		Number per 1,000 ^a Receiving OASDHI Total		OAA Recipient Also ^b Receiving OASDHI, as Per- cent of OASDHI Beneficiaries 65+	
	Rate	Rank	Rate	Rank	Rate	Rank	Percentage	Rank
United States.....	104	—	63	—	855	—	7.4	—
Louisiana.....	409	1	249	1	757	49	32.9	1
Alabama.....	351	2	205	2	794	46	25.8	2
Mississippi.....	334	3	195	3	788	48	24.8	3
Georgia.....	260	4	148	4.5	789	47	18.8	5
Oklahoma.....	258	5	145	7	810	44	17.9	7
Arkansas.....	250	6	123	9	830	39	14.8	9
Texas.....	244	7	146	6	806	45	18.1	6
Alaska.....	227	8	148	4.5	700	51	21.1	4
Kentucky.....	194	9	114	10.5	829	40	13.7	11
Colorado.....	187	10	114	10.5	832	38	13.8	10
California.....	183	11	140	8	865	25	16.2	8
Missouri.....	166	12	107	12	826	42	13.0	12
Tennessee.....	141	13	67	14	834	37	8.0	14
New Mexico.....	135	14	57	18	812	43	7.0	18
Nevada.....	121	15	81	13	868	23.5	9.4	13
South Carolina.....	102	16	27	36.5	844	34.5	3.2	36
Arizona.....	94	17.5	54	19	902	4	6.0	19
North Carolina.....	94	17.5	41	24	864	26	4.7	23.5
Maine.....	91	19	63	15.5	908	2.5	7.2	16.5
Vermont.....	87	20	63	15.5	827	41	7.7	15
Massachusetts.....	80	21	60	17	838	36	7.2	16.5
Florida.....	75	22	47	21	901	5	5.2	21
Washington.....	74	23	50	20	891	9	5.6	20
Iowa.....	68	24	45	22	883	13.5	5.1	22
West Virginia.....	65	25	23	40.5	852	31	2.7	39.5
North Dakota.....	60	26	35	26.5	889	10.5	3.9	27.5
Ohio.....	58	27	23	29	846	33	3.9	27.5
New Hampshire.....	55	28.5	42	23	875	19	4.7	23.5
South Dakota.....	55	28.5	29	35	892	8	3.3	34.5
Minnesota.....	54	30.5	32	30.5	868	23.5	3.6	30.5
Wyoming.....	54	30.5	35	26.5	853	30	4.1	26
Montana.....	53	32.5	27	36.5	882	15	3.0	37.5
Kansas.....	53	32.5	26	38	856	27.5	3.0	37.5
Idaho.....	52	34	34	28	900	6	3.8	29
Delaware.....	50	35.5	38	25	870	22	4.3	25
Hawaii.....	50	35.5	32	30.5	877	18	3.6	30.5
Michigan.....	50	35.5	30	33.5	898	7	3.3	34.5
Utah.....	48	38	19	45.5	873	20.5	2.1	46.5
New York.....	47	39	30	33.5	854	29	3.5	32.5
Nebraska.....	45	40	19	45.5	878	16.5	2.2	45
Dist. of Columbia.....	42	41	21	43	752	50	2.7	39.5
Wisconsin.....	40	42	24	39	908	2.5	2.6	41.5
Pennsylvania.....	38	43.5	20	44	873	20.5	2.3	44
Rhode Island.....	38	43.5	31	32	889	10.5	3.5	32.5
Illinois.....	35	45	18	47	844	34.5	2.1	46.5
Indiana.....	34	46.5	23	40.5	888	12	2.6	41.5
Oregon.....	34	46.5	23	40.5	917	1	2.5	43
Virginia.....	34	46.5	15	49	856	27.5	1.7	49.5
Maryland.....	29	49	12	51	848	32	1.5	51
Connecticut.....	28	50	17	48	883	13.5	1.9	48
New Jersey.....	24	51	14	50	878	16.5	1.7	49.5

Source:

a) Department of Health, Education, and Welfare, Social and Rehabilitation Service, National Center for Social Statistics, Public Assistance—*Annual Statistical Data, Calendar Year of 1969*, p. 9.

b) Department of Health, Education, and Welfare, Social Security Administration, *Social Security Bulletin*, February 1971, p. 33.

TABLE 21
RANK OF STATES ACCORDING TO AMOUNT EXPENDED
PER CAPITA FOR O.A.A., FISCAL YEAR 1970

	Amount Expended Per Capita	Rank According to Expenditure
U.S.	\$ 8.85	
State		
Louisiana	26.95	1
Alabama	25.60	2
Oklahoma	24.45	3
Arkansas	20.95	4
California	20.85	5
Missouri	18.05	6
Mississippi	18.00	7
Texas	15.55	8
Colorado	14.20	9
Kentucky	12.85	10
Georgia	12.20	11
Iowa	11.10	12
Massachusetts	10.00	13
Vermont	8.75	14
New Hampshire	8.45	15
Tennessee	8.25	16
Maine	7.75	17
New York	6.45	18
North Dakota	6.20	19.5
West Virginia	6.20	19.5
Arizona	6.10	21.5
New Mexico	6.10	21.5
Florida	6.00	23
North Carolina	5.90	24
Kansas	5.85	25
Alaska	5.80	26
Nevada	5.55	27
Washington	5.50	28
Minnesota	4.95	29
South Dakota	4.65	30
Pennsylvania	4.60	31
Wisconsin	4.50	32
South Carolina	4.25	33
Montana	4.05	34
District of Columbia	3.90	35
Ohio	3.80	36
Idaho	3.75	37
Michigan	3.70	38.5
Nebraska	3.70	38.5
Wyoming	3.65	40
Delaware	3.40	41
Hawaii	3.10	42
Connecticut	3.00	43.5
Illinois	3.00	43.5
Oregon	2.70	45
Rhode Island	2.45	46
Utah	2.15	47
New Jersey	2.05	48
Indiana	1.95	49
Virginia	1.90	50
Maryland	1.65	51

Source: U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, National Center for Social Statistics, *Public Assistance Statistics*, January 1971.

TABLE 22

RANK OF STATES BY AVERAGE OAA PAYMENT IN JANUARY 1971 AND BY AVERAGE MONTHLY OASDHI RETIREMENT INSURANCE BENEFIT IN CURRENT PAYMENT STATUS AS OF JUNE 30, 1970

	Average OAA Payment		Average OASDHI Benefit	
	Amount	Rank	Amount	Rank
United States	\$ 77.30	—	\$113.77	—
State				
New Hampshire	168.10	1	118.76	18
Alaska	137.00 ^a	2	113.43	31
Iowa	123.90	3	111.55	34
California	115.35	4	119.75	14
Wisconsin	109.95	5	120.73	11
Pennsylvania	103.20	6	124.38	5
Connecticut	101.75	7.5	130.63	1
New York	101.75	7.5	127.33	4
Massachusetts	98.30	9	122.66	8
Hawaii	96.25^a	10	115.97	23
North Dakota	90.75 ^a	11	108.89	36
District of Columbia	88.10	12	107.09	40
New Jersey	78.40	13	128.33	3
Michigan	77.90	14	128.58	2
Louisiana	77.75	15	103.12	44
Vermont	76.35 ^a	16	113.59	29
Missouri	76.10	17	112.67	32.5
Colorado	75.80	18	114.13	26
Delaware	74.05	19	120.44	12
Arizona	73.10	20	119.19	17
Nevada	73.05	21	116.71	21
Alabama	70.50	22	96.70	49.5
Oklahoma	68.80 ^a	23	107.64	39
Virginia	68.40	24	106.26	41
West Virginia	68.25	25	113.48	30
Washington	67.70	26	121.25	10
South Dakota	67.05	27	108.81	37
Montana	66.75	28	116.27	22
Minnesota	66.10	29	114.07	27
North Carolina	66.00 ^a	30	101.43	45
Illinois	65.50 ^a	31	124.05	6
Kansas	65.25 ^a	32	114.19	25
Arkansas	64.75 ^a	33	96.70	49.5
Idaho	62.95	34	114.02	28
Maryland	62.90 ^a	35	117.22	20
Texas	62.55	36	105.70	42
Maine	61.10 ^a	37	110.43	35
Ohio	60.55	38	122.82	7
Nebraska	60.20 ^a	39	112.67	32.5
Wyoming	59.40	40	114.75	24
Oregon	57.95	41	119.41	16
Kentucky	57.30 ^a	42	103.36	43
Florida	56.90 ^a	43	117.67	19
New Mexico	56.20 ^a	44	107.92	38
Rhode Island	56.15 ^a	45	120.02	13
Indiana	55.45	46	121.49	9
Utah	54.20	47	119.47	15
Georgia	52.55 ^a	48	99.62	47
Tennessee	50.60	49	99.45	48
Mississippi	49.90	50	90.21	51
South Carolina	48.55	51	100.15	46

^aCovers aid to the aged under consolidated program for aid to the aged, blind and disabled.

Source: U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, National Center for Social Statistics, *Public Assistance Statistics*, January 1971, p. 14; and Social Security Administration, "Monthly Benefits in Current Payment Status as of 6/30/70; Percentage Distribution of Old Age Beneficiaries by State."

TABLE 23
STATES RANKED BY PER CAPITA PERSONAL INCOME IN 1970^a

State	Per Capita Income	Rank
United States	\$3,910	—
District of Columbia	5,519	1
Connecticut	4,807	2
New York	4,797	3
Alaska	4,676	4
Nevada	4,544	5
New Jersey	4,539	6
Hawaii	4,530	7
Illinois	4,516	8
California	4,469	9
Massachusetts	4,294	10
Maryland	4,247	11
Delaware	4,233	12
Michigan	4,043	13
Washington	3,993	14
Ohio	3,983	15
Rhode Island	3,920	16
Pennsylvania	3,893	17
Kansas	3,804	18
Minnesota	3,793	19
Indiana	3,773	20
Colorado	3,751	21
Wisconsin	3,722	22
Iowa	3,714	23
Nebraska	3,700	24.5
Oregon	3,700	24.5
Missouri	3,659	26
New Hampshire	3,608	27
Virginia	3,586	28
Florida	3,584	29
Arizona	3,542	30
Texas	3,515	31
Vermont	3,491	32
Wyoming	3,420	33
Montana	3,381	34
Georgia	3,277	35
Oklahoma	3,269	36
Maine	3,243	37
Utah	3,210	38
Idaho	3,206	39
North Carolina	3,188	40
South Dakota	3,182	41
Louisiana	3,065	42
Kentucky	3,060	43
Tennessee	3,051	44
New Mexico	3,044	45
North Dakota	2,937	46
West Virginia	2,929	47
South Carolina	2,908	48
Alabama	2,828	49
Arkansas	2,742	50
Mississippi	2,561	51

^aPreliminary figures

Source: Department of Commerce, Office of Business Economics, *Survey of Current Business*, April 1971, p. 21.

TABLE 24
SOCIAL SECURITY BENEFITS, U.S.

	Coverage	Source of Funds	Qualifying Conditions
OLD AGE, INVALIDITY, DEATH First and current law: 1935 (last amended in 1969). <i>Social insurance system</i>	Gainfully occupied persons, including self-employed persons. Exclusions: Casual agricultural and domestic employment; and limited self-employment (when annual net income below \$400). Voluntary coverage for employees of nonprofit institutions, most State and local governments, and some clergymen. Applies in U.S., Puerto Rico, Virgin Islands, Guam, and Samoa, and to citizens employed abroad by U.S. employers. Special systems for railroad employees, Federal employees, and many employees of State and local governments.	Insured person: 4.6% of earnings in 1971; 5% in 1973 and after. Self-employed, 6.9% in 1971; 7% in 1973 and after. Employer: 4.6% of payroll in 1971; 5% in 1973 and after. Government: Cost of special monthly old-age benefit for persons age 72 before 1968. Maximum earnings for contribution and benefit purposes: \$7,800 a year. (Amounts equivalent to 1.1% of reported wages and 0.825% of reported self-employment income set aside for invalidity benefits; remainder of contributions for old-age and survivor benefits.)	Old-age pension: Age 65 (age 62-65 with reduction). Insured: at least 1 quarter of coverage (QC) for each year since 1950 to age 65 (men), age 62 (women); maximum, 40 quarters. Pension reduced for earnings above specified amount until age 72. Paid to aliens abroad if reciprocity. Invalidity pension: Incapacity for substantial gainful activity if impairment incurable or 1-year prognosis. Insured: 1 QC for each year since 1950 (since age 21, if less); and 20 QC in last 40 quarters. Under age 31, if half of quarters since age 21 are QC (minimum 6 QC). Survivor pension: Deceased was pensioner, or had 6 QC in last 13 quarters, 1 QC for each year since 1950 (since age 21, if less) or 40 QC (widowed mother and orphans); 1 QC for each year since 1950 (since age 21, if less), or 40 QC (aged widow, dependent widower, and parent).
SICKNESS AND MATERNITY First and current laws: Medical benefits: 1965 (health insurance for aged). Cash benefits: Five State laws—Rhode Island (1942), California (1946), New Jersey (1948), New York (1949), and Hawaii (1969)—and Puerto Rico (1968). <i>Social insurance systems</i>	Medical benefits: <i>Hospitalization</i> , all pensioners age 65 and over, and certain others who qualify at age 65. <i>Other medical services</i> , voluntary insurance for all residents age 65 and over. (Alien nonpensioners covered only if permanent residents for 5 years.) Cash benefits: Employees in industry and commerce in 6 jurisdictions. Agricultural workers in California, Hawaii and Puerto Rico. Self-employed in California may elect. Contracting-out allowed, except in Rhode Island. (No program in other 45 States.) Special national systems for Federal employees (medical benefits), and railroad employees (cash benefits); and Federal-State system for medically indigent (medical benefits).	Insured person: Hospitalization, 0.6% of earnings, rising by steps after 1972 to 0.9% in 1987 (pensioners, none). Other medical services, pensioners \$5.30 a month. Cash benefits, 0.5-1.0% of payroll according to State (weekly maximum is \$0.30 in New York, \$0.75 in Puerto Rico). Employer: Hospitalization, 0.6% of payroll, rising by steps after 1972 to 0.9% in 1987. Other medical services, none. Cash benefits, variable contributions in Hawaii, New Jersey, New York, and Puerto Rico. Government: Cost of hospitalization benefits for nonpensioners, and \$5.30 a month per person voluntarily insured for other medical services. Maximum earnings for contribution purposes: \$7,800 a year (hospitalization), and \$3,600-7,800 a year (cash benefits).	Hospitalization: Age 65, and in covered category. Other medical services: Age 65, election of coverage, and payment of required contributions. Cash benefits: Flat amount of insured wages in last year (\$150-\$400), specific weeks of employment in last year (4-20), or combination of conditions.
WORK INJURY First laws: 1908 (Federal employees) and 1911 (ten State laws). Current laws: 50 State laws, Puerto Rico law, and 4 Federal laws: Federal employees, longshoremen and harbor workers, private employees in District of Columbia, and coal miners (pneumoconiosis); 45 of these laws first enacted during 1911-20. <i>Compulsory or elective insurance with public or private carrier (according to State)</i>	Employees in industry and commerce generally, and most public employees. Common exclusions: Agricultural employees (3/5 of States); domestic servants (5/6 of States); casual employees (3/5 of States); employees of firms with 1-14 employees (1/2 of States); and employees in nonhazardous occupations (1/4 of States). Coverage compulsory in 3/5 of States, elective in others.	Insured person: Nominal contributions in a few States. Employer: Whole cost in most States, and most of cost in others, through insurance premiums varying with risk or self-insurance. Average cost, about 1% of payroll. Pneumoconiosis benefits after 1972. Government: None, except for own employees. Whole cost of pneumoconiosis before 1973.	Work-injury benefits: No minimum qualifying period.
UNEMPLOYMENT Federal law: 1935 (provides tax on employers, with offset for contributions paid to approved State programs; grants to States for administration; and minimum administrative standards). State laws: All 50 States, Puerto Rico, and District of Columbia have separate laws creating own programs; State laws first enacted between 1932 and 1937. <i>Compulsory insurance systems</i>	Federal law: Employees of firms in industry and commerce with 4 or more workers during 20 weeks in a year. State programs: Employees covered by Federal law; half of States also cover employees of firms with 1-3 workers. Common exclusions: Agricultural employees, domestic servants, employees of nonprofit institutions, State and local government employees (1/3 of States), casual employees, family labor, and self-employed. Special Federal programs for railroad employees, Federal employees, and ex-servicemen.	Insured person: None (except in Alabama, Alaska, and New Jersey). Employer: Federal tax, 0.5% of payroll (3.2% basic rate less 2.7% offset for State contributions). State programs, basic rate of 2.7% of payroll, with actual rates varying from 0.3%-2.9% according to individual employer's unemployment experience; average rate, about 1.5%. Government: Federal government pays for administration of State programs from above Federal tax (balance used for loans to States or returned to them). Maximum earnings for contribution and benefit purposes: \$3,000 a year under Federal tax and 28 State programs; higher in other States.	Unemployment benefits: About 3/4 of States require minimum earnings in preceding base year equal to specified multiple of weekly benefit or high-quarter wages, or to specified total amount. About 1/4 require a specified number of weeks of employment (e.g., 14-20 weeks). Ability to work, availability and readiness for work, and registration. Unemployment not due to voluntary leaving, misconduct, labor dispute, or refusal of suitable offer (length of disqualification varies among States).

**Cash Benefits for Insured Workers
(except permanent disability)**

Old-age pension: Approximately 81.83% of first \$110 of average monthly earnings after 1950 (excluding 5 lowest years), plus 29.76% of next \$290, plus 27.81% of next \$150, plus 32.69% of next \$100. Minimum monthly pension \$64; maximum, \$250.70.

Dependents' supplements: See same under invalidity pension. Maximum total pension: See same under invalidity pension.

Special monthly benefit: \$46 plus \$23 for wife if eligible. (A) If person attains 72 before 1968; or (B) worker attains 72 after 1967 (wife age 72 before 1969), and has 3 QC for each year after 1966 and before age 72. In case of (A), benefit not payable outside continental U.S.; reduced for other government pension, and eliminated when on public assistance.

(Old-age assistance payable to needy aged under Federal-State program.)

Sickness benefit: 50% of earnings (New York), 55% (Rhode Island and Hawaii), 66-2/3% (New Jersey). Variable proportion of quarterly or annual earnings (California and Puerto Rico). Supplement of \$3 a week per child up to 4 children payable in Rhode Island only. Maximum benefit, \$71-87 a week.

Payable after 7-day waiting period (none in California when hospitalized), for up to 26 weeks. None in Puerto Rico if hospitalized within first 7 days.

Maternity benefit: 66-2/3% of earnings, for up to 4 weeks before and 4 weeks after confinement (New Jersey), \$250 lump sum in Rhode Island.

Temporary disability benefit (work injury): 60-66-2/3% of earnings, in most States. About 1/3 of States also provide supplements for dependents.

Maximum benefit: \$40-150 a week, according to State; about 3/5 of States have maximum of \$60 a week or more.

Payable after 7-day waiting period in majority of States, and after 2-5 days in most others. Benefits paid retroactively if injury lasts a specified period, usually 3 or 4 weeks.

Unemployment benefit: About 50% of earnings, according to diverse State formulas. Minimum weekly benefit \$3-25 (3/5 of States at \$12 or more), and maximum benefit \$40-86 (1/2 of States at \$57 or more), according to State. Average benefit, \$50 a week.

Dependents' supplements: About 1/5 of States provide \$1-17 a week per child and sometimes for other dependents.

Payable after 1-week waiting period in most States, for up to 26-36 weeks according to State (20-52 weeks in Puerto Rico). Federal law provides for additional 13 weeks in cases of chronic high unemployment.

(Assistance available to some needy unemployed exhausting benefit rights.)

**Permanent Disability and Medical
Benefits for Insured Workers**

Invalidity pension: Same as old-age pension.

Dependents' supplements: 50% of worker's pension paid to wife or dependent husband age 65 (62-65 with reduction), or to wife caring for child; to each child under 18 (22 if student, no age limit if invalid before 18).

Maximum total pension: \$434.40 a month (or, if less, 80% of first \$436 of average monthly earnings, plus 40% of next \$214, but not less than 1-1/2 times worker's pension).

(Assistance payable to needy disabled and blind persons under Federal-State programs.)

Medical Benefits: Services furnished by providers paid directly by carriers, or refunds to patients by carriers of part of medical expenses.

Hospitalization: 90 days inpatient care for each illness (patient pays first \$60, and \$15 daily after 60 days), plus 60-day life-time reserve (patient pays \$30 per day); posthospital nursing-home care for additional 100 days (patient pays \$7.50 daily after 20 days); laboratory and X-ray services for inpatients; and 100 posthospital home health services.

Other medical services: Same as for dependents.

(Medical services provided to medically indigent persons of any age under Federal-State assistance programs.)

Permanent disability pension (work injury): 60-66-2/3% of earnings in most States, if totally disabled. Pneumoconiosis: \$144 monthly, plus up to 100% supplement for 3 or more dependents.

Constant-attendance and dependents' supplements provided in some States.

Maximum pension: \$40-150 a week, according to State (\$60 or more in 1/2 of States).

Payable for life or throughout disability in over 3/5 of States, but only for 330-1,560 weeks or up to \$12,500-45,000 in rest.

Partial disability: Proportionate to wage loss, or full rate for fewer weeks in case of scheduled injuries.

Medical benefits (work injury): Medical care provided as long as required in 4/5 of States, and a specified period or up to a maximum cost in others.

**Survivor Benefits and Medical
Benefits for Dependents**

Widow's pension: 82.5% of basic pension of insured if age 62, reduced age 50-62 if disabled (50% at age 50), incl. dependent widowers; reduced age 60-62, if not disabled; 75% if under 62 and caring for child.

Orphans' pensions: 75% of basic pension for each orphan under 18 (22 if student, no age limit if invalid before 18).

Dependent parent: 82.5% of pension if age 62, or 150% for 2 eligible parents.

Maximum survivor pensions: see "Maximum total pension" under "Invalidity pension."

Funeral grant: 3 months' basic pension of insured. Maximum \$255.

Special monthly widow's benefit: \$46 if she attains 72 before 1969 (if worker died after 8/65 with required QC, or before 9/65 with required QC, depending on widow's birth date and worker's birth and death date).

(Assistance payable to needy orphans, and relatives with whom living, under Federal-State programs.)

Medical benefits for dependents: (Available if age 65 and satisfy other qualifying requirements).

Hospitalization: Same as for insured worker.

Other medical services: Payment for 80% of reasonable charges above \$50 a year for doctor's services and outpatient diagnostic services, up to 100 home health services a year, laboratory services, appliances, and transport.

Survivor pensions (work injury): 35-66-2/3% of earnings of insured for widow in most States; 60-80% for widow plus children.

Pneumoconiosis: Widow \$144 monthly with supplement for children.

Maximum weekly pension: In most States \$35-91 for widow only; in 1/2 of States higher for widow plus children (\$40-153). Payable for 250-600 weeks or up to specified amount under about 2/3 of laws.

Other eligible survivors (some laws only): Dependent parents, brothers and sisters.

Funeral grant: Lump sum of \$300 to \$1,250, according to State (1/2 pay \$750 or more).

Administrative Organization

Department of Health, Education, and Welfare, general supervision.

Social Security Administration, in Department, administration of benefits through regional payment centers, district offices, and branch offices.

Treasury Department, collection of contributions through its Internal Revenue Service, payment of benefits, and management of reserves.

Medical benefits: Department of Health, Education, and Welfare, general supervision.

Social Security Administration, in Department, national administration of program in cooperation with Public Health Service, also in Department, and State health departments.

Private carriers and public agencies, serving under contracts as intermediary administrative agents, determine and make payments to providers of services or to patients. Includes non-profit Blue Cross and Blue Shield plans, commercial insurance companies, and group practice prepayment plans.

Cash benefits: State employment security agencies except in New York (workmen's compensation agency) and Hawaii (Labor Department).

State workmen's compensation agencies, administration of program in about 1/2 of States. State Departments of Labor in about 2/5 of them, and courts in 5 States.

Pneumoconiosis: Federal Government before 1973; States after 1972.

Governmental workmen's compensation funds exist in about 2/5 of States.

Employers must insure with State fund in 6 States; may insure with State fund or private carrier, or self-insure, in 12 States; and may insure with private carrier or self-insure in remainder.

Department of Labor, administration of program nationally through its Manpower Administration, Unemployment Insurance Service.

State employment security agencies, administration of individual State programs through their local employment offices. Agencies are either within a department of State government, or an independent department, board, or commission.

TABLE 25
POPULATION AGED 65 AND OVER RECEIVING OASDHI CASH BENEFITS, OAA PAYMENTS,
OR BOTH, FEBRUARY 1940-70, AND RANK, BY STATE, 1970

Year and State	Aged population ¹ receiving—					
	OASDHI		OAA		Both OASDHI and OAA, number per 1,000	OASDHI or OAA or both, number per 1,000
	Number per 1,000	State rank	Number per 1,000	State rank		
1940 ²	7	—	217	—	—	—
1945 ²	62	—	194	—	—	—
1950	164	—	224	—	22	366
1955	394	—	179	—	34	539
1960	616	—	141	—	41	716
1965	752	—	117	—	52	817
1966	770	—	113	—	55	828
1967	826	—	110	—	58	877
1968 ³	837	—	105	—	60	882
1969	849	—	104	—	61	893
1970	855	—	104	—	63	896
Alabama	794	47	351	2	205	940
Alaska	700	52	227	8	148	780
Arizona	902	3	94	18	54	942
Arkansas	830	39	250	6	123	957
California	865	25	183	11	140	908
Colorado	832	38	187	10	114	905
Connecticut	883	12	28	51	17	894
Delaware	870	22	50	36	38	883
District of Columbia	752	51	42	42	21	774
Florida	901	4	75	23	47	929
Georgia	789	48	260	4	148	901
Hawaii	877	18	50	37	32	896
Idaho	900	5	52	35	34	918
Illinois	844	34	35	46	18	861
Indiana	888	11	34	47	23	898
Iowa	883	13	68	25	45	906
Kansas	856	27	53	33	26	884
Kentucky	829	40	194	9	114	910
Louisiana	757	50	409	1	249	917
Maine	880	15	91	20	63	908
Maryland	848	32	29	50	12	865
Massachusetts	838	36	80	22	60	857
Michigan	898	6	50	38	30	919
Minnesota	868	23	54	31	32	890
Mississippi	788	49	334	3	195	926
Missouri	826	42	166	12	107	886
Montana	882	14	53	34	27	909
Nebraska	878	16	45	41	19	903
Nevada	868	24	121	16	81	908
New Hampshire	875	19	55	29	42	888
New Jersey	878	17	24	52	14	887
New Mexico	812	43	135	15	57	890
New York	854	29	47	40	30	871
North Carolina	864	26	94	19	41	917
North Dakota	889	9	60	27	35	914
Ohio	846	33	58	28	33	871
Oklahoma	810	44	258	5	145	924
Oregon	917	1	34	48	23	929

ECONOMIC NEEDS

TABLE 25 (Continued)

POPULATION AGED 65 AND OVER RECEIVING OASDHI CASH BENEFITS, OAA PAYMENTS, OR BOTH, FEBRUARY 1940-70, AND RANK, BY STATE, 1970

Year and State	Aged population ¹ receiving—					
	OASDHI		OAA		Both OASDHI and OAA, number per 1,000	OASDHI or OAA or both, number per 1,000
	Number per 1,000	State rank	Number per 1,000	State rank		
Pennsylvania	873	20	38	44	20	891
Rhode Island	889	10	38	45	31	896
South Carolina	844	35	102	17	27	919
South Dakota	892	7	55	30	29	918
Tennessee	834	37	141	13	67	909
Texas	806	45	244	7	146	904
Utah	873	21	48	39	19	903
Vermont	827	41	87	21	63	851
Virginia	856	28	34	49	15	875
Washington	891	8	74	24	50	916
West Virginia	852	31	65	26	23	894
Wisconsin	908	2	40	43	24	923
Wyoming	853	30	54	32	37	872
Other area:						
Puerto Rico	796	46	136	14	(⁴)	931

¹Population data, on which ratio is based, furnished by Bureau of the Census. Data not adjusted for errors of coverage and of age misreporting.

²June data. Data not available on population receiving both OASDHI and OAA (concurrent payments).

³Data estimated as of May.

⁴Less than 0.5.

Source: U.S. Dept. of Health, Education, and Welfare, Social Security Administration, *Social Security Bulletin, Annual Statistical Supplement, 1970*.

Because of recent Congressional action, October 1, 1972 saw the beginning of a 20 per cent across-the-board hike in Social Security benefits, amounting to approximately \$660 million in cash. For the retired couple receiving the average Social Security benefit, this means a monthly check of \$271. For the average retired individual with no dependents, it means a check of \$156. For an individual retiring at 65 in 1972, it means a new maximum payment of \$259.40; and for a couple it means a maximum of \$389.10.

One complaint that has come up among the aged receiving welfare and other government assistance has been that the Social Security increase has resulted in a corresponding reduction in old age assistance or welfare grants, leaving these recipients no better off, from the standpoint of his total income, than he had been before the Social Security increase. Some consideration must be given to this problem in the light of future increases. Perhaps, the answer is to expand upon the provision in Public Law 89-97 (Social Security Amendments of 1965) which permitted the states to disregard up to \$5 per month of any income in fixing OAA grants. While this permissive disregard provision was not limited to Social Security income, it was intended to permit states to disregard up to that amount of the Social Security increases voted by that Act. Unfortunately, few states have taken advantage of that provision.

The money from the increased benefits is being spent as it is received, for most retired people receiving Social Security do not have a penny in extra cash to save. Thus, these funds will have a multiplying effect⁵ as it flows through the economic stream, stimulating the economy as it goes, creating more jobs, and benefitting us all. Moreover, this 20 per cent increase comes on top of a 10 per cent increase in 1971 and a 15 per cent increase in 1970. It will increase annually automatically, to keep pace with the rise in our cost of living. Accordingly, Social Security is evolving into a national pension system offering security to the elders of the nation.

TABLE 26
NUMBER AND TOTAL MONTHLY AMOUNT OF PENSIONS IN FORCE ON MARCH 31, 1970
BY TYPE OF PENSION, CONTRIBUTION GROUP AND SEX

Type of pension, contribution group and sex	Number	Total monthly amount	Average monthly amount
Total	5,854	\$1,278,983	\$218
Service retirements, total	5,161	1,173,468	227
General employees, men	1,992	434,145	218
General employees, women	777	113,744	146
Teachers, men	400	131,027	328
Teachers, women	1,697	388,476	229
Policemen and Firemen	219	91,298	417
Unknown	76	14,778	194
Ordinary disability retirements, total	369	35,893	97
General employees, men	147	13,693	93
General employees, women	66	4,575	69
Teachers, men	8	1,298	162
Teachers, women	98	9,726	99
Policemen and Firemen	45	6,353	141
Unknown	5	248	50
Accidental disability retirements, total	246	62,114	252
General employees, men	97	20,790	214
General employees, women	24	4,248	177
Teachers, women	2	791	396
Policemen and Firemen	108	32,387	300
Unknown	15	3,895	260
Other, total	62	6,561	106
General employees, men	30	2,758	92
General employees, women	7	767	110
Teachers, men	3	507	169
Teachers, women	12	1,933	161
Policemen and Firemen	1	236	236
Unknown	9	360	40
Unknown	16	947	59

Note: Excludes 185 members entitled to deferred allowances which are not yet due and 95 beneficiaries in receipt of special annuities under Act 127 S. L. 1951. Data received showed 213 more pensioners than were in the valuation.

Source: State of Hawaii Employees Retirement System.

ECONOMIC NEEDS

State Retirement System

Public Officers and Employees (most state and county workers)

Chapter 88, *Hawaii Revised Statutes*, describes retirement plans for members of the Hawaii State Employees Retirement System. This includes plans for several different groups including general employees, judges and elected officers, and policemen and firemen. Details of the system are included in the chapter on Laws (Chapter I), but the highlights are as follows:

- (1) **General Employees:** All regular employees of the state or any county are members of this system. Members may retire at age 55 with five years of service. They receive a pension based on 2 per cent of the average final compensation; highest five-year average compensation; or, if greater, highest three-year average compensation exclusive of salary payments made in lieu of vacation for each year of service.
- (2) **Policemen and Firemen:** These employees may retire at age 55 with ten years of service, the last five or more of which must be service as a policeman or fireman. Their pension is based on 2-1/2 per cent of the average final compensation for each year of such service up to a maximum of 80 per cent of the average final compensation.
- (3) **Judges and Elected Officers:** These employees may retire after ten years of service, regardless of age. Their pension is based on 3-1/2 per cent of average final compensation as well as an annuity based on the member's accumulated contributions for each year of such service, up to a maximum of 75 per cent of the average final compensation.

Table 26 reveals that there are 5,854 pensioners receiving an average of \$218 monthly from the State Retirement System. As of March 1970, there were 33,105 contributing system members, that is members who are currently at work, with an average annual salary of \$9,093.

Other Retirement Plans

The federal government also has a pension plan for civil service employees, military personnel, and veterans. However, there is little state data on the number of beneficiaries and the benefit amounts paid. Accordingly, it can merely be noted that a substantial number of people do receive these benefits in Hawaii, but detailed information on them is not yet available.

Private pension plans also abound in this area. But more and more workers are being faced with critical situations because of lost pension benefits due to circumstances beyond their control. Massive layoffs, plant shut-downs, company mergers, lack of vested benefits, and employer bankruptcies have all contributed to these untenable circumstances. And too often, this has meant poverty and strife for the unsuspecting worker who had been making plans for his golden years.

Few statistics as to number of beneficiaries, type of plan, or amount of benefits are currently available on these plans. It is generally accepted, however, that private pensions are usually smaller than those granted under the State Retirement System, and the benefits are limited. The federal government is currently investigating private pension systems, already having introduced bills which would give them uniformity and offer security and protection to private employees. These bills did not pass, but similar ones will undoubtedly be introduced in the future, with the prognosis for passage quite bright.

Summary

Substantial national data are available to appraise the adequacy and extent of a state's OAA program in comparison to the fifty other states. In view of the high per capita income, as well as the number one ranking in median family income among the nation's fifty largest cities, Hawaii spends a very small amount, per capita, on OAA (ranking 42nd among the states in this category). This is the case despite the federal government bearing approximately 70 per cent of the costs. This low level of the OAA operation is the primary responsibility of the State government, which makes the rules and sets the standards but pays only a small percentage of the bill.

While headway has been made in this area through the passage of federal legislation which has increased benefits and relaxed standards, much more can be done. Hawaii has, for too long, made inadequate provision for the very poorest of its elderly citizens.

ELDERLY AFFAIRS

In the area of Social Security, the most notable happening has been the 20 per cent across-the-board increase in benefits. This step has helped to make Social Security a national pension system on which elders can build their own retirement plans. It is becoming a stronger base and a good foundation upon which to build with supplements from other sources like investments and private pensions. However, provisions must be made for the elderly receiving public assistance. This group actually receives no cash increases from the Social Security amendments, because whatever increases are given are recouped by the State through reducing public assistance payments from the Department of Social Services and Housing. In essence, it is the State which benefits from the Social Security increases.

State and federal government pension plans as well as private plans provide the primary, if not only, source of income for many retirees. It is generally believed, however, that the government plans tend to be more far-reaching than many private plans.

Finally, special consideration should be given to the elders who require public assistance. Among the proposals currently in vogue for the aging, one insuring them a minimum standard of living through a guaranteed annual income deserves careful attention. No longer can the elderly be judged by the economically based production output standards. Their work is done! It's now time to treat them as the deserving human beings that they are. The truth is that in order to guarantee a full, free, dignified, and independent life for the elderly in Hawaii, then a solid economic base must be built for this group. Better pensions, increased Social Security benefits, and possibly a guaranteed income would significantly aid in the achievement of the State's goals.

*I grow old learning something
new everyday.**

education

*Maximus

CHAPTER VI EDUCATION

Although education is an influential factor in the aging process, it will only be discussed briefly in this study. Education, like health and income, influences an individual's social position. A strong correlation exists between education and income, occupation, employment experience, community status, and similar expressions of behavior and attitude. Further, educational attainment, or the lack of it, has implications for the values a person holds, for his occupational and cultural concerns, for his political and economic views, and for his competence in relationships with family and friends.

In the face of the educational upgrading of the labor force, the elderly generally tend to have lower educational attainment and less recent training than young people. This is especially true in Hawaii, because the plantation labor immigrants, who are now at retirement age, were brought in for work and were not given the opportunity for an education.

Educational Attainment

Statistics on educational attainment of the elderly in Hawaii are based on the latest census data available. In some cases, 1960 data had to be used because either that type of census information was no longer being gathered (as in the case of some racial data) or the information was not made available to the staff. Figure 6 displays a comparison between educational attainment on a national level and on a state level. It is not too surprising to note that at all levels—elementary, high school, and college—Hawaii ranks below the national average in educational achievement. Of the men aged 65 and over, 27.5 per cent have had no education at all as compared to the national average of 7.8 per cent of the men. For the women, 31.3 per cent have had no education, compared to 6.6 per cent nationally. It is interesting to note that by 1970, women showed a marked increase in attainment of higher education levels. However, as has been theorized many a time, the immigrants brought in to labor on the plantations were usually poor people in their homelands, and thus came here with little or no education. Their labors here afforded them no opportunity for an American education and, therefore, they got by with no formal schooling at all. Those least afforded an education, were of course the men, who could seldom be spared from the jobs which they were brought in to do. Also, their sons were often put to work at an early age—accounting for the excess of women in higher education. Their children, however, are a completely different story.

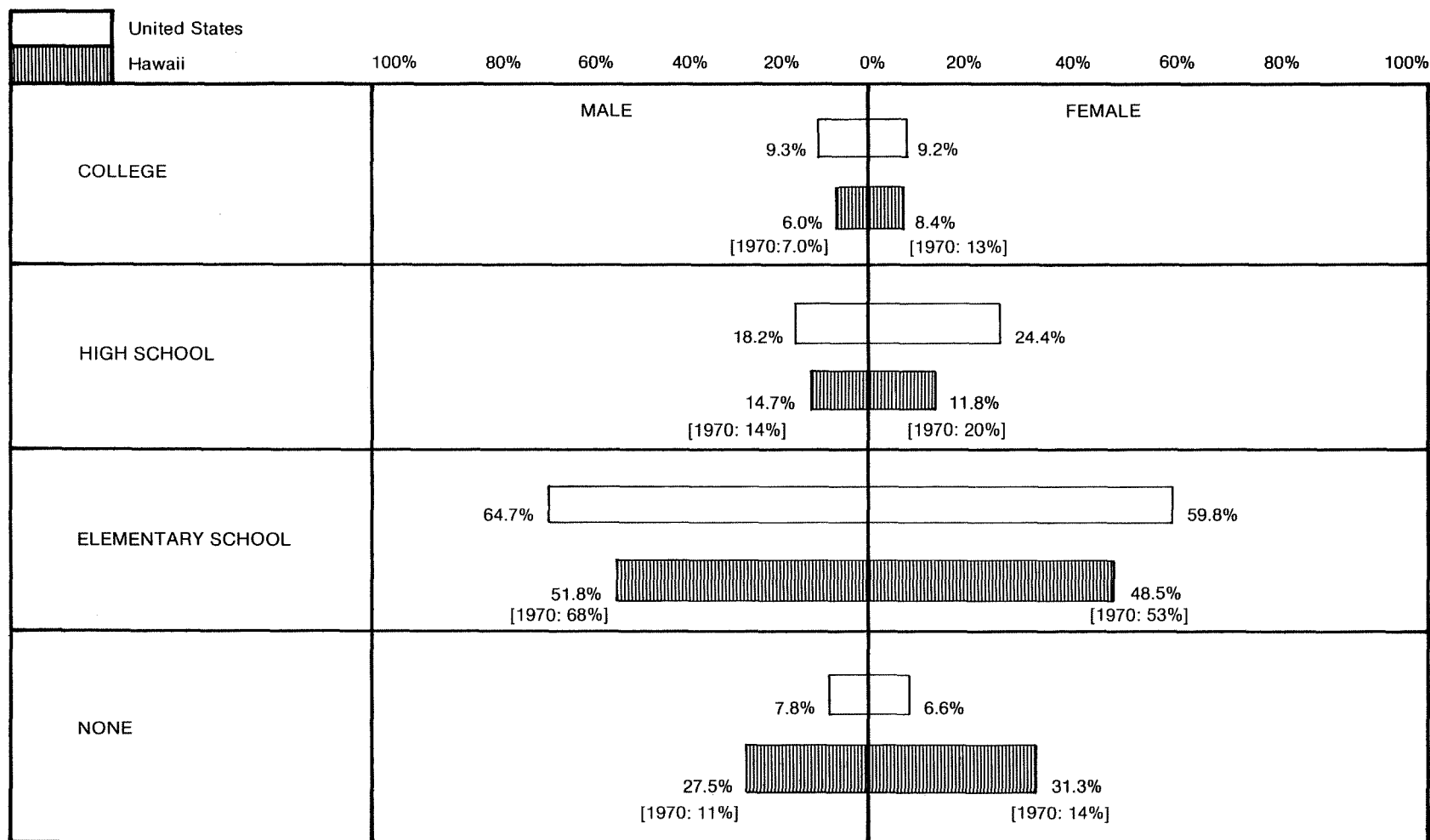
Table 27 gives a more detailed breakdown of the educational accomplishments of the Japanese, Chinese, and Filipinos aged 65 and over. It is apparent that the lack of an education is common among all of these groups, the median school years completed being five or less. It is interesting to note that while the Japanese have achieved the highest median, school years completed, it is the Chinese who have the largest percentage attending college. The Japanese yen for education, with parents sacrificing much to send their children to school, and the Chinese tradition of business acumen, with families often working together to send one of their members to the very best schools, including college and professional schools, are evident in the statistics in Table 27. The Filipinos are the least schooled, averaging less than one year of school completed. The lack of a formal education merely reflects the era in which this group was trained.

It can be said that the elderly are at a disadvantage, educationally, when compared to the younger generations. Nationally, 72 per cent of those 75 or older have had eight years of schooling or less, compared with 17 per cent in the 25-29 age group. It may be perturbing to some that in primitive societies, and especially in the Oriental societies from which many of Hawaii's immigrants came, the aged were generally regarded as the repositories and imparters of knowledge. Yet, in American society today, they constitute nearly half of those who have had no schooling and over one-third of the illiterates (see Figure 7 and Table 28). Although the educational levels of today's elderly population is very low in contrast to the rest of the population, the trend is toward a steadily rising educational level for the aged. The number of years of schooling completed is going up, as well as the less-educated generations being replaced by better educated ones.

Typically, formal education is confined to the early years of a person's life, putting the elderly who have not received this early education at a great disadvantage in later years. Therefore, many people go through life with their level of formal education already fixed by early experience. This does not have to be the case, for many opportunities for adult education abound in the high schools, community colleges, and universities of our nation.

In California, several of the junior colleges have developed courses directed specifically at the elderly population. There are courses on pre-retirement counseling, on consumer protection, and on financial management, as

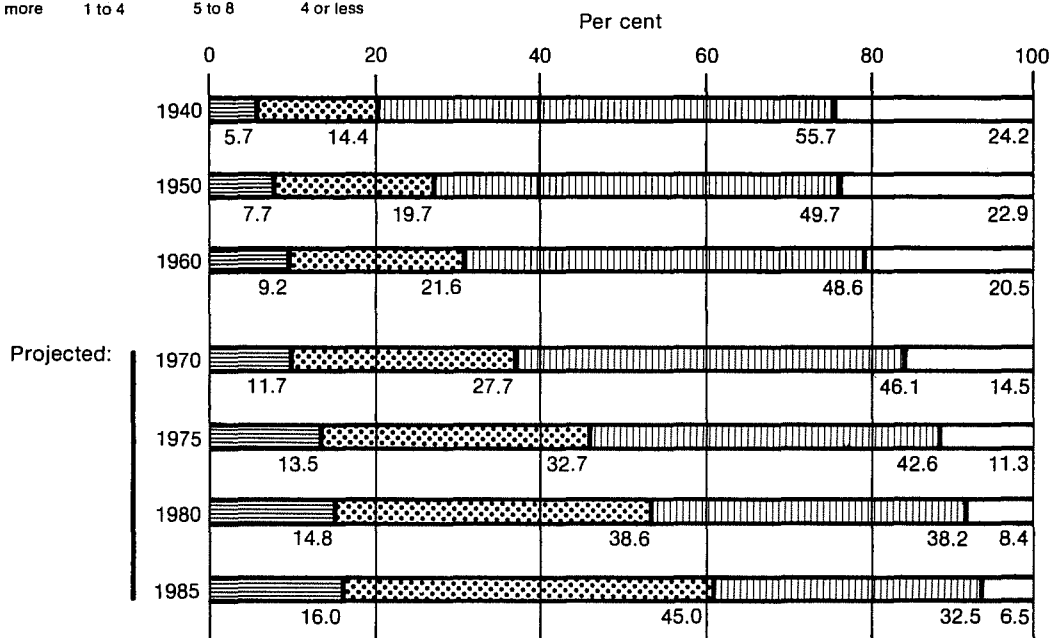
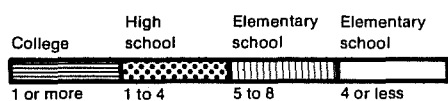
Figure 6
EDUCATIONAL LEVEL ATTAINED BY PERSONS 65 YEARS AND OVER,
COMPARATIVE CHART, BY PERCENTAGES, FOR UNITED STATES AND STATE OF HAWAII: 1960, 1970



Source: U.S. Census of Population, 1960, PC (1) 1D, Table 173, pp. 404-7.
 PC (1) 13D, Table 103, p. 135.
 1970 PC (1) 13D, Table 148, p. 225.

Figure 7
TRENDS IN EDUCATIONAL ATTAINMENT OF PERSONS 65 AND OVER
1940 TO 1960 AND PROJECTED TO 1985

Years of school completed:



Note: Data for persons not reporting on educational attainment distributed pro rata.

Source: 1940 Census of Population, Vol. IV, Part 1, p. 78. 1950 Census of Population, Vol. II, Part 1, p. 236. 1960 Census of Population, Vol. I, Part 1, p. 404. Projections from *Current Population Reports*, 1965, P-25, No. 305, pp. 8, 9 (adapted).

TABLE 27
EDUCATIONAL STATUS OF JAPANESE, CHINESE AND FILIPINOS 65 YEARS AND OVER,
FOR STATE OF HAWAII 1960

YEARS OF SCHOOL COMPLETED	JAPANESE				CHINESE				FILIPINOS			
	Male		Female		Male		Female		Male		Female	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
TOTAL	6,812	100.0	6,554	100.0	1,086	100.0	919	100.0	2,408	100.0	472	100.0
None	1,674	24.6	2,682	40.0	359	33.1	573	62.3	1,495	62.1	326	69.1
Elementary School ...	4,181	61.4	3,546	54.1	530	48.8	309	33.6	866	36.0	142	30.1
High School.....	866	12.8	293	4.5	146	13.4	24	2.6	31	1.3	4	0.8
College	91	1.3	33	0.5	51	4.7	13	1.4	16	0.7	—	—
Median School Years												
Completed	5.0 Years		2.1 Years		3.6 Years		0.8 Years		0.8 Years		0.7 Years	

Source: U.S. Census Population, PC(2) 1C, Table 21, p. 65; PC(2) 1C, Table 22, p. 76; PC(2) 1C, Table 23, p. 88

TABLE 28
TRENDS IN EDUCATIONAL ATTAINMENT, OLDER
AND YOUNGER PERSONS COMPARED

	1940	1950	1960	1970	1975	1980	1985
Per cent of each age category completing 8 years or less of school							
Age 25-29	39.7	25.3	17.5				
Series A				9.1	7.3	6.0	4.6
Series B				10.8	9.0	7.7	6.2
Age 65+	79.9	72.6	69.1	60.6	53.9	46.6	39.0
Per cent of each age category completing 1 year or more of college							
Age 25-29	13.1	17.9	23.1				
Series A				29.8	31.4	32.9	34.6
Series B				28.5	30.3	32.0	33.4
Age 65+	5.7	7.7	9.2	11.7	13.5	14.8	16.0

Note: The assumptions are that the rate of improvement in attainment over the past two decades will increase (Series A) or will continue at the same rate as between 1940 and 1960 (Series B).
Data for persons not reporting on educational attainment distributed pro rata.

Source: Riley and Foner, et al, *Aging and Society*, Vol. I.

EDUCATION

well as the regular course offerings which are open to all students. In addition, fee waivers are offered the elderly who wish to attend classes, perhaps even as degree candidates. Extracurricular activities are open to them, including plays, concerts, and field trips of special interest. When they are welcomed and treated by the schools in this manner, it is no wonder that a great number of the aged begin taking a deep interest in continuing education.

While participation in adult education is not as widespread here as in California, the lack of an amenable system is not the only reason for this. Hawaii does have an adult education program under the Department of Education, but it hasn't developed great appeal among the elderly. However, as Table 29 reveals, the lower participation of elderly people in adult education and training is partly explained by their lower level of formal education. The more educated a person is, at a given age, the more likely he is to engage in continuing educational activity.

TABLE 29

RATE OF PARTICIPATION IN EDUCATIONAL ACTIVITIES, BY EDUCATIONAL LEVEL
PER CENT WHO STUDIED ANY SUBJECT BY ANY METHOD, JUNE, 1961, TO JUNE, 1962

Education	Men			Women		
	Under 35	35-54	55+	Under 35	35-54	55+
Grade school	9 (394)	8 (1,257)	5 (1,692)	11 (369)	9 (1,190)	6 (1,828)
High school	29 (1,813)	20 (2,349)	12 (834)	21 (2,635)	20 (2,904)	11 (1,159)
College	47 (1,080)	38 (1,078)	18 (394)	42 (843)	40 (806)	25 (433)

Note: Numbers in parentheses are bases for the percentages.

Source: Riley and Foner, *Aging and Society*, Vol. I.

Although few statistics are available on the participation rates of the elderly in Hawaii's adult education program, some generalizations based on national surveys can be made. Tables 29 and 31 show that younger people participate in educational activities more than older people. Table 30, for instance, shows that even in adult education courses, enrollment declines after age twenty-nine and is very small in the over sixty age group. Table 31 furthers that reasoning by showing that the rate of participation in educational activities declines with age.

TABLE 30

ENROLLMENT IN ADULT EDUCATION
UNITED STATES, 1957

Age	Per cent enrolled
Total 14+	7.8
14-19	13.6
20-29	10.3
30-44	9.9
45-59	7.0
60-74	2.8
75+	1.1

Source: Riley and Foner, *Aging and Society*, Vol. I.

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TABLE 31

RATE OF PARTICIPATION IN EDUCATIONAL ACTIVITIES

PER CENT WHO STUDIED ANY SUBJECT BY ANY METHOD,
JUNE, 1961, TO JUNE, 1962

Men			Women		
Under 35	35-54	55+	Under 35	35-54	55+
33	21	9	25	21	10
(3,287)	(4,684)	(2,920)	(3,847)	(4,900)	(3,420)

Note: Numbers in parentheses are bases for the percentages.

Source: Riley and Foner, *Aging and Society*, Vol. 1.

The reasons for these age differences in educational participation are not clear. At any rate, social changes are occurring which are making educational participation more appealing and more acceptable to the elderly. Therefore, new programs must be developed to better serve the elderly in this capacity.

Summary

Education, although an influential factor in the aging process, is only briefly discussed in this chapter. It was determined that in the face of the educational upgrading of the labor force, the elderly generally tend to have lower educational attainment and less recent training than their younger counterparts. This is especially true in Hawaii where the plantations did not afford much of an opportunity for education on the part of their immigrant workers. When Hawaii is compared to the national averages, its elderly population ranks significantly below the average in educational attainment. The Japanese have attained the highest median school years completed (5.0) when compared to the Chinese (3.6) and Filipinos (0.8). Yet, it is the Chinese who have the largest percentage of people with college backgrounds. Cultural factors certainly played an influential part in determining the education of these groups.

Although the educational levels of today's elderly population is very low in contrast to the rest of the population, the trend is toward a steadily rising educational level for the aged. Traditionally, formal education has been limited to early youthful experience, however, the California practice of opening community colleges and other school facilities to the aged is a welcome practice. The current adult education program in Hawaii could well be improved by expanding offerings and making them more appealing to the elderly.

One California idea which deserves serious consideration for Hawaii is that of allowing the elderly to attend community colleges and universities—tuition free. Reduced fees for extracurricular activities should also be encouraged, for the educational process will not only serve to improve their minds but will also provide a means by which they can spend their leisure time happily. Because the cultural backgrounds of Hawaii's elderly population is so varied, it would further serve their interests if secondary schools, as well as universities, included in their current curriculum units dealing with the elderly, including characteristics, needs, problems, and programs. After all, each young person will soon have to face similar problems, and training or learning to understand the aging process while a student will undoubtedly make those problems easier to face and to solve later in life.

*go to your work and be strong, halting
not in your ways,
baulking the end half-won for an
instant dole of praise.
stand to your work and be wise—certain
of sword and pen,
who are neither children nor Gods,
but men in a world of men!**

employment

*Kipling

CHAPTER VII EMPLOYMENT

Much of our elderly population has been steeped in cultures where the elderly were not only respected for their great age, but where they lived long lives. The aged wisemen of China and Japan used their many and varied experiences to teach and counsel the young. They lived long and fruitful lives. Why?

One of the most important reasons is that they lived in an agrarian economy where the aged were always needed and used—perhaps not for the same strenuous chores that they did in their younger days, but they remained wanted, respected, and needed. It has been said that, “The self-employment of agrarian systems has probably been the most secure occupational status that society at large has yet provided for the majority of the aged. Traditional agrarian life preserves more of the assets of age than any other economy.”¹

Unfortunately, we do not have such an economic system in Hawaii. Here, the economy relies heavily on tourism and government spending, although sugar and pineapple have, until recently, been economic mainstays. As important as these agricultural endeavors are, however, there is one great difference between them and that of the life preserving system described earlier: namely, that sugar and pineapple are mechanized, impersonal, and what could in actuality be called “manufactured” products. They are not grown in the family-type system of old and therefore, they do not keep the elderly workers forever nor provide them with life-giving employment.

Employment means different things to the elderly. Some look at it as the primary source of income; others as therapy for usefulness, belonging, and well-being; and still others as a status symbol among their elderly friends or family. At any rate, it is clear that the elderly now constitute a small minority of the labor force, far different than the majority which they held in the early 1900's. The work atmosphere in which they grew up and the one in which they retired are two very different worlds. Moreover, the shock of developing a new life-style at age 60 or 65 based on a small, fixed income, more leisure time, and no job demands could be traumatic.

Labor Force Participation

The trend in recent years has been for fewer and fewer people to remain in the labor force as they get older. Figure 8 depicts the percentage of elderly workers in the labor force. Table 32 shows that the proportion of elderly laborers has dropped from approximately two-thirds in 1900 to a projected figure of less than one-quarter in 1975. This trend is not peculiar to the United States alone, for it has appeared in other industrialized countries as well.

Figures 9 and 10 offer a comparison of the occupational groups currently employed in Hawaii as opposed to the replacement and expansion needs projected for the near future. “Replacement needs” represents the estimated number of job openings due to death and retirement of workers who leave the work force; and “expansion needs” represents the number of jobs expected as a result of industrial growth of the economy. The greatest expansion needs are in the fields of professional, technical, and kindred workers; clerical and kindred workers; and service workers. This may be encouraging for the aged who still remain in the labor force, for it is the type of job that those still working are likely to have due to physical capabilities.

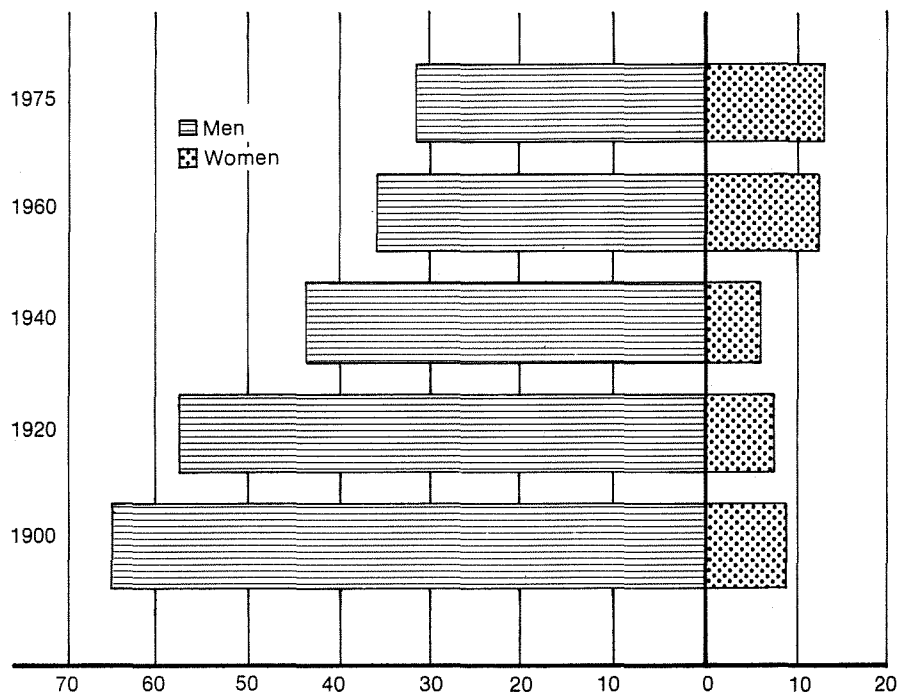
Unemployment and Job Limitations

The elderly members of the labor force are usually less likely to lose their jobs than are younger members; but upon losing them, they take longer to find new employment. Upper mobility, that is shifting to higher occupational levels is, on the other hand, much more common in the younger age groups than in the older ones.

Why then are employment limitations common among older workers or would-be workers? First, is current social practices. Job orders placed in the state employment office often have an upper age limit attached. In a survey of business offices with pension plans, it was determined that nine out of ten companies employing 1,000 or more workers have mandatory retirement policies.² The state and county governments also have mandatory retirement laws governing their employees. This practice is on the increase among employers, even though we live in an age when people are living longer than ever before.

A second obstacle is the job market itself. The competition for jobs from new young job seekers is mounting. Moreover, the qualifications for many new jobs are difficult for the elderly to meet, lacking sufficient education in

Figure 8
PERCENTAGE OF PERSONS AGED 65 AND OVER IN THE LABOR FORCE,
1900—1975



Source: Bureau of the Census, "Current Population Reports," Labor Force, Series P-50, No. 40, and (for 1975 projection) Bureau of Labor Statistics Special Labor Force Report No. 24, "Interim revised projections of the U.S. Labor Force, 1965-1975."

TABLE 32
LABOR FORCE PARTICIPATION RATES, UNITED STATES, 1900 TO 1975
(Per Cent in Labor Force)

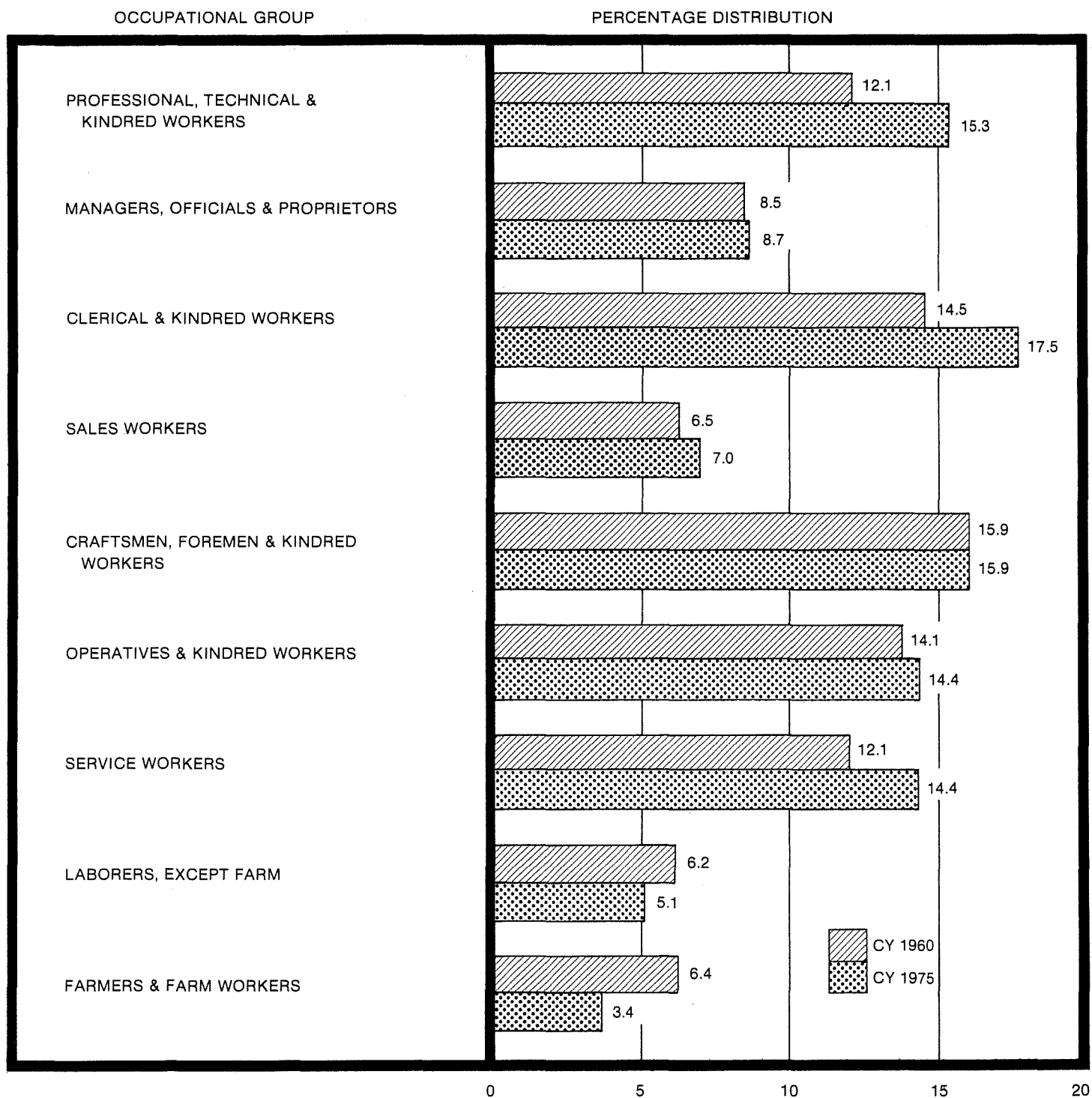
Age	1900	1920	1940	1944	1950	1955	1960	1975 (pro- jected)
Both sexes	55.0	55.8	55.9	63.1	58.3	58.7	57.4	57.8
Males								
14+	87.7	85.9	83.9	89.8	84.4	83.6	79.7	76.9
14-17	63.6	52.6	44.2	70.0	53.2	49.5	34.4	32.1
18-19							73.1	70.0
20-24	91.7	91.0	96.1	98.5	89.0	90.8	88.9	86.7
25-34	96.3	97.2	98.1	99.0	96.2	97.7	96.4	96.2
35-44			98.5	99.0	97.6	98.4	96.4	96.7
45-54	93.3	93.8	95.5	97.1	95.8	96.4	94.3	95.0
55-64			87.2	92.1	87.0	88.3	85.2	83.9
65+	68.3	60.1	45.0	52.2	45.8	40.6	32.2	23.4
Females								
14+	20.4	24.1	28.2	36.8	33.1	34.8	36.1	39.9
14-17	26.8	28.4	23.3	42.0	31.5	29.9	20.8	20.8
18-19							51.0	50.6
20-24	32.1	38.1	49.5	55.0	46.1	46.0	46.1	51.5
25-34	18.1	22.4	35.2	39.0	34.0	34.9	35.8	39.3
35-44			28.8	40.5	39.1	41.6	43.1	49.0
45-54	14.1	17.1	24.3	35.8	38.0	43.8	49.3	57.6
55-64			18.7	25.4	27.0	32.5	36.7	45.7
65+	9.1	8.0	7.4	9.8	9.7	10.6	10.5	9.8

Notes: Data prior to 1940, based on the notion of "gainful workers," are roughly comparable to labor force participation rates from 1940 on (Bogue, 1959, p. 421).

Data from the *Current Population Reports* tend to indicate a slightly higher level of labor force participation than those from the decennial census (Sheldon, 1958, pp. 164-165).

Source: Riley and Foner, et al, *Aging and Society*, Vol. I.

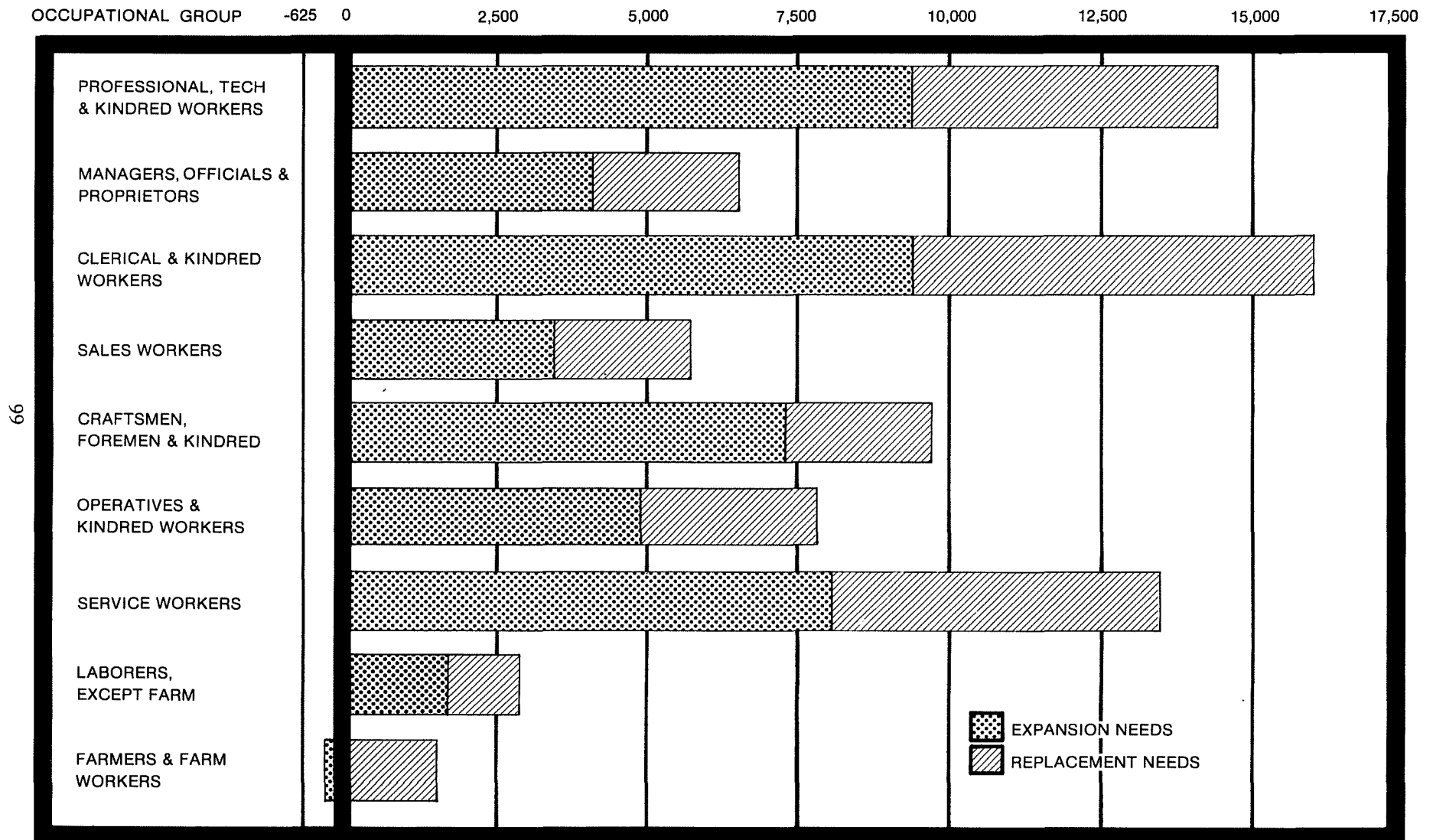
Figure 9
OCCUPATIONAL GROUPS AS A PERCENT OF TOTAL EMPLOYMENT,
STATE OF HAWAII, CY 1960 AND 1975



Source: Hawaii, Department of Labor & Industrial Relations, Research & Statistics Office, *Manpower Directions to 1975, A Report on Industry and Occupational Manpower Needs CY 1971-1975* (Honolulu: 1970).

Figure 10
EXPANSION AND REPLACEMENT NEEDS BY OCCUPATIONAL GROUPS,
STATE OF HAWAII, CY 1971 TO 1975

TOTAL JOB OPENINGS



Source: Hawaii, Department of Labor and Industrial Relations, Research and Statistics Office, *Manpower Directions to 1975, A Report on Industry and Occupational Manpower Needs of 1971-1975* (Honolulu: 1970).

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the many new technical fields that have developed or the physical ability to tackle them. Even the waning ability and desire to move around seeking work, plays an important part in job limitations.

Do They Really Want To Work?

An appropriate question at this time is, "Does anybody really want to work after age 65?" The answer comes from the State Department of Labor and Industrial Relations which reports the following for the 1971-1972 fiscal year:

Age	Applicants Available	Individuals Placed in Jobs
45+	6,989	666
65+	1,343	34

Obviously, there are middle aged and elderly people who do feel the need to work. It is evident from these figures, however, that the need is not often met.

Vocational Rehabilitation

One program that could be used to stimulate employment among the elderly is the federal-state vocational rehabilitation program. The services, which are part of this program are defined in the regulations of the Social and Rehabilitation Services, Department of Health, Education and Welfare as follows:

"Vocational rehabilitation services" means any goods and services necessary to render a handicapped individual fit to engage in a gainful occupation, including (i) evaluation, including diagnostic and related services; (ii) counseling and guidance; (iii) physical restoration services; (iv) training, including personal and vocational adjustment; (v) books and training materials, including tools; (vi) maintenance; (vii) placement; (viii) followup services; (ix) tools, equipment, initial stocks and supplies, including equipment and initial stocks and supplies for vending stands; (x) management services and supervision provided by the State agency and acquisition of vending stands or other equipment and initial stocks and supplies, for small businesses enterprises, operated under the supervision of the State agency by the severely handicapped; (xi) transportation; (xii) occupational licenses; (xiii) reader services for the blind; (xiv) interpreter services for the deaf; (xv) services to members of a handicapped individual's family when such services will contribute substantially to the rehabilitation of the handicapped individual; (xvi) recruitment and training services for new employment opportunities in the fields of rehabilitation, health, welfare, public safety, law enforcement, and other appropriate service employment; and (xvii) such other goods and services as are necessary to render a handicapped individual fit to engage in a gainful occupation.³

Eligibility, on the part of the elderly individuals, has generally been included because of the regulation which qualifies individuals upon certification that "vocational rehabilitation services may reasonably be expected to render the individual fit to engage in a gainful occupation."

The standard measure of success of a state vocational rehabilitation program is expressed in the number of people who have been "rehabilitated," as evidenced by the number placed in jobs. Comparative figures for the years 1958 and 1969 are available which show the total number of persons rehabilitated and the number and per cent of persons 45 to 64 and 65+ who were rehabilitated (see Table 33).

The number of people rehabilitated in the 45 to 64 age group has declined from 22.4 per cent in 1958 to 17.2 per cent in 1969. For the 65+ age group, the results have been negative, with only .3 per cent rehabilitated, as compared to the already low national average of 1.7 per cent. Therefore, while this program may be potentially significant as a resource for the rehabilitation of the elderly in Hawaii, it has not yet accomplished too much in the area of aging needs. While it is understandable that from their point of view, a concentration on the younger age groups who are more likely to succeed is practicable, some consideration must be given to the elderly who are also in need of rehabilitation.

TABLE 33

**PERSONS REHABILITATED UNDER THE FEDERAL-STATE VOCATIONAL REHABILITATION PROGRAM
BY STATE AND BY AGE, FISCAL YEARS 1958 & 1969**

State	Fiscal Year 1958					Fiscal Year 1969				
	Total Number of Persons	Number of Persons Ages 45-64	Per Cent of Persons Ages 45-64	Number of Persons 65+	Per Cent of Persons 65+	Total Number of Persons	Number of Persons Ages 45-64	Per Cent of Persons Ages 45-64	Number of Persons 65+	Per Cent of Persons 65+
Total	73,369	21,122	28.8	1,376	1.9	241,390	59,172	24.5	4,008	1.7
Alabama	2,240	788	35.2	16	0.7	6,074	1,929	31.8	44	0.7
Alaska	53	5	9.4	2	3.8	—	—	—	—	—
Arizona	502	138	27.5	1	0.2	1,454	253	17.4	5	0.3
Arkansas	1,900	692	36.4	64	3.4	5,320	1,722	32.4	50	0.9
California	1,527	363	23.8	8	0.5	14,450	3,137	21.7	80	0.6
Colorado	768	181	23.6	4	0.5	2,898	496	17.1	4	0.1
Connecticut	962	238	24.7	6	0.6	2,398	453	18.9	7	0.3
Delaware	508	174	34.2	23	4.5	706	207	29.3	26	3.8
District of Columbia ..	291	85	29.2	7	2.4	2,739	702	25.6	42	1.6
Florida	2,650	917	34.4	55	2.1	10,212	2,851	27.9	88	0.9
Georgia	5,518	1,955	35.4	102	1.8	10,212	2,855	28.0	87	0.9
Hawaii	219	49	22.4	0	0	644	111	17.2	2	0.3
Idaho	205	50	24.4	4	2.0	606	86	14.2	2	0.3
Illinois	4,031	1,162	28.8	138	3.4	13,410	3,173	23.7	413	3.1
Indiana	1,183	235	20.3	6	0.5	2,551	301	11.8	24	1.0
Iowa	1,156	263	22.9	5	0.4	3,920	736	18.8	14	0.4
Kansas	730	166	22.7	0	.0	1,382	250	18.1	14	1.0
Kentucky	1,010	332	32.9	18	1.8	7,668	2,455	32.0	82	1.1
Louisiana	1,821	518	28.9	21	1.2	3,406	669	19.6	222	6.6
Maine	319	103	32.3	14	2.5	693	166	24.0	16	2.4
Maryland	1,188	328	27.6	22	1.9	6,934	1,577	22.7	120	1.7
Massachusetts	1,102	235	20.3	10	1.0	3,807	824	21.6	58	1.5
Michigan	3,063	815	26.3	47	1.5	5,499	918	16.7	41	0.7
Minnesota	1,015	182	17.9	7	0.7	3,908	793	20.3	59	1.5
Mississippi	1,132	461	40.7	77	6.8	3,474	1,143	32.9	57	1.6
Missouri	1,408	455	32.3	20	1.4	5,770	1,514	26.2	175	3.1
Montana	427	97	22.7	5	1.1	780	145	18.6	3	0.4
Nebraska	589	115	19.5	7	1.2	1,395	236	16.9	12	0.9
Nevada	76	36	47.4	0	.0	461	152	32.9	7	1.5
New Hampshire	163	42	25.8	5	3.3	420	121	28.8	21	4.0
New Jersey	1,154	378	32.6	19	1.6	8,050	2,155	26.7	255	3.2
New Mexico	305	78	25.6	8	2.6	660	119	18.0	9	1.4
New York	4,664	1,374	29.4	105	2.3	10,250	2,250	22.0	210	2.1
North Carolina	3,911	1,228	31.4	91	2.3	9,637	2,765	28.7	112	1.2
North Dakota	284	67	23.6	2	0.7	929	240	25.8	11	1.2
Ohio	1,385	306	22.1	18	1.4	6,869	1,170	17.0	59	0.9
Oklahoma	1,480	410	27.7	18	1.2	5,350	1,125	21.0	68	1.3
Oregon	696	173	24.9	1	0.1	—	—	—	—	—
Pennsylvania	6,537	1,690	25.8	113	1.7	16,544	4,777	28.9	611	3.7
Rhode Island	572	191	33.4	15	2.6	1,888	411	21.8	89	4.8
South Carolina	1,615	508	31.4	14	0.9	7,723	2,085	27.0	89	1.2
South Dakota	217	45	20.7	6	2.8	508	81	15.9	9	1.8
Tennessee	2,270	703	30.9	86	3.8	5,244	1,460	27.8	53	1.0
Texas	2,380	646	27.1	27	1.1	11,861	2,939	24.8	137	1.2
Utah	358	56	15.6	2	0.6	1,667	178	10.7	3	0.2
Vermont	182	53	27.5	4	2.2	404	126	31.2	9	1.9
Virginia	2,841	803	28.3	58	2.0	8,086	1,951	24.1	87	1.1
Washington	860	201	23.3	1	0.1	2,557	480	18.8	2	0.1
West Virginia	2,332	676	29.0	62	2.7	5,814	1,894	32.6	183	3.2
Wisconsin	1,387	310	22.3	31	2.3	8,801	2,140	24.3	119	1.4
Wyoming	183	45	24.6	2	1.1	417	75	18.0	3	0.7

Sources: 1958 data derived from Florida Citizens Advisory Committee "Looking at Aging in Florida" 1960; 1969 data derived from Administration on Aging "State Data Book on Aging" 1971.

ELDERLY AFFAIRS

Summary

The trend in recent years has been for fewer and fewer workers to remain in the labor force as they reach age 65 or older. This is true for various reasons, including mandatory retirement, declining health, and changing social practices. Still, there are elderly people in Hawaii seeking employment, be it for financial reasons or otherwise. It is this group that we are concerned about.

The aged face many employment limitations not experienced by younger workers. And, although they are less likely, because of seniority and accumulated job upgradings over the years, to lose their jobs than younger workers—once they have lost them, they have a harder time finding new ones. Hawaii's vocational rehabilitation program has not proved very successful as far as services to the aged are concerned. Part of the reason for their failure can be attributed to the common but erroneous philosophy that retraining an elderly person is a futile and unprofitable task, especially since most do not have long to live. With people in Hawaii living longer than ever before, and with the increasing number of people reaching the older age group, this kind of reasoning is unfortunate. Furthermore, it is the individual elderly person who really feels the need for a job that is hurt most by this philosophy.

Therefore, new efforts toward aiding this group must be encouraged. A study by the President's Council on Aging makes the following recommendations which are appropriate for Hawaii's elderly population, considering their concern with enlarging the work opportunities for older people. The following actions are suggested:

- gaining acceptance of the principle of employment on the basis of ability rather than age;
- gaining an understanding on the part of employers of the qualifications of many older person for available employment;
- providing opportunities for retaining older workers and upgrading their skills and providing more opportunities for vocational rehabilitation;
- encouraging the adoption of flexible retirement policies based on an individual's capabilities, needs, and desires, rather than his age;
- developing part-time employment opportunities for those who need or desire work but who cannot or do not wish to work full-time.

Steps also need to be taken to provide more adequate counseling, placement, job development, physical restoration, and other services to assist older people in choosing and retaining or reentering employment. Too often such services are denied the older worker on the erroneous premise that age alone makes such help fruitless. A more positive outlook is needed on the part of those serving older persons and on the part of the older persons themselves.⁴

*it is not now as it hath been of yore;—
turn wheresoe'er I may,
by night or day;
the things which I have seen I now can
see no more.**

transportation

*Wordsworth

CHAPTER VIII TRANSPORTATION

Transportation is undeniably one of the most important problems facing Hawaii's senior citizens today. The problem has reached a crisis level in the outlying counties where no public transportation is available. Why is transportation so important? Several answers appeared in interviews with elderly people and professionals working in the field:

1. Transportation gives people access to community services, including food, medicine, and recreation;
2. Transportation helps people to keep in contact with others and to maintain a social side to their lives;
3. Transportation offers mobility; and
4. Transportation makes senior centers work.

People have been becoming more aware of the transportation problems in Hawaii, due in part to the development of new programs for the elderly which have been severely hampered by the lack of transportation. In senior citizen clubs, field trips and excursions which are immensely popular with members are dependent upon available and affordable transportation. In several parks and recreation programs, classes specifically set up for the elderly had to be discontinued, because no transportation was available to bring interested citizens to the classes. Still in other areas, food and medicine were available, but the needy elderly were unable to get these services because of the lack of transportation.

Background on Old People

Much has already been said about the characteristics of the elderly population in Hawaii. However, a few outstanding observances should be noted here:¹

1. The income of the elderly is approximately half that of younger age groups, with a quarter of the elderly population living in households with incomes below the poverty level. Yet, "transportation takes an average of 9 cents out of every dollar in their limited budgets. It is their third highest expenditure, exceeded only by housing and food costs."
2. The elderly age group is growing faster than other segments of the population, and they must face health problems which affect transportation.
 - a. Declining vision: Peripheral vision declines with age, although one can see large objects easily, such as automobiles, this may hamper the ability to see people rushing past on a crowded street. Also, with age comes a decreased ability to ascertain colors, especially green.
 - b. Hearing loss: Between 5 and 13 per cent of all women and 7 and 17 per cent of men over 65 have some hearing loss. Only 4 per cent use hearing aids.
 - c. Brain: Reaction time is slightly diminished, especially in situations requiring a reaction to several stimuli at once (like a moving car, a crowd, etc.).
 - d. Locomotion: There is a decrease in walking speed and movements, which could be frustrating when trying to catch a bus, cross streets, etc.
 - e. Effects of medication: Much of the medications used by the elderly have the side effect of sedating the brain, and thus result in taking the edge off one's awareness of surroundings and activities. Thus, this could be a safety hazard to aged pedestrians.

Regardless of these health defects, however, the picture of the decrepit old man or woman is a gross exaggeration. The vast majority of older people can live independently and manage their lives in an appropriate manner if only they are given the opportunity to do so.

3. Too often, the elderly face isolation in a crowded community. Usually moving to boarding houses in deteriorating urban centers, or areas where transportation needs are minimized, the elderly live among strangers with little or no social contacts. Fear of violence and crime reinforces their immobile situations.

ELDERLY AFFAIRS

Public Transportation

The capabilities of the nation's transportation system has been on the decline. Many railroads have ceased operation, bus lines have been discontinued, and general means of transit have either deteriorated or stopped altogether. The recent bus strike in Honolulu put a serious obstacle upon the transportation plans of many of the elderly. However, with the City and County of Honolulu now in charge of bus transportation, the chance of that recurring is limited. Furthermore, the City Council action providing senior citizens with free transportation on the city buses allows this group much greater mobility. When living on a fixed income, a daily savings of 50 cents is a big boon to one's budget. This also could aid the employment picture for those who need and want it, for it provides them with a means to get to jobs offering them a supplemental income.

A Senate report on aging and transportation states, "To the older American, the growing national commitment—and the need for a greater commitment—in the effort to end the decline of public transportation is an issue far transcending his individual convenience and ease in reaching essential services. If present deterioration continues, today's hardships—and even dangers—will multiply and intensify. If, on the other hand, the present trend is altered for the better, the elderly will be among those who benefit most."²

In the counties of Maui, Kauai, and Hawaii, the hardships and dangers to the elderly population already exist, for there are no public transportation systems to speak of at all. Many programs and services which could be provided for the elderly are either hampered or do not exist because of the lack of a public transportation system. Of course, the costs of corrective action, in the form of building a new system on a large scale and on an assured and continuing basis, would be enormous. On the other hand, the good that it would do for the elderly, as well as others, is incalculable.

Elderly Drivers

Although the elderly do have difficulties in driving due to impaired vision, hearing loss, and some of the problems mentioned earlier, there is little reason to arbitrarily declare all elderly drivers incompetent. In a study of elderly drivers it was reported that drivers aged 65 and over:

1. Averaged 37 per cent fewer accidents than would exist if their proportion of accidents were in exact proportion to their population.
2. Represented 7.4 per cent of the total driving population in areas surveyed, [but] they were involved in only 4.8 per cent of all accidents.
3. Averaged lowest of all age groups in the frequency of injury-producing accidents—40 per cent below their proportionate share of the driving population.
4. Averaged 7 per cent fewer fatal accidents than their proportionate share of the driving population."³

They remain a group that must exhibit extreme care and more skill in driving in order to maintain their good driving records. But they should not be discriminated against, either by relicensing laws or by insurance policy rates.

Summary

Transportation is as important a factor in the lives of the elderly as is income, health, and other needs. If the State does not develop an adequate transportation system for its citizens, then the elderly cannot help but suffer—facing isolation from the society which they helped to build.

The older population does suffer physically from the effects of aging, however, 95 per cent of them are still able to live independently. Although transit systems have generally been on the decline in the nation, it is imperative that provisions be made for the public transport of our citizens, thus assuring them mobility, sociability, and freedom. In Hawaii, the public transportation problem in the counties of Maui, Kauai, and Hawaii have reached crisis proportions, for such systems are altogether lacking in those areas. As far as elderly drivers are concerned, they, like every other group should be treated as individual cases with unequivocal equality.

With transportation being such an important budgetary item in the elderly budget (9 cents out of every dollar), it is essential that transportation ducts be developed which would provide the elderly with a means to communicate and socialize with others. Too often, lonesome, elderly individuals find it easier to remain in their quiet little corners of the world than to go back out into the community. The reason for the lack of integration can usually

TRANSPORTATION

be directly traced to costly or nonexistent transportation. In the back hills of Kona, a large number of retired plantation hands have been found living in what were thought to be abandoned shacks. They, like many other elderly people on Kauai and Maui, have very little contact with other citizens in the area. Although many face a language barrier, lacking training in English, their main problem has been inaccessibility to a transportation system. Often, there are no roads to their homes, or only ones in disrepair which a jeep might find passable. A convenient bus system to this area would mean fresh food, better health through accessibility to medical facilities, and greater socialization and integration with the community. In short, it would mean a happier and richer life for the elderly population of Hawaii, especially those living in rural Oahu, Hawaii, Maui, Kauai, Molokai, and Lanai.

In urban Oahu, the transportation system already exists. The greatest asset of this system, as far as the elderly population is concerned, is the fare-free passage for oldsters. This is both a boon to their pocketbooks and a means for continual assimilation into modern society. Specific actions which could aid in the solution to the elderly transportation problems are as follows:

1. Provide shelters at bus stops with benches for seating, with armrests to help people stand or sit, and with roofs to shelter occupants from the rain.
2. Redesign buses so that you could get on them even with the curb, avoiding steps altogether.
3. Train bus drivers to be considerate of passengers and allow them time to be seated before moving the vehicle. Enforcement could be achieved through frequent on-the-job inspections.
4. Establish a mini-transportation system on all islands which would provide portal-to-portal service to groups or individual elders on an "on-demand" basis, through phone calls to a central dispatcher.
5. Renovate old school buses to fit the needs of the elderly, then use these buses to transport elderly residents to senior centers, clubs, and other activities. Allow senior groups to use the service by appointment for special activities.
6. Organize a fleet of vehicles (jeeps, vans, etc.), to be manned by elderly drivers, and to be used to transport the rural elderly to various services and activities. Perhaps RSVP volunteers could be used in this manner.

*as if old age were never kindly as well
as frosty; as if it had no reverend
graces of its own as good in their way
as the noisy impertinence of childhood,
the self-conceit of youth, or the
pompous mediocrity of middle life!**

health

*Lowell

CHAPTER IX HEALTH

Although there are great differences between individuals of the same age, health problems of many different degrees are a common complaint among the elderly. Because health affects one's social welfare as well as the more obvious physical condition, it is a significant factor in the study of the aged.

Chronic Conditions and Disability

Many older people enjoy relatively good health and can be almost as active as they were when they were young. But often, they are faced with at least one chronic health problem, making old age a little more difficult. Although no state statistics are available on chronic disease, it has been reported that approximately 86 per cent of the 65+ age group suffer from such chronic conditions as high blood pressure, arthritis, diabetes, heart disease, or mental disorder.

The majority of this age group also reported themselves to be quite mobile. Nationally, about 67 per cent had no limitation of mobility, 7.2 per cent reported some disability, and 4.7 per cent were "confined to the house." In the survey conducted by the Honolulu Committee on Aging, approximately 69 per cent reported no disability, while 4.7 per cent expressed a need for household help. This same Honolulu survey reported on the number of days of disability suffered by older people in a year's time. An estimated 20 per cent was disabled from one to thirty days, and a little over 11 per cent were disabled for more than 30 days. The national averages displayed in Table 34 give a breakdown of disability days by age group. The term "disability" was used to describe any temporary or long-term reduction of a person's activity as a result of an acute or chronic condition. It is evident from the table that restricted activity days resulting from disability are higher for older people than for younger ones.

Death Rates

Death rates give us some information as to the health needs of the older age group. The *State of Hawaii Data Book* reports the following statistics related to civilian deaths:

	1970	1960
Number of deaths	4,125	3,540
Per cent on Oahu	75.4	72.3
Males per 100 females	165.1	166.0
Median age (years)	65.3	63.1

Also, in Table 35, the average number of years of life remaining at the beginning year of a specified age is reported for males and females. And, finally, Table 36 reports death by age groups, with the vast majority (almost 80 per cent) occurring in the 45+ age groups.

Cause of Deaths

The specific health needs of the elderly can better be determined by the statistics on causes of death. Table 37 reveals that the leading cause of death remains heart disease, followed by malignant neoplasms (tumors), cerebrovascular diseases, and accidents. It is important to note that "accidents" rank among the leading causes of death, especially since the limitations of age are an important factor in this realm.

Physicians Serving the State

The number of nonfederal physicians serving the population of the State is reported in Table 38. In each category, statistics are reported for both doctors of medicine and doctors of osteopathy. Hawaii ranks slightly below the national average in both the ratios of all nonfederal physicians and of all physicians providing patient care. Table 39 gives us a slightly different view of physicians by providing a breakdown of the ethnic characteristics of the physicians licensed by the State. Here it is revealed that most physicians are Caucasians residing on Oahu. The City and County of Honolulu, the area with the largest population, has the best physician-patient rate, with an average of 628 civilians per physician, while Kauai County has the worst rate of 1,185 civilians per physician. Figures for the other islands were as follows: Hawaii—1,021, Maui—991, Lanai—735, and Molokai—1,018.

TABLE 34
DAYS OF DISABILITY PER PERSON PER YEAR, BY AGE, 1968

Age	Restricted activity days	Bed disability days	Work loss days
Total, all ages	15.3	6.3	5.4
Under 17	10.0	4.5	—
17-24	10.8	4.8	4.8
25-44	12.9	5.3	4.9
45-64	20.8	7.6	6.3
65+	35.0	14.5	5.8

Source: Maryland Commission on Aging, *Maryland's Older Population* (Baltimore: 1971).

TABLE 35
AVERAGE REMAINING LIFETIME AT SPECIFIED AGES:
1884-1885 THROUGH 1969-1971

(Average number of years of life remaining at beginning of year of age, by sex)

Period and age	Male	Female	Period and age	Male	Female
AT BIRTH			1959-1961, continued		
1884-1885 ¹	36.5		25 years	47.75	51.27
1919-1920	47.79	47.27	30 years	42.99	46.45
1929-1931	52.63	55.31	35 years	38.26	41.64
1939-1941	59.46	62.60	40 years	33.65	36.97
1949-1951	67.76	71.29	45 years	29.18	32.33
1959-1961	69.79	74.01	50 years	24.84	28.00
1969-1971	70.46	77.18	55 years	20.91	23.94
			60 years	17.28	20.04
1959-1961			65 years	14.05	16.28
1 year	70.64	74.50	70 years	11.27	12.92
5 years	66.85	70.74	75 years	8.60	9.87
10 years	62.00	65.86	80 years	6.42	7.24
15 years	57.14	60.97	85 years	4.68	4.81
20 years	52.41	56.09	90 years	3.45	3.35

¹City of Honolulu only. For two-year period ended March 31, 1885.

Source: Hawaii, Department of Planning and Economic Development, *State of Hawaii Data Book* (Honolulu: 1972).

TABLE 36
DEATH BY SPECIFIC AGE GROUPS FOR SELECTED YEARS*
STATE OF HAWAII, 1970

Age in Years	1920		1930		1940		1950		1960		1970	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
All Ages	4600	100.0	3865	100.0	3089	100.0	2919	100.0	3596	100.0	4138	100.0
Under 1	1083	23.6	890	23.0	421	13.6	337	11.5	400	11.1	315	7.6
1-4	484	10.5	344	8.9	99	3.2	81	2.8	52	1.4	43	1.0
5-14	221	4.8	167	4.3	109	3.5	45	1.5	66	1.8	45	1.1
15-24	456	9.9	273	7.1	193	6.3	101	3.5	110	3.1	120	2.9
25-44	1142	24.8	674	17.4	546	17.7	320	11.0	327	9.1	332	8.0
45-64	824	17.9	899	23.3	832	26.9	887	30.4	962	26.8	1191	28.8
65-74	229	5.0	359	9.3	507	16.4	578	19.8	738	20.5	859	20.8
75 and Over	161	3.5	259	6.7	382	12.4	570	19.5	941	26.2	1230	29.7
Unknown	—	—	—	—	—	—	—	—	—	—	2	0.1

*1920-1960 include deaths among military personnel; 1970 includes civilian deaths only.

Source: Hawaii, Department of Health, *Statistical Report, 1970*, p. 31.

TABLE 37
LEADING CAUSES OF DEATHS FOR 1970 and COMPARATIVE DATA FOR SELECTED YEARS
STATE OF HAWAII, 1930-1970

Cause	Rank	1970			1960			1950			1940			1930		
		No.	Rate*	Per Cent	No.	Rate*	Per Cent	No.	Rate*	Per Cent	No.	Rate*	Per Cent	No.	Rate*	Per Cent
All Causes	—	4211	546.9	100.0	3596	568.3	100.0	2919	584.0	100.0	3089	729.7	100.0	3865	1049.3	100.0
Diseases of the heart (390-398, 402, 404, 410-429)	1	1386	180.0	32.9	1188	187.7	33.0	863	172.7	29.6	559	132.0	18.1	452	122.7	11.7
Malignant Neoplasms (140-209)	2	764	99.2	18.1	618	97.7	17.2	450	90.0	15.4	286	67.6	9.2	226	61.4	5.8
Cerebrovascular Diseases (430-438) ..	3	401	52.1	9.5	374	59.1	10.4	279	55.8	9.6	188	44.4	6.1	183	49.7	4.7
All Accidents (800-949)	4	298	38.1	7.1	275	43.5	7.5	176	35.2	6.0	235	55.5	7.6	270	73.3	7.0
Certain Causes of Mortality in Early Infancy (760-777)	5	205	26.6	4.9	270	42.7	7.5	195	39.0	6.7	206	48.7	6.7	255	69.2	6.6
Influenza and Pneumonia (470-486) .	6	173	22.5	4.1	130	20.5	3.6	134	26.8	4.6	222	52.4	7.2	488	132.5	12.6
Diabetes Mellitus (250)	7	98	12.7	2.3	94	14.9	2.6	88	17.6	3.0	61	14.4	2.0	41	11.1	1.1
Suicides (950-959)	8	85	11.0	2.0	47	7.4	1.3	56	11.2	1.9	79	18.7	2.5	66	17.9	1.7
Congenital Anomalie (740-759)	9	74	9.6	1.8	79	12.5	2.2	82	16.4	2.8	56	13.2	1.8	41	11.1	1.1
Cirrhosis of Liver (571)	9	74	9.6	1.8	45	7.1	1.3	30	6.0	1.0	40	9.4	1.3	26	7.1	0.7
Bronchitis, Asthma and Emphysema (490-493)	10	66	8.6	1.6	45	7.1	1.3	NA	—	—	NA	—	—	NA	—	—
Aneurisms and Other Diseases of Arteries (441-448)	11	43	5.6	1.0	28	4.4	0.8	NA	—	—	NA	—	—	NA	—	—
Homicide (960-969)	12	33	4.3	0.8	20	3.2	0.6	12	2.4	0.4	19	4.5	0.6	23	6.2	0.6
Arteriosclerosis (440)	13	31	4.0	0.7	50	7.9	1.4	31	6.2	1.1	18	4.3	0.6	27	7.3	0.7
Nephritis and Nephrosis (580-584) ...	14	28	3.6	0.7	48	7.6	1.3	58	11.6	2.0	284	67.1	9.2	240	65.2	6.2
Infection of Kidney (590)	15	27	3.5	0.6	17	2.7	0.5	NA	—	—	NA	—	—	NA	—	—
All Other Causes	—	425	—	10.1	268	42.4	7.5	465	93.0	15.9	836	197.5	27.1	1527	414.6	39.5

NA = Not available.

*Number of deaths per 100,000 total population

Source: Hawaii, Department of Health, **Statistical Report, 1970**, p. 33.

TABLE 38
LOCATION OF NON-FEDERAL PHYSICIANS IN RELATION TO POPULATION:
DECEMBER 31, 1967

Location	Civilian population in thousands July 1	All non-Federal physicians ¹				M.D.'s and D.O.'s providing patient care ²			
		M.D. and D.O.	Number		Ratio per 100,000 civilians	M.D. and D.O.	Number		Ratio per 100,000 civilians
			M.D. only	D.O. only			M.D. only	D.O. only	
All locations . . .	198,649	292,661	279,418	13,243	147	260,296	249,273	11,023	131
United States . . .	195,669	290,420	277,177	13,243	148	258,279	247,256	11,023	132
Ala	3,499	2,871	2,867	4	82	2,621	2,619	2	75
Alaska	237	177	173	4	75	164	162	2	69
Ariz	1,607	2,347	2,068	279	146	2,035	1,790	245	127
Ark	1,963	1,710	1,688	22	87	1,520	1,505	15	77
Calif	18,613	34,555	34,135	420	186	30,345	30,204	141	163
Colo	1,966	3,685	3,425	260	187	3,248	3,013	235	165
Conn	2,906	5,422	5,367	55	187	4,776	4,735	41	164
Del	515	727	686	41	141	673	635	38	131
D.C	789	3,023	3,007	16	383	2,521	2,509	12	320
Fla	5,935	9,447	8,841	606	159	7,466	7,006	460	126
Ga	4,389	4,558	4,478	80	104	4,100	4,034	66	93
Hawaii	704	1,002	982	20	142	913	898	15	130
Idaho	697	676	639	37	97	622	598	24	89
Ill	10,828	14,996	14,652	344	138	13,551	13,313	238	125
Ind	5,001	5,158	4,960	198	103	4,690	4,516	174	94
Iowa	2,770	3,298	2,889	409	119	2,905	2,566	339	105
Kans	2,257	2,680	2,483	197	119	2,388	2,228	160	106
Ky	3,147	3,168	3,129	39	101	2,825	2,795	30	90
La	3,621	4,095	4,083	12	113	3,715	3,704	11	103
Maine	966	1,238	1,031	207	128	1,101	935	166	114
Md	3,606	6,374	6,351	23	177	5,481	5,466	15	152
Mass	5,395	11,195	10,913	282	208	9,765	9,584	181	181
Mich	8,588	12,643	10,541	2,102	147	11,522	9,590	1,932	134
Minn	3,619	5,414	5,351	63	150	4,852	4,802	50	134
Miss	2,319	1,768	1,767	1	76	1,604	1,603	1	69
Mo	4,547	6,832	5,677	1,155	150	5,946	5,030	916	131
Mont	689	726	686	40	105	673	645	28	98
Nebr	1,430	1,717	1,670	47	120	1,511	1,479	32	106
Nev	428	477	449	28	111	437	415	22	102
N.H	687	964	938	26	140	813	797	16	118
N.J	6,922	10,041	9,398	643	145	9,234	8,688	546	133
N.Mex	987	1,050	928	122	106	895	788	107	91
N.Y	17,986	40,646	40,082	564	226	36,516	36,044	472	203
N.C	4,949	5,168	5,136	32	104	4,505	4,484	21	91
N.Dak	620	585	575	10	94	544	535	9	88
Ohio	10,467	14,760	13,682	1,078	141	13,541	12,539	1,002	129
Okla	2,468	2,904	2,483	421	118	2,622	2,240	382	106
Oreg	1,976	2,935	2,766	169	149	2,558	2,422	136	129
Pa	11,655	18,728	17,163	1,565	161	16,734	15,380	1,354	144
R.I	880	1,433	1,349	84	163	1,328	1,255	73	151
S.C	2,564	2,111	2,105	6	82	1,910	1,906	4	74
S.Dak	661	575	538	37	87	534	503	31	81
Tenn	3,903	4,497	4,431	66	115	3,997	3,946	51	102
Tex	10,653	12,571	11,760	811	118	11,362	10,644	718	107
Utah	1,017	1,365	1,346	19	134	1,205	1,188	17	118
Vt	419	790	745	45	189	621	590	31	148
Va	4,365	5,183	5,147	36	119	4,567	4,538	29	100
Wash	3,145	4,725	4,515	210	150	4,136	3,973	163	133
W. Va	1,807	1,870	1,756	114	103	1,690	1,590	100	94
Wisc	4,191	5,218	5,037	181	125	4,700	4,539	161	112
Wyo	315	322	309	13	102	297	288	9	91
P.R	2,682	2,038	2,038	—	76	1,836	1,836	—	68
U.S. outlying areas . .	296	203	203	—	69	181	181	—	61

¹Excludes 27,724 Federal physicians (27,552 M.D.'s and 172 D.O.'s) and 1,660 with addresses temporarily unknown to the AMA. Includes 14,198 inactive physicians (12,898 M.D.'s and 1,300 D.O.'s).

²M.D.'s include those in solo, partnership, group or other practice and those in training programs and in hospital-based practice; D.O.'s include those in private practices and those in training programs and professional full-time hospital positions. Excludes 30,145 non-Federal M.D.'s (11,166 on medical school facilities; 2,729 in administration; 3,352 in research; and 12,898 in inactive status), and 1,660 with addresses temporarily unknown to the AMA; and 1,486 non-Federal D.O.'s (17 in full-time administrative hospital positions; 127 on college faculties; 42 in miscellaneous activities; and 1,300 in inactive status, and 734 whose status was not reported to the AOA).

Source: Maryland, Commission on Aging, *Maryland's Older Population* (Baltimore: 1972).

TABLE 39
PHYSICIANS LICENSED IN THE STATE OF HAWAII BY RACE,
TYPE OF PRACTICE, PLACE OF RESIDENCE AND SEX AS OF MAY 1, 1971

Race		Total Licensed by the State	State of Hawaii			Island of Residence												Nonresident	
			Total	Male	Female	Hawaii		Oahu		Kauai		Lanai		Maui		Molokai		Male	Female
						M	F	M	F	M	F	M	F	M	F	M	F		
All Races	Number	1,626	1,049	962	87	58	4	838	77	23	2	3	0	36	3	5	0	535	42
	Physicians per 10,000 civilians	—	14.7	13.5	1.2	9.8		15.9		8.4		13.6		10.1		9.8		—	—
	Civilians per physician	—	680	742	8205	1021		628		1185		735		991		1018		—	—
Hawaiian		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Part Hawaiian		15	14	14	—	—	—	12	—	2	—	—	—	—	—	—	—	1	—
Puerto Rican		1	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Caucasian		1,017	560	510	50	35	3	427	42	14	1	3	—	27	3	5	—	428	29
Chinese		243	189	176	13	8	0	164	13	1	—	—	—	3	—	—	—	49	5
Japanese		278	224	210	14	15	1	187	12	3	1	—	—	5	—	—	—	47	7
Korean		23	22	21	1	—	—	20	1	1	—	—	—	—	—	—	—	1	—
Filipino		35	27	20	7	—	—	18	7	1	—	—	—	1	—	—	—	7	1
Negro		1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Other		11	11	10	1	—	—	9	1	1	—	—	—	—	—	—	—	—	—
Unknown		2	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Type of Practice	Private	1,213	895	892	66	52	4	715	58	22	2	3	—	32	2	5	—	296	22
	Retired	40	29	26	3	1	—	22	3	—	—	—	—	3	—	—	—	10	1
	Military	78	23	23	—	—	—	23	—	—	—	—	—	—	—	—	—	55	—
	Other	292	100	82	18	5	—	76	16	1	—	—	—	1	1	—	—	173	19

Source: Hawaii, Department of Health, *Statistical Report*, 1970, p. 4.

HEALTH

Hospitals and Care Homes

Tables 40 and 41 show the number of care homes and hospitals in the State. Generally, there has been a decrease in the number of hospitals in Hawaii, but at the same time there has been a large increase in the number of nursing homes. The Department of Health reports that it is in this area, intermediate care facilities and care homes, that the greatest need now exists. Table 40 also reveals that although 90 per cent of the beds are located on Oahu (where 80 per cent of the population lives), the demand is greater than the supply. The average patient occupancy was 1,801, but the acceptable beds available numbered only 1,531. Table 41 reveals that while the total number of beds appeared to be sufficient, only a little over half of them were considered acceptable. The need in this area, then, seems to lean toward an upgrading of present facilities to acceptable standards, rather than merely adding more beds.

Nurses

Registered nurses play an important role in the care of the elderly, for they can often meet many of the medical needs of this group. Public health nurses, travelling to various senior citizen groups, often provide the essential service of spotting potential medical problems. Table 42 shows that Hawaii, with 321 nurses employed per 100,000 population, ranks slightly above the national average in this respect.

Medical Payments

Medical care is financed both publicly and privately, with the largest share still coming from the private sector. However, in 1965, Congress amended the Social Security Act to institute two new programs: Medicare, under Title 18, which established a new means of financing hospital and medical care for the elderly; and Medicaid, under Title 19, which offered the states 50-83 per cent federal sharing in the cost of approved programs for medical assistance to specified needy persons, no matter how high the expenditure.

In 1966, government at all levels spent 26 cents of every medical care dollar. Five years later, the government's portion had reached 38 cents, with most of the increase coming from the federal government. Table 43 compares the amount and distribution of medical care expenditures by source of funds for fiscal years 1966 and 1971.

The trend in recent years has been for a larger share of medical costs to be paid by third parties. Since 1950, the payment positions of third parties and direct payment sources have reversed. For example, in 1950, direct payments accounted for 68 per cent of all payments while third parties accounted for 32 per cent. In 1971, direct payments accounted for 38 per cent while third-party payments equalled 62 per cent. The increased third-party share was due in large part to the implementation of Medicare in 1966 (see Table 44).

Public Financing

In 1971, the public spent \$25.6 billion on health services and supplies. Of that amount, \$16.5 billion was from federal sources and \$9.1 billion was from state and local governments. Medicare and Medicaid programs were the largest contributors, accounting for \$7.9 billion and \$6 billion, respectively. Table 45 summarizes the amounts spent for fiscal 1971.

Medicare, the common name for Health Insurance for the Aged, was established by the 1965 Social Security Act amendments. This program pays for part of the costs of hospital and medical services for enrolled persons aged 65 and over and is a major source of financial aid for the elderly in meeting the costs of medical care.

Medicare is divided into two sections:

Part A—Hospital Insurance

Part B—Supplemental Medical Insurance

Table 46 gives an accounting of participants in the program by county, with the City and County of Honolulu exhibiting the largest enrollment.

The services provided under Parts A and B have been summarized by the Social Security Administration.

TABLE 40
NURSING AND CARE HOMES BY ISLAND, OWNERSHIP, BEDS AND PATIENT DAYS
STATE OF HAWAII, 1970

Island and Ownership	Number	Total Beds ^a	Acceptable Beds ^b	Per Cent of Occupancy	Average Patient Occupancy	Patient Days	Patients Admitted
STATE OF HAWAII	161	2,162	1,760	94.9	2,005	732,197	1,934
Care Homes	147	915	842	95.6	827	302,114	421
Individual	140	664	663	96.2	628	229,322	235
Nonprofit Assn	7	251	179	93.6	199	72,792	186
Nursing Homes	14	1,247	918	94.5	1,178	430,083	1,513
Individual	7	632	534	95.2	601	219,515	837
Nonprofit Assn. & Gov't ..	7	615	384	93.8	577	210,568	676
Island of Hawaii	6	32	32	86.7	24	8,863	12
Care Homes							
Individual	5	20	20	76.8	12	4,483	10
Nonprofit Assn	1	12	12	100.0	12	4,380	2
Island of Kauai	17	56	56	95.0	47	16,987	8
Care Homes							
Individual	17	56	56	95.0	47	16,987	8
Island of Maui	6	141	141	94.5	133	48,742	104
Care Homes							
Individual	5	17	17	50.7	12	4,524	4
Nursing Homes							
Nonprofit Assn	1	124	124	97.7	121	44,218	100
Island of Oahu	132	1,933	1,531	95.1	1,801	657,605	1,810
Care Homes	120	810	737	96.4	744	271,740	397
Individual	114	571	570	97.6	557	203,328	213
Nonprofit Assn	6	239	167	93.2	187	68,412	184
Nursing Homes	12	1,123	794	94.1	1,057	385,865	1,413
Individual	7	632	534	95.2	601	219,515	837
Nonprofit Assn. & Gov't ..	5	491	260	92.8	456	166,350	567

^aFor calculating purposes, we used the figures of 2,113 since questionnaires were not received from four care homes with a total of 49 beds.

^bIncludes the 49 beds of the same four care homes.

Source: Hawaii, Dept. of Health, *Statistical Report, 1970*, p. 163.

TABLE 41
HOSPITAL FACILITIES BY HOSPITAL, LOCATION, OCCUPANCY AND PATIENT DAYS
STATE OF HAWAII, 1970

Island and Hospital Name	Number	Type	Location	Ownership	Total Beds ^a	Acceptable Beds	Basinets	Per Cent of Occupancy	Average Patient Occupancy	Patient Days	Patients Admitted
STATE OF HAWAII	31				5,021	2,698	326	76.7	3,848	1,405,019	88,861
Island of Hawaii	5				528	345	46	74.1	391	142,874	8,392
Hilo	1	General	Hilo	State	172	125	20	76.0	131	47,709	5,991
Hilo		Long-Term	Hilo	State	140	136	—	94.8	132	48,438	132
Hilo		Mental	Hilo	State	20	18	—	66.5	13	4,883	2
Hilo		T.B.	Hilo	State	36	50	—	75.6	28	10,069	43
Honokaa	1	General	Honokaa	State	25	0	8	36.0	9	3,285	569
Honokaa		Long-Term	Honokaa	State	18	0	—	78.3	14	5,142	16
Kohala	1	General	Kohala	State	26	16	6	42.0	11	4,003	348
Kohala		Long-Term	Kohala	State	—	—	—	—	—	—	—
Kona	1	General	Kona	State	38	0	6	43.3	16	6,005	1,044
Kona		Long-Term	Kona	State	18	0	—	123.0	22	8,083	16
Pahala	1	General	Pahala	N.P.A.	24	0	6	19.0	5	1,649	227
Pahala		Long-Term	Pahala	N.P.A.	11	0	—	90.0	10	3,608	4
Island of Maui	3				302	181	32	75.1	226	82,741	5,784
Maui Memorial	1	General	Wailuku	State	145	125	32	62.8	91	33,218	5,463
Kula General	1	General	Waikoa	State	15	0	—	33.2	5	1,817	195
Kula Sanatorium	1	Long-Term	Waikoa	State	87	24	—	91.2	79	28,963	79
Kula Sanatorium		Mental	Waikoa	State	41	19	—	93.7	38	14,020	29
Kula Sanatorium		T.B.	Waikoa	State	14	13	—	92.4	13	4,723	18
Island of Lanai	1				14	14	4	17.8	3	908	156
Lanai Community	1	General	Lanai City	N.P.A.	14	14	4	17.8	3	908	156
Island of Molokai	2				300	28	4	45.4	136	49,715	863
Molokai General	1	General	Kaunakakai	N.P.A.	31	28	4	33.3	10	3,771	861
Kalaupapa Settlement	1	Leprosy	Kalawao	State	269 ^b	0	—	46.8	126	45,944	2
Island of Kauai	3				251	168	24	82.6	207	75,659	4,764
Kauai Veterans Memorial	1	General	Waimea	State	37	33	10	81.9	30	11,064	1,699
G.N. Wilcox Memorial	1	General	Lihue	N.P.A.	69	30	14	80.0	55	20,141	2,921
G.N. Wilcox Memorial		Long-Term	Lihue	N.P.A.	35	15	—	95.5	33	12,205	45
Samuel Mahelona	1	Mental	Kapaa	State	76	70	—	80.0	62	22,201	82
Samuel Mahelona		T.B.	Kapaa	State	12	0	—	52.0	6	2,279	12
Samuel Mahelona		Long-Term	Kapaa	State	22	20	—	96.7	21	7,769	5
Island of Oahu	17				3,626	1,962	216	79.6	2,885	1,053,122	68,902
Castle Memorial	1	General	Kailua	N.P.A.	72	72	14	85.4	61	22,443	4,038
Hale Mohalu	1	Leprosy	Pearl City	State	154 ^b	0	—	32.3	50	18,155	9
Kahuku	1	General	Kahuku	N.P.A.	30	11	—	31.6	9	3,457	873
Kaiser Foundation	1	General	Honolulu	N.P.A.	152	148	33	78.4	119	43,477	7,185
Kapiolani Mat. & Gyn.	1	Mat.-Gyn.	Honolulu	N.P.A.	107	43	90	85.8	92	33,525	10,468
Kauikeolani Children's	1	Pediatrics	Honolulu	N.P.A.	146	73	8	56.4	82	30,044	4,086
Pacific Inst. Rehab. Med.	1	Rehab.	Honolulu	N.P.A.	64	37	—	61.6	39	14,383	336
Kuakini	1	General	Honolulu	N.P.A.	208	200	—	89.4	186	67,856	7,327
Leahi	1	Long-Term	Honolulu	State	134	43	—	109.2	146	53,391	39
Leahi		M.H.-M.R.	Honolulu	State	49	18	—	66.5	33	11,885	117
Leahi		T.B.	Honolulu	State	84	82	—	75.6	64	23,180	238
Leahi		Acute	Honolulu	State	37	39	—	01.0	1	214	21
Leeward	1	General	Aiea	N.P.A.	32	0	—	72.5	23	8,466	1,366
Queen's	1	General	Honolulu	N.P.A.	423	297	50	85.5	362	132,009	17,403
Queen's		M.H.	Honolulu	N.P.A.	24	0	—	78.5	19	6,878	596
St. Francis	1	General	Honolulu	N.P.A.	260	152	—	81.4	212	77,251	9,096
Shriners	1	Ortho.	Honolulu	N.P.A.	40	58	—	91.0	36	13,280	159
State Hospital	1	Mental	Kaneohe	State	687	398	—	72.0	495	180,801	1,441
Wahiawa	1	General	Wahiawa	N.P.A.	82	86	16	64.7	52	19,115	3,456
Wahiawa		Long-Term	Wahiawa	N.P.A.	51	51	—	95.3	49	17,737	67
Waialua	1	General	Waialua	Prop.	37	0	5	25.6	9	3,409	499
Waimano	1	Mental	Pearl City	State	753 ^b	154	—	99.0	746	272,166	82

^a Total beds in place as reported by the hospitals for Calendar Year 1970.

^b Includes Residential Cottages.

Source: Ibid.

TABLE 42
LOCATION OF REGISTERED NURSES ACCORDING TO ACTIVITY
STATUS AND RATIO TO POPULATION: 1966

Location	Resident population in thousands ¹	Number of nurses					Employed nurses per 100,000 population (adjusted)
		Total	Employed in nursing	Not employed in nursing	Activity status not reported	Employed in nursing (adjusted) ²	
United States	195,936	909,131	593,694	285,791	29,646	613,188	313
Alabama	3,511	8,239	5,685	2,237	317	5,912	168
Alaska	265	873	581	279	13	590	223
Arizona	1,603	8,257	5,775	2,360	122	5,862	366
Arkansas	1,956	3,690	2,569	1,064	57	2,609	133
California	18,802	93,649	57,537	34,266	1,846	58,694	312
Colorado	1,955	10,964	8,208	2,619	137	8,312	425
Connecticut	2,878	20,393	14,973	4,805	615	15,438	536
Delaware	513	3,300	2,043	1,170	87	2,098	409
District of Columbia	806	4,382	3,604	709	69	3,662	454
Florida	5,893	28,760	21,007	6,757	996	21,760	369
Georgia	4,445	10,115	6,851	3,111	153	6,956	156
Hawaii	727	3,084	2,193	704	187	2,334	321
Idaho	697	3,049	1,946	1,090	13	1,954	280
Illinois	10,786	54,777	33,331	18,024	3,422	35,552	330
Indiana	4,951	17,999	12,307	4,959	733	12,829	259
Iowa	2,760	14,990	9,956	4,996	38	9,981	362
Kansas	2,275	10,532	6,558	3,459	515	6,895	303
Kentucky	3,181	9,048	6,130	2,678	240	6,297	198
Louisiana	3,617	9,180	6,598	2,364	218	6,758	187
Maine	978	6,410	3,963	2,308	139	4,051	414
Maryland	3,611	15,250	9,840	5,158	252	10,005	277
Massachusetts	5,403	45,731	25,729	15,207	4,795	28,743	532
Michigan	8,468	37,515	22,005	13,212	2,298	23,441	277
Minnesota	3,572	18,434	14,184	3,922	328	14,441	404
Mississippi	2,337	4,663	3,553	961	149	3,670	157
Missouri	4,564	14,566	11,021	3,197	348	11,291	247
Montana	702	3,404	2,471	916	17	2,483	354
Nebraska	1,439	7,308	4,674	2,547	87	4,730	329
Nevada	431	1,533	1,052	470	11	1,060	246
New Hampshire	676	5,402	3,381	1,806	215	3,521	521
New Jersey	6,899	42,479	24,283	17,074	1,122	24,942	362
New Mexico	1,002	3,619	2,482	1,095	42	2,511	251
New York	18,205	110,495	72,456	35,326	2,713	74,280	408
North Carolina	4,974	15,627	12,038	3,475	114	12,126	244
North Dakota	643	2,889	2,095	768	26	2,114	329
Ohio	10,364	45,572	32,239	12,761	572	32,649	315
Oklahoma	2,477	6,582	4,435	1,842	305	4,650	188
Oregon	1,973	9,303	6,647	2,428	228	6,814	345
Pennsylvania	11,601	75,353	43,382	27,978	3,993	45,809	395
Rhode Island	898	5,322	3,617	1,624	81	3,673	409
South Carolina	2,589	7,635	5,367	1,918	350	5,625	217
South Dakota	679	2,907	2,055	804	48	2,089	308
Tennessee	3,866	9,427	6,628	2,622	177	6,755	175
Texas	10,747	30,468	19,491	9,955	1,022	20,167	188
Utah	1,007	3,531	2,329	1,175	27	2,347	233
Vermont	411	2,813	1,796	955	62	1,836	447
Virginia	4,465	16,508	11,461	4,976	71	11,511	258
Washington	3,040	17,850	11,259	6,430	161	11,361	374
West Virginia	1,809	6,010	4,687	1,298	25	4,707	260
Wisconsin	4,167	17,623	14,018	3,522	83	14,084	338
Wyoming	319	1,621	1,204	410	7	1,209	379

¹Total resident population as of July 1.

²Adjusted for activity status not reported.

Source: U.S. Department of Health, Education and Welfare, Public Health Service, *Health Resources Statistics*, 1969.

TABLE 43
SOURCES OF FUNDING FOR MEDICAL CARE

Source of funds	Amount (in millions)		Percentage distribution	
	FY 1966	FY 1971	FY 1966	FY 1971
Total	\$42,109	\$75,012	100.0	100.0
Private	31,279	46,548	74.3	62.1
Public ¹	10,830	28,463	25.7	37.9
Federal ¹	5,381	18,767	12.8	25.0
State and local	5,449	9,696	12.9	12.9

¹Includes premium payments for supplementary medical insurance by or in behalf of enrollees.

Source: U.S. Dept. of Health, Education and Welfare, Social Security Administration, *Medical Care Costs and Prices: Background Book*, 1972.

TABLE 44
MEDICAL CARE: TYPES OF PAYMENTS FOR VARIOUS YEARS

Fiscal year	Personal health care expenditures	Direct payments	Third-party payments			
			Total	Private		Public
				Health insurance	Philanthropy and others	
Amount (in millions)						
1950.....	\$10,400	\$ 7,107	\$ 3,293	\$ 879	\$312	\$ 2,102
1955.....	15,231	8,992	6,239	2,358	412	3,469
1960.....	22,728	12,575	10,153	4,698	525	4,930
1965.....	33,498	17,577	15,921	8,280	683	6,958
1970.....	58,752	22,930	35,822	14,406	890	20,526
1971.....	65,132	24,262	40,870	16,615	964	23,291
Percentage distribution						
1950.....	100.0	68.3	31.7	8.5	3.0	20.2
1955.....	100.0	39.0	41.0	15.5	2.7	22.8
1960.....	100.0	55.3	44.7	20.7	2.3	21.7
1965.....	100.0	52.5	47.5	24.7	2.0	20.8
1970.....	100.0	39.0	61.0	24.5	1.5	34.9
1971.....	100.0	37.2	62.8	25.5	1.5	35.8

Source: U.S. Dept. of Health, Education and Welfare, Social Security Administration, *Medical Care Costs*

TABLE 45
PUBLIC FINANCING OF MEDICAL CARE

Public program	Amount (in millions)			Percentage distribution		
	Total	Federal	State and local	Total	Federal	State and local
Total	\$25,604.9	\$16,470.9	\$9,134.0	100.0	100.0	100.0
Medicare	7,875.0	7,875.0	—	30.8	47.8	—
Medicaid	6,493.8	3,260.7	3,233.1	25.4	19.8	35.4
General hospital and medical care	3,831.7	376.1	3,455.6	15.0	2.3	37.8
Defense Department	1,788.3	1,788.3	—	7.0	10.9	—
Veterans Administration	1,873.8	1,873.8	—	7.3	11.4	—
Other public health activities	1,617.8	798.6	819.2	6.3	4.8	9.0
All other	2,124.5	498.4	1,626.1	8.2	3.0	17.8

Source: U.S. Department of Health, Education and Welfare, Social Security Administration, *Medical Care Costs and Prices: Background Book*, 1972.

TABLE 46
PARTICIPANTS AND EXPENDITURES IN MEDICINE, BY COUNTY, 1970

County	Part A Enrollment	Part A Reimbursement	Part B Enrollment	Part B Reimbursement
Honolulu	31,398	\$ 7,896,574	30,839	\$3,166,330
Hawaii	6,212	\$ 909,893	6,149	\$ 386,577
Maui	4,333	\$ 852,187	4,274	\$ 317,175
Kauai	2,750	\$ 576,508	2,734	\$ 212,609
Kalawao	26	\$ 1,137	20	\$ 1,783
Unknown	18	\$ 5,627	17	\$ 2,228
Total	44,737	\$10,241,926	44,033	\$4,086,702

Source: Social Security Administration, Honolulu Office.

TABLE 47
SELECTED DATA FROM THE MEDICARE PROGRAM

Item	1967	1968	1969	1970
Persons enrolled as of January 1 for:				
Hospital insurance (HI)	38,573	40,288	42,161	43,835
Supplementary medical insurance (SMI)	36,617	38,010	40,851	42,922
HI and/or SMI	38,687	40,410	42,407	44,241
Amounts reimbursed during the fiscal year:				
HI: Total (in thousands)	\$5,196	\$8,793	\$11,004	\$11,050
SMI: Total (in thousands)	\$1,746	\$3,962	\$4,876	\$5,746
HI: Amount per HI enrollee	\$135	\$218	\$261	\$252
SMI: Amount per SMI enrollee	\$48	\$104	\$119	\$134
Participating facilities as of July:				
Number:				
All hospitals	27	25	24	25
Short-stay	21	19	19	20
Tuberculosis	—	—	—	—
Psychiatric	1	1	1	1
Other long-stay	5	5	4	4
Extended care facilities	14	16	15	16
Beds:				
All hospitals	3,551	3,448	3,382	3,365
Short-stay	1,996	1,995	1,994	2,049
Tuberculosis	—	—	—	—
Psychiatric	687	687	687	687
Other long-stay	868	766	701	629
Extended care facilities	1,116	1,081	1,224	1,282
Beds per 1,000 HI enrollees:				
Short-stay hospitals	51.7	49.5	47.3	46.7
Extended care facilities	28.9	26.8	29.0	29.2
Home health facilities	2	2	4	6
Independent laboratories	16	13	13	13
Admissions (in thousands) during the fiscal year:				
All hospital inpatient admissions	11	12	13	12
Extended care facility admissions	1	1	2	1
Admission rate per 1,000 HI enrollees:				
All hospital inpatient admissions	282.6	305.3	301.2	285.4
Extended care facility admissions	18.1	32.3	35.6	29.7

Source: U.S. Dept. of Health, Education and Welfare, Social Security Administration, *Medicare, Fiscal Years 1967-1970*, Washington.

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Hospital Insurance (HI): That portion of the health insurance program that pays for a large part of the costs of inpatient hospital care, post-hospital extended care, and home health service visits, and until March 31, 1968, outpatient hospital diagnostic services. Hospital insurance pays for up to 90 days of hospitalization in a benefit period, which begins with the first day of hospitalization and ends 60 days after discharge from the hospital or extended care facility. Effective January 1, 1968, each beneficiary also has a lifetime reserve of 60 additional days of hospital coverage. Payment is conditional upon the hospital's participation in the Medicare program and, in 1968, was made after the insured had met a deductible of \$40. It was subject also to a coinsurance amount of \$10 per day for the 61st through the 90th day of hospitalization per benefit period. Inpatient services in a tuberculosis or psychiatric hospital are included, with a lifetime limit of 190 days of covered services in psychiatric hospitals.

Hospital insurance also pays for all covered services in participating extended care facilities (ECF) for the first 20 days of such care per benefit period, following discharge from a hospital after a stay of 3 days or more, and within 14 days of the discharge from a hospital (or an ECF). The program pays for up to an additional 80 days in the ECF in the same benefit period, subject to coinsurance of \$5 a day during 1968. Benefits cover the costs of as many as 100 home health agency service visits in the 12-month period following discharge from a participating hospital or extended care facility, provided there had been a stay in a hospital of at least 3 consecutive days.

Supplementary Medical Insurance (SMI): That part of the program providing payment for the following: physicians' services, including home and office visits; up to 100 home health service visits without prior hospitalization per calendar year; until March 31, 1968, outpatient hospital therapeutical services, and subsequently all outpatient hospital services; outpatient physical therapy services; diagnostic X-rays and laboratory tests, radiation therapy; prosthetic devices; rental or purchase of durable medical equipment; ambulance services; and surgical dressings, splints, casts, and similar devices. After the beneficiary has paid the first \$50, the program pays for 80 per cent of the reasonable charges for covered services during the calendar year.¹

The Medicare program and its effects on Hawaii can best be summarized by Table 47. Generally, it can be said that the benefits of this program have been extended to more people and the dollar amounts spent have more than doubled since its inception.

The Medicaid program, which has been described by some as the most momentous program since Social Security, is best summarized by a *Congressional Record* description as follows:

MAJOR REVISIONS IN MEDICAL ASSISTANCE PROVISIONS (TITLE 19), SOCIAL SECURITY AMENDMENTS OF 1967²

1. Limitation on Federal participation in Medicaid programs.

States will be limited in setting income levels for Federal matching purposes to 133-1/3 percent of the highest amount ordinarily paid to a family of the same size in the form of money payments under the Aid for Families with Dependent Children (AFDC) program. For state plans already in effect, the limit would be 150 percent effective July 1, 1968; 140 percent on January 1, 1969; and 133-1/3 percent on January 1, 1970.

2. Maintenance of state effort.

The 1965 law contained certain provisions which in effect required that the additional Federal dollars the states receive under Title 19 would be passed on to recipients or otherwise used in the state welfare programs, for a period ending July 1, 1969. The 1967 amendments add to the kinds of expenditures states may count (e.g., money payments) (from July 1, 1966) in determining whether they are satisfying the "maintenance-of-effort" provisions. The provision as amended would terminate July 1, 1968.

3. Coordination of Title 19 and the supplementary medical insurance program (Title 18).

Extends to January 1, 1970 (rather than January 1, 1968) the time for states to buy-in Title 18 supplementary medical insurance for persons eligible for Medicaid. Also, the medically indigent may be included in the group for which the state can purchase such coverage, and persons who go on the rolls after 1967 are also eligible, although there is no Federal matching toward the state's share of the premium in such cases. Federal matching amounts will not be available to states for services which could have been covered under the supplementary medical insurance programs but were not as a result of a state's failure to buy in.

4. Modification of comparability provisions.

States do not have to include in Medicaid coverage for recipients under age 65 the same services which the aged receive under the supplementary medical insurance program furnished under the buy-in provisions discussed above.

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5. Required services for Medicaid.

Enlarges state discretion in the selection of services to be provided for the medically indigent. States will continue to be required to provide the five basic services for all money payment recipients, but for the medically indigent could select either the first five, or seven out of 14 services authorized under the law (except that if nursing home or hospital care services are selected, states must also provide physicians' services in those institutions.) After July 1, 1970, states will also be required to provide home health care services for cash assistance recipients.

6. Extent of Federal financial participation in state administrative expenses.

Permits the same 75 percent Federal matching for physicians and other professional medical personnel working on the Medicaid program in the state health agencies as was formerly extended to workers in the "single state agency," usually the public assistance agency. (Previous matching was 50 percent in such cases.)

7. Advisory Council on Medical Assistance.

Such a council, consisting of 21 persons from outside the government, is established to advise the Secretary of Health, Education, and Welfare on matters of administration of the Medicaid program.

8. Free choice for persons eligible for Medicaid.

Effective July 1, 1969, people covered under state Medicaid program will have free choice of qualified medical facilities and practitioners, including community pharmacists.

9. Use of state agencies to assist health facilities to participate in the various health programs under the Social Security Act.

States will receive 75 percent Federal matching for services which the state health agencies perform to help health facilities qualify for participation in the various health programs under the Social Security Act (Medicare, Medicaid, child health), and to help those facilities improve their fiscal records for payment purposes. (Similar provisions for Medicare, are repealed, effective July 1, 1969, when this provision goes into effect.)

10. Payments for services and care by a third party—Medicaid.

States are required to take steps to assure that the medical expenses of a person covered under the Medicaid program, which a third party has a legal obligation to pay, will not be paid for, or, if liability is later determined, that steps will be taken to secure reimbursement.

11. Direct billing—Medicaid.

Permits states to make a direct payment to the recipient for physicians' and dentists' services with respect to those medical assistance recipients who are not also receiving cash assistance. (Previous law required the states to pay directly to the provider of the services.)

12. Date on which state plans under Title 19 must meet certain financial participation requirements.

Advances the date on which state plans for medical assistance must meet the 1965 law's requirements for state (versus local) financial participation from July 1, 1970 to July 1, 1969.

13. Observance of religious beliefs.

Medicaid and child health programs are amended to make it clear that an individual is not required to undergo medical screening, diagnosis, or treatment, where contrary to his religious belief, except in cases involving contagious disease or environmental health.

14. Essential person—Medicaid.

Extends Federal matching for medical assistance to an "essential person," if included in the state's plan (e.g., the spouse to an aged or disabled recipient living with him and essential or necessary to his welfare, but not herself eligible for cash assistance because she is under 65.)

15. Hospital deductibles and copayment for medically indigent.

At a state's option, permits the costs of hospital care received by medically needy (but not cash payment recipients) to be subject to deductibles or other cost sharing. (Under previous law states were not allowed to impose such deductibles or cost sharing provisions with respect to hospital care under Medicaid.)

16. Medicaid safeguards.

States are required to establish methods and procedures designed to safeguard against unnecessary utilization of health care and services, as well as to assure that payments (including payments for drugs) do not exceed reasonable charges and that they are made on a basis consistent with efficiency, economy, and quality of care.

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17. Skilled nursing home standards under Medicaid.

Sets conditions for participation in the Medicaid program on licensed nursing homes meeting certain conditions. Requires states to have a professional medical audit program for periodic medical evaluations of the appropriateness of care provided Title 19 patients in nursing homes, mental hospitals, and other institutions. Effective July 1, 1970, states which provide skilled nursing home care will also be expected to provide home health care services.

18. Licensing of nursing home administrators under Medicaid.

Requires state licensing of nursing home administrators and requires states to offer programs of training to assist administrators to qualify.

19. Federal matching in vendor payments for assistance recipients in intermediate care facilities.

Extends Federal sharing for welfare recipients under OAA, AB, or APTD who are living in facilities which are more than boarding houses, but less than skilled nursing homes (previously such payments were limited to medical facilities such as skilled nursing homes); requires safety and sanitation standards for such institutions.

20. Shelter costs.

Permits states to establish different income eligibility levels under Title 19 plans, which recognize variations in shelter costs between urban and rural areas.

The increase in payments since Medicaid are evident in Figure 11. For Hawaii and the nation, medical vendor payments for the years 1965 and 1967 could be compared in the following manner:

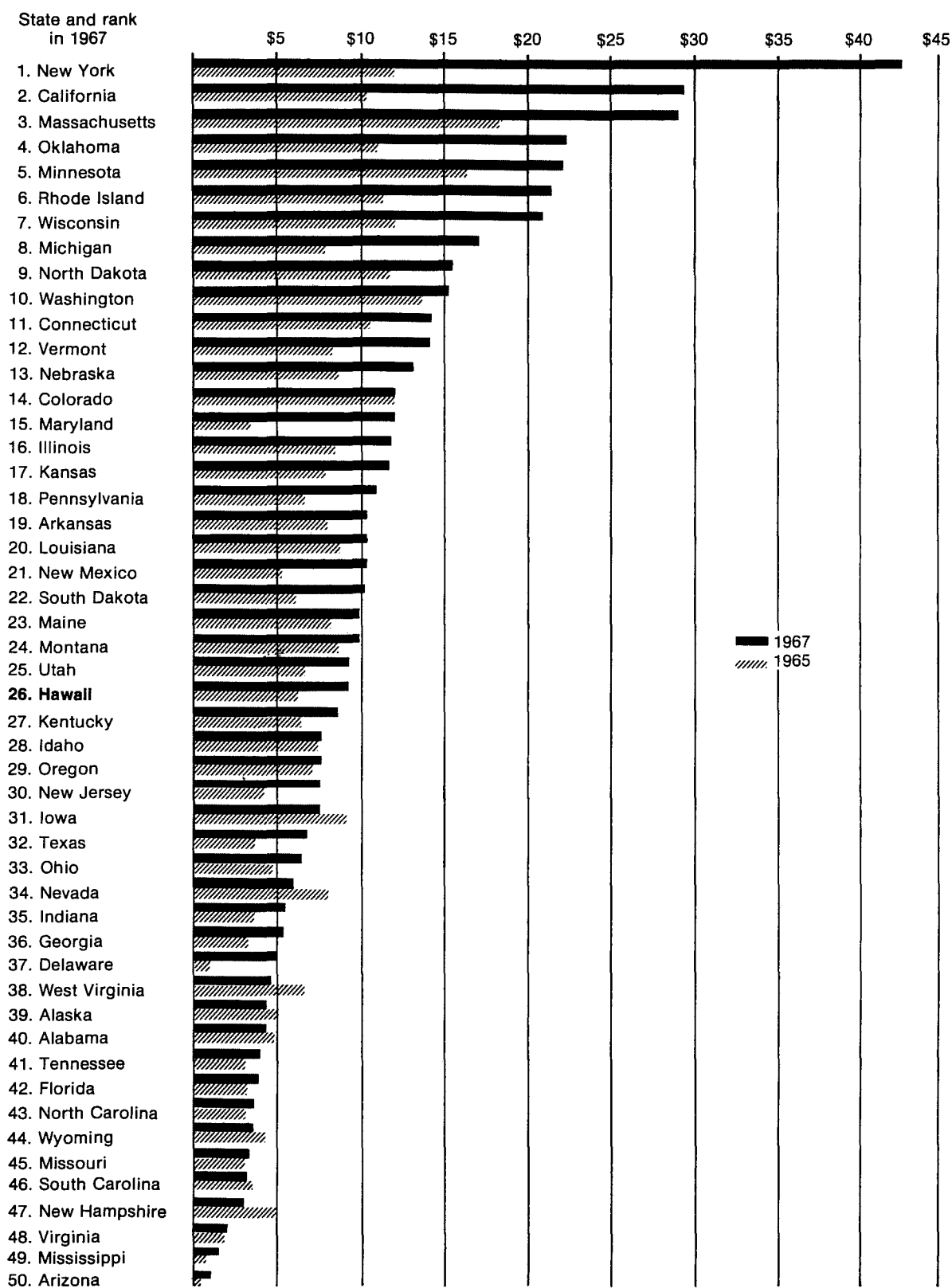
	1965	1967
a. Total (millions) amount spent		
U.S.	1,472.7 m	2,908.9 m
Hawaii	4.5 m	6.7 m
b. Amount spent per capita		
U.S.	\$7.63	\$14.76
Hawaii	\$6.28	\$ 9.04
c. Per cent change from '65-'67		
Total		
U.S.		97.5%
Hawaii		49.8%
Per capita		
U.S.		93.4%
Hawaii		43.9%

In Hawaii, the Medicaid program provides the following services: medical and remedial care by practitioners; home health care; clinic services; dental services; prosthetic devices; ambulance and other transportation expenses (including air fares) to and from medical facilities; family planning services; rehabilitative care; and additional sick room supplies and medical equipment. The State also pays all coinsurance costs and deductibles for indigent persons enrolled in the Medicare (Title 18) program. Hawaii does not impose any limitations as to days, costs, etc. on any patients in a hospital under what a physician has certified as a "medical necessity." Finally, Tables 48, 49, and 50 provide state data on the financial limitations on eligibility in the Medicaid program, number of aged recipients, and the effects on welfare costs.

Types of Expenditures

The costliest item in medical care for 1971 was hospital care, which accounted for 39 per cent of total outlays. This represented a 14 per cent increase over the previous year. The continuing rapid rise in hospital costs as well as hospital use is responsible for the spiraling outlays. The second most expensive item was physicians' services, accounting for 19 per cent of the total, and amounting to about \$14 billion. Details of expenditures are listed in Table 51.

Figure 11
PER CAPITA PUBLIC ASSISTANCE MEDICAL PAYMENTS
1965 AND 1967



Source: Tax Foundation, Inc., *Medicaid: State Programs After Two Years* (New York: 1968).

TABLE 48
FINANCIAL LIMITATIONS ON ELIGIBILITY FOR TITLE 19 ASSISTANCE IN STATES
INCLUDING SOME OR ALL OF THE MEDICALLY INDIGENT

State	Maximum annual income		Asset limitations	
	Single person	Family of four	Single person	Family of four
California	\$2,028	\$3,900	(a)	(a)
Connecticut	2,100	4,400(b)	\$1,400	\$2,300
Delaware	1,500	3,300	600	1,100
Hawaii	1,440	3,000	(a)	(a)
Illinois.....	1,800	3,600	(c)	(c)
Iowa	1,600	3,600	n.a.	6,000(d,e)
Kansas	1,600	3,000	n.a.	n.a.
Kentucky	1,620	3,420	n.a.	n.a.
Maryland	1,800	3,120	2,500	2,800
Massachusetts	2,160	4,956	2,000	3,200
Michigan	1,900	3,540	1,500(a,e,f)	n.a.
Minnesota	1,620	3,036	750(g)	1,300
New Hampshire.....	2,088	4,056	n.a.	n.a.
New York.....	2,900	6,000(h)	(h)	(h)
North Dakota	1,600	3,000	(i)	(i)
Oklahoma	1,728	2,448	500	900
Pennsylvania	2,000	4,000	2,400	3,840
Rhode Island	2,500	4,300	4,000(c,j)	6,200(c,j)
Utah	1,200	2,640	n.a.	n.a.
Washington	1,680	3,000	1,680(c)	3,000(c)
Wisconsin.....	1,800	3,700	2,300	4,000

n.a. Not available.

a. Liquid assets and income are included in maximum "income" limitation.

b. Before July 1, 1967 income limits for family of four were \$3,800, and asset limitations were \$900 for a single person, \$1,300 for two persons, and \$100 for each additional person. New provisions allow \$1,900 for two persons and \$200 for each additional person.

c. Reported as liquid assets.

d. Includes personal effects and household furnishings, automobiles, and tools or equipment used in occupation or profession.

e. Cash value of life insurance not exceeding \$1,000 for first adult.

f. Certain Items are excluded in determining eligibility.

g. Real property not exceeding \$15,000.

h. For services other than inpatient hospital, recipients with gross income of more than \$4,500 must pay the lesser of (a) one percent of annual gross income or (b) five percent of portion of the annual net income in excess of 80 percent of the applicable minimum income exemption according to size of family, etc. In determining eligibility, exemptions considered include income, savings, and burial reserve.

i. Real estate other than home not exceeding \$2,500. Personal property exemption not exceeding \$2,500.

j. Cash value of life insurance not exceeding \$4,000 for each adult 18 and over, plus \$1,000 for each additional person.

Source: Tax Foundation, Inc., *Medical: State Programs After Two Years* (New York: 1968).

TABLE 49
AGED RECIPIENTS OF PUBLIC ASSISTANCE MEDICAL CARE
BEFORE AND AFTER TITLE 19

State	Number of eligibles aged 65 and over (a)		Change under Title 19	
	Before Title 19	First year Title 19	Number	Per Cent
Delaware	2,100	2,200	100	4.8
Hawaii	3,176	3,623	447	14.1
Illinois.....	55,712	56,684	972	1.7
Iowa	33,000	35,000	2,000	6.1
Louisiana	44,480	48,253	3,773	8.5
Maine	17,000	15,000	-2,000	-11.8
Maryland	31,753	36,500	4,747	14.9
Michigan	51,035	123,860	72,825	142.7
Minnesota	51,614	54,542	2,928	5.7
Montana.....	6,400	5,300	-1,100	-17.2
Nebraska	19,023	16,109	-2,914	-15.3
New Mexico	15,358	15,936	578	3.8
Ohio	75,000	70,000	-5,000	-6.7
Rhode Island.....	27,400	27,000	-400	-1.5
Texas	230,000	250,000	20,000	8.7
Vermont	6,450	5,150	-1,300	-20.2
West Virginia.....	46,292	18,464	-27,828	-60.1

a. Includes, before Title 19, MAA and OAA cases.

Source: Tax Foundation, Inc., *Medicaid: State Programs After Two Years* (New York: 1968).

TABLE 50

**STATE REPORTS ON THE EFFECT OF WELFARE COSTS FOR THE ELDERLY RESULTING FROM
ELIMINATING THE MAA PROGRAM AND INTRODUCING TITLE 18**

State	Comment on cost effect
California	Reductions not substantial to date.
Connecticut	Some state patients have been transferred to private nursing homes, thus freeing bed capacity of state facilities.
Hawaii	No reduction.
Illinois	All persons on OAA and those formerly eligible for MAA are presently eligible. No reduction in cost of services for this group.
Iowa	Title 18 will assume much of the costs.
Massachusetts	OAA reduction was \$4.8 million; MAA reduction \$29 million for ten-month period.
Michigan	\$21.6 million in state-local funds.
Minnesota	\$14 million first-year reduction for Title 18.
New Mexico	Dropped MAA, which had cost \$213,000 a year.
Ohio	Reduction of \$12 million for fiscal year 1967.
Oklahoma	Services have been expanded.
Pennsylvania	Saved \$8 to 10 million in state funds.
Utah	When MAA was absorbed in the Title 19 program, eligibility standards were lowered, hence some in the MAA program were ineligible for Title 19 benefits.
West Virginia	Medical vendor payments for OAA dropped from \$1,146,753 for the six-month period ending December 31, 1965 to \$648,332 for the same period in 1966.
Wisconsin	No change—a slight expansion of MAA services was approximately offset by slightly more restrictive eligibility requirements.

Source: Tax Foundation, Inc., *Medicaid: State Programs After Two Years* (New York: 1968).

TABLE 51
NATIONAL EXPENDITURES FOR MEDICAL CARE,
BY TYPE OF EXPENDITURE AND SOURCE OF FUNDS, FISCAL YEAR 1971

Type of expenditure	Total	Private	Public
	Amount (in millions)		
Total	\$75,012	\$46,548	\$28,463
Health services and supplies	69,479	43,873	25,605
Hospital care	29,628	14,871	14,757
Physicians' services	14,245	10,700	3,545
Dentists' services	4,660	4,400	260
Other professional services	1,475	1,253	222
Drugs and drug sundries	7,470	6,930	540
Eyeglasses and appliances	1,915	1,849	66
Nursing-home care	3,365	1,338	2,027
Expenses for prepayment and administration	2,296	1,600	696
Government public health activities	1,618	—	1,618
Other health services	2,807	932	1,875
Research and medical facilities construction	5,533	2,675	2,858
Research	2,019	200	1,819
Construction	3,514	2,475	1,039
	Source of funds percentage distribution		
Total	100.0	62.1	37.9
Hospital services and supplies	100.0	63.1	36.9
Hospital care	100.0	50.2	49.8
Physicians' services	100.0	75.1	24.9
Dentists' services	100.0	94.4	5.6
Other professional services	100.0	84.9	15.1
Drugs and drug sundries	100.0	92.8	7.2
Eyeglasses and appliances	100.0	96.6	3.4
Nursing-home care	100.0	39.8	60.2
Expenses for prepayment and administration	100.0	69.7	30.3
Government public health activities	100.0	—	100.0
Other health services	100.0	33.2	66.8
Research and medical facilities construction	100.0	48.3	51.7
Research	100.0	9.9	90.1
Construction	100.0	70.4	29.6

Source: U.S. Dept. of Health, Education & Welfare, Social Security Administration, *Medical Care Costs & Prices: Background Book*, January 1972.

ELDERLY AFFAIRS

Projections for the Future

The Social Security Administration, in their report on medical costs, includes some interesting projections for the future:³

Before the wage-price freeze, projections of national health expenditures were made for 1975 and 1980. Two sets of projections were prepared—a low and a high estimate. For both estimates it was assumed that medical care will continue to evolve in the future approximately as it has in the recent past (1960-68), with no major changes in public programs or financing of medical care; no changes in the organization and delivery of health care services; and no major advances in the treatment and care of patients.

Under these and other related assumptions, medical care expenditures are expected to reach a high of \$120 billion in 1975 and \$189 billion by 1980. According to these figures, each American will have an average health bill of \$552 in 1975 and \$814 in 1980.

Table 52 gives a detailed breakdown of the statistics used.

Summary

Before beginning the summary, it should be noted that given the broad area of coverage of this report, mental health needs and nutritional needs were not included in the section on health, even though these are significant factors in the health needs of the elderly.

Detailed characteristics on medical care, death causes and rates, and general health statistics are included in this chapter. The two major milestones in the field of health care are Medicare, which established a new means of financing hospital and medical care for the elderly, and Medicaid, which offered the states 50 to 83 per cent federal sharing in the cost of approved programs for medical assistance to specified needy persons, no matter how high the expenditure. The trend in recent years has been for a larger share of medical costs to be paid by third parties. But Medicare and Medicaid remain mainstays in the continuing care of Hawaii's health patients. The benefits of these programs have been extended to more people and the dollar amounts spent have more than doubled since its inception.

Medicare has made a substantial impact in meeting the costs of medical care for persons 65 and older in Hawaii. Still, there are several variations in the extent of coverage, utilization, and other aspects of the program which could be further studied, including the rate of hospital admissions and the number of enrollees in the program. Medical care is a necessary and expensive item in the elderly person's budget, therefore, any programs developed especially for this group should be both carefully and continually scrutinized.

One area that has been particularly inadequate for Hawaii's elderly has been that of dental care. Unfortunately, dental care is not included in Medicare and is very limited in most private health insurance plans. Home health care is another area of concern, for although several programs are in operation, little data are available regarding the extent of these programs. The Kuakini Day Care Center is a practical model that may supplement the home health care program.

The significance of the medical data for Hawaii's elderly population is undeniable, for if health needs are consciously ignored or overlooked by an elderly person, his very life is seriously endangered. Therefore, it is imperative that aging and health planning agencies help meet the varied physical and mental health needs of older people in Hawaii through careful statewide planning and implementation of appropriate programs.

TABLE 52
PROJECTED NATIONAL MEDICAL CARE EXPENDITURES

Type of service	1975		1980	
	Low	High	Low	High
	Amount (in millions)			
Total	\$110,716	\$120,051	\$155,703	\$189,242
Health services and supplies	104,829	113,480	148,916	180,600
Hospital care	48,197	52,425	76,393	92,604
Short-term	37,997	41,405	62,420	76,414
Long-term	10,200	11,020	13,973	16,190
Physicians' services	22,097	23,980	29,200	36,453
Dentists' services	6,593	7,128	8,389	10,590
Other professional services	2,226	2,417	2,784	3,506
Drugs and drug sundries	9,279	9,883	11,343	13,163
Eyeglasses and appliances	2,890	3,012	3,885	4,446
Nursing-home care	4,774	5,317	6,090	7,453
Expenses for prepayment and administration	2,669	2,777	3,288	3,717
Government public health activities	1,319	1,363	1,581	1,740
Other health services	4,785	5,178	5,963	6,928
Research and medical facilities construction	5,887	6,571	6,787	8,642
Research	2,245	2,460	2,565	3,140
Construction	3,642	4,111	4,222	5,502
	Per capita			
Total	\$508.91	\$551.81	\$669.94	\$814.25
Health services and supplies	481.85	521.61	640.74	777.07
Hospital care	221.54	240.97	328.70	398.45
Short-term	174.65	190.32	268.57	328.79
Long-term	46.88	50.65	60.12	69.66
Physicians' services	101.57	110.22	125.64	156.85
Dentists' services	30.30	32.76	36.10	45.57
Other professional services	10.23	11.11	11.98	15.09
Drugs and drug sundries	42.65	45.43	48.81	56.64
Eyeglasses and appliances	13.28	13.84	16.72	19.13
Nursing-home care	21.94	24.44	26.20	32.07
Expenses for prepayment and administration	12.27	12.76	14.15	15.99
Government public health activities	6.06	6.27	6.80	7.49
Other health services	21.99	23.80	25.66	29.81
Research and medical facilities construction	27.06	30.20	29.20	37.18
Research	10.32	11.31	11.04	13.51
Construction	16.74	18.90	18.17	23.67

Source: U.S. Department of Health, Education, and Welfare, Social Security Administration, *Medical Care Costs and Prices: Background Book*, January 1972.

*father, dear father, come home with
me now,
the clock in the belfry strikes one;
you said you were coming right home
from the shop
as soon as your day's work was done.**

housing

*Work

CHAPTER X HOUSING

If a man's home is his castle, then lack of a home or inadequate housing must be hell. Housing has proven to be one of the most critical needs of the elderly, both nationally and statewide. Because of Hawaii's desperate land and housing situation, the problem appears to be even more acute for the local aged population. After all, the very quality of life is directly affected by the type of housing and living arrangements available to occupants.

Background

The White House Conference on Aging, in its description of the housing problems of the aged, stated:

Housing means far more than a physical structure which provides shelter and safety at a cost that can be afforded. It is these things, but its essence is that of "home." It is thus invested with the emotions of family living and independence of spirit and action. It encompasses friendship patterns and all the dimensions of community life. It is this need for a home, for satisfying living arrangements in an environment in which one can take pride and find the resources needed to mold a meaningful way of life, that underlies the concept of housing for any age group.¹

The housing problems of the elderly must take into account the physical and social evolution of the aging process. The aged tend to be less mobile, less energetic, facing mounting health problems, retired, and living on a small, fixed income. They may be unable or unwilling to maintain their former large residences with large yard areas which frequently demand a great deal of maintenance. Yet, they may, by financial circumstances, be tied to wherever they happen to be when they retire. In Hawaii, keeping up large residences isn't usually a problem for the aged. Their problem is to find residences in which to live after leaving the plantations, and plantation housing, and after losing their former homes because they can't keep up with the high rents.

In the county of Kauai, the housing problem of the aged is acute. That is the only county with no public housing for its senior citizens. Recently the senior citizens rallied together at the Kauai War Memorial to express their concern over housing. As "senior power" gains stature and strength, perhaps more of their demands will be met. It should be stated, however, that there is basis for their concern. In the past, the elderly have been moved out of their homes, many of them very old plantation shacks, because these dwellings have been condemned by the Department of Health. While these shacks may not meet current health standards, they do provide shelter and the "essence of home" to its occupants. At any rate, after moving the occupants out, the shacks are demolished, the health hazard is abated, but the former occupants have no place to go. They are left to fend for themselves because no public housing is yet available. Admittedly, housing has been planned for over the past several years, but due to unforeseen complications (which local officials blame on federal participation), nothing has come to fruition. Meanwhile, the elderly on Kauai are undoubtedly suffering because of Kauai's acute housing problem.

This is not to say that the County of Kauai is the only county with a housing problem for the elderly. On the contrary, every county has elderly citizens in need of more adequate housing. Thus, if feasible recommendations are to be made by our governing bodies and other interested parties, as to policies for establishing and maintaining adequate housing for the elderly, it is important to be informed about current housing needs and circumstances.

Definition

Housing encompasses a wide variety of structures, including: single family dwellings, detached dwellings, dispersed dwellings; also apartments, condominiums, cooperatives, retirement hotels, boarding and personal service homes, and other congregate living structures; multiservice homes for the aged; and planned retirement communities.

ELDERLY AFFAIRS

Compound Problems

Generally, the housing problems of the aged population are compounded by several factors. Some of these are:

- (1) Very low income, often at a poverty level;
- (2) Ethnic background, which although not a problem in itself in Hawaii, does mean resultant language and cultural barriers. Since so many immigrants were brought in to work on the plantations, foreign speaking elderly are not uncommon here. On the contrary, they constitute more than half of the current aged population in need;
- (3) The lack of family—due to either death or relocation (common in our mobile society);
- (4) Physical handicaps and other medical problems making it difficult to maintain housing; and
- (5) Isolation and loneliness, especially when living in large, impersonal and consequently unfriendly apartment buildings.

Statistical Information

Current data on housing and living arrangements of Hawaii's elderly population is, for the most part, based on information published in the 1970 census reports. In order to understand the terms used in these reports and the following tables, a glossary of terms may be helpful. It should be noted, however, that due to changes in census gathering techniques, the fine breakdown of racial stock is not included for recent years. Most racial information has been categorized under White, Negro, or Other beginning with the 1970 Census. Thus, much meaningful information on Hawaii is no longer available.

Glossary²

The following glossary of terms used in the tables that follow has been adapted from various sources.

Race

White: Includes persons who indicated their race as white.

Negro: Includes persons who indicated their race as "Negro or Black."

Other: May refer to any of several groups, including: American Indian, Japanese, Chinese, Filipino, Hawaiian or Korean, and Aleut and Eskimo.

Households—Consists of all the persons who occupy a house, an apartment, or other groups of rooms, or a room, which constitutes a housing unit.

Inmates of Institution—Persons for whom care or custody is being provided in institutions. Includes inmates of mental hospitals, homes for the aged, and other institutions.

Persons in Group Quarters (Noninmates)—Persons in rooming houses . . . Persons in military barracks . . . Persons in other group quarters—includes general hospitals (including quarters for staff), missions or flophouses, ships, religious group quarters such as convents, dormitories for workers (such as logging camps or quarters for migratory workers).

Head of Household—One person in each household was designated as the "head," that is, the person was reported as the head by members of the household. However, if a married woman living with her husband was reported as the head, her husband is considered as the head for the purpose of simplifying the tabulations [sic].

Tenure—Classification of all occupied units into owner-occupied and renter-occupied.

Value—Market value of a housing unit as estimated by the owner occupant.

Persons per room—Occupied housing units are classified by the number of persons per room calculated by dividing the number of persons by the number of rooms in each unit.

HOUSING

Population Highlights

Population has already been discussed in an earlier chapter, however some of the highlights are appropriate for application to the housing problem.

In Hawaii, the size of the population 65 and over has multiplied many times, the total being 44,116 or 5.7 per cent of the total population. The women tend to outnumber the men as age increases, especially after reaching the age of 70. In a recent survey, it was estimated that 49 per cent of the population were males and 51 per cent were females. Therefore, the housing needs of elderly women, in particular, deserves some consideration.

Ethnic Background

The ethnic characteristics of the elderly may generally be classified as "alien stock." In 1960, census data revealed that approximately 65 per cent of the elderly population in Hawaii were foreign born. These included such groups as the Japanese, Filipinos, Chinese, and Koreans. An additional 11 per cent were born in the United States, but not in Hawaii. In the Old Age Assistance Program, the following breakdown applies:

TABLE 53
RACE OF OAA RECIPIENTS

Race	Percentage of OAA Recipients
Caucasian	12.6
Korean	1.7
Chinese	4.1
Japanese	12.2
Hawaiian	10.3
Samoan	3.2
Filipino	41.5
Puerto Rican	3.4
Negro	.1
Mixed	1.3
Unknown	9.7

Source: Data provided by the Department of Social Services and Housing.

The predominantly "alien" background, in this program alone, is some indication of the number in "need" programs. An indication as to total elderly population figures is reported in a survey conducted by the Honolulu Committee on Aging and in a University study as follows:

ELDERLY AFFAIRS

TABLE 54
RACE OF SURVEYED POPULATION
AND PERCENTAGE OF ETHNIC GROUP*

Race	Percentage of Surveyed Population	Elderly as Percentage of Own Ethnic Group**
Japanese	44.2	6.7
Caucasian	19.1	3.6
Chinese	10.4	5.3
Filipino	15.0	4.3
Hawaiian	7.5	9.5
Korean	1.4	
Other (Puerto Rican, Samoan, etc.)	2.4	4.8

*Honolulu Committee on Aging, City and County of Honolulu, *Information and Referral Service*, 1967-1969 Report, Honolulu, 1970. Survey covered 27% of total elderly population.

**School of Public Health, University of Hawaii, *Education in Gerontology for Hawaii*, Honolulu, December 1966.

It should be evident from these figures that Hawaii, unlike most other states, is faced with a severe language problem among the majority of its elderly population. Many of these people have a foreign language as their first language, usually Japanese or Filipino. They have never really had the opportunity to learn English, due to job demands, a limited education in Hawaii, and geographical isolation. A further problem, is that along with language, these people tend to cling to their "old country" ways. They retain the customs and culture of their homeland because of unfamiliarity with Hawaii's living experiences.

The preferences of older people for either continued family or continued independent living arrangements, and differences in need according to marital status, are important considerations in the development of policies to meet the widest possible range of housing needs of older people.

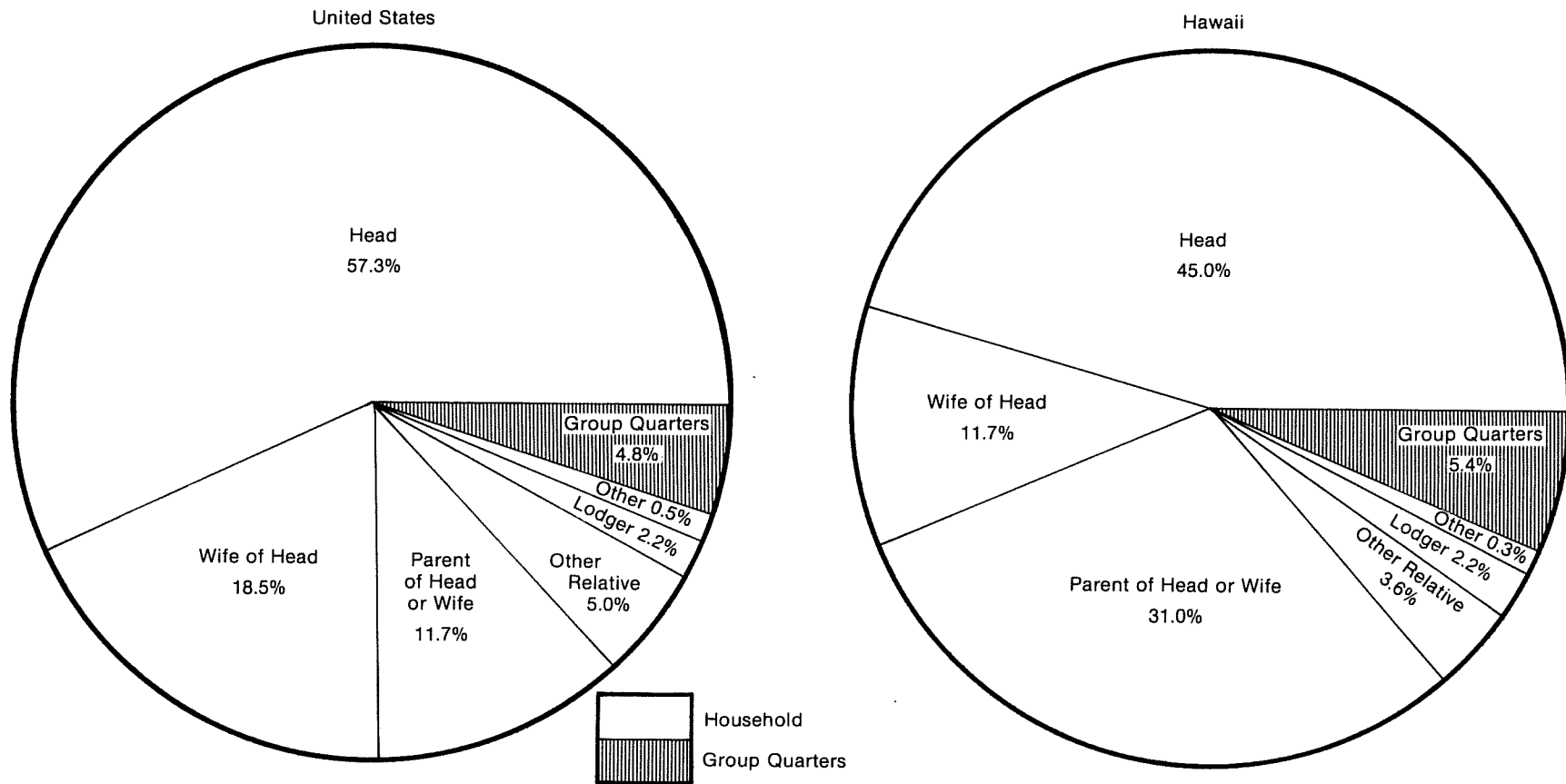
Living Arrangements

Figure 12 compares the living arrangements of the aged population in the United States, as a whole, and in Hawaii. These figures reveal that while not as many elderly people are the heads of their households as in the United States as a whole, the vast majority of them do reside in the homes of relatives, if not their own. Very few of the elderly are institutionalized or living in some type of arrangement other than a household. The tabular results for 1970 appear in Table 55.

Figure 13 compares the marital status of the elderly in the nation and in Hawaii. This is included because the experience has been that elderly persons who are without spouses, whether economically deprived or not, tend to have the least social resources necessary for achieving a meaningful life style. Social resources are such things as the opportunity to make friends or to receive help in time of illness or other crisis. Marital status would also influence changes in living arrangements. Figure 13, then, reveals that fewer elder people in Hawaii are married, and more of them are single, for one reason or another, than in the United States as a whole. Marital status data for 1970 appears in Table 56.

These facts suggest that with advancing age, there is an increase in the number of elderly persons who move into the homes of relatives or into institutions. Accordingly, there may be a need to develop a wider variety of living arrangements than is now available. Alternatives which would provide the services of relatives and institutions, but offered the older persons within their own homes or in a nearby facility, might suit the preferences of those persons who prefer continued independence in their living arrangements. Many young families might also be better served if their older members would find suitable quarters outside their home, perhaps on a part-time basis. The Kuakini Day Care Center for the Elderly is one such alternative.

Figure 12
HOUSEHOLD RELATIONSHIP OF PERSONS 65 YEARS AND OVER, COMPARATIVE CHARTS OF
UNITED STATES AND STATE OF HAWAII, BY PERCENTAGE: 1960



Source: Honolulu Redevelopment Agency, *Redevelopment and Housing Research* No. 24, July 1964, Table 4, p. 36.
 U.S. Census of Population, 1960, PC (1) 1D, Table 181, pp. 444-7.
 PC (1) 1D, Table 182, pp. 453-4.
 PC (1) 13D, Table 106, pp. 146-9.

University of Hawaii, School of Public Health, *Education in Gerontology for Hawaii*, Vol. I (Honolulu: 1966).

TABLE 55

PERSONS IN HOUSEHOLDS BY RELATIONSHIP TO HEAD, 1970 AND 1960, AND BY RACE AND SEX, 1970

The State Urban and Rural Standard Metropolitan Statistical Areas of 250,000 or More	Persons by relationship to head of household												Secondary individuals in households	
	Head of household			Family members other than head										
	Total in households	Total (number of house- holds)	Primary individual	Head of Family		Wife of head	Child of head	Grand- child of head	Parent of head or wife	Son- or daughter- in-law of head	Brother or sister of head or wife	Other relative of head	Lodger (or partner)	Resident employee
				Total	Married, spouse present									
THE STATE														
Total														
Total, 1970	730,710	204,415	33,686	170,729	147,326	147,423	307,069	15,339	13,947	5,295	10,215	9,269	17,338	400
Per Cent	100.0	28.0	4.6	23.4	20.2	20.2	42.0	2.1	1.9	0.7	1.4	1.3	2.4	0.1
Male	366,788	173,443	18,685	154,758	147,326	—	159,057	7,827	3,998	2,582	5,434	4,790	9,556	101
Female	363,922	30,972	15,001	15,971	—	147,423	148,012	7,512	9,949	2,713	4,781	4,479	7,782	299
Total, 1960	593,437	153,064	22,687	130,377	112,937	113,267	263,037	14,262	13,080	4,682	9,500	10,674	11,212	659
Per Cent	100.0	25.8	3.8	22.0	19.0	19.1	44.3	2.4	2.2	0.8	1.6	1.8	1.9	0.1
Male	303,028	133,635	14,891	118,744	112,937	—	136,850	7,411	4,135	2,132	5,407	5,946	7,371	141
Female	290,409	19,429	7,796	11,633	—	113,267	126,187	6,851	8,945	2,550	4,093	4,728	3,841	518
Male, 1970	366,788	173,443	18,685	154,758	147,326	—	159,057	7,827	3,998	2,582	5,434	4,790	9,556	101
Per Cent	100.0	47.3	5.1	42.2	40.2	—	43.4	2.1	1.1	0.7	1.5	1.3	2.6	—
Under 5 years	36,160	—	—	—	—	—	31,866	3,240	—	—	38	755	252	9
5 to 9 years	40,478	—	—	—	—	—	37,857	1,852	—	—	71	506	183	9
10 to 14 years	41,473	95	14	81	53	—	39,057	1,324	—	12	174	624	187	—
15 to 19 years	32,642	903	293	610	536	—	28,971	770	—	118	499	723	651	7
20 to 24 years	27,997	12,164	2,346	9,818	9,459	—	10,921	327	—	764	709	480	2,627	5
25 to 29 years	27,524	19,161	2,259	16,902	16,390	—	5,174	132	5	714	582	326	1,426	4
30 to 34 years	22,184	18,678	1,399	17,279	16,768	—	1,777	75	15	374	553	158	550	4
35 to 39 years	22,170	19,630	1,054	18,576	17,869	—	1,215	45	2	215	529	114	412	8
40 to 44 years	23,069	20,646	1,253	19,393	18,455	—	938	26	25	155	698	161	409	11
45 to 49 years	22,822	21,039	1,384	19,655	18,681	—	577	15	69	119	436	100	462	5
50 to 54 years	19,319	17,975	1,499	16,476	15,516	—	290	11	139	51	425	58	346	24
55 to 59 years	16,969	15,669	1,871	13,798	13,075	—	123	10	197	31	302	129	501	7
60 to 64 years	12,778	11,208	1,920	9,288	8,715	—	60	—	398	9	223	257	623	—
65 to 69 years	9,119	7,808	1,403	6,405	5,930	—	24	—	602	10	101	164	407	3
70 to 74 years	5,904	4,744	1,077	3,667	3,315	—	18	—	698	—	70	94	275	5
75 to 79 years	2,715	1,823	449	1,374	1,274	—	49	—	624	6	8	63	142	—
80 to 84 years	2,170	1,362	300	1,062	954	—	28	—	673	4	16	32	55	—
85 years and over	1,295	538	164	374	336	—	112	—	551	—	—	46	48	—
14 years and over	257,113	173,443	18,685	154,758	147,326	—	58,072	1,710	3,998	2,582	5,219	3,033	8,973	83
Under 18 years	140,372	251	53	198	148	—	129,408	6,967	—	26	545	2,367	790	18

TABLE 55 (Continued)

PERSONS IN HOUSEHOLDS BY RELATIONSHIP TO HEAD, 1970 AND 1960, AND BY RACE AND SEX, 1970

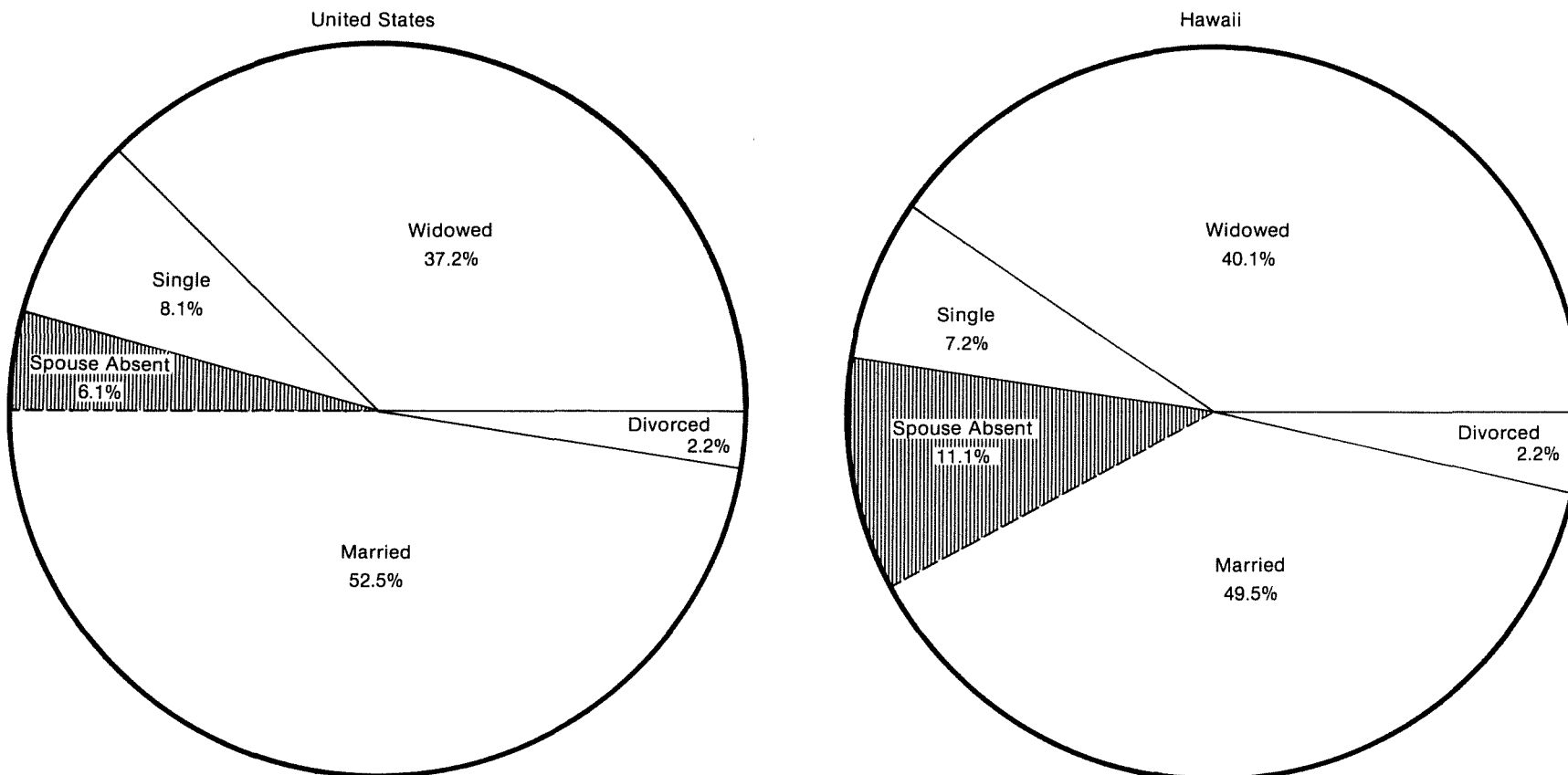
The State Urban and Rural Standard Metropolitan Statistical Areas of 250,000 or More	Persons by relationship to head of household													Secondary individuals in households	
	Head of household			Family members other than head											
	Total in households	Total (number of house- holds)	Primary individual	Head of Family		Wife of head	Child of head	Grand- child of head	Parent of head or wife	Son- or daughter- in-law of head	Brother or sister of head or wife	Other relative of head	Lodger (or partner)	Resident employee	
				Total	Married, spouse present										
THE STATE															
Total															
Female, 1970	363,922	30,972	15,001	15,971	—	147,423	148,012	7,512	9,949	2,713	4,781	4,479	7,782	299	
Per Cent	100.0	8.5	4.1	4.4	—	40.5	40.7	2.1	2.7	0.7	1.3	1.2	2.1	0.1	
Under 5 years	34,289	—	—	—	—	—	30,218	3,151	—	5	56	606	253	—	
5 to 9 years	38,846	—	—	—	—	—	35,987	1,851	—	—	60	568	369	11	
10 to 14 years	39,147	12	12	—	—	27	36,732	1,230	—	4	171	690	277	4	
15 to 19 years	33,381	466	315	151	—	1,924	27,672	819	—	288	598	794	802	18	
20 to 24 years	33,125	3,272	2,236	1,036	—	14,714	9,970	240	4	931	820	591	2,550	33	
25 to 29 years	28,887	3,210	1,369	1,841	—	19,930	3,075	95	5	719	428	303	1,115	7	
30 to 34 years	23,910	2,476	728	1,748	—	18,642	1,317	39	35	397	371	172	448	13	
35 to 39 years	23,356	2,492	623	1,869	—	18,983	992	32	23	149	312	81	277	15	
40 to 44 years	24,470	2,673	752	1,921	—	19,909	785	14	79	110	448	89	345	18	
45 to 49 years	22,685	3,031	895	2,136	—	17,945	521	6	213	50	470	56	368	25	
50 to 54 years	18,090	2,638	1,265	1,373	—	13,841	349	10	464	29	378	93	246	42	
55 to 59 years	13,136	2,566	1,342	1,224	—	9,155	137	10	741	6	238	65	187	31	
60 to 64 years	9,646	2,231	1,490	741	—	5,780	73	4	1,117	6	128	49	223	35	
65 to 69 years	8,040	2,045	1,295	750	—	3,703	65	—	1,873	—	163	51	123	17	
70 to 74 years	5,738	1,725	1,204	521	—	1,757	39	—	2,022	4	68	63	55	5	
75 to 79 years	3,782	1,221	843	378	—	694	27	—	1,604	5	30	89	98	14	
80 to 84 years	2,020	601	406	195	—	248	10	—	1,053	—	38	37	25	8	
85 years and over	1,374	313	226	87	—	171	43	11	716	10	4	82	21	3	
14 years and over	259,486	30,972	15,001	15,971	—	147,423	52,363	1,444	9,949	2,708	4,549	2,842	6,952	284	
Under 18 years	133,810	85	32	53	—	331	122,511	6,784	—	75	555	2,374	1,070	25	
Per Cent distribution:															
Male, 1970	100.0	100.0	100.0	100.0	100.0	—	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Under 5 years	9.9	—	—	—	—	—	20.0	41.4	—	—	0.7	15.8	2.6	8.9	
5 to 9 years	11.0	—	—	—	—	—	23.8	23.7	—	—	1.3	10.6	1.9	8.9	
10 to 14 years	11.3	0.1	0.1	0.1	—	—	24.6	16.9	—	0.5	3.2	13.0	2.0	—	
15 to 19 years	8.9	0.5	1.6	0.4	0.4	—	18.2	9.8	—	4.6	9.2	15.1	6.8	6.9	
20 to 24 years	7.6	7.0	12.6	6.3	6.4	—	6.9	4.2	—	29.6	13.0	10.0	27.5	5.0	
25 to 29 years	7.5	11.0	12.1	10.9	11.1	—	3.3	1.7	0.1	27.7	10.7	6.8	14.9	4.0	
30 to 34 years	6.0	10.8	7.5	11.2	11.4	—	1.1	1.0	0.4	14.5	10.2	3.3	5.8	4.0	
35 to 39 years	6.0	11.3	5.6	12.0	12.1	—	0.8	0.6	0.1	8.3	9.7	2.4	4.3	7.9	

TABLE 55 (Continued)

PERSONS IN HOUSEHOLDS BY RELATIONSHIP TO HEAD, 1970 AND 1960, AND BY RACE AND SEX, 1970

The State Urban and Rural Standard Metropolitan Statistical Areas of 250,000 or More	Persons by relationship to head of household												Secondary individuals in households		
	Head of household			Family members other than head											
	Total in households	Total (number of house- holds)	Primary individual	Head of Family			Child of head	Grand- child of head	Parent of head or wife	Son- or daughter- in-law of head	Brother or sister of head or wife	Other relative of head	Lodger (or partner)	Resident employee	
				Total	Married, spouse present	Wife of head									
THE STATE															
Total															
40 to 44 years	6.3	11.9	6.7	12.5	12.5	—	0.6	0.3	0.6	6.0	12.8	3.4	4.3	10.9	
45 to 49 years	6.2	12.1	7.4	12.7	12.7	—	0.4	0.2	1.7	4.6	8.0	2.1	4.8	5.0	
50 to 54 years	5.3	10.4	8.0	10.6	10.5	—	0.2	0.1	3.5	2.0	7.8	1.2	3.6	23.8	
55 to 59 years	4.6	9.0	10.0	8.9	8.9	—	0.1	0.1	4.9	1.2	5.6	2.7	5.2	6.9	
60 to 64 years	3.5	6.5	10.3	6.0	5.9	—	—	—	10.0	0.3	4.1	5.4	6.5	—	
65 to 69 years	2.5	4.5	7.5	4.1	4.0	—	—	—	15.1	0.4	1.9	3.4	4.3	3.0	
70 to 74 years	1.6	2.7	5.8	2.4	2.3	—	—	—	17.5	—	1.3	2.0	2.9	5.0	
75 to 79 years	0.7	1.1	2.4	0.9	0.9	—	—	—	15.6	0.2	0.1	1.3	1.5	—	
80 to 84 years	0.6	0.8	1.6	0.7	0.6	—	—	—	16.8	0.2	0.3	0.7	0.6	—	
85 years and over	0.4	0.3	0.9	0.2	0.2	—	0.1	—	13.8	—	—	1.0	0.5	—	
Female, 1970	100.0	100.0	100.0	100.0	—	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Under 5 years	9.4	—	—	—	—	—	20.4	41.9	—	0.2	1.2	13.5	3.3	—	
5 to 9 years	10.7	—	—	—	—	—	24.3	24.6	—	—	1.3	12.7	4.7	3.7	
10 to 14 years	10.8	—	0.1	—	—	—	24.8	16.4	—	0.1	3.6	15.4	3.6	1.3	
15 to 19 years	9.2	1.5	2.1	0.9	—	1.3	18.7	10.9	—	10.6	12.5	17.7	10.3	6.0	
20 to 24 years	9.1	10.6	14.9	6.5	—	10.0	6.7	3.2	—	34.3	17.2	13.2	32.8	11.0	
25 to 29 years	7.9	10.4	9.1	11.5	—	13.5	2.1	1.3	0.1	26.5	9.0	6.8	14.3	2.3	
30 to 34 years	6.6	8.0	4.9	10.9	—	12.6	0.9	0.5	0.4	14.6	7.8	3.8	5.8	4.3	
35 to 39 years	6.4	8.0	4.2	11.7	—	12.9	0.7	0.4	0.2	5.5	6.5	1.8	3.6	5.0	
40 to 44 years	6.7	8.6	5.0	12.0	—	13.5	0.5	0.2	0.8	4.1	9.4	2.0	4.4	6.0	
45 to 49 years	6.2	9.8	6.0	13.4	—	12.2	0.4	0.1	2.1	1.8	9.8	1.3	4.7	8.4	
50 to 54 years	5.0	8.5	8.4	8.6	—	9.4	0.2	0.1	4.7	1.1	7.9	2.1	3.2	14.0	
55 to 59 years	3.6	8.3	8.9	7.7	—	6.2	0.1	0.1	7.4	0.2	5.0	1.5	2.4	10.4	
60 to 64 years	2.7	7.2	9.9	4.6	—	3.9	—	0.1	11.2	0.2	2.7	1.1	2.9	11.7	
65 to 69 years	2.2	6.6	8.6	4.7	—	2.5	—	—	18.8	—	3.4	1.1	1.6	5.7	
70 to 74 years	1.6	5.6	8.0	3.3	—	1.2	—	—	20.3	0.1	1.4	1.4	0.7	1.7	
75 to 79 years	1.0	3.9	5.6	2.4	—	0.5	—	—	16.1	0.2	0.6	2.0	1.3	4.7	
80 to 84 years	0.6	1.9	2.7	1.2	—	0.2	—	—	10.6	—	0.8	0.8	0.3	2.7	
85 years and over	0.4	1.0	1.5	0.5	—	0.1	—	0.1	7.2	0.4	0.1	1.8	0.3	1.0	

Figure 13
MARITAL STATUS OF PERSONS 65 YEARS AND OVER, COMPARATIVE CHARTS OF UNITED STATES
AND STATE OF HAWAII, BY PERCENTAGE: 1960



Source: U.S. Census of Population, 1960, PC (1) 1D, Table 176, pp. 424-8.
 PC (1) 13D, Table 105, pp. 141-3.

University of Hawaii, School of Public Health, *Education in Gerontology for Hawaii*, Vol. I (Honolulu: 1966)

TABLE 56
MARITAL STATUS, PRESENCE OF SPOUSE, AND WHETHER MARRIED MORE THAN ONCE,
BY RACE, SEX, AND AGE: 1960

THE STATE, 1960	Persons 14 years old and over								Persons ever married		
	Married								Married more than once		
	Spouse absent								Married, spouse present	Other	
Total	Single	Total married	Spouse present	Separated	Other	Widowed	Divorced	Total			
Male	231,707	83,871	134,414	120,192	1,447	12,775	6,838	6,584	147,836	13,770	3,262
14 years	5,830	5,799	13	5	—	8	10	8	31	—	—
15 to 19 years	30,780	29,771	976	455	11	510	13	20	1,009	10	8
20 to 24 years	30,216	20,532	9,283	7,168	95	2,020	22	379	9,684	123	76
25 to 29 years	22,675	6,989	15,227	13,510	175	1,542	26	433	15,686	670	187
30 to 34 years	23,940	4,355	18,779	17,134	132	1,513	92	714	19,585	1,228	305
35 to 39 years	24,969	3,080	21,045	19,567	88	1,390	92	752	21,889	1,900	408
40 to 44 years	21,623	2,452	18,258	17,120	112	1,026	181	732	19,171	2,033	300
45 to 49 years	19,027	3,018	14,802	13,516	132	1,154	320	887	16,009	1,796	341
50 to 54 years	15,681	2,917	11,388	10,138	207	1,043	556	820	12,764	1,719	309
55 to 59 years	13,372	2,262	9,438	8,148	200	1,090	925	747	11,110	1,598	401
60 to 64 years	8,528	1,121	5,919	5,177	87	655	964	524	7,407	1,001	299
65 to 69 years	5,330	647	3,542	3,165	94	283	874	267	4,683	733	174
70 to 74 years	4,921	381	3,263	2,921	54	288	1,104	173	4,540	554	209
75 to 79 years	2,597	281	1,519	1,375	21	123	727	70	2,316	225	111
80 to 84 years	1,419	136	666	566	26	74	568	49	1,283	138	78
85 years and over	799	130	296	227	13	56	364	9	669	42	56
Per Cent	100.0	36.2	58.0	51.9	0.6	5.5	3.0	2.8	100.0	9.3	2.2
14 years	100.0	99.5	0.2	0.1	—	0.1	0.2	0.1	—	—	—
15 to 19 years	100.0	96.7	3.2	1.5	—	1.7	—	0.1	100.0	1.0	0.8
20 to 24 years	100.0	68.0	30.7	23.7	0.3	6.7	0.1	1.3	100.0	1.3	0.8
25 to 29 years	100.0	30.8	67.2	59.6	0.8	6.8	0.1	1.9	100.0	4.3	1.2
30 to 34 years	100.0	18.2	78.4	71.6	0.6	6.3	0.4	3.0	100.0	6.3	1.6
35 to 39 years	100.0	12.3	84.3	78.4	0.4	5.6	0.4	3.0	100.0	8.7	1.9
40 to 44 years	100.0	11.3	84.4	79.2	0.5	4.7	0.8	3.4	100.0	10.6	1.6
45 to 49 years	100.0	15.9	77.8	71.0	0.7	6.1	1.7	4.7	100.0	11.2	2.1
50 to 54 years	100.0	18.6	72.6	64.7	1.3	6.7	3.5	5.2	100.0	13.5	2.4
55 to 59 years	100.0	16.9	70.6	60.9	1.5	8.2	6.9	5.6	100.0	14.4	3.6
60 to 64 years	100.0	13.1	69.4	60.7	1.0	7.7	11.3	6.1	100.0	13.5	4.0
65 to 69 years	100.0	12.1	66.5	59.4	1.8	5.3	16.4	5.0	100.0	15.7	3.7
70 to 74 years	100.0	7.7	66.3	59.4	1.1	5.9	22.4	3.5	100.0	12.2	4.6
75 to 79 years	100.0	10.8	58.5	52.9	0.8	4.7	28.0	2.7	100.0	9.7	4.8
80 to 84 years	100.0	9.6	46.9	39.9	1.8	5.2	40.0	3.5	100.0	10.8	6.1
85 years and over	100.0	16.3	37.0	28.4	1.6	7.0	45.6	1.1	100.0	6.3	8.4

TABLE 56 (Continued)
MARITAL STATUS, PRESENCE OF SPOUSE, AND WHETHER MARRIED MORE THAN ONCE,
BY RACE, SEX, AND AGE: 1960

	Persons 14 years old and over								Persons ever married		
	Married								Married more than once		
	Spouse absent										
	Total	Single	Total married	Spouse present	Separated	Other	Widowed	Divorced	Total	Married, spouse present	Other
THE STATE, 1960											
Female	194,788	44,292	129,308	120,447	1,163	7,698	15,157	6,031	150,496	14,283	5,450
14 years	5,946	5,901	41	16	—	25	4	—	45	—	—
15 to 19 years	24,629	21,584	3,004	2,479	49	476	7	34	3,045	46	4
20 to 24 years	20,184	6,989	12,855	11,553	103	1,199	25	315	13,195	392	85
25 to 29 years	21,871	2,711	18,535	17,028	121	1,386	66	559	19,160	1,071	246
30 to 34 years	25,092	1,054	21,988	20,453	170	1,365	167	883	23,038	2,002	473
35 to 39 years	23,975	1,462	21,348	20,326	137	885	326	839	22,513	2,702	509
40 to 44 years	18,615	963	16,202	15,456	133	613	546	904	17,652	2,159	511
45 to 49 years	14,083	809	11,719	11,131	126	462	749	806	13,274	1,804	497
50 to 54 years	10,658	637	8,324	7,896	122	306	1,101	596	10,021	1,593	482
55 to 59 years	9,437	493	6,432	6,065	66	301	2,002	510	8,944	1,175	646
60 to 64 years	7,060	213	4,148	3,841	37	270	2,438	261	6,847	685	536
65 to 69 years	5,430	219	2,529	2,292	49	188	2,526	156	5,211	370	472
70 to 74 years	3,776	121	1,499	1,324	42	133	2,069	87	3,655	188	429
75 to 79 years	2,069	49	447	394	4	49	1,530	43	2,020	57	255
80 to 84 years	1,345	46	196	161	4	31	1,070	33	1,299	19	213
85 years and over	618	41	41	32	—	9	531	5	577	20	92
Per Cent	100.0	22.7	66.4	61.8	0.6	4.0	7.8	3.1	100.0	9.5	3.6
14 years	100.0	99.2	0.7	0.3	—	0.4	0.1	—	—	—	—
15 to 19 years	100.0	87.6	12.2	10.1	0.2	1.9	—	0.1	100.0	1.5	0.1
20 to 24 years	100.0	34.6	63.7	57.2	0.5	5.9	0.1	1.6	100.0	3.0	0.6
25 to 29 years	100.0	12.4	84.7	77.9	0.6	6.3	0.3	2.6	100.0	5.6	1.3
30 to 34 years	100.0	8.2	87.6	81.5	0.7	5.4	0.7	3.5	100.0	8.7	2.1
35 to 39 years	100.0	6.1	89.0	84.8	0.6	3.7	1.4	3.5	100.0	12.0	2.3
40 to 44 years	100.0	5.2	87.0	83.0	0.7	3.3	2.9	4.9	100.0	12.2	2.9
45 to 49 years	100.0	5.7	83.2	79.0	0.9	3.3	5.3	5.7	100.0	13.6	3.7
50 to 54 years	100.0	6.0	78.1	74.1	1.1	2.9	10.3	5.6	100.0	15.9	4.8
55 to 59 years	100.0	5.2	68.2	64.3	0.7	3.2	21.2	5.4	100.0	13.1	7.2
60 to 64 years	100.0	3.0	58.8	54.4	0.5	3.8	34.5	3.7	100.0	10.0	7.8
65 to 69 years	100.0	4.0	46.6	42.2	0.9	3.5	46.5	2.9	100.0	7.1	9.1
70 to 74 years	100.0	3.2	39.7	35.1	1.1	3.5	54.8	2.3	100.0	5.1	11.7
75 to 79 years	100.0	2.4	21.6	19.0	0.2	2.4	73.9	2.1	100.0	2.8	12.6
80 to 84 years	100.0	3.4	14.6	12.0	0.3	2.3	79.6	2.5	100.0	1.5	16.4
85 years and over	100.0	6.6	6.6	5.2	—	1.5	85.9	0.8	100.0	3.5	15.9

Source: U. S. Census of Population, 1970, PC(1)-13D, Table 152.

TABLE 57
PLUMBING AND HEATING FACILITIES IN THE HOMES
OF OLD AGE ASSISTANCE RECIPIENTS, 1965 SURVEY.

Facilities	Recipients	
	Number	Percent
Total	2,119,254	100.0 ¹
No inside running water	312,953	14.8
Cold water only	185,569	8.8
Hot and cold water	54,422	2.6
Bath or shower with hot water	106,867	5.0
Bath or shower without hot water	1,272,274	60.0
Bathroom with flush toilet	1,470,977	69.4
Every room heated in winter	1,147,442	54.1
Not reporting	187,166	8.8

Source: U.S. Department of Health, Education, and Welfare. *The Role of Public Welfare in Housing: A Report to the House Committee on Ways and Means and the Senate Committee on Finance*. Adapted from Table 45, Appendix C. Washington, D.C.; U.S. Government Printing Office, 1969.

¹Percents total more than 100.0 because some recipients are reported in more than one category.

TABLE 58
ROOMS PER PERSON BY AGE OF HEAD

Rooms per person	Percentage distribution					
	Age of heads of units					
	18-24	25-34	35-44	45-54	55-64	65+
Total	100	100	100	100	100	100
Less than 1	14	17	18	9	3	1
1-1½	56	45	43	25	14	8
1½-2	10	18	17	20	16	8
2-3	18	14	14	30	34	31
3 or more	2	6	8	16	33	52
Number of cases	(192)	(413)	(495)	(414)	(280)	(323)

Source: Riley, Matilda W. and Foner, Anne. *Aging and Society*. New York: Russell Sage Foundation, 1968.

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Quality of Housing

In a 1965 national survey of OAA recipients, four out of ten respondents reported that the housing unit in which they lived had one or more major defects. Approximately 15 per cent of the OAA recipients lived in housing that had no running water; 30 per cent of the housing lacked inside flush toilets; and 40 per cent had no bath or shower with hot water. On the other hand, overhousing seemed to be somewhat of a problem, for it was found that only 1 per cent of the elderly are so crowded that they enjoy less than one room, while 52 per cent have three or more rooms at their disposal. (See Tables 57 and 58.) It appears, then, that in the development of housing policies, consideration must be given to maximizing the use of existing shelter and at the same time, providing the type and amount of space needed by the elderly.

The Honolulu Committee on Aging survey of the elderly revealed that the majority of respondents owned their own houses. This is somewhat surprising in an area like Hawaii, where the costs of homes are phenomenal. However, this could well reflect the tenacity with which the elderly cling to independence and maintenance of the status quo of their earlier years.

TABLE 59
HOMEOWNERSHIP, RESPONSE OF POPULATION SURVEYED

Ownership	Per Cent
Owned by elderly occupant	46.6
Owned by family of occupant	15.3
Rented by elderly occupant	21.3
Rented by family of occupant	11.4
No response	5.5

Source: Honolulu Committee on Aging.

Another question to determine satisfaction with current housing showed that most of the aged are quite satisfied with their housing. A reported 50.5 per cent found their homes satisfactory, while an additional 37.8 per cent termed theirs "excellent." Only 4.1 per cent displayed any dissatisfaction at all. This might only mean, however, that although a house is in disrepair, its occupants are satisfied with what they have.

As has been mentioned before, the high cost of homeownership is not limited to the elderly poor; it is also plaguing those on fixed incomes in the middle income bracket. It has generally been assumed that an owned home is an asset because the owner need not worry about rent or shelter. However, both the costs and the ability to physically handle maintenance chores, repairs, improvements and spiraling taxes make home ownership more prohibitive to the aged. What then is being done to aid the elderly in the area of housing?

Federal Housing Programs

The following list of federal legislation with provisions for planning, developing, and constructing housing designed for occupancy by elderly persons comes from a study previously done about housing problems of the elderly:³

- (1) The 1965 amendments to the National Housing Act that, among other things, authorized mortgage insurance financing of cooperative housing and non-profit housing for the aged, requiring local public housing authorities to give first priority to the aged in their admission policies, and removed the then legal prohibition to housing single elderly widows and widowers in federally aided housing projects.
- (2) The 1959 amendments to the National Housing Act that authorized two special housing programs for the aging: the Section 202 direct loan program for those with moderate incomes and the Section 231 mortgage insurance program for those with above average incomes; as well as the strengthening and expansion of the low-rent public housing program for the elderly.
- (3) The 1964 amendments to the Housing Act, P.L. 88-560, that further expanded the low-rent public housing program, and included specific provisions for relocation assistance, relocation rental assistance, rehabilitation loans, and extended the rural mortgage insurance program of housing for the elderly.

TABLE 60
HOUSING BALANCE SHEET

Low-income Federally-aided Projects

ASSETS	As of 6/30/71
Cash and accounts receivable	\$ 1,423,634
Funds with fiscal agent (bond interest and retirement of bonds)	3,885,910
Investments	1,070,375
Land, structures and equipment	61,127,874
Deferred charges	10,001
	<u>\$67,517,794</u>
LIABILITIES	
Accounts payable and accruals	\$ 1,311,284
Cumulative HUD contributions	\$20,794,475
Less—unreserved surplus	9,628,719
Prepaid tenant rent and security deposits	11,165,756
Notes and bonds payable	121,752
Operating reserve	53,358,000
Cumulative donations	931,018
	629,984
	<u>\$67,517,794</u>

Non-Federally-aided Housing Programs

ASSETS	As of 6/30/71
Cash and accounts receivable	\$ 646,813
Deferred charges	39,511
Public housing buildings and improvements	6,360,633
Equipment and motor vehicles	366,066
Investments	72,145
	<u>\$ 7,485,168</u>
LIABILITIES	
Accounts payable and accruals	\$ 433,827
Prepaid tenant rent and security deposits	5,850
Operating reserve	197,681
Capitalized resources	6,536,202
Unapplied resources	311,608
	<u>\$ 7,485,168</u>

Source: Hawaii Housing Authority, *Annual Report 70-71* (Honolulu: 1972).

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- (4) The Housing and Urban Development Act of 1965 that extended the existing federally-assisted housing programs for the elderly and authorized rent supplements, grants for home rehabilitation, and neighborhood facilities as well.
- (5) The Housing and Urban Development Act of 1968 that called for further extension of a number of existing federal housing programs including rent supplement and Model City programs, and in Section 236 provided interest subsidies for moderate income housing programs sponsored by non-profit organizations and limited dividend corporations.
- (6) The 1969 National Housing Act that included such provisions as increased authorization for the Section 202 direct loan program, limited rents fixed by public housing agencies to no more than 25 per cent of a tenant's income, and mandated that, in instances of urban renewal, for every housing unit razed, a new low-income unit would have to be built in the city or county involved.

These laws have resulted in the following housing programs for the aged, all under the direction of the U.S. Department of Housing and Urban Development's Housing and Home Finance Agency:

- (1) Low-rent public housing—provides federal funds to state and county agencies for the construction and operation of low-income housing for the elderly.
- (2) Direct loans (Section 202)—long-term loans at low interest rates are made available to nonprofit organizations and public agencies for construction of moderate-income housing for the aged.
- (3) Mortgage Insurance (Section 231)—for the construction of either profit or nonprofit housing developments for the higher income elderly.

What has this meant for Hawaii? A total of eight housing developments for the elderly have already been completed and another one is being planned. It has meant 67 million dollars spent on federally supported low-income projects. Public housing, specifically designed for the elderly has been built in all but one county and have all proved both popular and successful. It is in these specially designed developments that senior clubs, meal programs, and recreational activities have flourished. New friendships have blossomed and a generous step toward better living conditions has been accomplished for the projects' occupants. Of course, the need remains the same for those not yet in such a development, and the waiting lists are long. So, while much has been done in this area, there is much more to do. One county remains without any elderly housing at all. The others could all use more.

Summary

While there has been federal, state, and county legislative action regarding housing for the elderly, it has not been sufficient to meet the need for adequate housing that exists among this group, let alone respond to the demand for a wide range of living arrangements on the part of many old people today.

Although this study lacked the means for documenting the needs of the elderly, some evidence should be available soon from the Hawaii Council for Housing Action. Unfortunately, in this study neither time nor money was available to conduct a housing survey to determine exact needs. However, interviews with many professionals working in the field reveal that the housing problem is still critical for much of the elderly population in Hawaii.

Where the older person lives is not simply a matter of physical surroundings, of climate or natural beauty, or the actual building in which he resides. Housing is a matter of social environment, health, friends, and the joys of living. All are greatly affected by "housing."

The housing problem in the state is compounded by several factors including: low income, language and cultural barriers, lack of family, medical problems, and loneliness. Therefore, when seeking a solution to the housing problem, the whole individual must be considered. In the County of Kauai, housing needs are especially acute since no public housing is available for the elderly. This means that elderly pensioners who are forced by health officials to move out of decaying, hazardous shacks have no place to go. While this may be a solution to the immediate health problem, the lack of shelter could lead to even more serious and perhaps fatal health conditions.

Relevant population characteristics and other data indicate that:

- (1) Women tend to outnumber the men as age increases.
- (2) Many of Hawaii's elderly are foreign born, and face severe language and cultural barriers.
- (3) Fewer elderly people in Hawaii are married, and more of them are single than in the United States as a whole.

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- (4) Services, such as the Kuakini Day Care Center, which allow the elderly to remain independent, rather than institutionalized or housebound, should be encouraged.
- (5) A Honolulu survey indicated that almost half of the elderly surveyed in Honolulu still own their own homes.

These characteristics lead to the conclusion that when building housing for the elderly, special consideration should be given to designing adequate facilities for widows and other single oldsters. However, because many people are living longer, provisions for older couples should also be made. The foreign background of this group should be planned for in public educational programs and social activities. Language training, as well as informational programs in the various native languages, would be useful. The Kuakini program, as mentioned earlier, provides families with an acceptable way to care for their elderly parents during day time hours, gives the elderly participants a chance to socialize and communicate with peers, and definitely leads to improved family relationships and better living conditions. Finally, because a large proportion of Hawaii's elderly still own their own homes, some thought should be given to initiating programs in which these people are given manpower and equipment for the repair, maintenance, and restoration of their homes. Financially, this would undoubtedly be a savings to the government, for it would mean less of a demand for public housing, public assistance, and due to the happiness of the occupants, probably medical care as well.

Housing is indeed a serious problem for the elderly in Hawaii today. Any steps toward its solution would be greatly appreciated and deserved by the elderly of the State.

*a man and what he loves and builds
have but a day and then disappear;
nature cares not—and renews the annual
round untired.
it is the old law, sad but not bitter.**

comprehensive service

*Trevelyan

CHAPTER XI

COMPREHENSIVE SERVICE

The particular concern of this study is to determine the feasibility of establishing a comprehensive service agency for Hawaii's senior citizens. In order to make the ultimate recommendation on this subject, a base built on current needs and services was developed. It should be evident after reading the previous chapters that the needs of the elderly are both varied and numerous, encompassing much more than was discussed earlier. Because of these divergent needs, many governmental agencies and private organizations have moved into the field of serving the aged. Unfortunately, the programs established by these bodies often overlap and duplicate what has already been done or planned by another group—thus, the numerous programs listed in the chapter on programs and services. It is important, then, to first decipher the organizational structure of some of these bodies in order to develop a clear plan for the future.

Organization

The following series of organizational charts should shed some light on the structure of various groups affecting the elderly. Figure 14 illustrates the structure of the state agencies involved with this field. There are at least five state departments, the University of Hawaii, and perhaps still other agencies doing some work in this area.

Figure 15 depicts the structure of the Commission on Aging and its relationship to the various county committees on aging. While the mayors of the counties have direct control over the committees, there is a direct relationship between the county committees and the State Commission. The State Commission is charged with overseeing, planning, and dispensing funds for many of the programs that are developed or initiated with federal funds, and moreover with many of the programs dealing with aging. The departmental programs, as well as the others pictured as floating with no lines connecting the programs directly to the Commission, are intended to show the current situation. While all of these programs are interrelated and while the Commission is often involved in the planning and giving of technical assistance, the Commission has little means of control over the programs. This sometimes leads to a duplication of efforts and gaps in programming.

Figure 16 shows a detailed sample of a county committee structure, using Kauai County as the model agency; and Figure 17 illustrates the current aging structure in Hawaii. It should be clear by now that while the State Commission on Aging is nominally responsible for planning, research development, distribution of funds, and information and referral, the lines of authority are not precise. Many agencies perform these functions in varying degrees, although the Commission does do these things most extensively. Strict control and coordination is lacking, not because of irresponsibility or unwillingness, but because the Commission's powers lack "teeth;" and it has been understaffed since its inception.

Senior Centers

A small but significant part of the aging program in Hawaii is the Hawaii State Senior Center. The Center is shown in Figure 18 as being under the Honolulu Community College. Before the special problems of this Center are considered, however, some observations about senior centers in general should be made.

There are over 3,000 senior centers in the United States with varying degrees of individualized services and offering many different group activities. The term "senior center" has been defined as follows:

(1) From the National Council on Aging:

"A physical facility open to senior citizens at least five days a week, and four hours a day, year-round, under a public agency or non-profit organization with community planning, which provides, under the direction of paid professional leadership, three or more of the following services: 1. recreation; 2. adult education; 3. health services; 4. counseling and other social services; 5. information and referral services; 6. community and voluntary services."¹

Figure 14
STATE AGENCY STRUCTURE

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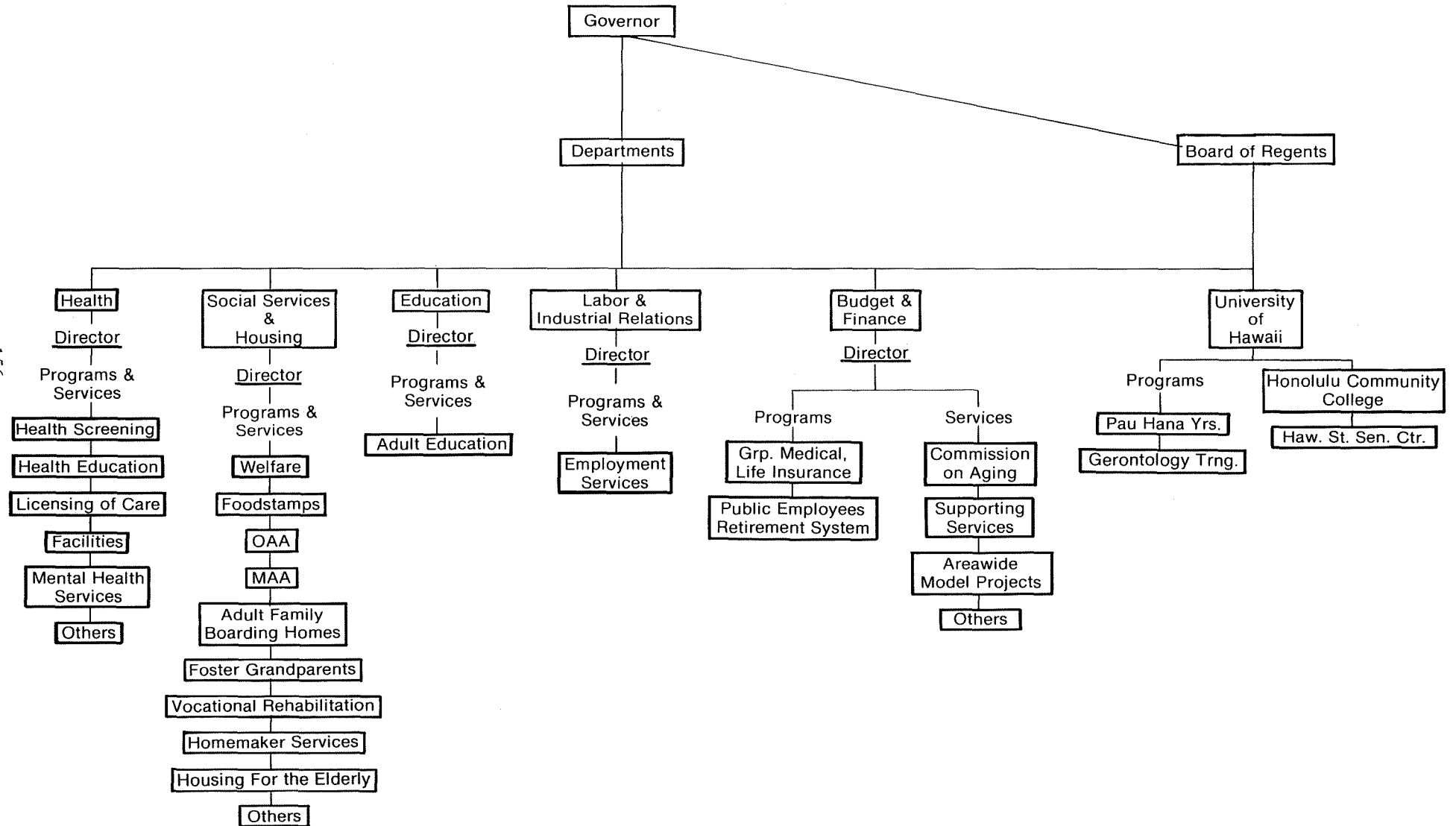
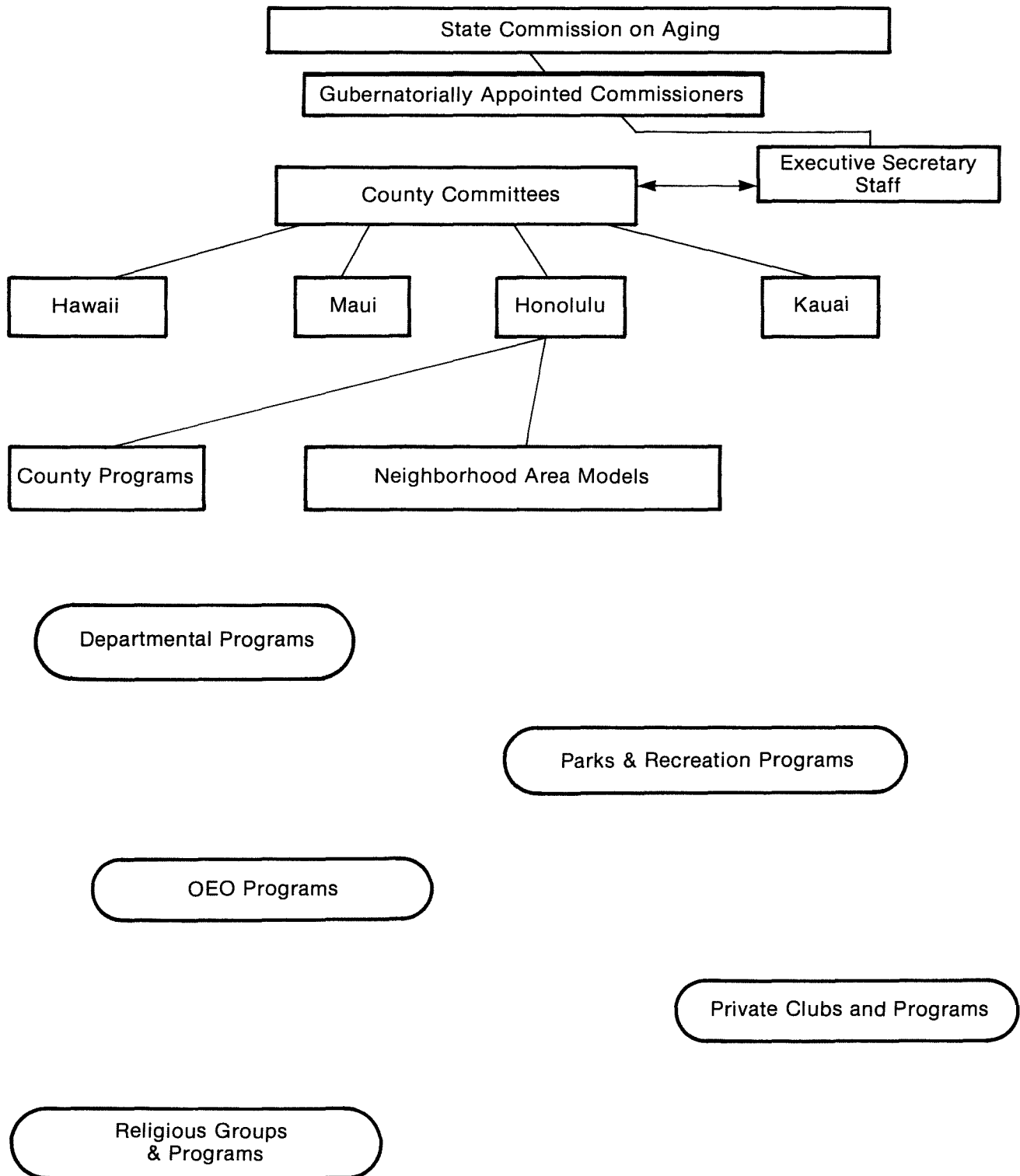


Figure 15
COMMISSION ON AGING, STRUCTURE AND
RELATIONSHIP TO OTHER AGING AGENCIES



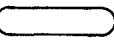
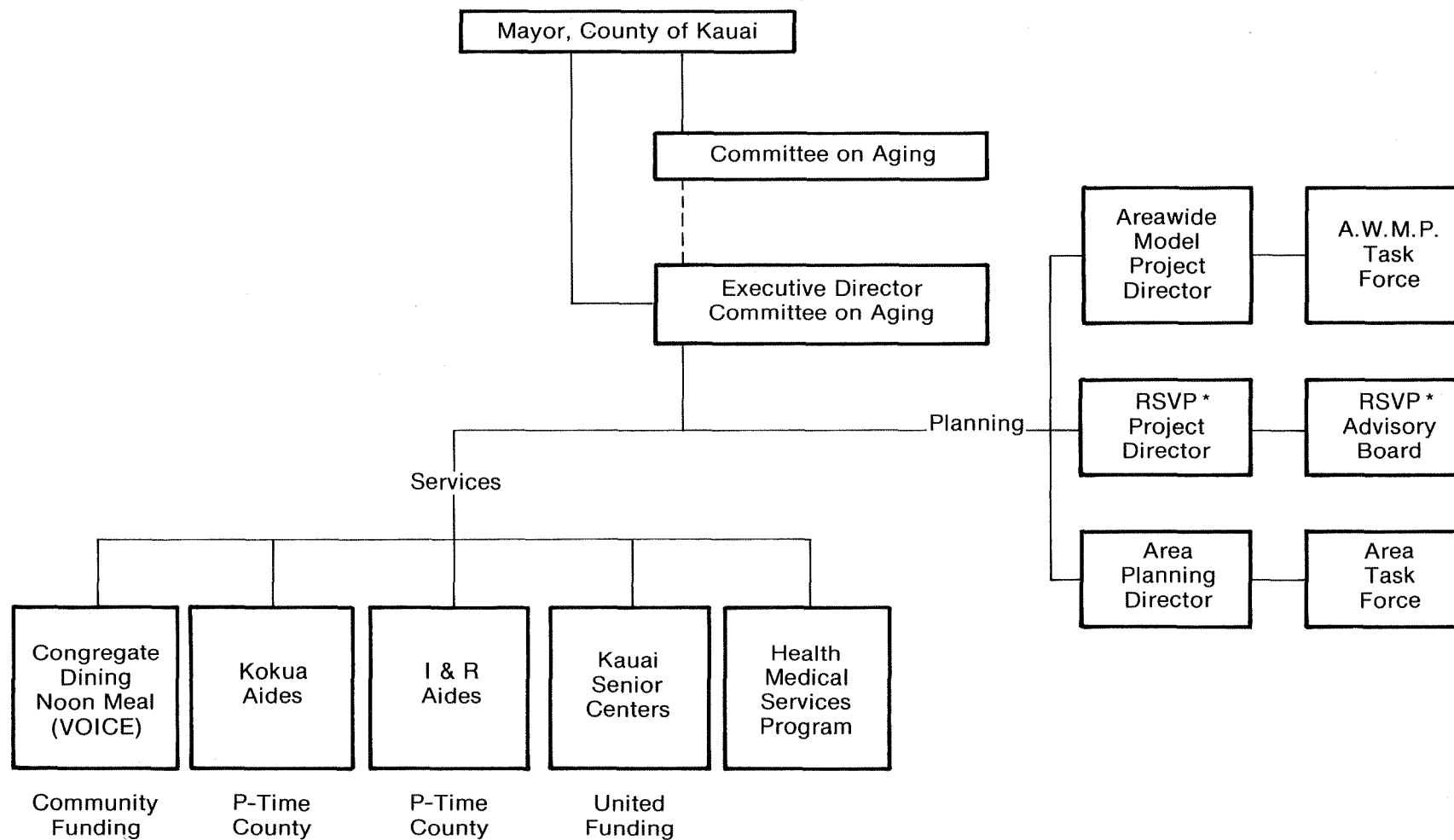
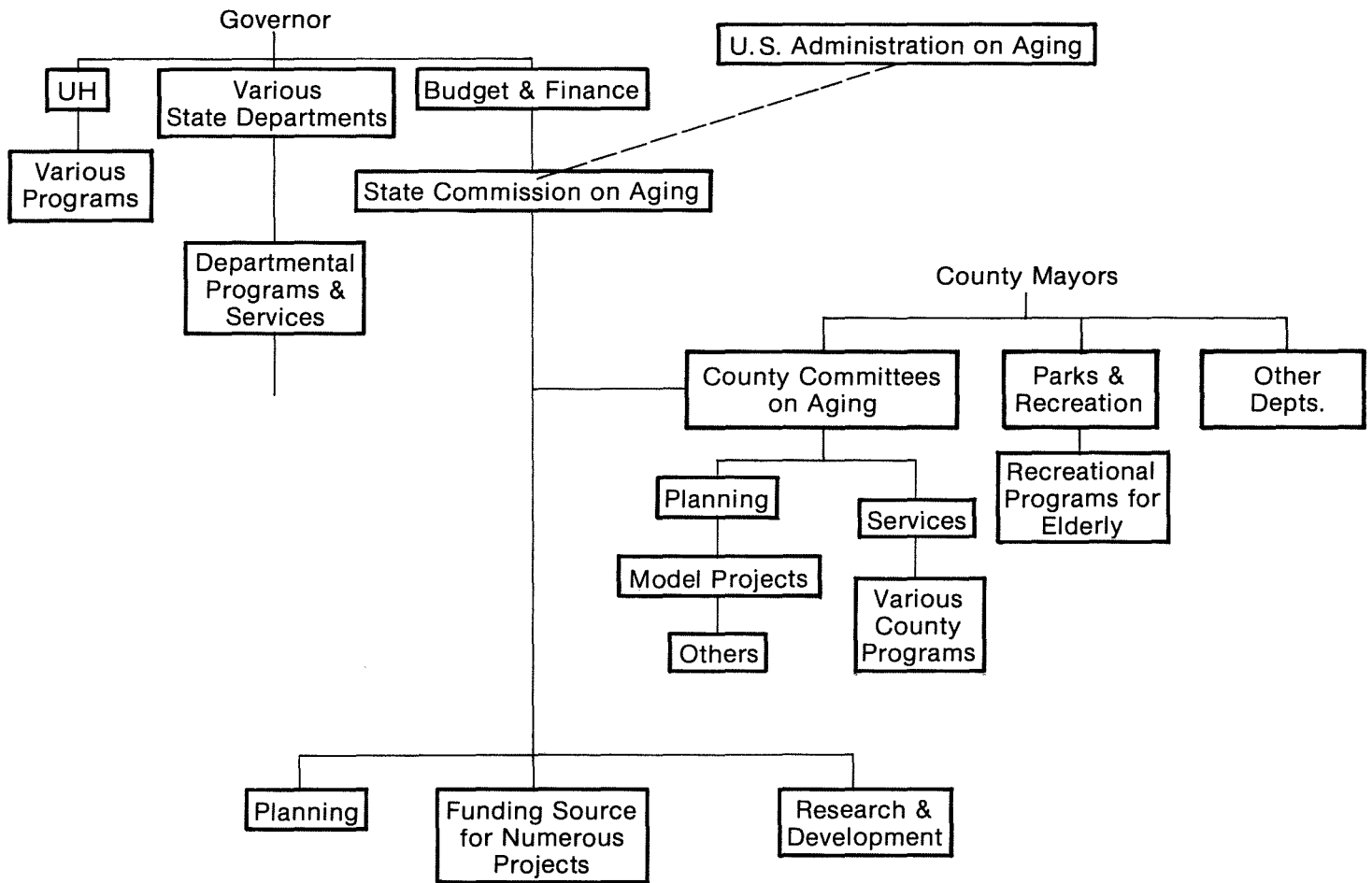
Note:  Indicates related by programs or funding, but not directly tied to the Commission.

Figure 16
SAMPLE OF COUNTY COMMITTEE STRUCTURE



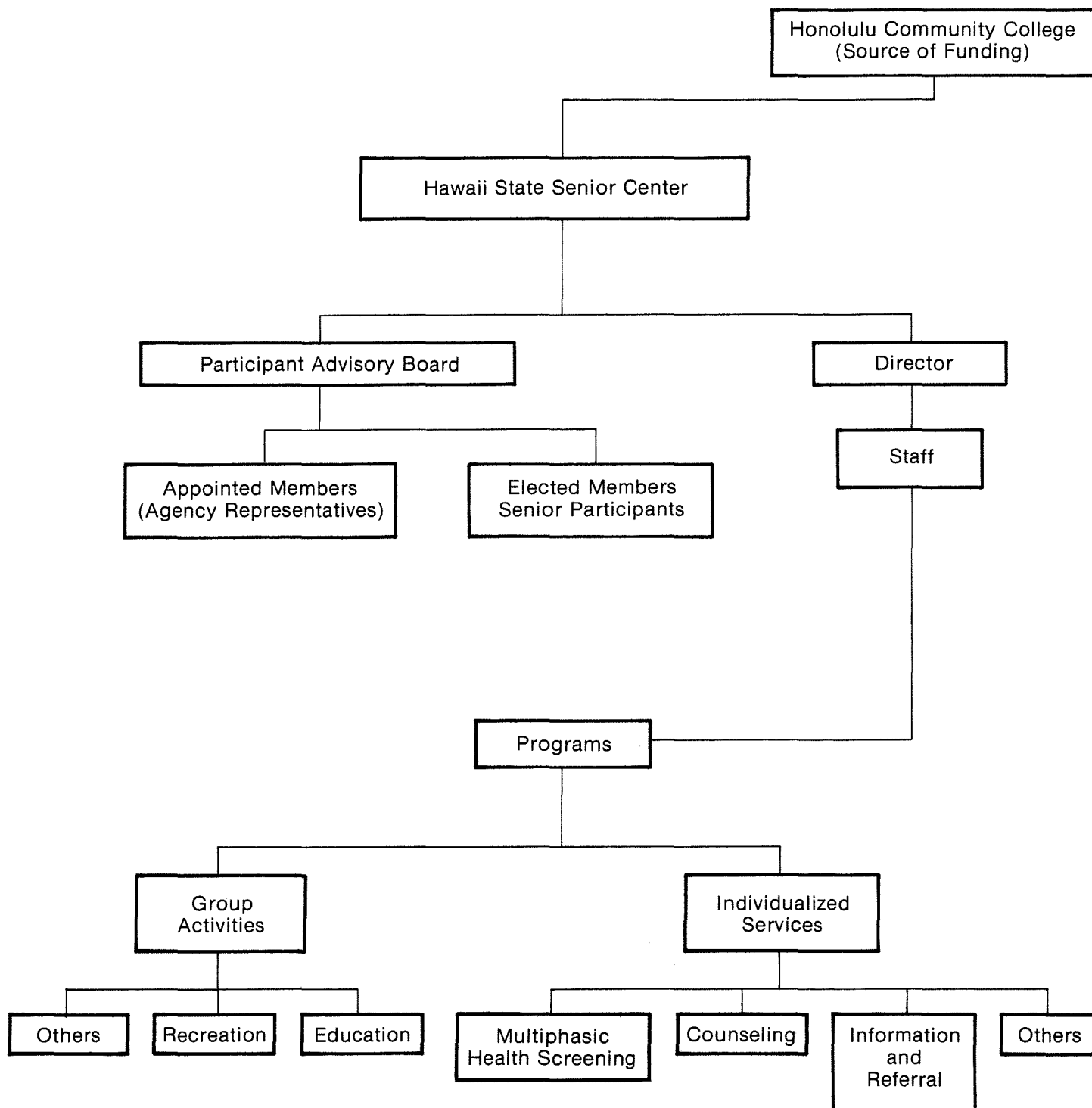
Source: Kauai County Committee on Aging

Figure 17
CURRENT AGING STRUCTURE



Outside of this structure
are numerous private projects
related to the elderly

Figure 18
HAWAII STATE SENIOR CENTER



COMPREHENSIVE SERVICE

(2) From the Maryland Commission on Aging:

"The senior center may be more broadly described as a multi-purpose facility where older persons can meet with their peers for purposes of recreation, social activities, education and study, as well as to obtain various services which they may require, or for they themselves to render services to others."²

(3) From the Hawaii State Senior Center:

"A multi-purpose senior center is a special community of self-selected participants whose involvement and participation increase self-development, group development, and the enhancement of the total community."³

The senior center movement goes all the way back to 1945 when New York City first began its program. There, social workers had discovered that a large number of elderly residents lacked the basic needs of life, including friendship and social interaction with others. They were lonely and isolated, so the workers developed a successful program for them built on cooperative arrangements with public housing management and the joint use of community facilities.

Soon, labor unions, private groups, and other segments of society became aware of the elderly problem and developed senior centers of their own. Then, in 1965, Congress passed some very significant social legislation, including the Older Americans Act, Medicare, Medicaid, the Housing Act, and various anti-poverty measures. The Older Americans Act was, of course, a milestone in the development of meaningful programs for the elderly.

With federal funds becoming available for programs providing direct services to the elderly, more and more communities began to organize senior centers as a means of reaching their elderly citizens. Also, as was stated earlier, over 3,000 centers are now operating in the United States. Because of the number of centers and the obvious differences in quality, the National Council of Aging convened the Inaugural Conference on Senior Centers. Here, it was recognized that the problem of funding on a continuing basis was a common one; and membership fees from members living on pitiful retirement incomes could not be expected to support a center alone. In addition, it was felt that national standards of operation and personnel would eventually have to be established.

Hawaii State Senior Center

While there are many senior clubs and senior centers located throughout the counties, one has stood out as the model for the others—the Hawaii State Senior Center. The Center was the culmination of many hours of hard work on the part of many people interested in the problems of the elderly.

Former Speaker of the House, Elmer Cravalho, did much to insure the passage of meaningful legislation related to the elderly in Hawaii. The State Commission on Aging was established; and a "Bill of Rights for the Elderly," including a fund for elderly-related projects, became law. Another activist in the area, Mr. John DeMello, lobbied for and won the passage of a bill in 1965 which provided for the construction of a "Senior Opportunity Center." He also fought for other benefits for the elderly, including increased pension benefits.

Then, in 1965, the Commission on Aging announced their plans for the development of an aging program in Hawaii. Noteworthy to the plan was the intention of developing a model Senior Opportunity Center in Honolulu, which has since become the Hawaii State Senior Center. Like the Center, it is interesting to note that all of the Commission's plans have since come to fruition, including the establishing of a permanent Commission and the development of county committees on aging and county information and referral systems.

With funding from the Commission, other centers were developed through the Department of Parks and Recreation in the counties of Maui and Hawaii. A private nonprofit organization, Kauai Senior Centers, Inc., was responsible for establishing a number of centers on Kauai. On Oahu, the City Parks and Recreation Department had previously started a center at St. Mary's Church which was later moved to Makua Alii. Thus, it was not until 1969 that the construction of the Hawaii State Senior Center was finally completed.

The Center, although constructed with state funds, was originally sponsored by a private nonprofit organization, Senior Opportunity Center, Inc. However, a problem developed over the justification of funds being used for the project, so the State Commission began looking for other agencies which would be eligible for the funding and which would agree to sponsor the Center. At about this same time, the newly constructed Center was vandalized, with damages totaling an estimated \$11,000.

Eventually a model project was written up and the Honolulu Community College agreed to sponsor the project. A contract between the Commission and the University was finally agreed upon in 1969 and the Hawaii State Senior Center was born.

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The troubles at the Center did not end with the signing of the contract, for a director had to be found. The man who had done so much to build the Center, John DeMello, was declared ineligible for the position because of state age limitations. His understandable disappointment resulted in a confrontation at the State Capitol and the threat of non-patronization on the part of his supporters.

However, in November 1969, the Center began operations with Charles Amor at the helm. Its success was almost immediate and by January 1972 more than 1,400 elderly citizens were participating in Center activities. In 1971, \$100,000 was appropriated for a building expansion which would allow up to 2,000 citizens to participate.

The Center was first created as a model of a multipurpose senior center which would be accessible within reasonable distance from the homes in the community and highly acceptable to the lifestyles of Hawaii's elderly population. It offers a range of activities based upon what the participants have requested. They are included in the planning and programming of everyday Center activities. Also, the Center has supported a multiphasic health screening program. They have developed a program to provide information and referral services, counseling, and such small but important functions as issuing free bus passes. Their outreach program, which uses elderly aides and which began by making people aware of the Center programs and by getting them to attend, has since been limited to the special group of disadvantaged elderly, most of whom are in some way handicapped. In describing the philosophy of the Center, its director, Charles Amor, said, "It is to demonstrate the development of an institution in terms of involvement and participation. This is the critical issue in our democratic society." In addition, the Center has served as a successful model of what optimal retirement should be and how older people can be models for the younger generation.

The Center has accomplished much of what it set out to do and has proven itself very popular among the participants, with an average of over 200 persons visiting the Center every day. Upon visiting the Center, one has to be impressed with the entire operation. The leadership displays a willingness to try new programs, and the doors are candidly open for inspection and evaluation. The progress that the Center has made since its opening is impressive. Furthermore, the display of true friendship and camaraderie among Center members, as well as between the members and staff, have made the Center an attractive community asset.

Dr. Gunder A. Myran of Michigan State University, in a report on the Senior Center, made the following comments:

"... A visit to the Center to observe the comfortable and easy relationships between the professional staff and the members, and to witness the variety of educational, recreational, and counseling activities, is important in understanding the impact such a Center can have on the lives of the people it serves. Located as it is near a model cities target area, its clientele includes a large number of persons with low incomes. The challenge of attracting and serving a low-income clientele is considerably more complex and difficult than is the challenge of serving the middle class and lower middle class clientele who also attend the Center and participate in its activities. Many of the persons served by the Center have spent their working lives in the pineapple and sugar cane fields or factories, and have developed few avocational interests prior to retirement.

... To this point, the program and services of the Hawaii State Senior Center seems to be aimed directly at the senior and their needs. The program is excellent but the senior citizen has much to *offer* the college and the community as well ...

This Center seems to define itself as primarily a voluntary, drop-in Center. In some ways, this definition does proscribe the limits of its effectiveness. We have indications from other places that suggests a voluntary drop-in Center automatically limits outreach to perhaps 10 percent of the potential population to be served. It seems that the idea of "dropping in" is not compatible to the ideas of many senior citizens. Again, the place orientation of the Center, while absolutely essential at this stage of development, would in some ways place a limitation on future potential.

In some ways, the same point could be made regarding counseling services. The counseling activities of the Center seem to be based on "availability." That is, the counselor is there if anybody needs him. As the staff of the Center becomes more active in raising questions on community problems, this results in an involvement which gives the staff an opportunity to counsel in the midst of problem solving, rather than simply publicizing the fact that counseling is available when anybody needs it.

The Center has staked part of its philosophy on a community organization basis. It has moved to establish a participants advisory committee. We would like to urge that community organization be seen as the tackling of very hard nitty-gritty life issues with the specific purpose of changing a bad life situation. This would mean that changes in the life situation of seniors would be advocated by the community organization dimension. Working out in the community with the large numbers who do not "drop in" is an important challenge to be included here also.

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... We would commend the Center for its work in getting at such areas of multiphasic health screening, basic English courses, their effort to recognize persons through birthday celebrations, etc. We would particularly commend them for their involvement with a number of agencies throughout the community in the development of the various aspects of their program.”⁴

That the Senior Center has an excellent program is undeniable, but like all programs it can also be improved.

In discussions with elderly residents from different areas of the State who have heard about the Center but do not geographically qualify to attend it, several common observations were made. Most common among them was the question, “Why can’t we have a building which is as nice as the Center’s?” The physical facility itself offers obvious advantages which a card table with no chairs set up in a makeshift parks and recreation meeting area does not. Of course, the costs of such facilities may be prohibitive for the State in the immediate future; but it is a need of the elderly population which must be met. A second observation, almost as common as the first, was “Why can’t we have funds for our programs and staff too?” Again, the need is obvious and the solution prohibitive during the State’s economic crisis.

Since the Senior Center has proven to be a successful model, the question arises, “A model for what?” If its format is not to be used by other senior centers, then is it truly successful? The concept of a “model” is that if it works, it should be copied, perhaps with some modifications to fit the community being served but still copied and expanded into other areas.

One of the most serious problems faced by the Center has been a matter of continued funding. Originally, the Center was begun with Title III funds (from the Older Americans Act) which were awarded to the State Commission on Aging. Under terms of the grant, the Commission was allowed to contract with an appropriate private or governmental agency to develop the Center with these funds. The University of Hawaii agreed to take on the Center as part of its program, contracting for the development of the Center over a three-year period, with the expressed intent of continuing the program beyond the contract period. During the contracted three-year period, the University’s planning program assigned the Center program a very low priority, thus refusing to accept the program budgeting responsibility for the sake of program continuity of the Center. The Center was then faced with the problem of its continuation and in particular, securing the necessary funds. This was not an easy matter, for several potential sponsors, including the Departments of Health, Education, Labor, Social Services and Housing, and the City Department of Parks and Recreation, were unwilling to accept the Center on a permanent basis. They explained that the Center was concerned with issues beyond the functional constraints of their programs. Finally, after the unsuccessful search for a permanent sponsor, the Commission on Aging extended the period of operation of the Center for an additional two years by providing the Center with the necessary funds through the Honolulu Community College.

It is interesting to note that while the University of Hawaii has acted as an umbrella agency for the Center, that is, accepting funds under the grant and dispensing them to the Center, it has never put any of its own monies into the project. Moreover, it has also expressed an unwillingness to support the Center permanently because it feels that placement under the University is inappropriate (even though community service is an important university role). It is no wonder, then, that the Commission and the Center have still been unable to find the Center a “permanent home,” that is one which would accept the responsibility of programming and budgeting for the Center’s needs on a continuing basis.

The statutes pertaining to the role of the Commission do not include the role of providing direct services to the elderly through an on-going program such as that at the Center. In recognition of the statutes, therefore, it must be realized that the Commission itself is not the proper agency for the permanent housing of the Hawaii State Senior Center. The role of the Commission is to channel funds into innovative and gap service projects. Get them started. Then, let them stand on their own. Once a project has proven itself, the administering agency should take over its support on a permanent basis, otherwise, the project has in reality failed—for it has not proven its worth to the appropriate sponsoring agency. The Commission’s primary mission of comprehensive planning and coordinating of activities among governmental agencies would be detracted from, somewhat, if it included direct services (under present staffing conditions).

Need for Centers

The Hawaii State Senior Center has proven to be a workable, attractive “model” serving the elderly in the surrounding neighborhood. Its progress has been impressive in the short period since it began. The success of the Center may, in part, be measured by the development of the Moiliili Multipurpose Senior Center, the Center

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now being planned for the Kailua area, and a few others in the "talking" or early planning stages in the State. Although the objective of the Center was originally to demonstrate its "workability" and having successfully done so, it must now face the implicit commitment that it has made to its members—that of continuing its operation under a permanent arrangement.

The demand for additional multipurpose centers in other areas is steadily growing. After all, such centers meet an important need in the lives of the elderly. However, with the demand for centers could go a resultant need for administrative direction for coordinating activities. However, this would depend upon the type of centers that were developed—private or governmental.

Even though the funding conflict is a single situation which may not be encountered by other centers once they have begun, it does deserve deep consideration and attention. A center which is centrally located and designed to meet the needs of a particular community, with services including information and referral, counseling, recreation, and many other programs such as the Senior Center offers is an undeniable asset to the community. Thus, when the question is asked "Should it continue?" The answer must be an emphatic "Yes!" Moreover, the failure, mentioned earlier, of a model to garner a permanent administrative arrangement is not merely a failure on the part of model participants. It is a failure on the part of governmental agencies, of the community, and of society in general to recognize the needs of that most ignored and underprivileged group—the elderly.

Funding

What, then, can be done to solve the immediate problem? There are several alternatives:

- (1) The Senior Center could become a permanent teaching model as part of the University of Hawaii Gerontology Program. In this way, both the University and the Center would receive direct benefits from each other. It could also serve as a state model.
- (2) The Center could become a permanent part of a state agency, such as the Department of Social Services and Housing, continuing to serve the community but receiving its funds from the Department. This would be acceptable if, one, the stigma attached to Social Services and associated with some of their programs, like "welfare" were not carried over to the Center; and two, the Department would accept the plan.
- (3) The Center could become a permanent part of the Community College system with plans for the building of similar centers wherever community colleges develop. This option would be in line with one philosophy on senior centers which sees them as a service to the community, similar to that of community colleges. In addition, the facilities of the college could be made available to the seniors for their activities while lending them the prestige that association with a college brings. In this way, the development of additional centers throughout the State could be assured. However, such a system would have to consider other senior centers under county and private auspices.
- (4) The Center could become permanently funded by a proposed state department which would encompass all affairs related to the elderly (see Recommendations on a Comprehensive Service Agency).

Comprehensive Service Agency

Until now, this chapter has dealt mainly with a discussion of senior centers in general and the Hawaii State Senior Center, in particular. Let us now turn to the original question dealing with a "comprehensive service agency" for Hawaii. The term, "comprehensive service agency," has not been clearly defined. However, two different, but common interpretations of it are as follows:

- (1) The same as or similar to a multipurpose senior center with a complete range of services; or
- (2) A single agency, with the dimensions of a state department, which would be responsible for providing for all of the needs of an aged individual.

The first possibility has been considered at some length in this chapter. The second is similar to the Massachusetts plan and will be discussed here.

During the reorganization of Massachusetts' governmental structure, a new cabinet level office, called the Office of Elder Affairs, was established. The creation of the Office was a victory for Massachusetts elderly citizens, for it meant that consideration for the elderly had become a main concern of their government. The best explana-

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tion of the circumstances culminating in the creation of a separate office for the aging is contained in a report by Mr. James Bergman of the Council of Elders, Inc. Because the report is so complete, it is reproduced in Appendix D in its entirety. A summary of the plan follows:

Massachusetts Plan

On August 31, 1970, the Governor of Massachusetts, Francis Sargent, signed House Bill No. 5824 establishing the Executive Office of Elder Affairs. With this action, Massachusetts became the first state to have a cabinet-level office to deal only with the affairs of the elderly. The Office of Elder Affairs was Massachusetts' solution to their original problem of a state agency on aging which had low visibility, low administrative rank, little money on which to operate, no statewide policy on aging, and lack of effective leadership.

During Massachusetts' 1969 reorganization of the executive branch of government, all the existing 173 departments, divisions, agencies, bureaus, commissions, etc. were placed within one of nine separate cabinet offices. Each cabinet office was directed toward a particular function, such as education, transportation, manpower affairs, and human services. Previous to this time, Massachusetts, like most other states dealt with the problems of aging through a State Commission on Aging mainly acting in an advisory capacity. Then, in 1968, the Commission was abolished and its functions transferred to a new Department of Community Affairs. Finally, in 1970, with the urging of a growing senior power movement, the tenth cabinet-level office was created and called the Executive Office of Elder Affairs.⁵

The purpose of the legislation creating this office had been to raise the status of the existing state aging unit to the highest administrative level of government and to create an administrative structure which, in the words of the Reorganization Act, "shall assure coordinated and joint planning, the establishment of clear and readily identifiable lines of authority and allocations of responsibility, the coordination and consolidation of the delivery of services at state and regional levels and the enlargement of career opportunities."⁶ It also asks that a determination be made as to whether the following functions should be transferred:

"... the functions of the department of public welfare as they relate to the administration of old age and disability assistance, and the provision of a program for income maintenance, the functions of the department of public health as they relate to the licensing and inspection of nursing homes, rest homes and related facilities, and the functions of the department of community affairs as they relate to the construction and administration of housing for the elderly and transportation for the elderly."⁷

Thus, Massachusetts succeeded in establishing a true advocate voice for elders at the highest level of state government and a vehicle for restructuring state government to better serve elders' needs. By having a single agency coordinating all activities and programs, problems for this group may well have been avoided. It is a recommendation of this study that a similar agency be considered for the State of Hawaii.

It is evident, from this report, that after a long struggle, Massachusetts has succeeded in establishing a governmental agency for the aging—a working comprehensive service agency. Conceivably, this agency could develop into their strongest advocate and their most effective activist. Hopefully, other states will consider the Massachusetts experience and initiate similar programs aimed at alleviating the problems that many elderly citizens still face today.

Recommendation: Organization

At the moment, the major leadership role in the field of aging rests with the State Commission on Aging. Professionals and laymen familiar with their activities agree that the Commission is doing a wonderful job. However, it is the recommendation of this study that even more be accomplished by reorganizing the Commission and the governmental agencies working in this field into a single, cohesive agency. In order for this to be done, a strong director and an organizational structure that helps must be established.

It should be apparent from the number of programs and the varied administering agencies listed in the "Programs" chapter of this study that a dysfunctional division of responsibilities exists. The major drawbacks to such a situation are:

- (1) Total cooperation and integration of all programs related to the aging is discouraged and structurally hampered.
- (2) A separation of responsibility and funding exists.

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- (3) Joint efforts in areas that should be of mutual responsibility, such as PPBS, Master Planning, etc., are lacking.

The result of this organizational separation among departments has been the development of several autonomous bodies located in scattered departments, each dealing with different problems of the aging population. It is the distinct recommendation of this study that the State seriously consider the philosophy that an aged person is an individual with many needs who should not be shuffled around from department to department like a compartmentalized robot seeking the aid he needs at the time he needs it. Furthermore, it should be recognized that all aged individuals deserve to be treated with the respect that age alone earns him, a doctrine common to the many ancestors of the people of Hawaii. And, in particular, whatever governmental aids and services which he comes to need should be granted him as the privilege that they are and not the "undeserved gifts" which they are sometimes suggested to be.

One alternative, therefore, is that a single agency be held responsible for the direction, coordination, and administration of all aging activities in the State. Under this plan, the Commission on Aging would be eliminated in favor of the new permanent, professional agency. If possible, the existing Commission staff would be transferred to the new agency because their expertise and past success in this field would be very difficult to duplicate. The role of the County Committees would eventually have to be determined by the governing bodies of the county which each Committee serves.

A basic philosophical problem arises, however, when the "grassroots" input of the Commission members is considered. Our form of government depends on good communication from the government to the public and back again. The development of wise governmental policies requires leadership, such as a professional staff could supply, but it is equally certain that it requires public comment, public understanding, and, at moments of decision, public support. One method to improve communications is to create citizen commissions which would provide for the voice of the citizens in the decision-making process. Another method is to rely on the interconnection of experts and specialists in and out of government and to strengthen the process of discussion and debate in the Legislature. It may safely be said that even when the first method was not employed, in very few instances has a major decision been made without a careful and generally accurate estimate of the harmony between that decision and the sentiment of the people of the State. Those decisions which were departures from general public sentiment have been rare and rapidly corrected. Therefore, although the Commission was intended as a direct tie to the people served, the selection of the right professionals to the staff of the new agency could accomplish the same goals.

This agency would also be the agency designated as the recipient and dispenser of all federal funds related to the aging. In addition to the present duties of the Commission, the agency would assume responsibility for direct services to the elderly. Therefore, transfer of personnel from the Departments of Health, Labor and Industrial Relations, Social Services and Housing, and possibly other agencies might be necessitated. These transferees would serve in the capacity of program specialists in their areas of expertise and would themselves provide the direct services of actually processing applications for food stamps, old age assistance, medical care, and other aged needs. Such a transfer of services, personnel, and resources will undoubtedly leave the agencies from which these responsibilities are transferred with a sense of loss. They may resent the action and resist it on grounds of intrusion into their areas of service. However, while this reaction may be a legitimate one, the salient point remains that if reorganization will better serve the elderly, then it must be instituted, regardless of the power loss to former service agencies.

In essence, the staff members of this agency would ideally be able to perform all of the paperwork necessary for each aged service, at least up to the actual deliverance of such service. For example, if it were proven to be more economical and more feasible for the Department of Health to conduct multiphasic health screening tests or other health services commonly afforded the aged, then it would be the responsibility of the agency's program specialist in health and emergency services to develop a procedure whereby an aged person or an organization serving the aged could call on the agency to make arrangements for the necessary health care. The papers required by the Department of Health would be processed by the agency, transmitted (in completed form) to the Department, and be ready for the aged person needing that service. Thus, the elderly person would be adequately informed and prepared for his reception at the Department of Health.

One of the chief objectives of creating such an agency is to serve the elderly by performing necessary tasks with the most efficient utilization of the means available. The purpose is not to add another bureaucratic agency to an already over-burdened system, neither is it to tax the power and revenues of established agencies. However, if taxing that power and those revenues provides economical and efficient service to the elderly, then that action must be viewed as the means to a justified end. This agency would have to operate as an agency whose principal tasks

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include carrying on work that was formerly common to a number of agencies, but which can be more efficiently and more economically conducted if concentrated in a single agency. Therefore, the final design of such an agency would have to take these factors into consideration when the decision as to what services should be provided and what functions should be assigned is finally made.

Additional staff would be required in the areas of planning, budgeting, evaluation, coordination of services, research, and advocacy. Figure 19 illustrates the recommended organization of this agency, including suggested starting salary ranges. However, while the types of expertise in staff personnel is fairly demonstrative, the actual numbers in each area would depend on the amount of responsibility finally assigned the agency. An accurate estimate as to the number of personnel needed could only be made after legislative policy as to the role and function of such an agency were declared. Therefore, many operational details on staffing, timetables for implementation, etc., have been omitted. A very rough estimate of operating costs could be set at more than one million dollars. However, this figure includes both federal funding for various direct service projects and other funds which would be transferred from the departments whose responsibilities are assumed by the new agency.

Finally, it should briefly be noted that some may object to a single agency which includes direct services replacing the Commission on Aging because it would detract from the advocacy role which the Commission now serves. The Massachusetts experience has proved that the advocacy role can be increased and strengthened by such an agency if the right personnel are hired. As in many other endeavors, the people make the difference.

A second alternative would be to increase the activities of the State Commission on Aging. Specifically, this would entail making the Commission a direct service agency in addition to all of its other duties.

One of the first direct services which might be given the administrative support of the Commission is the Hawaii State Senior Center. Because the question of the permanence of this practical community service agency still remains in doubt, its permanent placement in an expanded Commission might be desirable. Another area that deserves consideration would be that of informational services and the development of a direct service program for the elderly, supplementing those services now provided by county agencies, which would provide advice and direction on where to go for what. The first programs developed by the expanded Commission should, of course, reflect the most pressing needs of the elderly population. If this alternative were accepted, however, it would be imperative that immediate staff and budgetary increases be granted. The Commission staff is already very small for the monumental job it does. Therefore, if additional duties are to be assigned them, then additional staff must also be authorized.

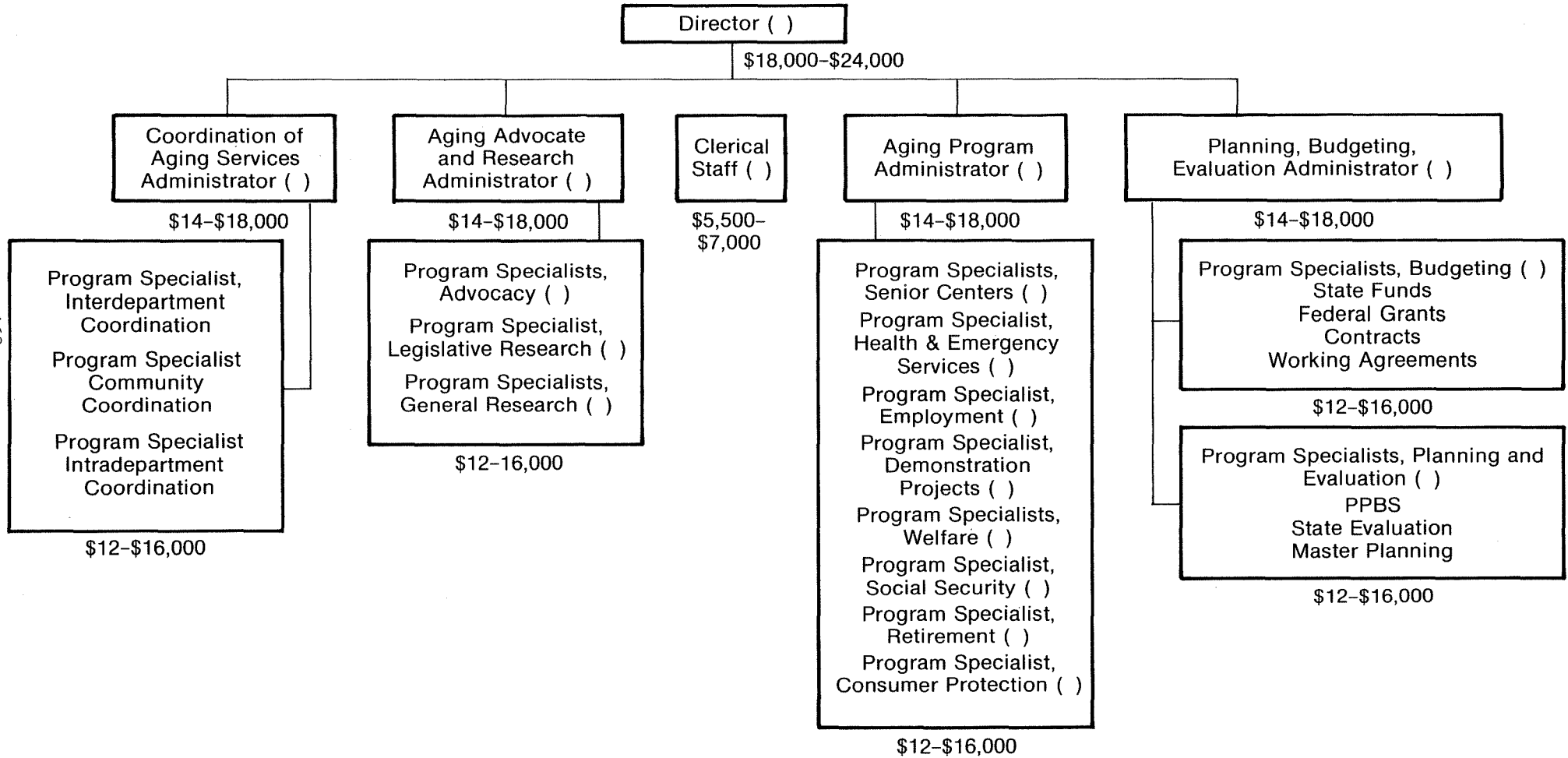
Retaining the structural format of the Commission but adding "service" to its duties could achieve goals similar to those proposed for alternative one at a smaller cost to the State. This would be a highly recommended interim action, but it should not be looked upon as the final step. Eventually, a single, well-integrated planning-funding-service agency must be established to handle elderly affairs. But until then, increasing the staff and activities of the Commission would be useful. Extremely important in these additional activities would be a concentrated, well-developed public education and advocacy program for the elderly. The public has to be made aware of the problems facing Hawaii's elderly population—until now, they have been for the most part living in blissful ignorance.

The final recommendation is that the policy design for the future of aging in Hawaii should be developed in a planning-programming-budgeting format, commonly referred to as PPB. Such a format would encourage the linking of program and budget decisions, assist in stating program objectives more explicitly, help in the analysis and evaluation of existing programs and alternative programs, improve management, and improve the output from the elderly programs. After garnering a little more information about the goals and objectives of the programs included in this study, it is conceivable that a PPB format could be carried out which would lend valuable direction to the field of aging.

Summary

The ultimate question then, as to whether it is feasible to establish a comprehensive service agency for the aging, would have to be answered in the affirmative. The needs of the elderly, as described in this study, make the need for such an agency undeniable. The method by which such an agency would be run is in question. However, it is recommended that a single agency to handle all aging needs be established. Because this would be an expensive item in the state budget, it is recommended that an alternative plan, which involves gradually increasing the Commission's duties and staff, be adopted in the interim. This chapter approaches the question of a comprehensive service agency by discussing three influential factors: current organization in the field of aging, senior centers, and the Massachusetts plan.

Figure 19
RECOMMENDED ORGANIZATION AND STAFFING



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A study of the current organization reveals that while the State Commission on Aging is nominally responsible for planning, research development, distribution of funds, and information and referral, the lines of authority are not precise. Many agencies perform some of these functions in varying degrees, although it is the Commission which does so most extensively. Strict control and coordination is lacking, not because of irresponsibility or unwillingness, but due in part to the understaffing of the Commission since its inception.

The Hawaii State Senior Center was shown to be an effective, working model which deserves to be continued on a permanent basis. It is still searching for a permanent sponsor, and several alternatives could be made available, including:

- (1) The Center, which is administratively placed under the University of Hawaii, could become a teaching model for the University or a teaching model for the State.
- (2) It could become a permanent part of a state agency;
- (3) It could become a permanent part of the Community College system; or
- (4) It could become permanently funded by a proposed comprehensive service agency which would encompass all affairs related to the elderly, or in the interim, under the Commission as part of its expanded activities.

A comprehensive service agency, comparable to the one established in Massachusetts, is described as a workable and encouraging development in the field of aging. The Massachusetts plan is discussed in detail, with the cogent point being that such an agency could handle most of the problems of an aged individual. He would no longer be shuffled from government agency to government agency—rather, a single office would handle all elderly affairs. However, until such an agency can be established, it is recommended that the current staff, budget, and activities of the present Commission on Aging be expanded to include direct services. It cannot be emphasized too much that the Commission is already overburdened with the job it now does, although it has continued to serve the aging well. If it is to be given additional responsibilities, it is imperative that the appropriate staffing and budgeting be allotted as well. In this way, the needs of Hawaii's elderly could easily be met.

FOOTNOTES

CHAPTER III

1. A copy of the questionnaire appears in Appendix B.
2. *Older Americans Act of 1965*, P.L. 89-73, Title I, sec. 101.
3. Neugarten, Bernice L., "Grow Old Along With Me! The Best Is Yet To Be," in *Psychology Today*, vol. 5, no. 7 (December 1971), pp. 45-48; 79-81.

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1. Andrew W. Lind, *Hawaii's People* (Honolulu: University of Hawaii Press, 1967), pp. 33-36.
2. U.S. Bureau of the Census, *Statistical Abstract of the United States: 1971* (Washington: U.S. Government Printing Office, 1971), p. 23.
3. U.S. Bureau of the Census, *U.S. Census of Population: 1970*, Final Report P.C. (1)-B13 (Washington: U.S. Government Printing Office, 1971), and Robert C. Schmitt, *Demographic Statistics of Hawaii 1778-1965* (Honolulu: University of Hawaii Press, 1968).
4. University of Hawaii, Gerontology Curriculum Development Study, *Age Structure of Hawaii's Population* (Honolulu: 1966).

CHAPTER V

1. U.S. Council of Economic Advisers, *Annual Report—1965* (Washington: U.S. Government Printing Office, 1965), p. 161.
2. U.S. Senate, Special Committee on Aging, *A Pre-White House Conference on Aging, Summary of Development and Data* (Washington: 1971), p. 5.
3. Robert T. Lansdale, et al, *The Administration of Old Age Assistance* (Chicago: Public Administration Service, 1939), p. 101.
4. Department of Social Services, *Characteristics of Recipients Receiving Old Age Assistance, Hawaii* (Honolulu: September 1960).
5. For example, the grocery store owner who receives this money will buy new clothes, the clothes store owner will buy a new car, the car dealer will buy new clothes, etc.

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1. Tibbitts and Donahue, *Aging in Today's Society* (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1960).
2. President's Council on Aging, *The Older American* (Washington: 1963), p. 20.
3. *Federal Register*, Vol. 34, No. 200 (October 1969), p. 16804.
4. President's Council on Aging, *The Older American* (Washington: 1963).

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1. Observances taken from the following report: U.S. Senate, Special Committee on Aging, *Older Americans and Transportation: A Crisis in Mobility*, (Washington: U.S. Government Printing Office, 1970).
2. *Ibid.*
3. University of Denver College of Law study of "The Senior Driver in the United States," Denver, 1970.

CHAPTER IX

1. U.S. Department of Health, Education, and Welfare, Social Security Administration, Office of Research and Statistics, *Health Insurance for the Aged: Number of Persons Insured, July 1, 1968*, Health Insurance Statistics, HI 17 (Washington: Government Printing Office, 1970), pp. 10, 11.
2. "Summary of Social Security Amendments of 1967—Public Welfare and Health Amendments," *Congressional Record*, December 13, 1967, pp. H 16862 ff.
3. U.S. Department of Health, Education, and Welfare, Social Security Administration, *Medical Care Costs and Prices: Background Book*, January, 1972.

CHAPTER X

1. 1971 White House Conference on Aging, *Section Recommendations on Housing* (Washington, D.C.: 1971).
2. Sources: U.S. Bureau of the Census, *1970 Census Users Guide* (Washington: U.S. Government Printing Office, 1970). Maryland Commission on Aging, *Maryland's Older Population: Part IV* (Baltimore: 1972).
3. Maryland Commission on Aging, *Maryland's Older Population: Part IV* (Baltimore: 1972).

CHAPTER XI

1. Maryland Commission on Aging, *Maryland's Older Citizens* (Baltimore: 1972).
2. *Ibid.*
3. Hawaii State Senior Center, *Third Annual Report* (Honolulu: 1972).
4. Hawaii State Senior Center, *Second Annual Report* (Honolulu: 1971).
5. Much of the history of this plan comes from the following report:
Bergman, James, "Massachusetts Establishes An Executive Office of Elder Affairs," December 1971, Legal Project sponsored by the National Council of Senior Citizens, Inc., for the U.S. Office of Economic Opportunity.
6. *Ibid.*
7. *Ibid.*

APPENDIX A

COMPILATION OF LAWS RELATING TO THE ELDERLY

Special Employment [Section 387-9, HRS]

AGE: NS*
RESIDENCY: NS
SPECIAL PROVISION: Allows the director of labor and industrial relations to provide for the employment of individuals whose earning capacity is impaired by old age at wages lower than the minimum wage and for a specified period of time.

Teacher Age Limit [Section 297-15, HRS]

AGE: 65 and 70
RESIDENCY: NS
SPECIAL PROVISION: Prohibits the employment of teachers or educational officers who have reached age 65 unless no other qualified person is available. Forbids the employment of those reaching age 70 altogether.

"Wages" in Employment Security Law [Section 383-11(7), HRS]

AGE: 65
RESIDENCY: NS
SPECIAL PROVISION: Under this law, the term "wages" does not include any payments (except vacation or sick pay) made to a person after the month in which he reaches the age of 65, and if he didn't work for the employing unit in the period for which the payment is made.

Medical Care for Indigent [Section 325-38, HRS]

AGE: NS
RESIDENCY: NS
SPECIAL PROVISION: Permits the department of health to provide free immunizations and vaccinations for the indigent—a person without adequate means of subsistence and for the support of whom the department of social services and housing is responsible.
NOTE: There are many other laws relating to the indigent, including ones on adult education programs, absentee voting, employment compensation, public assistance, legal assistance, and others. The indigent elderly would qualify for these programs as well as other indigent persons. Because these programs are not limited to the elderly and because time does not permit further delineation in this area, these laws are not included in the summaries.

Medical and Dental Expenses [Section 235-2, HRS]

AGE: 65
RESIDENCY: NS
SPECIAL PROVISION: Provides that the unreimbursed portion of the medical and dental expenses, including medicine and drugs, are deductible in full for a taxpayer and his wife if either has reached the age of 65.

*Not Specified.

Preventive Medicine [Section 321-31(1), (2), HRS]

AGE: NS
RESIDENCY: NS
SPECIAL PROVISION: Requires the department of health to coordinate activities in the field of geriatrics and to implement an educational program for the purposes of preventing disease and alleviating old age.

Tax Credit on Drugs and Medical Expenses [Section 235-56(i), HRS]

AGE: 65
RESIDENCY: NS
SPECIAL PROVISION: Provides that persons meeting the age requirement may claim double the tax credit applicable to his modified adjusted gross income.

Personal Income Tax Exemptions [Section 235-54(c), HRS]

AGE: NS
RESIDENCY: Residents and nonresidents receive the same benefits.
SPECIAL PROVISION: Provides that blind, deaf, or totally disabled persons are entitled to a \$5,000 exemption.

Personal Income Tax Exemptions [Section 235-2, HRS]

AGE: 65 or older
RESIDENCY: Residents and nonresidents receive the same benefits.
SPECIAL PROVISION: Permits two personal exemptions for persons meeting the age requirement.

Real Property Tax [Sections 246-26 and 246-28, HRS]

AGE: 60
RESIDENCY: NS
SPECIAL PROVISION: Entitles homeowners meeting the age requirement to a multiple home exemption (in addition to the regular home exemption) up to age 69 and 2½ exemptions at age 70 and above.

Real Property Tax [Chapter 246, HRS]

AGE: 60
RESIDENCY: NS
SPECIAL PROVISION: Extends tax relief to taxpayers meeting the age requirement, who are owners of fee (or lessees of ten years or longer) residential properties located in areas where the land-use character has changed to a higher use, provided that the property is used as a single-family residence and is dedicated for at least ten years.

Taxable Income [Section 235-7(3), HRS]

AGE: NS
RESIDENCY: NS
SPECIAL PROVISION: Excludes from gross income, adjusted gross income, and taxable income any compensation received in the form of a pension for past services.

Taxes on Homes [Section 246-26, HRS]

AGE: 65
RESIDENCY: NS
SPECIAL PROVISION: Provides that the owner of a residence, which has been sold during the year, may elect to exclude from his gross income part or all of the gain on the sale or exchange depending on the adjusted selling price. This is available, only once, to those meeting the age requirement before the date of the sale if they have owned and used that residence for a total of five out of the eight years preceding the sale.

Definition of Elderly (in relation to Housing Projects) [Section 359-51, HRS]

AGE: 65
RESIDENCY: Must have resided in the State continuously for at least three years.
SPECIAL PROVISION: To qualify for elderly housing, one must meet the age and residency qualifications and must be unable to otherwise secure safe and sanitary housing at a price they can afford.

Housing for the Elderly [Sections 359-51 to 359-62, HRS]

AGE: 65
RESIDENCY: Must have resided in the State continuously for three years.
SPECIAL PROVISION: Request the Hawaii Housing Authority to investigate housing conditions of the elderly in the State and to develop housing projects where appropriate and after meeting certain specifications. Permits the authority to pay for services, work, etc. furnished in connection with the housing project and to arrange financing for them. Rents shall be set so that the projects are self-supporting. Tenants shall only be elderly persons, except that a companion (necessary for the care of an incapacitated elderly person) may reside in the housing project until the person recovers or leaves. "The authority shall not provide restaurant or dining room facilities, nor medical, nursing, or hospital services or care, to tenants in any such project."

New Hawaii Residents 65 and Older [Section 235-4(a), HRS]

AGE: 65
RESIDENCY: State residency
SPECIAL PROVISION: Provides that people who take up residency in the State after reaching age 65, shall be exempt from income taxes on income received or derived from property owned, or a trade or business conducted outside of Hawaii. However, income received from sources within the State are taxable.

Property for Aged Care [Section 46-63, HRS]

AGE: NS
RESIDENCY: NS
SPECIAL PROVISION: Allows the counties to give, sell, set aside, and transfer property, real or personal, to private eleemosynary groups dedicated to the care of the aged, as long as it is used for the care of aged persons.

Public Assistance [Sections 346-51 and 346-52, HRS]

AGE: 65 or lower if federal standards dictate, but not less than 60.
RESIDENCY: NS
SPECIAL PROVISION: Authorizes the department of social services and housing to administer public assistance programs for aged persons in need and who lack sufficient income to provide a subsistence "compatible with decency and health."

Lien on Real Property [Section 346-53, HRS]

AGE: 65 or lower if federal standards dictate, but not less than 60.
RESIDENCY: NS
SPECIAL PROVISION: Permits the department of social services and housing to require, as a condition to granting assistance to a person who owns or has an interest in any real property, that the person enter into an agreement with the department that all such grants of assistance constitute a lien against the interest in real property and remain a lien until satisfactorily discharged.

Depositions of Witnesses [Section 624-11, HRS]

AGE: NS
RESIDENCY: NS
SPECIAL PROVISION: Provides that a disposition will be accepted from a witness whose testimony is wanted in a civil case, who is so aged that he will probably be unable to attend the trial.

Jury Duty [Section 609-3(1), HRS]

AGE: 60
RESIDENCY: U.S. and State citizenship and has resided in the State for at least three years.
SPECIAL PROVISION: Provides that a person meeting the age qualification is exempt from liability to act as a juror or grand juror.

Peddlers [Section 445-141, HRS]

AGE: 60
RESIDENCY: NS
SPECIAL PROVISION: Provides that people meeting the age requirement need not obtain a license for peddling.

Civil Identification Procedures [Section 28-39, HRS]

AGE: NS
RESIDENCY: NS
SPECIAL PROVISION: (for aged) Allows the attorney general to establish special registration procedures for people residing in homes for the aged and for others who require special treatment to minimize hardship or inconvenience caused by the registration procedure.

Absentee Voting [Section 14-15, HRS]

AGE: NS
RESIDENCY: NS
SPECIAL PROVISION: Provides that any registered voter qualified to vote in an election who is confined in a hospital or a public institution for the care of indigents or aged persons and who is unable to attend the polls may vote by absentee ballot.

Drivers' Licenses [Section 286-106(1), HRS]

AGE: 65
RESIDENCY: NS
SPECIAL PROVISION: Specifies that the drivers' licenses of people who are 65 or older shall expire every two years.

Retirement

As should be evident by now, Hawaii law has long recognized the importance of providing special care for its elderly citizens. An additional area which has not been discussed in detail, however, is that of retirement for public officers and employees. This law applies to all state and county workers after July 1, 1945. Furthermore, it is the chief law governing retirement in Hawaii, since a similar law governing private pension systems has not yet been enacted. The intent of the law is to provide employees with pension benefits sufficient to live in comfort after having given the government many years of service. The details of this law are summarized below:

Retirement for Public Officers and Employees (Chapter 88, HRS)**I. Legal Authority (HRS 88-22)**

Establishes the "Employees' Retirement System of the State of Hawaii" to provide "retirement allowances and other benefits for employees . . ."

II. Membership, Service

A. Generally (HRS 88-42)

Includes all employees of the Territory and the counties, as of July 1, 1945, and all employees who enter the service of the state or county after that time.

B. Ineligible (HRS 88-43)

Allows the board to deny membership to any class of part-time employees or to make their membership optional.

C. Employee Contributions

(1) Amount (HRS 88-45)

Contributions by general employees are in amounts equal to 6 per cent of compensation, and for firemen and policemen contributions are equal to 10.4 per cent of compensation. Judges and elected officers, though receiving a higher percentage of their average final compensation than general employees, contribute at the same 6 per cent rate as these employees. In addition, all members contribute 1.8 per cent of compensation to the Post Retirement Fund.

Each department is authorized to deduct contributions from the salary of each member.

(2) Method (HRS 88-46)

D. Class Membership (HRS 88-47)

(1) Class A Members

Includes all members covered by Title II of the Federal Social Security Act.

(2) Class B Members

Includes all other members.

E. Years of Service

Computation (HRS 88-50)

Determined by rules and regulations but twelve calendar months may never be counted as more than one year of service.

III. Benefits

A. Retirement for Age and Service (HRS 88-73, 88-74)

Allows firemen and policemen with at least ten years of service in the system to retire at age 55 with a retirement allowance based on 2.5 per cent of his average final compensation for each year of service as a fireman or policeman. Allowances for regular employees are made on the basis of 2 per cent of average final compensation. For judges and elected officers, the amount is $3\frac{1}{2}$ per cent of average final compensation.

B. Retirement for Disability

(1) Ordinary disability (HRS 88-75, 88-76)

Awarded after certification by the medical board that the member is permanently incapacitated (mentally or physically) and should be retired. Disability results from natural causes. If the member has reached age 55, he would receive a service retirement allowance. If not, an allowance of 25 per cent of his average final compensation plus 1 per cent of his average final compensation for each full year of service over fifteen would be awarded.

(2) Service-connected total disability (HRS 88-77, 88-78)

Awarded after certification by the medical board that the member is permanently incapacitated for gainful employment and after certification that the disability is the result of an accident occurring while in the actual performance of duty. Provides an annuity in addition to a pension of $66\frac{2}{3}$ per cent of his average final compensation.

(3) Service-connected occupational disability
(HRS 88-79, 88-80)

Awarded after certification by the medical board that the member is permanently incapacitated for further performance of duty. For three years, the allowance will be the same as for service-connected total disability. After that time, the annuity will be continued but the pension will be reduced from 66-2/3 per cent to 33-1/3 per cent of average final compensation unless the medical board certifies that the member is totally incapacitated for gainful employment in which case the full benefit would be paid for life.

C. Ordinary Death Benefith

Provides the following to the designated beneficiary or estate:

- (1) During the first year of employment, the payment of the member's accumulated contributions.
- (2) After one year, in addition to the contributions, the payment of a sum equal to one-half of the member's earnable compensation during the twelve months immediately preceding death, plus an additional 5 per cent for each year of creditable service in excess of ten to a limit of twenty years, after which a maximum of 100 per cent of the preceding twelve months' earnable compensation is payable.

D. Accidental Death (HRS 88-85)

An accident resulting in death and occurring while the member was performing a duty may be classified as "Accidental Death." Provides the following to the designated beneficiary or estate:

- (1) Payment of the member's accumulated contributions, and
- (2) A pension of one-half of the member's average final compensation to:
 - (a) The widow during her widowhood, or
 - (b) Child or children until 18 or, if no such widow or child,
 - (c) Dependent father or mother, for life.

IV. Source of Funds

A. Annuity Savings Fund (HRS 88-112)

Consists of the members' accumulated contributions.

B. Pension Accumulation Fund (HRS 88-114)

Consists of all contributions made by the State and any county and all income from investments.

C. Post Retirement Fund (HRS 88-115)

Consists of all contributions made by the members, the State, and the counties to pay the post retirement allowances. The board of trustees will determine state and county contributions.

D. Expense Fund (HRS 88-116)

Consists of all money provided by the State and counties to pay the administration expenses of the system, and prorated among the State and counties on the basis of the total payroll of the employees of each which are included in the system.

E. Minimum Pension Fund (HRS 88-117)

Consists of appropriations made by the State Legislature and the county councils to provide minimum pension payments.

V. Board of Trustees

A. (HRS 88-24)

The board consists of seven members including the State director of finance (ex-officio), three elected by the members of the system (one of whom is a teacher), and three state residents appointed by the Governor who are not members of the system (one of whom must be a banker or with similar experience). Each trustee is elected or appointed to a six-year term.

B. (HRS 88-23)

The board is responsible for the general operation and administration of the retirement system.

C. (HRS 88-110)

The board, being responsible for several funds of the system, may hold, purchase, sell, assign, transfer, or dispose of any of the securities and investments funded under the system.

D. (HRS 88-106)

The board must keep data necessary for actuarial valuation of the various system funds in a convenient form.

E. (HRS 88-111)

The State director of finance is the custodian of the funds.

VI. Investments (HRS 88-119)

Investments may be made in real estate loans and mortgages; government interest-bearing obligations; corporate interest-bearing obligations; preferred and common stocks; obligations eligible by law for purchase in the open market by federal reserve banks; obligations issued or guaranteed by the International Bank for Reconstruction and Development, by the Inter-American Development Bank, or by the Asian Development Bank; obligations secured by collateral consisting of any of the securities previously mentioned; and other securities.

VII. Medical Board and Actuary

A. Medical Board (HRS 88-31)

Consists of three physicians ineligible to participate in the system and appointed by the board of trustees. The board arranges medical exams and reports on medical matters referred to it.

B. Medical Review Board (HRS 88-32)

Consists of independent licensed physicians who review the decisions of the medical board.

C. Actuary (HRS 88-30)

Acts as technical adviser to the board of trustees on the matters regarding the operation of the system funds.

VIII. Service Retirement Formula

A. Average Final Compensation (HRS 88-81)

Is the average annual compensation pay or salary upon which a member has made contributions during (1) his highest five paid years of service, or (2) his highest three paid years of service, or (3) if he has less than three years of service, then during his actual years of credited service. Members employed after January 1, 1971, may select only from options 2 and 3. No payment of salary in lieu of vacation may be included in the computation.

B. Formula

Rate of pay per month \times Number of months at this rate = Total amount for period

Total amount for period₁ + Total amount for period₂ + . . .

Total amount for per_k = Total earnings

Total earnings \div 36 months (or 60 months if the 5-year option is selected) = Average Final Compensation per month

Average Final Compensation per month \div 2.5% = A
Years of Service = B

A \cdot B = maximum monthly retirement allowance for life

APPENDIX B
Current Programs and Services in the State
STATE OF HAWAII

Department of Budget and Finance

- Employees Group Medical and Hospital Care
- Employees Group Life Insurance
- Public Employees Retirement System

Commission on Aging

- Supporting Services
- Areawide Model Project
- Retired Senior Volunteer Program

Department of Education

- Adult Education

Department of Health

- Certification of Blind, Deaf, or Totally Disabled
- Community Health Screening Tests
- Health Education
- Licensing of Nursing and Care Homes, Certification of Medicare Facilities
- Mental Health Services
- Public Health Nursing
- Radium Loan for Treatment of Cancer
- Statewide Consultation and Education Services

Department of Labor and Industrial Relations

- Employment Services

Department of Social Services and Housing

- Adult Family Boarding Homes
- Adult Protective and Rehabilitative Services
- Care Homes
- Food Stamps
- Foster Grandparents
- Medical Assistance to the Aging
- Medical Services to State, County Pensioners
- Nursing Home Care
- Old Age Assistance
- Public Housing for the Elderly
- Vocational Rehabilitation
- Vocational Rehabilitation and Services for the Blind
- Homemaker Services
- Senility

University of Hawaii

- Pau Hana Years
- School of Public Health
 - Gerontology Training
- Honolulu Community College
- Hawaii State Senior Center

Office of the Governor

- Office of Consumer Protection

EMPLOYEES' GROUP MEDICAL AND HOSPITAL CARE (Part of Hawaii Public Employee's Health Fund)

Legal Basis

Chapter 87, *Hawaii Revised Statutes*.

Description

Making monthly premium payments for retired employees and their dependents for enrollment in the Hawaii Medical Service Association, the Kaiser Foundation Health Plan, or the Medical Indemnity of America medical plans.

Objective

To provide partial protection for retired employees and their dependents from the cost of medical and hospital care.

Number of Aging Served

5,900 retired state employees.

	1970-1971	1971-1972	1972-1973
Personnel	9	9	9
Budget	7,142,164	7,734,665	8,536,950

*Costs include coverage of both active and retired employees and dependents with most costs applying to active employees.

GROUP LIFE INSURANCE (Part of Hawaii Public Employee's Health Fund)

Legal Basis

Chapter 87, *Hawaii Revised Statutes*.

Description

Objective

Number of Aging Served

	1970-1971	1971-1972	1972-1973
Personnel*	9	9	9
Budget**	1,099,170	1,099,170	1,165,050

*Same people as under group medical, previous page.

**Group life premiums only, administrative budget not included.

PUBLIC EMPLOYEE'S RETIREMENT SYSTEM

Legal Basis

Chapter 88, *Hawaii Revised Statutes*.

Description

Providing pensions to eligible public employees and dependents for service retirement, disability retirement, death benefits; as well as health and dental benefits.

Objective

To protect retired state and county employees against the cost of health and dental care and to provide them with a means for income during their later years.

Number of Aging Served

6,224 persons age 55 or older and with a specified number of years of government service.

	1970-1971	1971-1972	1972-1973
Personnel	26	28	28
Budget	21,166,759	32,830,092	38,864,409

Commission on Aging

SUPPORTING SERVICES

Legal Basis

Chapter 349, *Hawaii Revised Statutes* and Title III Older Americans Act of 1965 as amended.

Description

A policy-making, planning, coordinating, and evaluating body on aging to create public awareness, promote education, encourage research, recommend legislation, appraise services and facilities, stimulate action, and administer funds.

It is an important part of the total aging program.

Objective

To see that all programs in the State serving the aging are achieving their objectives.

Number of Aging Served

Their achievements affect most of the aging population, including the middle-aged in the State in some way.

	1970-1971	1971-1972	1972-1973
Personnel	5	5	5
Budget	503,679	503,505	834,961

AREAWIDE MODEL PROJECT

Legal Basis

Chapter 349, *Hawaii Revised Statutes* and Title III, Older Americans Act.

Description

An outreach program to identify the elderly who are in need of meals, homemaking services, transportation, consumer education, or leisure-time activities and to provide them with these services. Contracted with the Office of Social Resources, City and County of Honolulu.

Objective

To reduce the isolation of the elderly in the Chinatown, Kalihi-Palama, and Kalihi Valley areas.

Number of Aging Served

2,600 elderly in census tracts 52-65.

	1970-1971	1971-1972	1972-1973
Personnel	—	—	—
Budget	—	—	300,000

Commission on Aging

RETIRED SENIOR VOLUNTEER PROGRAM

Legal Basis

Chapter 349, *Hawaii Revised Statutes* and Title VI Older Americans Act.

Description

A resource specialist, under the direction of the Commission on Aging, provides guidance, consultation, and technical assistance to local agencies and groups serving retired persons.

Objective

To provide staff assistance to local agencies to organize and operate a Retired Senior Volunteer Program.

Number of Aging Served

Not applicable—specialist works with other agencies.

	1970-1971	1971-1972	1972-1973
Personnel	—	—	1.5
Budget	—	—	21,780

ADULT EDUCATION FOR THE ELDERLY

Legal Basis

Chapter 301, *Hawaii Revised Statutes*.

Description

Conducting classes in naturalization, adult basic education, high school completion, non-credit courses in culture, homemaking, family life, civil defense, and other interests.

Objective

To raise the level of education and civic competence; to improve home life, health, and safety; and to encourage cultural, recreational, and social interests.

Number of Aging Served

2,163 elderly, no age limit.

	1970-1971	1971-1972	1972-1973
Personnel	—	40.5	40.5
Budget	—	1,375,683	1,401,287

Department of Health

CERTIFICATION FOR BLIND, DEAF, OR TOTALLY DISABLED—TAX EXEMPTIONS

Legal Basis

Chapters 235 and 237, *Hawaii Revised Statutes*.

Description

Testing and certifying that a person is legally blind, deaf, or disabled according to specific definitions for tax exemption purposes.

Objective

To certify whether a person is legally blind, deaf, or totally disabled; and thus whether he warrants a tax exemption.

Number of Aging Served

289 persons 45 years and over.

	1970-1971	1971-1972	1972-1973
Personnel*	20.8	20.8	20.8
Budget*	304,000	378,000	375,000

*Total figures for the Prevention and Detection of Chronic Disease Program. (Figures represent budget requests.)

COMMUNITY HEALTH SCREENING TESTS

Legal Basis

Chapter 321, *Hawaii Revised Statutes*.

Description

Coordinating a program to encourage indigent persons to undergo simple multiphasic tests for diabetes, cancer, etc., given free by community sponsors.

Objective

To prevent and/or control chronic diseases by early detection and referral for treatment.

Number of Aging Served

7,930 persons 45 years and over.

	1970-1971	1971-1972	1972-1973
Personnel*	—	—	—
Budget*	—	—	—

*Comes under the Prevention and Detection of Chronic Disease Program. (See above.)

HEALTH EDUCATION

Legal Basis

Section 321-31, *Hawaii Revised Statutes*.

Description

Providing authoritative health information including audio-visual aids for health education about the aging.

Objective

To disseminate health information about aging to the community through the public media.

Number of Aging Served

600

	1970-1971	1971-1972	1972-1973
Personnel	17	17	17
Budget*	203,000	248,000	247,000

*Total figures for Health Education Program. (Figures represent budget requests.)

LICENSING OF NURSING AND CARE HOMES AND CERTIFICATION OF MEDICARE FACILITIES

Legal Basis

Chapter 321, *Hawaii Revised Statutes*.

Description

Conducting annual licensing inspections of all nursing and care homes as well as medicare facilities and programs to certify them as meeting medicare standards.

Objective

To inspect established physical facilities of nursing and care homes and to maintain adequate standards of care for persons of all ages.

Number of Aging Served

2,307 persons, 45 years and over in nursing and care homes.

	1970-1971	1971-1972	1972-1973
Personnel	13.8	14	14
Budget*	141,000	206,000	211,000

*Total figures for Facility Standard, Inspection and Licensing Program. (Figures represent budget requests.)

MENTAL HEALTH SERVICES

Legal Basis

Sections 334-2 and 334-31, *Hawaii Revised Statutes*.

Description

Receiving, evaluating, treating, and providing institutional care of mentally-ill elderly persons.

Objective

To improve the mental health of elderly persons.

Number of Aging Served

365 persons, with no age limit.

	1970-1971	1971-1972	1972-1973
Personnel*	—	—	—
Budget*	—	—	—

*Data unavailable at this time.

MENTAL RETARDATION SERVICES

Legal Basis

Sections 333-11 and 333-21, *Hawaii Revised Statutes*.

Description

Providing for medical and institutional care of elderly persons who are mentally retarded.

Objective

To provide specialized services to the mentally retarded elderly in institutions.

Number of Aging Served

62 persons age 60 and over.

	1970-1971	1971-1972	1972-1973*
Personnel	411.4	421.9	
Budget	4,338,640	4,466,581	

*1972-1973 Data unavailable at this time.

NUTRITIONAL SERVICES

Legal Basis

Section 321-81, *Hawaii Revised Statutes*.

Description

Making public health nutritionists available to facilities housing the elderly as consultants on their care and services. Also, publishing monthly newsletters and talking to community groups about the elderly.

Objective

To ensure adequate diets for the elderly by disseminating nutritional information.

Number of Aging Served

938 elderly with no age limit.

	1970-1971	1971-1972	1972-1973
Personnel	7	7	7
Budget*	88,000	86,000	87,000

*Total figures for Prevention and Detection of Nutritional Deficiencies. (Figures represent budget requests.)

PUBLIC HEALTH NURSING

Legal Basis

Section 321-31, *Hawaii Revised Statutes*.

Description

Home visits to the elderly in order to:

- (1) Give health counseling;
- (2) Provide care for persons needing medical services; and
- (3) Teach home nursing care.

Also, hold clinics in senior citizen housing project sites.

Objective

To encourage the elderly to seek medical care promptly when needed.

Number of Aging Served

5,361 elderly with no age limit.

	1970-1971	1971-1972	1972-1973
Personnel	12	12.1	12.1
Budget*	140,000	161,000	164,000

*Total Public Health Nursing Services Budget.

RADIUM LOAN FOR TREATMENT OF CANCER

Legal Basis

Chapter 321, *Hawaii Revised Statutes*.

Description

Maintaining and loaning radium to physicians treating patients who cannot afford the high cost of radium treatment.

Objective

To control or lessen complication of cancer by early treatment.

Number of Aging Served

7 persons age 45 and over.

	1970-1971	1971-1972	1972-1973
Personnel*	—	—	—
Budget*	—	—	—

*Data unavailable at this time. Program comes under the Prevention and Detection of Chronic Disease Program.

STATEWIDE CONSULTATION AND EDUCATION SERVICES

Legal Basis

Sections 321-31, 321-41, 321-42, and 331-2, *Hawaii Revised Statutes*.

Description

Providing medical services, consultation, and education to the aging concerning chronic disease and rehabilitation.

Objective

To prevent or control chronic disease and its disability by upgrading programs and promoting the latest educational and rehabilitative measures.

Number of Aging Served

An unrestricted number of persons 45 years and over.

	1970-1971	1971-1972	1972-1973
Personnel	5	5	—
Budget*	92,972	398,160	—

*Comes under the Prevention and Detection of Chronic Disease Program.

Department of Labor and Industrial Relations

EMPLOYMENT SERVICES
(for Aging)**Legal Basis**

Chapters 371 and 383, *Hawaii Revised Statutes*.

Description

Helps elderly seek employment; provides training where necessary; and processes unemployment benefits for retirees from covered employment.

Objective

To help the elderly seek employment and to process employment benefits for eligible retirees.

Number of Aging Served

5,979 (Aged 45 to 65 years).

	1970-1971	1971-1972	1972-1973
Personnel*	—	—	—
Budget*	—	—	—

*Data unavailable at this time.

ADULT FAMILY BOARDING HOMES

Legal Basis

Subsection 12 of Section 346-14, *Hawaii Revised Statutes*.

Description

Pays families to care for adults who are unable to care for themselves in their own homes. This is a statewide program serving the entire population without regard to age and without the charging of service fees for the locating of potential homes.

Objective

To maintain the health and well-being of adults by providing room and board living arrangements in a family environment.

Number of Aging Served

260 (monthly average)

	1970-1971	1971-1972	1972-1973
Personnel	3.4	3.5	1.6
Budget	44,000	46,000	25,000

ADULT PROTECTIVE AND REHABILITATIVE SERVICES

Legal Basis

Section 346-14, *Hawaii Revised Statutes*, and Title XVI, Social Security Act.

Description

Provides casework services to people in care and nursing homes; provides information and referrals; arranges legal guardianships and homemaker services; and provides counseling on personal problems. This is a statewide service with an aging program for those aged 60 and over.

Objective

To enable the aged, blind, and disabled persons on welfare to reach maximum self-care and self-support by providing protective and rehabilitative services to them.

Number of Aging Served

2,339

	1970-1971	1971-1972	1972-1973
Personnel	21	21	11.6
Budget	213,000	220,000	286,000

BURIAL SERVICES (Now Part of Medical Services Program)

Legal Basis

Section 346-15, *Hawaii Revised Statutes*.

Description

Provides government payments for mortuary and cemetery services for persons who die without assets.

Objective

To provide decent burials for indigents whose families are eligible for public assistance. Program serves statewide population with no age limitation.

Number of Aging Served

342 (total)

	1970-1971	1971-1972	1972-1973
Personnel*	—	—	—
Budget**	58,626	72,922	116,000 (est.)

*Data unavailable at this time.

**Figures include all burials, there is no breakdown for elderly only.

CARE HOMES

Legal Basis

Title XVI, Social Security Act and Chapter 346, *Hawaii Revised Statutes*.

Description

Program for medically and mentally disabled persons who are unable to care for themselves or to pay their costs in care homes.

Objective

To provide general care for persons needing rehabilitative or personal attention by placing them in care homes.

Number of Aging Served

908

	1970-1971	1971-1972	1972-1973
Personnel*	—	—	—
Budget**	—	101,083	126,173

*Data unavailable at this time.

**Total Home Health Services Program budget.

FOOD STAMPS (Aging Program)

Legal Basis

U.S. Food Stamp Act of 1964, as amended.

Description

Issuing food stamps which increase purchasing power for food; referring elderly to nutritionists for training in preparing more nutritious food.

Objective

To improve the nutrition of the low-income elderly.

Number of Aging Served

1,713 (monthly total) persons aged 65 and over.

	1970-1971	1971-1972	1972-1973*
Personnel	Eligibility workers.		
Budget (total)	8,071,304.00	14,265,999.00	—
Purchase Requirement	4,714,363.50	6,768,160.60	—
Bonus	3,356,940.50	7,497,838.40	—

*Data not available at this time.

FOSTER GRANDPARENTS

Legal Basis

Older Americans Act Amendments of 1969.

Description

Enables low-income elderly to participate in remunerative services by caring for mentally retarded institutionalized children.

Objective

To provide older, needy persons with regular part-time employment and continued personal relationships through retarded children in institutions.

Number of Aging Served

67 persons aged 60 and over.

	1970-1971	1971-1972	1972-1973
Personnel	3	2	2
Budget	136,000	132,000	143,000

MEDICAL ASSISTANCE TO THE AGING

Legal Basis

Title XIX, Social Security Act as amended.

Description

Program providing for payment of bills incurred for medical care, including hospital, doctors' fees, drugs, and other medical expenses for the indigent elderly.

Objectives

To prevent health problems, to alleviate illnesses, and to promote health through self-care, rehabilitation, and self-support of the elderly who are eligible for public assistance.

Number of Aging Served

2,484 persons 65 years and over.

	1970-1971	1971-1972	1972-1973
Personnel*	—	—	—
Budget**	23,126,252	34,071,802	34,376,606 (amount appropriated)

*Data unavailable at this time.

**Figures are for total Medicaid Program.

MEDICAL SERVICES TO STATE AND COUNTY GOVERNMENT PENSIONERS

Legal Basis

Chapter 346, *Hawaii Revised Statutes*.

Description

Program providing for payment of medical care bills for elderly government pensioners.

Objective

To maintain the health of eligible pensioners by paying for their medical services.

Number of Aging Served

837 government pensioners.

	1970-1971	1971-1972	1972-1973
Personnel*	—	—	—
Budget	214,962	199,705	154,000

*Data unavailable at this time.

NURSING HOME CARE

Legal Basis

Title XIX, Social Security Act as amended.

Description

Program providing for payment of bills incurred during illnesses such as room and board, physician and nurse services, therapy, transportation, and home visits.

Objective

To alleviate physical suffering and promote good health through self-care rehabilitation, and self-support of the elderly.

Number of Aging Served

1,898 elderly determined by DSSH standards to be medically needy.

	1970-1971	1971-1972	1972-1973
Personnel*	—	—	—
Budget	—	18,716,875	23,362,538

*Data unavailable at this time.

OLD AGE ASSISTANCE

Legal Basis

Titles I, XI, and XVI of the Social Security Act of 1935, as amended.

Description

Providing monthly welfare benefits at subsistence level for elderly persons whose incomes fall below the standard set by the State.

Objective

To prevent and alleviate economic distresses of the elderly who are unable to support themselves.

Number of Aging Served

3,147 persons aged 65 and over.

	1970-1971	1971-1972	1972-1973
Personnel*	—	—	—
Budget**	—	—	—

*Data unavailable at this time.

**No OAA budget breakdowns available at this time.

PUBLIC HOUSING FOR ELDERLY

Legal Basis

U.S. Public Housing Act amendment.

Description

Providing low-income housing as well as recreational and social activities for the needy elderly on Oahu, Kauai, Maui, and Hawaii.

Objective

To provide shelter for independent living in an environment where the elderly can remain as active as possible.

Number of Aging Served

1,542 persons 62 years and older who are able to maintain independent living.

	1970-1971	1971-1972	1972-1973
Personnel	41	44	45
Budget	997,586	1,258,140	1,321,047

VOCATIONAL REHABILITATION (For the Aging)

Legal Basis

Vocational Rehabilitation Act as amended.

Description

Provides therapy for handicapped conditions, including transportation and maintenance allowances for training in vocational skills for the handicapped with job placements and follow-ups.

Objective

To assist the elderly handicapped persons to effectively utilize their capacities for gainful employment through training.

Number of Aging Served

145 handicapped persons 55 years and older.

	1970-1971	1971-1972	1972-1973
Personnel	82	83	83
Budget	2,000,000	2,333,642	2,611,108

VOCATIONAL REHABILITATION AND SERVICES FOR THE BLIND

Legal Basis

Vocational Rehabilitation Act as amended and Section 348-4, *Hawaii Revised Statutes*.

Description

Provides medical treatment for the elderly blind enabling them to acquire vocational skills and home management; also provides services for daily living activities such as transportation and recreation.

Objective

To rehabilitate the elderly blind persons to be gainfully employed and self-sufficient.

Number of Aging Served

266 persons 55 and over.

	1970-1971	1971-1972	1972-1973
Personnel	28.5	28.5	25.9
Budget	500,000	591,969	571,364

HOMEMAKER SERVICES

Legal Basis

Title XVI, Social Security Act as amended and Chapter 346, *Hawaii Revised Statutes*.

Description

A program to help adults who are unable to live independently, whether temporarily or permanently, but need not be institutionalized to receive assistance in their homes.

Objective

To enable individuals or families to overcome breakdowns in the normal functioning of their homes by providing necessary in-home services.

Number of Aging Served

Average 25-35 adults monthly.

	1970-1971	1971-1972	1972-1973
Personnel	2.7	2.7	2.7
Budget	130,000	134,000	140,000

SENILITY

Legal Basis

Title XVI, Social Security Act as amended and Section 346-14, *Hawaii Revised Statutes*.

Description

Provides services to the elderly on referral, protection, placement, health needs, and therapy.

Objective

To increase the capability of persons who exhibit a loss of mental facilities due to old age to become better-adjusted, socially effective, and personally self-sufficient.

Number of Aging Served

8,557 elderly with no specific age limit.

	1970-1971	1971-1972	1972-1973
Personnel	21	21	11.6
Budget	213,000	220,000	286,000

University of Hawaii

PAU HANA YEARS

Legal Basis

Act 261-1965, Sections 349-6, 7, 8, 9, 10, *Hawaii Revised Statutes*.

Description

A twice weekly one-half hour educational television show dealing with such areas as health, history, business, retirement homes, recreation, cooking, and social security.

Objective

To help retired persons realize their potentials and meet some of their needs.

Number of Aging Served

Variable.

	1970-1971	1971-1972	1972-1973
Personnel	2	2	2
Budget	77,626	84,885	98,139

GERONTOLOGY TRAINING

Legal Basis

1970-71 COA Funds
1971-72 Federal Public Health Services Grant
1972-73 Federal Administration on Aging Grant

Description

Stimulating community interest in the field of aging, establishing courses and resource materials collection, and providing technical and professional assistance to community programs.

Objective

To provide training for workers in services to the aging.

Number of Aging Served

	1970-1971	1971-1972	1972-1973
Personnel	2	3	4.5
Budget	58,100	54,202	88,670

University of Hawaii
(Honolulu Community College)

HAWAII STATE SENIOR CENTER

Legal Basis

Title III, Older Americans Act of 1965 as amended.

Description

A center where the elderly can join in activities such as parties, games, lectures, movies, music, dancing, picnics, excursions, arts and crafts, and other classes.

Objective

To inform the elderly about community resources and services for meaningful and creative opportunities available to them.

Number of Aging Served

3,127 Kalihi-Palama (Oahu) residents aged 55 and over.

	1970-1971	1971-1972	1972-1973
Personnel	8	8	9
Budget	99,686	103,655	97,162

CONSUMER EDUCATION

Legal Basis

Chapter 487, *Hawaii Revised Statutes*.

Description

Serves all age groups. Some information on medicare and health insurance and other items of special interest to elderly are provided from time to time, but there is no specific program for the elderly. A wide range of media presentations—television, radio, newspaper, pamphlets, school programs, talks—are used to reach the public.

Objective

To reach all citizens with education pertaining to their rights as consumers. To help citizens to know the consumer laws, where to go for help and information regarding consumer problems, and to make the public aware of business frauds.

Number of Aging Served

	1970-1971	1971-1972	1972-1973
Personnel	1	1	1
Budget*	7,404.24	1,641.38	456.89 (up to Dec. '72)

*Entire Consumer Education Program budget.

CITY AND COUNTY OF HONOLULU

Honolulu Committee on Aging

Information and Referral Service
Supporting Services
Consumer Education

Office of Social Resources

Resident Outreach to the Elderly

Department of Parks and Recreation

Recreation for the Elderly

HONOLULU COMMITTEE ON AGING

Legal Basis

Chapter 349, *Hawaii Revised Statutes*.

Description

Primarily information and referral. District Aides (senior citizens) are employed half-time to visit the elderly in their homes and give them information or refer them to appropriate agencies.

Objective

To assist the aging to contact private and public resources that will help them with problems of health, housing, employment, recreation, counseling, income maintenance, and education.

Number of Aging Served

5,000 (personally)

	1970-1971	1971-1972	1972-1973
Personnel	13	13	17
Budget	68,503	70,500	148,589
County	61,003	63,00	87,397
State	7,500	7,500	—
Federal	—	—	61,192

Honolulu Committee on Aging

INFORMATION AND REFERRAL SERVICE

Legal Basis

Chapter 349, *Hawaii Revised Statutes*.

Description

Assists the aging to contact private and public agencies that can meet their needs in health, housing, employment, recreation, counseling, income maintenance, and education.

Objective

To locate elderly persons who need help and to inform them of available agencies that can meet their specific needs.

Number of Aging Served

5,000

	1970-1971	1971-1972	1972-1973
Personnel	10	10	10
Budget*	61,000	63,000	87,000

*Part of total services of City and County of Honolulu Committee on Aging.

SUPPORTING SERVICES

Legal Basis

Chapter 349, *Hawaii Revised Statutes*.

Description

A resource organization on aging for the City and County of Honolulu to coordinate plans, policies, and activities to create public awareness and understanding to the needs and potential of the elderly; also to appraise the availability, adequacy and accessibility of services and facilities, and to recommend legislation.

Objective

To develop and support a comprehensive program for the aging within the City and County of Honolulu by disseminating information concerning their problems, and coordinating plans, policies, and activity programs.

Number of Aging Served

1970-1971

1971-1972

1972-1973

Personnel

Budget*

*Part of total services of City & County of Honolulu Committee on Aging.

No breakdowns as to personnel and budget are available because this is a part of their total operation.

Honolulu Committee on Aging
State Commission on Aging
Mayor's Office of Social Resources

CONSUMER EDUCATION (One Component of the Areawide Model Project)

Legal Basis

Chapter 349, *Hawaii Revised Statutes*.

Description

This is a program (class) in the Department of Human Development. A class goes out to various community dining sites (N.Y. Hotel, Kalihi Rooming House, Maunakea Street boarding facilities). While becoming friends with the aged, they also give information on nutrition—how to prepare a meal, etc. They also teach how to buy food, where to buy food, and they try to instill sound buying and eating habits.

Objective

To reduce the isolation of the elderly and to instill sound habits in nutrition and sanitation.

Number of Aging Served

100

1970-1971

1971-1972

1972-1973

Personnel

11

Budget (estimate)

200 per month

*Program began in September 1972.

RESIDENT OUTREACH TO THE ELDERLY

Legal Basis

Title III, Older Americans Act.

Description

Program in existence since 1970 (Model Cities) to provide TLC (tender loving care), meals, and social visits on a regular basis.

Areawide Project: to identify and make contact with isolated elderly and inform them about free meals, providing transportation, etc.

Objective

Seek out elderly of Kalihi-Palama and provide a variety of programs and information on:

- (1) Services (outings, welfare information, transporting to the doctor's office, etc.)
- (2) Training residents as paraprofessionals.

Number of Aging Served

Under Model Cities: 325

Areawide Project: 900 (in two months)

	1970-1971	1971-1972	1972-1973
Personnel*	21	21	21
Budget (under Model Cities)	100,000	23,759	60,000

*Includes 6 full-time outreach counselors and 15 outreach and home aides.

Honolulu Department of Parks and Recreation

RECREATION FOR THE ELDERLY

Legal Basis

City and County Charter.

Description

Operating 20 senior citizens clubs on Oahu with activities such as socials, table games, speakers, field trips, dancing, health education, sewing, handicrafts, and other hobbies. Special classes are also held in painting, physical fitness, etc. A special activities program is included, which brings the senior citizens together at least four times a year for events such as a Valentine Dance, Senior Citizens Day, and the Annual Camp.

Objective

To provide leadership for senior citizens clubs where they can socialize and be active.

Number of Aging Served

4,000 persons (in clubs) on Oahu aged 50 and over

10,000 to 11,000 monthly for all activities of Parks and Recreation Programs for the elderly.

	1970-1971	1971-1972	1972-1973
Personnel	2	2	3
Budget*	51,657	58,334	55,182

*Salaries only.

COUNTY OF HAWAII

Committee on Aging

Information and Referral
Kona Homemaker Service
Retired Senior Volunteer Program
Supporting Services

Department of Parks and Recreation

Kona Multipurpose Center
Senior Citizens Centers

Economic Opportunity Council

Senior Opportunities and Services

COMMITTEE ON AGING

Legal Basis

Chapter 349, *Hawaii Revised Statutes*.

Description

Primarily information and referral. District aides (senior citizens) are employed half-time to visit the elderly in their homes and give them information or refer them to appropriate agencies.

Objective

To assist the aging to contact private and public resources that will help them with problems of health, housing, employment, recreation, counseling, income maintenance, and education.

Number of Aging Served

	1970-1971	1971-1972	1972-1973
Personnel	10	13	13
Budget (total)	32,657	51,964	72,377
County	25,157	32,600	40,164
State	7,500	19,364	12,220
Federal	0	0	19,993

Hawaii Committee on Aging

INFORMATION AND REFERRAL

Legal Basis

Section 349-3, *Hawaii Revised Statutes*.

Description

Locating and conducting individual questionnaire interviews with elderly persons in the County to determine their needs and refer them to appropriate agencies as requested.

Objective

To locate elderly persons with problems and refer them to the appropriate community agencies.

Number of Aging Served

6,000 elderly with no specific age limit.

	1970-1971	1971-1972	1972-1973
Personnel	8 (part-time)	8 (part-time)	8 (part-time)
Budget	14,000	14,000	14,959

KONA HOMEMAKER SERVICE

Legal Basis

Title III, Older Americans Act of 1965 as amended, for 1972-1973 only.

Description

Provides help with household tasks such as marketing, preparing meals, light housekeeping, and personal care; accompanies elderly people to seek health services; and stimulates interest in daily living.

Objective

To provide home services to prolong independent living for the elderly; to identify health services needed by the isolated aging.

Number of Aging Served

25 monthly

	1970-1971	1971-1972	1972-1973
Personnel	1.5	1.5	2.5 + 3 PT*
Budget	9,256	12,220	38,203

*PT means part-time.

RETIRED SENIOR VOLUNTEER PROGRAM

Legal Basis

Title VI, Part A, of the Older Americans Act of 1965 as amended.

Description

Recruiting senior volunteers for various private nonprofit and public organizations on a part-time basis.

Objective

To change people's ideas about the aged—to show that retired people do have good job skills to offer.

Number of Aging Served

	1970-1971	1971-1972	1972-1973*
Personnel			2
Budget			20,000

*Program began in July 1972.

SUPPORTING SERVICES

Legal Basis

Section 349-3, *Hawaii Revised Statutes*.

Description

Coordinating plans, policies, and activities to create public awareness and understanding of the needs and potentials of the elderly; a resource organization on aging for the County of Hawaii.

Objective

To develop and support a comprehensive program for the aging within the County of Hawaii by disseminating information concerning their problems and coordinating plans, policies, and activity programs.

Number of Aging Served

	1970-1971	1971-1972	1972-1973
Personnel	1.5 + 8 PT*	2 + 10 PT	2 + 10 PT
Budget	30,784	40,100	40,164

*PT means part-time, variable.

Hawaii Department of Parks and Recreation

KONA MULTIPURPOSE CENTER KONA REGIONAL SENIOR CENTER

Legal Basis

Title III, Older Americans Act of 1965 as amended.

Description

A center to provide a meeting place for senior citizens of Kona; transportation as provided along scheduled routes for center activities which include adult education classes, arts and crafts, and other leisure-time activities.

Objective

To combat the loneliness of elderly persons.

Number of Aging Served

415 Kona residents aged 55 and over.

	1970-1971	1971-1972	1972-1973
Personnel		1.3 + 2 PT*	1.3 + 2 PT
Budget		13,835	26,529

*PT means part-time.

SENIOR CITIZENS CENTERS

Legal Basis

Title III, Older Americans Act of 1965 as amended.

Description

Operating fifteen centers in Hawaii County to provide opportunities for the elderly to socialize in such activities as health education, training for skills, lectures, movies, field trips, arts and crafts, parties, and games.

Objective

To combat the loneliness of elderly persons.

Number of Aging Served

1,709 residents of Hawaii County aged 55 and over.

	1970-1971	1971-1972**	1972-1973**
Personnel	.5 + 4 PT*	—	—
Budget	37,386	50,000	53,799

*PT means part-time.

**Kona Multipurpose Center not included. (Program began in December 1971)

Hawaii Economic Opportunity Council

SENIOR OPPORTUNITIES AND SERVICES

Legal Basis

Economic Opportunity Act.

Description

Providing outreach services to low-income elderly in Hawaii County and promoting participation from senior citizens and community action programs.

Objective

To provide services in budgeting, nutrition, hygiene, and other forms of counseling such as establishing discount prices for various essential consumer goods. Conducting socializing activities such as craft and health classes.

Number of Aging Served

At least 150 persons aged 55 and over.

	Mar. '71-Feb. '72*	Mar. '72-Feb. '73	Mar. '73-Feb. '74
Personnel	4	4	4
Budget	25,000	25,000	25,000

*All neighbor islands operate on a program year which runs from March 1 to February 28.

COUNTY OF MAUI

Committee on Aging

- Added Income Project
- Information and Referral
- Supporting Services
- Retired Senior Volunteer Program

Department of Parks and Recreation

- Multipurpose Center Project

Maui Economic Opportunity, Inc.

- Consumer Education for the Elderly
- Senior Opportunities and Services
- Transportation Services

COMMITTEE ON AGING

Legal Basis

Section 349-3, *Hawaii Revised Statutes*.

Description

Primarily information and referral. District aides (senior citizens) are employed half-time to visit the elderly in their homes and give them information or refer them to appropriate agencies.

Objective

To assist the aging to contact private and public resources that will help them with problems of health, housing, employment, recreation, counseling, income maintenance, and education.

Number of Aging Served

	1970-1971	1971-1972	1972-1973
Personnel	7	7	7
Budget	29,007.08	31,154.88	69,689.00
County	14,593.67	15,710.53	30,909.00
State	14,413.41	15,444.35	12,338.00
Federal	—	—	26,442.00

Maui Committee on Aging

ADDED INCOME PROJECT

Legal Basis

Section 349-3, *Hawaii Revised Statutes*.

Description

Operating an employment bureau to find part-time employment for the elderly in such jobs as caring for plants, pets, and homes during owners' absence.

Objective

To supplement income of elderly persons.

Number of Aging Served

At least 17 Maui residents aged 55 and over.

	1970-1971	1971-1972	1972-1973
Personnel	1.75	1.75	1.75
Budget	15,056	19,173	18,783

INFORMATION AND REFERRAL

Legal Basis

Chapter 349, *Hawaii Revised Statutes*.

Description

Locating and interviewing elderly persons in the community to determine their needs and inform them of available resources to meet their needs; making referrals when requested.

Objective

To locate elderly persons who are in need and to inform them about and refer them to appropriate agencies which can meet their needs.

Number of Aging Served

2,800 elderly, no specific age limit.

	1970-1971	1971-1972	1972-1973
Personnel	5 (community aides)	5	5
Budget	7,500	7,500	7,500

SUPPORTING SERVICES

Legal Basis

Chapter 349, *Hawaii Revised Statutes*.

Description

Coordinating plans, policies, and activities for the aging, leading to the development of programs and their evaluation; stimulating public awareness of the problems of the aging, and recommending legislation.

Objective

To coordinate plans, policies and activities for the aging; to develop a comprehensive program for Maui County.

Number of Aging Served

3,000.

	1970-1971	1971-1972	1972-1973
Personnel	1	1	1
Budget	7,000	7,000	7,000

RETIRED SENIOR VOLUNTEER PROGRAM

Legal Basis

Title VI, Part A, of the Older Americans Act of 1965, as amended.

Description

Recruiting senior volunteers for various private-nonprofit and public organizations on a part-time basis.

Objective

To change people's ideas about the aged—to show that retired people do have good job skills to offer.

Number of Aging Served

1970-1971

1971-1972

1972-1973

Personnel*

Budget*

*Program began on December 1, 1972; no figures yet available.

Maui Department of Parks and Recreation

MULTIPURPOSE CENTER PROJECT

Legal Basis

Title III, Older Americans Act of 1965, as amended.

Description

Providing social and recreational opportunities to senior citizens of Maui County by forming organized clubs in various locations with scheduled leisure-time activity meetings.

Objective

To reduce loneliness and isolation of the elderly by providing them opportunities to establish new friendships and to awaken old talents and learn new skills in leisure-time activities.

Number of Aging Served

2,100 persons aged 50 and over.

1970-1971

1971-1972

1972-1973

Personnel

5.75

3.83

5.70

Budget

26,101

31,669

39,821

CONSUMER EDUCATION FOR THE ELDERLY

Legal Basis

Economic Opportunity Act

Description

This program involves informing the elderly of food prices, where the sales are and instruction on reading food labels. A nutritional education program teaches them how to prepare food in the traditional (ethnic) manner.

Objective

To allow the elderly to develop skills in purchasing food and to be more knowledgeable in food nutrition.

Number of Aging Served

1,000.

	1970-1971	1971-1972	1972-1973
Personnel	6	6	6
Budget	36,900	37,000	37,000

Maui Economic Opportunity, Inc.

SENIOR OPPORTUNITIES AND SERVICES (Includes Consumer Education for the Elderly)

Legal Basis

Economic Opportunity Act.

Description

Disseminating information and methods of preparing nutritionally balanced meals and encouraging participation in the Food Stamps Program and consumer education classes.

Objective

To improve nutritional deficiencies by educating the elderly in developing wise spending habits and sound financial knowledge; to inform them about the availability of services for the elderly.

Number of Aging Served

643 persons county-wide who are 55 years and over.

	Mar. '70-Feb. '71*	Mar. '71-Feb. '72	Mar. '72-Feb. '73	Mar. '73-Feb. '74
Personnel	11**	9**	9**	6
Budget	37,000	37,000	37,000	37,000

*All neighbor islands operate on a program year which runs from March 1-February 28.

**Includes part-time employees.

TRANSPORTATION SERVICES

Legal Basis

Economic Opportunity Act.

Description

Transporting the elderly to the bank, shopping center, doctors, etc., through the use of nine mini-buses. This way the elderly are able to purchase food at sale prices at the bigger supermarkets rather than from the small neighborhood grocer. The buses are also used to transport Headstart students.

Objective

To provide the elderly assistance in combating food and health costs by providing transportation to supermarkets and doctor's offices.

Number of Aging Served

900 per month.

	1970-1971	1971-1972	1972-1973
Personnel*	7	7	7

Budget

Revenues to operate this program are derived from the Headstart program. The \$2,000-\$3,000 collected per year is used to maintain the buses; County provides free repairs and gas at wholesale prices.

*Drivers MEO staff; includes part-time workers.

COUNTY OF KAUAI

Committee on Aging

- Areawide Model Project
- Information and Referral Services
- Supporting Services
- Retired Senior Volunteer Program

Kauai Economic Opportunity, Inc.

- Consumer Education for the Elderly
- Emergency Food and Medical Services
- Senior Opportunities and Services
- Transportation Services

Kauai Senior Center, Inc.

- Senior Centers

COMMITTEE ON AGING

Legal Basis

Section 349-3, *Hawaii Revised Statutes*.

Description

Primarily information and referral. District aides (senior citizens) are employed half-time to visit the elderly in their homes and give them information or refer them to the appropriate agencies.

Objective

To assist the aging to contact private and public resources that will help them with problems of health, housing, employment, recreation, counseling, income maintenance, and education.

Number of Aging Served

	1970-1971	1971-1972	1972-1973
Personnel*	7	7	11
Budget	29,930.37	34,086.71	46,555.00

*Includes part-time personnel.

Kauai Committee on Aging

AREAWIDE MODEL PROJECT

Legal Basis

Title III, Older Americans Act and Chapter 349, *Hawaii Revised Statutes*.

Description

Planning programs for the elderly which develop innovative approaches to problems of aging such as providing a cooperative joint effort in the delivery of services to the elderly.

Objective

To meet the needs of the isolated elderly residents in the Kapaa, Wailua, Anahola areas and to prevent institutionalization of these residents.

Number of Aging Served

Not applicable (planning agency only). Target for model area: 1,400.

	1970-1971	1971-1972	1972-1973*
Personnel			5**
Budget			24,595 (planning grant)

*Program began in September 1972.

**Includes part-time workers.

INFORMATION AND REFERRAL SERVICES

Legal Basis

Section 349-3, *Hawaii Revised Statutes*.

Description

Conducting interviews with elderly persons in the community to determine their status and needs, provide information about community resources, and make referrals.

Objective

To locate the elderly who are in need and inform them about appropriate community agencies that can help them.

Number of Aging Served

900 elderly, no specific age limit.

	1970-1971	1971-1972	1972-1973
Personnel	5	5	5
Budget	11,000	11,000(approx)	11,000 (approx)

Kauai Committee on Aging

SUPPORTING SERVICES

Legal Basis

Section 349-3, *Hawaii Revised Statutes*.

Description

Providing services to coordinate plans, policies, and activities for elderly programs and facilities and evaluating them; stimulating public understanding of the needs and potentials of the elderly; and recommending legislation.

Objective

To cooperate with governmental and private agencies and to refer the elderly to these resources; to eventually provide housing, home aid, and public health nursing to the aging; and to develop senior centers to which transportation is provided.

Number of Aging Served

2,724 elderly, no age limit.

	1970-1971	1971-1972	1972-1973
Personnel	6	6	10
Budget	27,665	28,201	38,500

RETIRED SENIOR VOLUNTEER PROGRAM

Legal Basis

Title VI, Part A, of the Older Americans Act of 1965, as amended.

Description

Recruiting senior volunteers for various private nonprofit and public organizations on a part-time basis.

Objective

To change people's ideas about the aged—to show that retired people do have good job skills to offer.

Number of Aging Served

	1970-1971	1971-1972	1972-1973
Personnel*			
Budget*			

*Program to begin on January 1, 1973; no figures yet available.

Kauai Economic Opportunity, Inc.

CONSUMER EDUCATION FOR THE ELDERLY

Legal Basis

Economic Opportunity Act.

Description

Provides elderly with information on how to budget their money more wisely, how to prepare low-cost meals, and how to shop. Financial counseling, dietary information, and even gardening tips are included as part of the program. Merchants of Kauai cooperate by giving ten per cent discounts to elderly needy on food purchases.

Objective

To provide the elderly with more expertise in the areas of nutritional education, meal planning and preparation.

Number of Aging Served

600 in homes

600 at senior centers

	1970-1971	1971-1972	1972-1973
Personnel		5	5
Budget (Federal)		25,000	24,000

EMERGENCY FOOD AND MEDICAL SERVICES

Legal Basis

Economic Opportunity Act.

Description

Conducting nutritional education for the disadvantaged elderly as well as teaching budgeting and purchasing know-how.

Objective

To improve nutritional deficiencies by providing hot nutritious meals once a day for the elderly poor. Also, to develop consumer educational programs in such areas as money management and the use of food stamps.

Number of Aging Served

50 elderly poor aged 55 and over in the Kapaa-Wailua area.

	Mar. '70-Feb. '71*	Mar. '71-Feb. '72**	Aug. '72-Jul. '73
Personnel	4	7	2
Budget	30,039	25,000	13,000

*All neighbor islands operate on a program year which runs from March 1 to February 28.

**Program was phased out due to lack of funds, then started again in August with acquisition of supplemental funds.

SENIOR OPPORTUNITIES AND SERVICES

Legal Basis

Economic Opportunity Act.

Description

Improving the health and well-being of Kauai County's low-income elderly by providing them with transportation to the dispensers of services.

Objective

To assist the elderly to be more aware of services available to them by bringing them to the services. Also, to organize the elderly in the service centers and to coordinate with the Housing Advocate account in improving and developing housing needs for the elderly.

Number of Aging Served

Approximately 500 persons aged 55 and over

	Mar. '70-Feb. '71	Jul. '72-Feb. '73	Mar. '73-Feb. '74
Personnel	7	8	5
Budget	18,400	20,000 (supplemental) 23,924	18,000

TRANSPORTATION SERVICES

Legal Basis

Economic Opportunity Act.

Description

Program utilizes 7 mini-buses (12 passengers each) to transport senior citizens and Headstart students between Kekaha and Kapaa. Transportation for seniors is provided to and from senior centers, clinics, shopping, meals programs, and excursions.

Objective

To transport the elderly and Headstart students between Kekaha and Kapaa.

Number of Aging Served

273

	1970-1971	1971-1972	1972-1973
Personnel		8	8
Budget		18,400+* 20,000***	29,954**

*Carryover from OEO.

**Includes 11,000 carryover from previous year.

***Twenty per cent of total is in-kind State contributions.

Kauai Senior Center, Inc.

SENIOR CENTERS

Legal Basis

Title III, Older Americans Act of 1965, as amended.

Description

Operating seven senior citizen centers throughout Kauai which provide opportunities for the elderly to participate in leisure-time activities such as games, crafts, music, movies, excursions, etc. Also, some health screening programs.

Objective

To provide activities for the elderly designed to meet their social, physical, and psychological needs.

Number of Aging Served

1,074 Kauai residents aged 50 and over.

	1970-1971	1971-1972	1972-1973
Personnel	3.75	5.25	5.25
Budget	29,259	33,851	37,786

UNITED STATES GOVERNMENT

Department of Housing and Urban Development

Housing Subsidy (for Aging)

Social Security Administration

Social Security

Veterans Administration

Veteran's Pensions

HOUSING SUBSIDY (for Aging)

Legal Basis

Section 236, Housing Act.

Description

Approves requests for federal assistance in building housing for the elderly; checks sites and reliability of sponsoring bodies, makes market and financial analyses, allocates funds, and assures compliance to plans.

Objective

To enable lower-income elderly people to live in decent housing.

Number of Aging Served

175 units (Kauluwela)

110 units (Hale Mahaolu)

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*Personnel data unavailable at this time.

**Rental units are prorated according to income levels.

Social Security Administration

SOCIAL SECURITY

Legal Basis

Title II—Social Security Act.

Title XVIII—Medicare.

Title XIX—Medicaid.

Description

Providing for retirement insurance, survivors' insurance, disability insurance, and hospital and medical insurance for the aging.

Objective

To keep individuals and families from becoming destitute due to loss of income; protecting older persons against the expenses of illness that could otherwise exhaust their savings.

Number of Aging Served

47,010 widows from age 60 and retirees from age 62.

1970-1971

1971-1972

1972-1973

Personnel

70

70

70

Budget

—

—

—

VETERAN'S PENSIONS

Legal Basis

Title 38, U.S. Code.

Description

Providing veterans with service connected compensation and non-service connected pensions, also hospital and nursing home care.

Objective

To keep veterans from becoming desitute, and protecting them against the expense of illness.

Number of Aging Served

2,000 veterans statewide.

	1970-1971	1971-1972	1972-1973
Personnel*			
Budget*		2,743,497**	

*Data unavailable at this time.

**Veterans disability and pension budget for 1971, includes those aged 55 and over.

PRIVATE*

*Note: Most of the private programs do not include a citation for the legal basis because they are developed under the auspices of their own individual charters and whatever is determined to be a function of their particular organization.

RETIRED SENIOR VOLUNTEER PROGRAM (RSVP)
(Oahu)

Legal Basis

Title VI, Part A, Older Americans Act of 1965, as amended.

Description

Recruiting senior volunteers (60 and over) for various private nonprofit and public organizations on a part-time basis. Agencies must:

- (1) Have assignments on a regular basis;
- (2) Give on-the-job supervision; and
- (3) Reimburse for lunch and transportation.

Objective

- (1) Focal point is the needs and interests of the aged.
- (2) Changing people's ideas of the aged—show that retired people have good skills to offer.

Number of Aging Served

90

1970-1971

1971-1972

1972-1973*

Personnel

2

Budget**

39,600

*Program began in June 1972.

**The Federal government provides money and guidelines on a gradually decreasing basis, with other agencies expected to take over later.

VOLUNTEER INFORMATION AND REFERRAL SERVICES SUICIDE AND CRISIS CENTER

Legal Basis

Description

Provides telephone service 24 hours a day. (Senior citizens who apply and are accepted must take an 8-week course to learn how to talk with callers—gain his trust, find out and share his problem, and enable him to reach professional help.)

Objective

Community service oriented to show the effective use of volunteer and delivery services, recruiting and orienting the aged, forming effective volunteer programs, and consultation in suicide prevention.

Number of Aging Served

200 a month with approximately ten per cent who are senior citizens.

1970-1971

1971-1972

1972-1973

Personnel*

Budget*

*Data unavailable at this time.

VOICE (Voluntary Organization in Concern for the Elderly)

Legal Basis

Description

VOICE is a private, nonprofit organization formed by representatives of 38 religious and voluntary organizations on Kauai. Their project centers around a hot lunch program whose ultimate goal is to reach all the indigent elderly of Kauai. The initial program began serving the elderly in the Kapaa area and gradually additional areas will be included.

Objective

- (1) To maintain the physical health of the indigent elderly thru provisions of hot meals.
- (2) To maintain the mental health of the indigent elderly thru socialization at mealtime.
- (3) To provide ongoing education of good nutrition and its value in maintaining health.

Number of Aging Served

30

1970-1971

1971-1972

1972-1973*

Personnel

9

Budget

65,703

*Program began in May 1972.

HALE HO'OLA'I DAY CARE CENTER

Legal Basis

Title III, Older Americans Act of 1965, as amended.

Description

Assists the elderly in their daily home functions and provides recreational activities such as exercises, games, arts, crafts, and parties.

Objective

To provide day care and rehabilitative services for the elderly to help them maintain their own homes as long as possible.

Number of Aging Served

25 senior citizens who cannot function independently.

	1970-1971	1971-1972	1972-1973
Personnel			4.5
Budget			\$34,235

Kuakini Hospital and Home

KUAKINI HOME DAY CARE CENTER

Legal Basis

Description

Providing supervision to the elderly who are ambulatory but need some degree of care, and encouraging them to participate in leisure-time activities.

Objective

To provide facilities for protective care of the elderly who cannot function independently but have no family members to take care of them during the day.

Number of Aging Served

31 senior citizens who cannot function independently.

	1970-1971	1971-1972	1972-1973
Personnel*		8	7
Budget		\$80,000	\$80,057

*Includes part-time workers.

MOILIILI SENIOR CENTER

Legal Basis

Title III, Older Americans Act of 1965, as amended.

Description

A center where information, services, and activities for the aging are available, and transportation to the center is provided. Program serves Manoa, Moiliili, McCully, Kapahulu, Palolo, and Kaimuki districts.

Objective

To provide a multi-purpose senior citizens center for a variety of programs and services to utilize the interest and skills of the elderly through self help.

Number of Aging Served

371 persons aged 55 and over.

	1970-1971	1971-1972	1972-1973
Personnel*		2	3.7
Budget		\$14,572	\$18,233

*Includes part-time.

FISH*

Legal Basis

Description

Provides 24-hour, 7 days a week services which include baby-sitting, cooking meals, housework, help to the blind, companionship, emergency transportation to those who are incapacitated or handicapped in some way. There is no fee charged. There are about 270 calls a month—about 30 visited on a regular basis. Seniors involved primarily in dispatching phone calls.

Objective

To be a good neighbor whenever and to whomever needs help. Things today are so institutionalized that FISH tries to give person to person contact to care enough for individuals and their problems and needs.

Number of Aging Volunteering

17-20

	1970-1971	1971-1972	1972-1973
Personnel**			
Budget (Donations)	\$840	\$840	\$840

*In the beginning, FISH was sponsored (financially) by all churches in the Makiki area.

**All Voluntary.

RED CROSS VOLUNTEERS

Legal Basis

Description

Red Cross has four hospital production groups where seniors roll bandages and surgical dressings for Tripler and Queen's, help elders who are in hospitals and nursing homes by feeding and visiting, or act as staff aides doing clerical work at chapter headquarters or assisting with doll projects.

Objective

To render volunteer services to anyone in need in the community—people helping people.

Number of Aging Volunteers

70

1970-1971

1971-1972

1972-1973

Personnel*

Budget*

*Data unavailable at this time.

Salvation Army

CHILDREN'S FACILITIES

Legal Basis

Description

Seniors volunteer as tutors to teens or as office aides.

Objective

Number of Aging Volunteering

8

1970-1971

1971-1972

1972-1973

Personnel*

Budget*

*Data unavailable at this time.

MEALS FOR THE INDIGENT ELDERLY

Legal Basis

Chapter 349, *Hawaii Revised Statutes*

Description

Providing free hot lunch meals for the indigent elderly in the Kalihi-Palama area.

Objective

- (1) To demonstrate the feasibility of providing meals to the indigent elderly through the DOE School Lunch Program and to determine its acceptability by recipients.
- (2) To provide a well balanced nutritious meal at minimum cost that appeals to the tastes of the elderly, taking into consideration the ethnic backgrounds of those to be served.
- (3) To allow opportunities for social involvement and group participation of the elderly in the overall project such as serving and cleanup and participation in committees to organize and coordinate the projects' social and recreational activities.
- (4) To provide training and work experience for elderly who can return to gainful employment.

Number of Aging Served

	1970-1971	1971-1972	1972-1973
Personnel	6	8	7
Budget	\$49,280	\$54,179	\$55,804

Kalihi-Palama Community Council

KALIHI-PALAMA COMMUNITY COUNCIL

Legal Basis

Description

Helps coordinate the efforts of both public and private programs in the Kalihi-Palama area, thus reducing overlaps and duplications in programs and services for the aged.

Objective

To provide leadership in coordinating efforts in the area and to press for legislative action.

Number of Organizations Concerned with Elderly in KPCC

	1970-1971	1971-1972	1972-1973
Personnel	33		
Budget			

*Organization operates on amounts collected as dues—\$5 for individuals, \$25 for groups.

HALE MAHAOLU INC. (MAUI)

Legal Basis

Description

A nonprofit organization (in existence since May 1970) which provides housing for the elderly. The elderly must be able to cook and clean for themselves. Some work around the compound to help pay their rent. Rent is charged according to income. Educational and recreational programs are offered to residents by the County Dept. of Parks and Recreation.

Objective

To provide a home for the elderly who would otherwise be homeless.

Number of Aging Served

140

	1970-1971	1971-1972	1972-1973
Personnel	6		
Budget*	\$100,000		

*Annual budget depends upon the occupancy rate at the facilities.

HONOLULU HOME CARE SERVICE

Legal Basis

Description

Program extends hospital services to patients' homes—an integrated program involving physician, social worker, and nurse as a care group. Patients from any hospital on Oahu may be referred to Home Care.

Objective

To provide comprehensive coordinated care by the Home Care Team with resources to provide for individual physician-directed nursing, social and rehabilitative needs within own home. Inexpensive alternative to long term hospitalization.

Number of Aging Served

4,111

1970-1971

1971-1972

1972-1973

21

21

21

Personnel

Budget*

*\$16.50 a visit for any professional team member.

\$ 7.00 for Health Aide (only figures available).

Costs covered by Parts A and B of Medicare; aid also comes from Social Welfare or government agencies in maintaining patients at home.

ILWU

PENSIONERS CLUB

Legal Basis

Description

Clubs on each major island—6 on Oahu, several on Kauai, Maui, and Hawaii. Meetings held to discuss union programs; endorsements, housing, financing assistance, field trips, union picnics, and convention every two years.

Objective

Give pensioners feeling that they haven't been forgotten.

Number of Aging Served

On Oahu, over 500.

1970-1971

1971-1972

1972-1973

6

6

6

Personnel*

Budget**

*Also club advisors (union workers) who hold meetings with pensioners.

**Each club is responsible for raising their own funds.

Pay \$10 a year per club to state pensioners club fund.

PLANNING FOR INDEPENDENT LIVING, HOUSING

Legal Basis

Description

Primarily research project (under HEW)—3 groups:

- (1) Control group—interview only
- (2) Interview and Program Learning Test Group
- (3) Interview, program learning, and personal contact aide group.

Objective

To see what factors will leave the aged independent.

Number of Aging Served

300

	1970-1971	1971-1972	1972-1973
Personnel*	3	3	3
Budget**	\$54,000	\$96,000	\$106,000

*Plus part-time aides.

**Includes federal funds with local matching.

American Association of Retired Persons

RETIREEES ASSOCIATION

Legal Basis

Description

Nationwide organization affiliated with National Association of Retired Persons (4 million). Wednesday meetings provide entertainment, social hour. Income tax counseling, help with meals on wheels, volunteer operation FIND with Red Cross (food stamps), visit sick, travel tours, special insurance rates, pharmacy.

Objective

Primarily social. Motto: "Serve and Not Be Served"

Number of Aging Served

300

	1970-1971	1971-1972	1972-1973
Personnel*			
Budget**			

*All voluntary.

**\$2 a year dues to local (\$500 a year).
\$2 a year dues to National.

RETIREES ASSOCIATION

Legal Basis

Description

There are quarterly board meetings where all the local clubs send representatives from Hawaii, Maui, Kauai and Oahu. Here the board suggests policies which may be adopted by the chapters. The annual convention is held in March and resolutions are adopted and sent to the state legislature or Congress for proper action and implementation.

Objective

- (1) Maintain professional status of teachers.
- (2) Help to bring about progress in the state.
- (3) Provide for welfare of teachers.

Number of Aging Served

1,600

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*Voluntary.

**\$7 a year per person (integrated membership dues).

\$2.50—national association; \$3.00—Hawaii State Chapter;

\$1.50—local chapter.

SENIOR ACTION CONGRESS

Legal Basis

Description

- (1) Set up guidelines for new clubs and offices.
- (2) Get clubs to work cooperatively.
- (3) Meetings four times a year.

Organization is purely functional—not social.

Objective

- (1) Make retirees feel needed.
- (2) Push for legislation to benefit the elderly.
- (3) Bring clubs together.

Number of Aging Served

15,000 (approximately)

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*15 on Board of Directors, 15 Steering Committees, President, 3 Vice Presidents, Corresponding and Recording Secretary, Treasurer.

**Currently \$7.50 per club (pending vote—\$10.00 or \$1 per head); donations from clubs' money-making projects, etc.

Makua Alii

MAKUA ALII SENIOR CENTER

Legal Basis

Description

Weekly gatherings are held. The group is involved with various kinds of crafts, taking excursions, and holding monthly birthday parties.

Objective

Primarily a social group—for members to get together to share and experience new things.

Number of Aging Served

300

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*Voluntary.

**\$1.00 a year membership.

HUI POHAI-NANI

Legal Basis

Description

This is restricted to members of Pohai-Nani Home. Their schedule offers travel movies, bingo, a music group, a Halloween party, and other special events. Council meets once a month to plan and suggest activities for the entire membership.

Objective

To keep residents entertained and to take care of various complaints and suggestions.

Number of Aging Served

190 (all residents)

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*Council—officers (President, Vice President, etc.).

20 Committees (entertainment, food, safety, decorating, vespers, auditoriums, trips & tours).

**None

GOLDEN AGE CLUB

Legal Basis

Description

Weekly meetings are held where members work on various arts and crafts taught by volunteer instructors. Other activities include playing checkers, hula, and ukulele.

Objective

To offer seniors a chance to learn new things.

Number of Aging Served

400-500

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*All voluntary officers; assistance received from City and County coordinators.

**Dues \$1 a year.

KALAKAUA SENIOR CLUB

Legal Basis

Description

Group is made up primarily of Japanese senior citizens. They work on various arts and crafts offered by volunteer instructors. Lessons in hula and ukulele playing are offered.

Objective

To provide good fellowship and to teach seniors some new pastime skills and in turn to be taught by seniors.

Number of Aging Served

500

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*Voluntary officers.

**\$1 a year.

PAPAIKOU (ILWU PORTUGUESE CLUB HOUSE AND PAPAIKOU GYM)

Legal Basis

Description

Once a week (8-12) meetings are held where hula and ukulele lessons are provided as well as bead necklace sewing, crocheting, knitting and other hand work. Polishing kukui nuts for necklaces and bracelets is popular. The males are primarily interested in playing cards.

Objective

Number of Aging Served

125

1970-1971

1971-1972

1972-1973

Personnel

Budget*

*\$.50 a month.

POMAIKAI (MULTI-PURPOSE CENTER IN HILO, HAWAII COUNTY)

Legal Basis

Description

Two groups meet, one on Monday-Wednesday (9-12), and the other Tuesday-Thursday, under the supervision of a senior center aide. Emphasis is on crafts and leisure-type activities (crocheting, knitting, ukulele, hula). Many simply visit and socialize. Intermittently scheduled classes or speakers on nutrition and related subjects are offered.

Objective

- (1) To provide a program of activities conducive to physical, social and emotional well-being of older persons.
- (2) To provide services by professional and cooperating agencies for the elderly.
- (3) To provide a center for older people to meet and carry on activities as a club and as individuals.
- (4) To provide opportunities for volunteers to help with activities for the elderly, also elderly volunteers to help their group or community groups.

Number of Aging Served

130

1970-1971

1971-1972

1972-1973

Personnel

Budget*

*\$1 a month.

NAALEHU (SOUTH POINT AREA)

Legal Basis

Description

Group meets once a week and is primarily craft oriented with some recreation and socialization. Participants work on bead necklaces, rug making, crocheting and bead rings and brooches. They plan to sell all these items at a bazaar and use the money for bus fare for excursions.

Objective

Number of Aging Served

35

1970-1971

1971-1972

1972-1973

Personnel

Budget

JAPANESE SOCIAL CLUB*

Legal Basis

Description

Weekly meetings (9 a.m.-4 p.m., lunch usually not provided). A business meeting is usually followed by activities in Japanese dancing, sewing, go. The group engages speakers and goes on excursions to various places of interest. Group also does hospital visitation where the members provide entertainment and companionship.

Objective

- (1) To promote fellowship and welfare of members.
- (2) To provide a source of manpower for programs of HSSC.

Number of Aging Served

250

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*The Japanese Social Club is only one of the many ethnic social groups that utilize HSSC facilities. Other ethnic groups include the Chinese, Okinawans, Hawaiians, Filipinos.

**\$1 a year.

HALE HAUOLI (HONOKAA) SENIOR CITIZENS CENTER

Legal Basis

Description

Group meetings are Wednesday (8-3), while Friday is for activities. Most of the activities are in crafts—making jams and jellies for sale (money made from sale goes for field trips or lunches served during the meeting days). Other crafts made are stored then sold in a bazaar. Other activities include hula, Japanese dancing, and weaving.

Objective

Number of Aging Served

54

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*Senior Opportunity Aide.

**\$1 a month dues.

PEARL CITY CHOJUKAI

Legal Basis**Description**

Bimonthly meetings (9-11:30 a.m.) are held where the women are involved in knitting, the men play checkers and cards. Group has gone on several excursions and has a birthday party every month.

Objective

To get together and enjoy each other's company and to help each other in any way possible.

Number of Aging Served

76

1970-1971

1971-1972

1972-1973

Personnel***Budget****

*All voluntary officers.

**\$1 a year.

PAUOA SENIORS

Legal Basis**Description**

This group is in its first year of operation and meets once a week (Wednesday 9-12). While the group is still in its organizing stages, speakers, excursions and games such as checkers and cards have already become part of the activities. A Christmas party is being planned and organized and so are singing and dancing groups.

Objective

To enable seniors to enjoy a little happiness by getting out and enjoying each other's company.

Number of Aging Served

50 (approximately)

1970-1971

1971-1972

1972-1973

Personnel***Budget****

*Voluntary.

**\$1 a year.

PAOAKALANI SENIOR CLUB

Legal Basis

Description

Membership in this club is limited to residents of Paoakalani. The Board meets once a month where activities are scheduled for the month, including field trips, and the planning of parties for special events like Thanksgiving and Christmas. Hobby classes provide handicrafts, instructions in making hats, peacocks, paper flowers, cooking. A bazaar was held to raise money and was highly successful.

Objective

To keep members busy and out of the confines of their own apartments.

Number of Aging Served

196

1970-1971

1971-1972

1972-1973

Personnel*

Budget

*All voluntary.

WAHIAWA RAINBOW CLUB

Legal Basis

Description

Weekly meetings—group is primarily oriented towards recreation and arts and crafts. Groups work on needlework, knitting, folk dancing, ballroom dancing, ukulele, carpentry and seed craft. There are occasional guest speakers, demonstrations and outings, picnics, and luncheons. There is an entertainment group which goes to Wahiawa General Hospital as service to the community. Money-making projects such as country store sales are held to increase the budget.

Objective

To give senior citizens a chance to mingle and go out on outings and enjoy themselves but most of all to give them something to do to combat loneliness and the sense of uselessness.

Number of Aging Served

248 (50 and older)

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*All voluntary officers.

**\$1 a year.

PALO-KAI SENIOR CITIZENS CLUB

Legal Basis

Description

There are weekly meetings where members learn to make Hawaiian dolls, dance the hula, as well as folk, ball-room and Japanese dancing. Occasional guest speakers are scheduled, and once a month, outings are taken, and a birthday party is held.

Objective

To socialize and enjoy each other's company.

Number of Aging Served

75

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*All voluntary.

**\$1 a year (donations from birthday people).

Salvation Army

SALVATION ARMY JAPANESE SENIOR CITIZENS CLUB

Legal Basis

Description

Weekly meetings are held where women engage in knitting, men play cards, chess. There are monthly birthday parties and occasional excursions.

Objective

To encourage, help and comfort seniors through good fellowship and visitations.

Number of Aging Served

49

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*All voluntary.

**\$1 a year plus donations.

WAHIAWA KOJU SENIOR CLUB

Legal Basis

Description

Bimonthly meetings which commence with music and Japanese singing followed by talks by a minister. Then, activities such as knitting, sewing, dancing (folk and Japanese), go, and hanafuda are offered. The group takes excursions about once a month.

Objective

Number of Aging Served

200

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*Voluntary.

**\$1 a year plus donations.

TOMONO KAI

Legal Basis

Description

Weekly meetings are held at Soto Mission where the ladies sew, knit, do flower arranging, tea ceremony, dancing.

Objective

To provide seniors an opportunity to come together and enjoy each other's company.

Number of Aging Served

100

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*All voluntary.

**\$1 a year.

PUNALUU-HAUULA SENIOR CITIZENS

Legal Basis

Description

Group holds bimonthly meetings and activities include weekly handicrafts, lauhala weaving, feather lei-making, ceramics, sewing. They have organized a singing group and will sing at hospitals over the holidays. The group hopes to have a bazaar or garage sale to raise funds.

Objective

To help the unfortunate and eventually to help the drop-out youths in the area by setting up a program with the help of seniors.

Number of Aging Served

40

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*All voluntary.

**\$2 a year.

PEARL CITY SENIOR CITIZENS CLUB

Legal Basis

Description

Group meets weekly from 9 a.m.-12 noon. The women mostly engage in crafts—bead leis, crocheting, while men do seat work—mahjong, hanafuda, dancing. Occasionally, excursions are taken and speakers are invited.

Objective

Primarily a social group to encourage senior citizens to get out and meet people.

Number of Aging Served

41

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*All voluntary, elected officers.

**\$1 a year.

MAIKAI SENIOR CLUB

Legal Basis

Description

They hold once a week meetings (9-12). They offer classes in Adult Education—basic English; sewing and folk dancing. Members pitch in to provide lunch at weekly meetings. The group has been in existence for 4 years.

Objective

This is primarily a social club—to give members pleasure and enjoyment through being with others.

Number of Aging Served

50

1970-1971

1971-1972

1972-1973

Personnel:

Budget*

*\$1 a year.

WAIPAHU SENIOR CLUB

Legal Basis

Description

This club has weekly Tuesday meetings and recently celebrated their 5th anniversary. First Tuesday is a general business meeting and usually a guest speaker is on the agenda. Third Tuesday is reserved for outings: excursions, picnics. Crafts offered include: ceramics, sewing, dressmaking, cooking and weaving. Classes in dancing—folk dancing (American, Filipino, Japanese) are offered. Group members provide service to the community about 2 times a year—either to Waimano Home or Salvation Army.

Objective

To provide a balanced program of educational and social activities.

Number of Aging Served

290 (60 and over)

1970-1971

1971-1972

1972-1973

Personnel

Budget*

*\$1 a year.

HUI HOOKIPA

Legal Basis

Description

Weekly meetings are held from 9-12. Business meetings are usually followed by activities in crafts, ceramics, ukulele, hula. Once a month the group goes on an excursion. They have also gone to Kauai, Hawaii, and will soon go to Maui. The group gives service to hospitals, Lunalilo Home, etc. They also hear speakers on a variety of subjects from time to time.

Objective

- (1) To give seniors worthwhile things to do.
- (2) To do things together and to learn new things.
- (3) To do for others.

Number of Aging Served

113	1970-1971	1971-1972	1972-1973
Personnel*			
Budget**			

*Voluntary.

**\$1 a year.

HARRIS MEMORIAL ROYUKAI

Legal Basis

Description

The group uses church facilities but is not regulated by them. There are several activity groups which meet weekly on Wednesday and include flower arranging, tea ceremony, folk dancing, checkers, go and mahjong. All the lecture sessions are in Japanese and cover events of the city and newsworthy bits on taxes, etc. Travel movies are shown and a birthday party is held once a month. Whenever there is a 5th Wednesday, the group goes on excursions or has lunch or dinner in Waikiki.

Objective

To keep people active and involved and to provide companionship.

Number of Aging Served

200	1970-1971	1971-1972	1972-1973
Personnel*			
Budget**			

*All voluntary.

**\$1 a year plus donations.

NIKO NIKO CLUB (KAHUKU)

Legal Basis

Description

Bimonthly meetings are held and the program description includes temple service, church cleanup and a variety of activities (members enjoy playing Bingo).

Objective

- (1) To try to help others in the community through religious guidance.
- (2) To enjoy the remainder of life.
- (3) To help the church to develop.
- (4) To help the young people of the church.

Number of Aging Served

80

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*Voluntary.

**No set dues, the calabash is passed around and there are many donations.

Hongwanji Church

WAIALUA HONGWANJI JUKOKAI

Legal Basis

Description

There are bimonthly meetings which begin with a temple service, followed by church cleanup, lunch and a program which includes handicrafts, singing, dancing, and a monthly birthday party. The club also has sightseeing tours, hospital visitations and joint programs with neighbor clubs.

Objective

- (1) To try to help others in the community through religious guidance.
- (2) To enjoy the remainder of life.
- (3) To help the church to develop.
- (4) To help the young people of the church.

Number of Aging Served

78

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*All voluntary.

**\$.50 a month plus donations.

MANOA RAINBOW CLUB

Legal Basis

Description

The weekly meetings are from 9 a.m.-12 p.m. and are conducted in Japanese. Activities offered include a variety of crafts, card games, bingo, dancing, once a month excursions and speakers.

Objective

To socialize and to learn from each other.

Number of Aging Served

70

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*All voluntary.

**\$1 a year.

Kukui Gardens Guild

KUKUI SENIOR CITIZENS

Legal Basis

Description

The group holds weekly meetings alternating between day and evening meetings for the benefit of those who work. The club has been in existence since March of 1972 and receives the aid of a Parks and Recreation advisor in programs planning and coordination. There have been speakers and movies provided to the group and they have gone on several field trips.

Objective

To provide meaningful activities, both social and educational to senior residents of Kukui Gardens.

Number of Aging Served

84

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*All voluntary.

**\$200 from Guild, 10¢ for coffee.

YBA RAKUEN CLUB

Legal Basis

Description

There are weekly meetings which run from about 9 a.m. to 3 p.m. There are a variety of activities offered including English classes, handicrafts, seed crafts, chess, recitation of Japanese poems, table discussions, light exercises and folk dancing. The tea ceremony and flower arranging are also offered bimonthly. There are birthday parties once every 3 months and excursions from time to time.

Objective

To enjoy good living according to the Hongwanji teaching.

Number of Aging Served

75-85	1970-1971	1971-1972	1972-1973
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Personnel*

Budget**

*All voluntary.

**\$2 a year.

SENIOR CENTER AT CENTRAL UNION

Legal Basis

Description

Club has been in existence 8 years and is primarily a program club. There are weekly meetings and often there are guest speakers who speak on timely topics and issues. Games like bridge, canasta, and scrabble are played. A sewing group does mending and repairing of toys to help the World Church Service.

Objective

To provide informative programs as well as offer a chance to get together for fun and socialization.

Number of Aging Served

80	1970-1971	1971-1972	1972-1973
----	-----------	-----------	-----------

Personnel*

Budget**

*Advisor, program coordinator, planning board, committees.

**Only what comes in through calabash donations.

KAILUA-WAIMANALO SENIOR CLUB

Legal Basis

Description

Weekly meetings where the women participate in handicrafts and weaving. The men play checkers and go. A monthly birthday party is held and the group goes bus riding once a month. Speeches on health and nutrition are scheduled intermittently.

Objective

Primarily a social group for seniors to get together and simply enjoy each other's company.

Number of Aging Served

130

1970-1971

1971-1972

1972-1973

Personnel*

Budget*

*All voluntary.

**\$1 a year.

HUI LOKAHI O AINA HAINA

Legal Basis

Description

This group meets 2 times a week and the program includes sewing and seed crafts, nutrition talks, uke and hula lessons. They have taken excursions to Kuilima, Pearl Harbor and have had demonstration talks on foods of Hawaii (pupus), etc.

Objective

To help the aged make new friends and find ways to combat loneliness.

Number of Aging Served

75

1970-1971

1971-1972

1972-1973

Personnel*

Budget*

*Voluntary.

**\$1 a year, 10¢ a meeting. Auctions (white elephant) sale to raise funds for special expenditures like an anniversary party.

KEOLA HOONANEA

Legal Basis

Description

The membership is limited to project residents. Once a month business meetings are held and social meetings with activities such as card games, uke classes, bridge, sewing classes and occasional tours are also included.

Objective

To make the project a better place to live.

Number of Aging Served

202

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*All voluntary.

**\$1 a year.

SENIOR CENTER AT ST. ANDREW'S

Legal Basis

Description

There are weekly meetings where members hear speakers on a wide range of topics—politics, nutrition, oceanography, etc. A birthday party is held once a month and that session is also used to swap patterns and tips on knitting, sewing, and bead making.

Objective

To gain information on health, welfare, and government.

Number of Aging Served

50 members

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*All voluntary.

**\$1 a year.

KOOLAU SENIOR HUI

Legal Basis

Description

There are weekly meetings. Two meetings a month (fun days) are set aside for crocheting, knitting, singing and just chatting. The other two are business meetings with speakers, films, and occasional excursions.

Objective

To provide good fellowship and companionship.

Number of Aging Served

92

	1970-1971	1971-1972	1972-1973
Personnel*			
Budget	\$2 a year	\$2 a year	\$3 a year

*All voluntary.

HONOLULU SENIOR CITIZENS

Legal Basis

Description

The group has weekly meetings and is known as the "card playing gang." The last meeting of the month is reserved for a birthday party. The group goes on field trips, including occasional picnics. This is one of the oldest clubs and has been in existence for 20 years.

Objective

To provide companionship and friendship.

Number of Aging Served

Approximately 300

	1970-1971	1971-1972	1972-1973
Personnel*			
Budget**			

*All voluntary.

**\$1.25 a year.

PUNCHBOWL SENIOR CITIZENS

Legal Basis

Description

Membership is limited to residents of Punchbowl Homes. There are once a month meetings where they plan for excursions, a Christmas party and other activities. Classes are held once a week in crafts and singing. There are guest speakers occasionally.

Objective

To try to get along with each other and for good fellowship.

Number of Aging Served

Approximately 156 members

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*All voluntary.

**No dues. One fund-raising a year—rummage sale.

NORTHWEST SENIOR CLUB

Legal Basis

Description

Bimonthly meetings are held and members are engaged in folk dancing, singing, knitting, paper crafts, handicrafts, and bingo. Occasionally the group goes on excursions and picnics.

Objective

To get together and enjoy each other's company.

Number of Aging Served

100

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*All voluntary.

**\$1 a year.

McCULLY RAKUEN

Legal Basis

Description

Group meets once a week (on Friday morning) and after a brief business meeting, club members are engaged in activities such as singing, dancing, sewing, knitting, checkers, go, cards. No excursions have yet been taken because of bus expenses. Once a month a birthday party is scheduled.

Objective

Simply to get together and enjoy each other's company.

Number of Aging Served

225

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*All voluntary officers.

**\$1 a year.

ALOHA GRANDMOTHERS

Legal Basis

Description

Aloha Grandmothers is a chapter of the National Federation of Grandmothers Clubs of America and has been in existence 12 years. They meet once a month. The group is constantly trying to raise funds through money-making projects such as bake sales, handmade goods, white elephant sales, with all proceeds going to various children's organizations.

Objective

- (1) To honor grandmotherhood.
- (2) To respect and develop American citizenship.
- (3) To contribute to research, cause and cure of children's diseases.

Number of Aging Served

52 members

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*All voluntary.

**Approximately \$200 a year. Members pay \$4 a year.

SENIOR CITIZENS AT UNITED CHURCH OF CHRIST

Legal Basis

Description

A semi-active club with no set programs. All are church members who get together often to help with church projects like food preparation for a luau. The group takes occasional trips to various places of interest. Meetings usually involve luncheon, devotion, worship service, socializing.

Objective

To help meet the spiritual and social needs of the aged.

Number of Aging Served

30

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*No organizational structure such as President, Vice President, etc.

**None.

SHINJUKAI SENIOR CLUB (AIEA)

Legal Basis

Description

This is primarily a social organization with weekly meetings where the women are involved in crafts, sewing, flower arranging; the men play checkers, go. Movies are sometimes shown and occasional excursions are taken. The club has been in existence 4 years.

Number of Aging Served

200

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*All voluntary.

**\$500 a year (\$1 a year dues, donations).

EWA SENIOR CITIZENS CLUB

Legal Basis

Description

Monthly meetings; club in existence since May 1972. The members are involved in arts and crafts; take excursions and do volunteer work by going to senior citizens homes and distributing food stamp information.

Objective

To aid old people.

Number of Aging Served

36

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*All voluntary.

**\$1 a year dues.

ALOHA SENIOR CLUB

Legal Basis

Description

There are weekly meetings with about 60-70 in attendance. Instructions in crafts, flower arranging, dancing, singing are offered. A birthday party is held at the end of each month. The group has gone to Maui and Kauai and has taken tours of the cannery and other places of interest.

Objective

Good fellowship.

Number of Aging Served

180

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*All voluntary.

**\$1 a year per member.

EIRO KAI

Legal Basis

Description

Weekly meetings are held and the group is involved in singing, dancing and crafts.
A brief lecture on health is given at each meeting.

Objective

To improve the social well-being of senior citizens.

Number of Aging Served

250

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*All voluntary.

**\$1 a year per member.

OAHU RETIRED TEACHERS ASSOCIATION

Legal Basis

Description

This group tries to establish a place for the aged in the mainstream of life. They provide a means of assisting their membership by providing information on their needs, both medical and consumer oriented. There are monthly meetings to inform members of social security benefits, medicare, etc. They also have educational programs on timely issues like pollution and are involved in community activities such as Project FIND, and paramedic assistance.

Objective

- (1) Serving immediate needs of the aged—medical, etc.
- (2) Enrichment of educational ends.
- (3) Involvement through voluntary services.
- (4) Upgrading status of the aged.

Number of Aging Served

Oahu Chapter: 857

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*Voluntary staff.

**\$2 a year.

SENIOR CLUB HOJUKAI

Legal Basis

Description

Group holds monthly meetings where lectures on health are given (areas covered include preventative medicine, nutrition).

A monthly magazine is published entitled *HEALTH*.

Objective

To promote health among the aged.

Number of Aging Served

3,000

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*12 officers voluntary; 1 paid secretary to do magazine work.

**\$4 a year per member.

PARADISE CLUB

Legal Basis

Description

Weekly meetings are held. Members are involved in handicrafts, workshops as well as dancing and singing. Occasional excursions are taken.

Objective

Primarily good fellowship.

Number of Aging Served

500

1970-1971

1971-1972

1972-1973

Personnel*

Budget**

*All voluntary.

**\$1 a year.

Trusts and Foundations

Bishop Trust Company, trustee for the G.N. Wilcox Trust, the S.W. Wilcox Trust, the Mary D. and Walter F. Frear Eleemosynary Trust, the Elsie H. Wilcox Trust, and the McNerny Foundation, reports these contributions to senior citizens organizations.

Wilcox (G.N.) Trust and Wilcox (S.W.) Trust:

Kauai Senior Citizens, Inc.
Hale Ho'olai
Palolo Chinese Home
Salvation Army

Frear (Mary D. and Walter F.) Eleemosynary Trust:

This trust primarily interested in youth but has contributed to Palolo Chinese Home and Hale Ho'olai.

McInerny Foundation:

Hale Ho'olai
Foster Grandparents Program
Senior Action Congress
Palolo Chinese Home

Sophie Russell Testamentary Trust:

This trust has been established especially for the elderly without adequate housing and food.

Hawaiian Trust Company, trustee for the Hawaiian Foundation as well as the F.C. Atherton Trust, Juliette M. Atherton Trust, George P. and Ida Tenny Fund, and Samuel N. and Mary Castle Foundation, reports that all of these trusts award grants to various senior programs and homes. The Hawaiian Foundation which has made contributions to Leahi Home, Lunalilo Home, and other elderly care homes has within the Foundation several smaller trusts which are set up specifically for aiding the aged. For example, the Theresa Hughes Trust specifically aids the indigent elderly in need of medical assistance and the Alice Soper Trust helps defray expenses of the sick.

All the foundations and trusts review requests for grants annually. The trustees should be contacted and the proper referrals will be made on requests.

Foundations

Atherton (F.C.) Trust
P.O. Box 3170
Honolulu, Hawaii 96802

Baldwin (Fred) Memorial Foundation
P.O. Box 157
Kahului, Maui 96732

Castle (Harold K.L.) Foundation
c/o Kaneohe Ranch
Kaneohe, Hawaii 96744

Cooke (Charles M. and Anna C.) Trust
P.O. Box 2634
Honolulu, Hawaii 96803

Frear (Mary D. and Walter F.)
Eleemosynary Trust
P.O. Box 2390
Honolulu, Hawaii 96804

McInerny Foundation
P.O. Box 2390
Honolulu, Hawaii 96804

Wilcox (S.W.) Trust
c/o Mrs. Lois Smouse
P.O. Box 2390
Honolulu, Hawaii 96804

Atherton (Juliette M.) Trust
P.O. Box 3170
Honolulu, Hawaii 96802

Castle (George P. and Ida Tenney) Fund
P.O. Box 3170
Honolulu, Hawaii 96802

Castle (Samuel N. and Mary) Foundation
P.O. Box 3170
Honolulu, Hawaii 96802

Earle (The J.C.) Family Foundation
P.O. Box 3227
Honolulu, Hawaii 96801

Hawaiian Foundation, The
P.O. Box 3170
Honolulu, Hawaii 96802

Wilcox (G.N.) Trust
P.O. Box 2390
Honolulu, Hawaii 96804

APPENDIX C

SURVEY SENT TO OTHER STATE AGENCIES ON AGING QUESTIONNAIRE

1. What is the population of people 65 and over in your state?

2. What kinds of facilities do you have for the aged? Check one or more.

Privately Sponsored	Government Sponsored	
_____	_____	(a) Retirement or nursing homes
_____	_____	(b) Day care centers
_____	_____	(c) Senior centers
_____	_____	(d) Low-income housing specifically for the aged
_____	_____	(e) Private subdivisions, cooperatives or apartments for aged residents
_____	_____	(f) Recreational areas
_____	_____	(g) Multipurpose centers (please elaborate)
_____	_____	(h) Other, please explain

3. What kinds of services or programs are available specifically for the aged, who administers these programs and how many people participated in them?

	Administration	Participants
_____ (a) Food stamps	_____	_____
_____ (b) Adult education for the elderly	_____	_____
_____ (c) Adult protective and rehabilitative services	_____	_____
_____ (d) Burials	_____	_____
_____ (e) Care homes	_____	_____
_____ (f) Employment services	_____	_____
_____ (g) Health screening clinics	_____	_____
_____ (h) Housing subsidies	_____	_____
_____ (i) Medicare	_____	_____
_____ (j) Medicaid	_____	_____
_____ (k) In-home nursing or attendant care services	_____	_____
_____ (l) Mental health services	_____	_____
_____ (m) Nutritional services	_____	_____
_____ (n) Old-age assistance	_____	_____
_____ (o) Senior action	_____	_____
_____ (p) Senior citizen clubs	_____	_____
_____ (q) Information and referral	_____	_____
_____ (r) Limited guardianship	_____	_____
_____ (s) Outreach services	_____	_____
_____ (t) Supplemental income	_____	_____
_____ (u) Consumer education	_____	_____
_____ (v) Legal aid	_____	_____
_____ (w) Emergency food and medical services	_____	_____
_____ (x) Transportation services, please specify	_____	_____
_____	_____	_____
_____ (y) Meals	_____	_____
_____ (z) Others, please explain	_____	_____

4. Which organization is responsible for the following in your state:

- (a) Comprehensive planning for aging programs? _____

(b) Comprehensive services for the aging? _____

(c) Overseeing all or most of the programs and services for the aging in your state? _____

5. What is the primary function and activity of your organization?

- _____ (a) Statewide planning
_____ (b) Disbursement of funds
_____ (c) Program development
_____ (d) Information and referral
_____ (e) Research
_____ (f) Other, please explain

6. How many staff members do you employ?

(a) Professional _____

(Meaning of professional: paid employees doing work that requires education, training, and skill in the academic or scholarly aspects of the institution's program, as distinct from the merely mechanical and clerical aspects. Such employees would usually have at least a bachelor's degree in a relevant subject, or post high school education and appropriate experience equivalent to a bachelor's degree.)

(b) Nonprofessional _____

7. What are the salary ranges of your staff?

- (a) Professional \$_____ to \$_____
(b) Nonprofessional \$_____ to \$_____

8. What were the sources and amounts of your income during the last fiscal year? (Please specify dates)

- (a) Local (city, county, and state levels) \$_____
(b) Federal \$_____
(c) Endowment and contributions (includes grants from foundations and contracts with industry) \$_____
(d) Tuition, dues or other contributions from old people \$_____
(e) Publications \$_____
(f) Others \$_____

9. How much of your total revenues were distributed to other agencies for programs related to aging?

\$_____

10. What was the distribution of expenditures during the year reported above?

- (a) Research \$_____
(b) Planning \$_____
(c) Program development \$_____
(d) Services \$_____
(e) Facilities \$_____
(f) General operating costs \$_____
(g) Other \$_____

11. What are the estimated costs of your future needs in the next five years?

- (a) New facilities \$ _____
- (b) New equipment \$ _____
- (c) Additional services \$ _____
- (d) Personnel
 - Professional \$ _____
 - Nonprofessional \$ _____

12. What proportion of old people live at home or with relatives as compared to those in institutions? _____

APPENDIX D

PAST AND FUTURE FINANCING PROVISIONS

Period	Maximum Taxable Earnings	Combined Employer- Employee Tax Rate			Self-Employed Tax Rate		
		OASDI	HI	Total	OASDI	HI	Total
1937-49	\$3,000	2%	—	2%	*	—	*
1950.....	3,000	3	—	3	*	—	*
1951-53	3,600	3	—	3	2.25%	—	2.25%
1954.....	3,600	4	—	4	3	—	3
1955-56	4,200	4	—	4	3	—	3
1957-58	4,200	4.5	—	4.5	3.375	—	3.375
1959.....	4,800	5	—	5	3.75	—	3.75
1960-61	4,800	6	—	6	4.5	—	4.5
1962.....	4,800	6.25	—	6.25	4.7	—	4.7
1963-65	4,800	7.25	—	7.25	5.4	—	5.4
1966.....	6,600	7.7	.7%	8.4	5.8	.35%	6.15
1967.....	6,600	7.8	1.0	8.8	5.9	.50	6.4
1968.....	7,800	7.6	1.2	8.8	5.8	.60	6.4
1969-70	7,800	8.4	1.2	9.6	6.3	.60	6.9
1971-72	7,800	9.2	1.2	10.4	6.9	.60	7.5
1973-75	7,800	10.0	1.3	11.3	7.0	.65	7.65
1976-79	7,800	10.0	1.4	11.4	7.0	.70	7.7
1980-86	7,800	10.0	1.6	11.6	7.0	.80	7.8
1987 and after	7,800	10.0	1.8	11.8	7.0	.90	7.9

*Self-employed not covered in this period.

APPENDIX D (Continued) **PAST AND FUTURE FINANCING PROVISIONS**

Item	1935 Act	1939 Act	Legislation in the 1940's
A. COVERAGE			
1. Compulsory	All workers in commerce and industry (except railroads) under age 65 in continental U.S., Alaska, and Hawaii and on American vessels.	Age restriction removed.....	Railroad workers, in effect, covered for survivor benefits. ²
2. Elective:			
a. By employer only	No provision.....	.....	.....
b. By both employer and employee.....	No provision.....	.....	.....
c. By individual only.....	No provision.....	.....	.....
3. Gratuitous, for members of Armed Forces.	No provision.....	.....	Insured status and average monthly wage of \$160 credited for World War II veterans dying within 3 years after discharge.
B. TYPE OF BENEFIT			
1. Monthly benefits: ⁴			
a. Retired worker (old-age).....	Aged 65 and over.....	.....	.....
b. Disabled worker.....	No provision.....	.....	.....
c. Dependents of retired worker.....	No provision.....	Wife aged 65 or over and child under 18.	Child aged 16-17 no longer required to be attending school.
d. Survivors of deceased worker.....	No provision.....	Widow aged 65 or over, dependent parent aged 65 or over, ⁹ child under 18, and widowed mother under 65 with eligible child present.	Same as above
e. Dependents of disabled worker.....	No provision.....	.....	.....
f. Special aged 72 or over.....	No provision.....	.....	.....
2. Lump-sum payments:			
a. Deceased worker (including retired worker).....	For all deaths.....	For deaths when no one is eligible for monthly survivor benefits for month of death.	.....
b. Living worker.....	At age 65, when not qualified for monthly benefits.	Provision eliminated .....	.....
3. Hospital and related benefits.....	No provision.....	.....	.....
4. Supplementary medical benefits.....	No provision.....	.....	.....
C. QUARTERS OF COVERAGE¹⁰ FOR INSURED STATUS¹¹ (QC)			
1. Fully insured.....	Cumulative wage credits of \$2,000, and some employment in each of 5 years.	QC equal to at least half the quarters after 1936 (or after age 21) and up to retirement age (or death if earlier); minimum of 6 QC required and maximum of 40 QC.	.....
2. Currently insured.....	No provision.....	6 QC in 12 quarters preceding quarter of death.	6 QC in last 13 quarters, including quarter of death.
3. Insured for disability determination.....	No provision.....	.....	.....
4. Transitional insured.....	No provision.....	.....	.....
5. Transitional noninsured	No provision.....	.....	.....
6. Insured for hospital benefits	No provision.....	.....	.....
D. COMPUTATION OF PRIMARY INSURANCE AMOUNT¹²			
1. Average monthly wage (AMW).....	Concept not used.....	In general, computed for period after 1936 or from age 22 up to retirement or death.	.....
2. Formula.....	1/2% of first \$3,000 of cumulative wage credits + 1/12% of next \$42,000 + 1/24% of next \$84,000.	40% of first \$50 of AMW + 10% of next \$200, all increased by 1% for each year with \$200 or more of wage credits.	.....
3. Minimum.....	\$10.....	.....	.....
4. Maximum.....	\$85.....	\$60 (based on 50 years of coverage).	.....

¹Includes legislation during the preceding year.

²Railroad and other earnings are combined in determining eligibility for and amount of survivor benefits; provision extended in 1951 to place workers with less than 10 years of railroad service under old-age, survivors, and disability insurance for all benefits.

³Employees who vote against coverage are not covered; all new employees are covered.

⁴Firemen and policemen not covered. Subsequent legislation permitted their coverage in certain States.

⁵Provision first effective from July 25, 1947, to Dec. 31, 1953. Successive amendments extended effective date to Dec. 31, 1956.

⁶In effect, an individual can receive only the amount of the largest monthly benefit for which he is eligible.

APPENDIX D (Continued) **PAST AND FUTURE FINANCING PROVISIONS**

Item	1950 Act	1952 Act	1954 Act
A. COVERAGE			
1. Compulsory	Regularly employed farm and domestic workers, nonfarm self-employed (except professional groups). Federal civilian employees not under retirement system. Americans employed outside U.S. by American employer, and Puerto Rico and Virgin Islands.	.....	Additional regularly employed farm and domestic workers, farm self-employed, and professional self-employed except lawyers and doctors, dentists, and other medical groups.
2. Elective:			
a. By employer only	State and local government employees not under retirement system.	.....	Americans employed outside U.S. by foreign subsidiary of American employer.
b. By both employer and employee	Employees of nonprofit institutions (other than ministers). ³	.....	State and local government employees under retirement system. ⁴
c. By individual only .....	.....	.....	Ministers
3. Gratuitous, for members of Armed Forces.	Military service wage credits of \$160 for each month of service during World War II.	Military service wage credits provided for specified period after World War II. ⁵	.....
B. TYPE OF BENEFIT			
1. Monthly benefits: ⁶			
a. Retired worker (old-age) .....	.....	.....	.....
b. Disabled worker .....	.....	.....	.....
c. Dependents of retired worker	Wife under 65 with eligible child present and dependent husband aged 65 or over.	.....	.....
d. Survivors of deceased worker	Dependent widower aged 65 or over, and dependent former wife divorced (with eligible child present).	.....	.....
e. Dependents of disabled worker .....	.....	.....	.....
f. Special aged 72 or over .....	.....	.....	.....
2. Lump-sum payments:			
a. Deceased worker (including retired worker)	For all deaths .....	.....	.....
b. Living worker .....	.....	.....	.....
3. Hospital and related benefits .....	.....	.....	.....
4. Supplementary medical benefits .....	.....	.....	.....
C. QUARTERS OF COVERAGE¹⁰ FOR INSURED STATUS¹¹ (QC)			
1. Fully insured	Starting date advanced from 1936 to 1950 (but QC earned at any time are counted).	.....	Alternatively, if every quarter after 1954 is QC (minimum of 6 required).
2. Currently insured	6 QC in last 13 quarters, including quarter of death or retirement.	.....	6 QC in last 13 quarters, including quarter of death, retirement, or disability.
3. Insured for disability determination .....	.....	.....	20 QC in last 40 quarters, including quarter of disability.
4. Transitional insured .....	.....	.....	.....
5. Transitional noninsured .....	.....	.....	.....
6. Insured for hospital benefits .....	.....	.....	.....
D. COMPUTATION OF PRIMARY INSURANCE AMOUNT¹²			
1. Average monthly wage (AMW)	Alternatively, can be computed for period after 1950.	.....	Lowest 4 years omitted in computing average (lowest 5 years if 20 or more QC). Under "disability freeze," periods of extended total disability also omitted.
2. Formula	50% of first \$100 of AMW + 15% of next \$200. ¹³	55% of first \$100 of AMW + 15% of next \$200. ¹³	55% of first \$110 of AMW + 20% of next \$240. ¹³
3. Minimum	\$20	\$25	\$30
4. Maximum	\$80	\$85	\$108.50

⁷Worker must be disabled for 7 full calendar months before first benefit is paid.

⁸Benefit not payable to wife or mother solely on account of student aged 18-21.

⁹Benefit payable only if worker is not survived by a widow or an eligible child under 1939 Act, but this provision was eliminated by 1958 Act.

¹⁰In general, \$50 or more of wages paid in a quarter; based on annual earnings for farm workers and self-employed persons.

¹¹Under the "disability freeze" provision (1954 Act), periods of extended total disability are not counted in determining insured status.

¹²The term "primary insurance amount," introduced in the 1950 Act, denotes the amount payable to a retired worker and on which the benefits of his dependents and survivors are based (also used as basis for benefits payable to survivors of worker who dies before retirement, computed as if deceased worker had attained retirement age on date of death).

APPENDIX D (Continued) **PAST AND FUTURE FINANCING PROVISIONS**

Item	1956 Act ¹	1958 Act ¹	1960 Act
A. COVERAGE			
1. Compulsory	Members of uniformed services and remainder of professional self-employed except doctors of medicine.	.....	Guam and American Samoa: Americans employed in U.S. by foreign government or international organization, and parent working for a child (not at domestic service or casual labor).
2. Elective:			
a. By employer only .....	.....	.....	.....
b. By both employer and employee .....	.....	Minor coverage extensions, mainly for State and local government employees.	Minor coverage extensions for nonprofit institutions and State and local government employees.
c. By individual only .....	.....	.....	.....
3. Gratuitous, for members of Armed Forces. ....	.....	.....	.....
B. TYPE OF BENEFIT			
1. Monthly benefits: ⁶			
a. Retired worker (old-age)	Age for women lowered to 62, but with permanently reduced benefit for retirement before 65.	.....	.....
b. Disabled worker	Aged 50-64, after 6-month waiting period. ⁷	.....	Under age 65, after 6-month waiting period. ⁷
c. Dependents of retired worker	Wife aged 62-64 but benefit permanently reduced. Child's benefit paid to disabled child after age 18 if disabled before 18.	.....	.....
d. Survivors of deceased worker	Minimum age for widow without eligible child present and for female dependent parent lowered to 62. Child's benefit paid to disabled child after age 18 if disabled before 18.	.....	.....
e. Dependents of disabled worker .....	.....	Same as for dependents of retired workers.	.....
f. Special aged 72 or over .....	.....	.....	.....
2. Lump-sum payments:			
a. Deceased worker (including retired worker) .....	.....	.....	.....
b. Living worker .....	.....	.....	.....
3. Hospital and related benefits .....	.....	.....	.....
4. Supplementary medical benefits .....	.....	.....	.....
C. QUARTERS OF COVERAGE¹⁰ FOR INSURED STATUS¹¹ (QC)			
1. Fully insured	Alternatively, if all but 4 quarters after 1954 are QC (minimum of 6 required).	.....	QC equal to at least 1/3 the quarters after 1950 (or after age 21) and up to retirement age (or death if earlier); minimum of 6 QC required and maximum of 40 QC.
2. Currently insured .....	.....	.....	.....
3. Insured for disability determination .....	.....	.....	Alternatively, 20 QC before quarter of disability, with coverage in all quarters after 1950 (and minimum of 6 such quarters).
4. Transitional insured .....	.....	.....	.....
5. Transitional noninsured .....	.....	.....	.....
6. Insured for hospital benefits .....	.....	.....	.....
D. COMPUTATION OF PRIMARY INSURANCE AMOUNT¹²			
1. Average monthly wage (AMW)	Lowest 5 years omitted in computing average in all cases.	.....	For workers past statutory retirement age, computed over period up to such age and substituting high earnings after this age for earlier years of low earnings.
2. Formula .....	.....	58.85% of first \$110 of AMW + 21.4% of next \$290. ¹³	.....
3. Minimum .....	.....	\$33	.....
4. Maximum .....	.....	\$127	.....

¹³Applies to average computed from 1951 on, as indicated above; for average age computed from 1937 on, the 1939 formula (somewhat modified) is used in conjunction with a conversion table. Under the 1954 and 1956 Acts, an alternative computation based on the 1952 formula, plus \$5, was possible.

¹⁴This benefit (and benefit for disabled child aged 18 or over) was reduced by amount of any other Federal disability benefit or any workmen's compensation benefit under 1956 Act provision eliminated by 1958 Act.

¹⁵All dollar amounts of deductibles and coinsurance vary after 1968, according to changes in hospital costs.

¹⁶Employment permitted without suspension of benefits. Applies to all types of benefit except disability. If retired worker's benefit is suspended, so are benefits of dependents. Under 1954 and later acts, special provisions apply to earnings from noncovered employment outside U.S.

APPENDIX D (Continued) **PAST AND FUTURE FINANCING PROVISIONS**

Item	1961 Act	1965 Act	1967 Act ¹
A. COVERAGE			
1. Compulsory		Self-employed doctors of medicine and interns; tips covered for employee tax (but not for employer tax).	
2. Elective:			
a. By employer only			
b. By both employer and employee	Minor coverage extensions for State and local government employees.		
c. By individual only		Members of certain religious sects may obtain exemption for self-employment income.	Ministers covered compulsorily unless obtaining exemption on grounds of conscience or religious principle.
3. Gratuitous, for members of Armed Forces.			Additional military service wage credits at monthly rate of \$100, after 1967.
B. TYPE OF BENEFIT			
1. Monthly benefits: ⁶			
a. Retired worker (old-age)	Age for men lowered to 62 (same reduction as for women).		
b. Disabled worker			
c. Dependents of retired worker	Dependent husband aged 62-64 but benefit permanently reduced.	Divorced wife if marriage lasted 20 years. Child's benefit paid at ages 18-21 if attending school. ⁸	
d. Survivors of deceased worker	Minimum age for dependent widower and male dependent parent lowered to 62.	Minimum age for widow without eligible child lowered to 60 but benefit permanently reduced. Child's benefit paid at ages 18-21 if attending school. ⁸ Benefit paid to surviving divorced wife if marriage lasted 20 years.	Disabled widow (or dependent widower) aged 50 or over but benefit permanently reduced.
e. Dependents of disabled worker			
f. Special aged 72 or over		With transitional insured status	With transitional noninsured status.
2. Lump-sum payments:			
a. Deceased worker (including retired worker)			
b. Living worker			
3. Hospital and related benefits		Aged 65 and over	
4. Supplementary medical benefits		Aged 65 and over, with voluntary participation.	
C. QUARTERS OF COVERAGE¹⁰ FOR INSURED STATUS¹¹ (QC)			
1. Fully insured	QC equal to at least the years after 1950 (or after age 21) and up to age 65 for men and age 62 for women (or death if earlier); minimum of 6 QC required and maximum of 40 QC.		
2. Currently insured			
3. Insured for disability determination		For blind under 31, alternatively, QC's in half the quarters after age 21 and up to disability, with minimum of 6 quarters required. ¹⁸	Same alternative applies to all persons under 31.
4. Transitional insured		Same as fully insured, but with minimum of 3 QC required.	
5. Transitional noninsured			Age 72 before 1968, or 3 QC for each year after 1966 and before age 72.
6. Insured for hospital benefits		OASDI or railroad retirement beneficiary, or age 65 before 1968, or 3 QC for each year after 1965 and before age 65.	Same, except "3 QC" requirement based on years after 1966.
D. COMPUTATION OF PRIMARY INSURANCE AMOUNT¹²			
1. Average monthly wage (AMW)	Computation point retained at age 65 for men and age 62 for women.		
2. Formula		62.97% of first \$110 of AMW + 22.9% of next \$290 + 21.4% of next \$150. ¹³	71.16% of first \$110 of AMW + 25.88% of next \$290 + 24.18% of next \$150 + 28.43% of next \$100 ¹³ .
3. Minimum	\$40	\$44	\$55
4. Maximum		\$168	\$218

¹⁷Provision applies only to wages; comparable provisions (but on an annual basis) for self-employment income.

¹⁸For those disabled before age 24, requirement is 6 QC in last 3 years.

¹⁹Reduction factor between ages 60 and 62 is same as for nondisabled widow; for ages below 60, factor is such as to produce benefit of 50% of PIA at age 50.

²⁰Originally \$35 and \$52.50, respectively, when initiated in 1966.

²¹This term means the higher of AMW or average earnings in covered employment in last 5 years; such average monthly earnings is adjusted periodically for changes in the general level of earnings.

APPENDIX E

MASSACHUSETTS PLAN

"On August 31, 1970, with Governor Francis Sargent's signing of an Act establishing the Executive Office of Elder Affairs (hereinafter referred to as the Office of Elder Affairs), the direction of decades of governmental action to bury old people was officially reversed in Massachusetts. Massachusetts became the first and, to this date, only state in the nation to have a Cabinet-level office to deal solely with the affairs of the elderly. Dreamed of by young and old alike, conceived by advocates for the elderly, and given birth to by a sensitive State legislative leadership, the Office of Elder Affairs now stands as an operating model for consideration by the other 49 states and the Federal Government itself.

Since the signing of the bill creating the Office of the Elder Affairs (Chapter 862 of the Acts of 1970), much national attention has been focused on that office and many elders and legal services groups have expressed an interest in attempting to apply the Massachusetts experience to their states. The problem that originally confronted Massachusetts elders was a state aging agency which had low visibility, low administrative rank, little money on which to operate, no statewide policy on aging, and lack of effective leadership. The result of this was that the total needs of Massachusetts elders were not being adequately met. Because this situation is typical of so many states and because the Office of Elder Affairs is one state's attempt to reform that situation, this paper has been prepared. While the paper concentrates on the Massachusetts experience, this is done so as to provide a firm framework for comparison for any state. Background is provided delineating the existing organization of the Massachusetts Executive branch and the status of the former state aging agency, followed by a brief description of the actual process used to gain passage of the bill creating the Office of Elder Affairs. This is followed by a description of the role of this new office and a review of the specific actions taken to this date to further define the function of the office.

The Existing Organization of the Executive Branch

Being no more and no less idiosyncratic than other states, the creation of the Office of Elder Affairs had to be accomplished within the confines of the existing governmental structure. However, the Executive branch itself was in the process of being completely reorganized when the legislation was introduced and passed to establish the Office of Elder Affairs. In order to clarify the context within which the Office of Elder Affairs was created, some background information is proper at this point concerning the reorganization of the Executive branch. In 1969 Massachusetts enacted the State Government Reorganization Act (Chapter 704 of the Acts of 1969) which sought to reorganize the Executive branch of the State government under a Cabinet system. Under this plan, almost all the existing 173 departments, divisions, agencies, bureaus, commissions, etc. were placed within one of nine separate Cabinet offices. Each Cabinet office was directed toward a particular service, such as education, transportation, manpower affairs, human services, etc. This plan became operational on April 30, 1971 at which time the Governor began the process of appointing a Secretary to head each Cabinet office. The role of the Secretaries initially is both limited and strong-limited in that they are not initially to have day-to-day control of the departments under their jurisdiction, but strong in that they will exercise budgetary control over their total Cabinet office. The day-to-day operation of the departments within each Cabinet office will remain with the existing department heads until the final phase of the reorganization. Simplifying greatly the function of the Secretaries for the first two years will be largely to carry out phase 2, planning/management, of the reorganization. Phase 1 was the actual transfer to the Cabinet system, and Phase 2 will be a "systems" study of the functions of all existing state programs. At the conclusion of this comprehensive study, each Secretary is obligated to recommend to the Governor such program transfers from or additions to his Cabinet office as would best eliminate "duplication and overlapping in functions, administrative practices and facilities." Phase 3 will then be the period of implementation of those recommendations. The implementation may be done either by the Executive order of the Governor or by passage of legislation. Following the implementation period, the Secretaries will assume control over all functions of their offices—day-to-day operations and budgetary control—subject only to the dictates of the Governor and appropriate mandates of the legislature.

The Former Status of the State Aging Agency

When signed into law in 1969, the Reorganization Act nowhere mentioned the elderly. In fact, nowhere in State statutes was an office for the elderly mentioned. Attorney Morris Goldings has stated very concisely the history of the state agency for the elderly, as follows:

Until the establishment of a Department of Community Affairs by the enactment of Chapter 761 of the Acts of 1968, effective November 1, 1968, the major state agency dealing with the subject of the elderly was the Commission on Aging established under G.L. Chapter 6, Section 73. It is significant, in the light of history, that the Commission was designated as a "board" and not a department. It was originally established in 1954 and was then called a "Council for the Aging," one of the nondepartments serving, to comply with the Constitution, "under the Governor and Council." Its name was changed in 1964 to "Commission on Aging" but even then it did not achieve department rank. Its members of education, mental health, public health, public welfare, and labor and industries or their respective representatives, and 4 members appointed by the Governor. The Governor was empowered to designate a chairman from time to time.

The statutory duties of the Commission on Aging were stated in G.L. Chapter 6, Section 73 as follows:

Said commission shall act in an advisory and consultative capacity with the general objective of coordinating within the several departments of the commonwealth programs designed to meet the problems of the aging and may promote, assist and co-ordinate activities designated to meet such problems at community levels.

Until the 1967 amendment, it is clear that the statutory authority of the Commission was notably weak as being only advisory and consultative in nature. Even with the addition of the duties mainly relating to employment of the elderly, the advisory and consultative theme remained in the statutes.

In 1968, further and potentially more significant legislative action was taken with respect to the statutes relating to state agencies concerned with problems of the elderly. This legislation, previously referred to, was the establishment of a Department of Community Affairs (G.L. Chapter 23B), under the supervision and control of a "commissioner of community affairs." The statute establishing this new department specifically abolished the Commission on Aging, effective November 1, 1968. It also abolished any administrative units existing within that Commission and transferred all of its powers and duties to the new Department of Community Affairs. The legislation continued the employment of all officers and employees of the Commission on Aging and effected the usual transfer of papers, books, and records of the Commission.

Movement Launched to Create a Department of Aging

It was this situation which confronted a growing Senior power movement in the state in the spring of 1970. Repeated calls for an up-graded and effective aging department were met by legislation from the Governor to create a Division of Aging within the Department of Community Affairs—thus creating a unit one rank below full department status. At the legislative committee hearing on this bill, representatives of the two strongest elderly consumer advocate organizations in the state, the Council of Elders Inc., and the Legislative Council for Older Americans, both opposed the bill and called for a full department of aging. Then followed weeks of meetings with legislative leaders and elderly spokesmen, which culminated in the drafting of a bill to create an Executive Order of Elder Affairs which would fit directly into the above described Cabinet reorganization plan. The bill was drafted by the Legal Counsel of the Council of Elders, Legal Research & Services for the Elderly project, Mr. Morris Goldings, and was introduced as a late-filed bill in June, 1970, co-sponsored by House Speaker David Bartley and Social Welfare Committee Chairman John Desmond. The legislative leadership of the House and Senate had been convinced of the merit of the bill and their support was total. On June 23, over 700 Massachusetts elders attended the legislative hearing on the bill, and H-5824 was well on its way to passage. The only real opposition to the bill came from staff within the executive branch who believed that this proposed office ran counter to the Reorganization because it would establish a tenth Cabinet Office which would be directed toward recipients of services rather than a particular service, as the other nine offices would be. Elders organizations responded by pointing out that history demonstrated that when programs for elders were grouped with programs for other age groups elders always fared worst, and in addition that the Reorganization plan fragmented service programs for elders by placing them in as many as five different Cabinet offices. Ultimately this rationale coupled with strong advocacy by Massachusetts elders overcame all obstacles and the legislature enacted the bill on August 21, with the Governor signing it on August 31.

Role of the Executive Office of Elder Affairs

The purpose of the legislation creating the Office of Elder Affairs had been to raise the status of the existing state aging unit to the highest administrative level of government, i.e., Cabinet level, and to create an administrative structure to deal with all aspects of elderly affairs. This legislation provided that the new Office of Elder Affairs was to immediately have transferred to it the former Commission on Aging staff and duties. The Secretary of Elder Affairs was then directed in the words of the Reorganization Act, to recommend to the Governor no later than April 30, 1973, such changes in the executive branch as shall be necessary to create an administrative structure for elder affairs "which shall assure coordinated and joint planning, the establishment of clear and readily identifiable lines of authority and allocations of responsibility, the coordination and consolidation of the delivery of services at state and regional levels and the enlargement of career opportunities." The Act then directs the Secretary of Elder Affairs to specifically determine whether the following functions should be transferred to his office:

... the functions of the department of public welfare as they relate to the administration of old age and disability assistance, and the provision of a program for income maintenance, the functions of the department of public health as they relate to the licensing and inspection of nursing homes, rest homes and related facilities, and the functions of the department of community affairs as they relate to the construction and administration of housing for the elderly and transportation for the elderly.

The Act thus provided immediately for a true advocate voice for elders at the highest level of State government, and a vehicle for restructuring State government to better serve elders needs. The intent and purpose of the Reorganization Act was adhered to in that the two year planning/review period was provided to precede any actual transfer of programs (beyond those called for in the Act creating the office). During this two year period, certainly a central question to be discussed will be whether this office should be solely an advocate voice for elders and not administer programs of service for elders, or whether it should be both an advocate voice and a service-providing office. This was the dilemma originally created by the Act and will no doubt remain a point of conflict.

Already some specific action has been taken to further define the role of the office. Legislation drafted by the Council of Elders, Inc. to require the Secretary of Elder Affairs to plan, develop and supervise the administration of programs of Home Care Services for elders and handicapped passed the legislature in 1971. Because of a problem in the wording of the legislation, the Governor pocket vetoed the bill, but then signed Executive Order #84 which directed that one of the functions of the Secretary of Elder Affairs would be to develop and implement such a Home Care Program.

Specific Actions Taken to Define Functions of the Secretariat

In carrying out the intent of the Reorganization Act, the Governor has the broad power, under Section 50 of Chapter 704 of the Acts of 1969, by executive order to transfer agencies from one executive office to another. When the Governor on November 22, 1971 swore in Mr. Jack Leff as Secretary of Elder Affairs, he used that opportunity to apply his administrative powers to specifically define the status of that office. He took the following actions: 1. immediately transferred the Office of Services to Older Americans (the former Commission on Aging) from the Department of Community Affairs to the Office of Elder Affairs, placing all staff and programs directly under the supervision and administration of the Secretary; 2. notified the Department of Health, Education and Welfare that the Office of Elder Affairs is the official state agency to receive all Federal funds under Title III of the Older Americans Act; 3. transferred the Governor's Commission on Elderly Affairs and the state program of Assistance to Local Councils on Aging to the Office of Elder Affairs; and, 4. signed Executive Order #84 directing the Secretary of Elder Affairs to "plan, develop and implement a Home Care Program for the elderly and handicapped" as an alternative to institutional care. The latter order was in response to the bill passed by the 1971 legislature, and states that the "Home Care Program shall include among other things, housekeeping aid, health services, nutritional services, provision of meals, group activity programs, etc." Contingent upon the almost certain funding of the program in 1972, the Secretary may contract with private agencies for the "provision of Home Care Services."

Thus, by these actions the Governor has gone beyond the actual letter of the law in placing all present state aging agencies in the new office, has committed the office to developing the Home Care Program specifically called for by elders organizations and the legislature, and, in his own words, has "left no doubt that we mean to make the Secretary for Elder Affairs an important and equal member of our new cabinet."⁵

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