

REMARKS OF SENATOR HUBERT H. HUMPHREY

NASA-LBJ SCHOOL CONFERENCE

Washington, D. C.

June 6, 1977

In developing public policy to help meet the needs of the elderly, Congress is faced with a challenge of monumental importance. As the post-World War II baby boom becomes the post-20th century senior citizen explosion, increasing amounts of government funds must be expended for care of the elderly.

Our challenge is not simply to assure that an equitable percentage of the budget be spent on the elderly. Rather, our challenge is to establish a new order of priorities and a framework of services that allows government to respond to the changing demands of an aging society.

A network of interlocking services must be designed to respond to the complications of aging -- services that meet both the physiological and psychological needs for this population.

The principal foundation stone for this new approach should be nutrition. It is particularly difficult for senior citizens to achieve a balanced diet. As old age approaches, metabolic changes require a reduction of caloric intake, while the necessary levels for protein, vitamins and minerals remain constant.

The facts on the state of the nutritional health of our elderly are shocking:

- 67 percent of women and 46 percent of men are overweight;
- 26 percent of the elderly are undernourished; and
- 25 percent are anemic.

Improving the nutritional well-being of our nation's aged will not be an easy task. Yet we as individuals must commit ourselves to this purpose. After all, every one of us will be the beneficiary of such a policy.

Two troublesome trends confront policymakers. The first trend is that the number of persons over the age of 65 is increasing sharply. The second trend is that the cost of health care is rising at an alarming rate.

There are 30 million persons aged 60 and above. This number will increase by 40 percent by the year 2000.

Our spending for health is rising at a rate of 12 percent each year. In 1966 we spent \$42.1 billion on health. That figure could reach \$230 billion by 1980. A large percentage of this money is devoted to the elderly.

I have come to the conclusion, partly as a result of personal experience and partly as a result of overwhelming evidence, that the United States must adopt a strong policy of preventive health care.

Such a policy should not be directed at just the elderly, but the entire population. Such a policy should be viewed as an investment in the future, because it is just that.

The importance of the relationship of diet to health is emphasized by hard statistics. Six of the 10 leading causes of death in the U.S. are related to nutrition. Half of the cancers in women and 30 percent in men are caused by poor nutrition.

Clearly, improving the nutrition of the nation will help us to attack these diseases at their root.

Earlier, I said that good nutrition is an investment in the future. In fact, some nutrition programs begin to save money as soon as they are active. An example is the Meals-on-Wheels Program.

The Senate Select Committee on Nutrition and Human Needs has estimated that an investment of \$80 million in this program would save the Federal Government at least \$200 million.

This savings would be due to the decrease in dependency that our elderly would have on institutionalized care.

Our discussion of this subject should not overlook the contributions of non-governmental sources. A number of non-governmental groups and individuals have played a valiant role in assisting the nation's aged.

While these efforts are both courageous and generous, they still leave us with a cry in the darkness. The simple truth is that we must do more.

The Federal Government helps senior citizens through the Older Americans and Social Security Acts as well as through Food Stamps. Even with these essential policies and programs, we still lack a comprehensive approach to the problem I have outlined.

Let us review these Federal efforts. Over \$600 million in food stamp benefits go to households with an elderly person.

Food stamps are one of the most important nutrition programs this nation has. But the primary problem with food stamps -- from the point of view of the elderly -- is that they are intended for the poor.

Nutritional problems of the elderly stem from many causes, only one of which is poverty. This poverty orientation prevents the food stamp program from reaching many households which desperately need assistance.

The Social Security Act is another well intentioned legislative effort that falls short of being a comprehensive approach.

Title XX of this Act provides nutrition services. But only 38 states currently use Title XX funds because of a highly resented means test for elderly recipients and because of a restrictive matching requirement.

Title VII of the Older Americans Act is the most comprehensive effort to date to resolve the nutritional deficiencies of the elderly. In 1972, Congress established the authority for nutrition projects under this Title.

The response has been impressive. We now have 6,700 sites in every state of the union, serving about 435,000 meals per day.

But what about the other 29 million elderly? What about the elderly of our center cities? Of our rural areas? By conservative estimates, at least 1.5 million home-bound elderly need significant food assistance.

Existing programs are flawed or very small. While local volunteer, non-profit Meals-on-Wheels groups have -- mostly on their own -- managed to provide service to an additional 40,000 home-bound elderly, the U.S. Government has failed to address this serious situation.

In the immediate future, we have the opportunity to make progress. The Senate recently passed legislation to reform the food stamp program, including the termination of the "purchase requirement."

In addition, an important bill has been introduced to make a significant expansion in the Title VII program. This legislation, which I joined in sponsoring, would appropriate \$80 million in fiscal year 1978 to establish a home-delivered meals program. This amount of money would triple the number of persons now receiving home-delivered meals. S. 519 has the support of 33 Senators and should be acted upon soon by the Committee on Human Resources.

We need to make several improvements in Title VII, particularly in its impact on rural areas. Congress, when this provision is reviewed next year, should examine the level of benefits flowing into rural areas. Special provisions for the rural aged may be the only way to guarantee services for this segment of our population.

But much more can and must be done. We need more research in order to design programs that are more responsive to the actual needs of our people. I have co-sponsored legislation with Senators McGovern, Percy, Dole and Bellmon that provides for a national preventive medicine health maintenance and health promotion initiative.

This legislation would create a Bureau of Human Resources within the National Institutes of Health to coordinate the activities of four Institutes, including the National Institute on Aging.

If the Bureau is created, the National Institute on Aging would be directed to include nutrition research in its research priorities. By coordinating this research effort with similar research on all age groups, I believe that we will develop the type of information that is vital to understanding the relationship between nutrition and disease.

Data collected from nutrition research would lay the groundwork for formulating a nutrition education program for the elderly.

There is, at present, no rational basis for making nutritional recommendations for the elderly. We need fundamental information regarding the nutritional needs of the elderly if we are to plan effective nutrition programs and use diet as one element in combatting the serious health problems of so many older Americans.

In the final analysis, action to address these problems is really a business decision that we have to make. If we invest now, then we will enjoy a return in the future. If we fail to invest, then we have no one to blame but ourselves.

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CHAPTER III

THE MEAL SYSTEM IN THE LARGER POLICY CONTEXT: MAJOR CONFERENCE ADDRESSES

The 1976 meal system demonstration project showed that shelf-stable, single-serving meals were accepted and enjoyed by one user group—the elderly. What are the ramifications of this successful demonstration on policy initiatives for the elderly and other potential users of the meals? How should nutrition considerations be related to general policies and programs for the elderly?

In his speech, "Policy Priorities for the Aged," Senator Hubert Humphrey indicated that the growing number of elderly Americans demands that an equitable portion of the budget be spent to address their needs. Policy priorities need to be established for the aging, and the cornerstone of the policy should be nutrition. At present, the nutritional health of the elderly is poor. Some programs are in operation, such as Title VII congregate feeding programs, Meals-on-Wheels programs, and Food Stamp services. Title XX also provides some funds for nutrition programs. But these efforts are not enough. More needs to be done. Research is necessary in order to design programs that are more responsive to the actual needs of the people. Good health demands a proper diet. By designing new nutrition programs, and by improving the ones that currently are in operation, we will be exercising economy in government.

POLICY PRIORITIES FOR THE AGED

Senator Hubert H. Humphrey

In developing public policy to help meet the needs of the elderly, Congress is faced with a challenge of monumental importance. As the post-World War II baby boom becomes the post-20th century senior citizen explosion, increasing amounts of government funds must be expended for care of the elderly.

We are very poor at looking ahead. We prefer to talk about yesterday, the good old days. And then a few people want to investigate today. But planning ahead seems to run contrary to our public nature. Most of us privately do plan ahead, particularly if you have children and a mortgage. But public policy planning is in short supply.

Our challenge is not simply to assure that an equitable percentage of the budget be spent on the elderly. Rather, our challenge is to establish a new order of priorities and a framework of services that allows government to respond to the changing demands of an aging society.

That's going to have an effect—on labor force, on employment, on the social security system and housing patterns. Many things are affected as you look at demographic trends for the next 20 years. We talk about demography, but then we don't do anything about it. Thank goodness you are here to do something about it.

A network of interlocking services must be designed to respond to the complications of aging—services that meet both the physiological and psychological needs of this population.

The principal foundation stone for this new approach should be nutrition. It is particularly difficult for senior citizens to achieve a balanced diet. Nutrition, in this country, is a subject mainly talked about for cats and dogs. On TV, they'll have a discussion of nutritional needs for puppies, for older dogs, or special food for kittens or cats. There is more information on TV about the diet of house pets than there is about children (and little or nothing about the elderly). As old age approaches, metabolic changes require a reduction of caloric intake, while the necessary levels for protein, vitamins, and minerals remain constant.

The facts on the state of the nutritional health of our elderly are shocking:

- 67 percent of women and 46 percent of men are overweight;
- 26 percent of the elderly are undernourished; and
- 25 percent are anemic.

These facts are pretty well known, but there is no concerted program of information and communication through the process of saturation to bring the message to the American people and to find solutions.

Improving the nutritional well-being of our nation's aged will not be an easy task. Yet, we as individuals must commit ourselves to this purpose. After all, every one of

us will be the beneficiary of such a policy sooner or later.

Two troublesome trends confront policymakers. The first trend is that the number of persons over the age of 65 is increasing sharply. The second trend is that the cost of health care is rising at an alarming rate—165 billion last year or 9 percent of the GNP.

There are 30 million persons aged 60 and above. This number will increase by 40 percent by the year 2000.

Our spending for health is rising at a rate of 12 percent each year. In 1966, we spent \$42.1 billion on health. That figure could reach \$230 billion by 1980. A large percentage of this money is devoted to the elderly. We don't give people health care; we give them sickness care. As long as we delude ourselves by saying we have health insurance, we aren't going to get at the question of health care.

I have come to the conclusion, partly as a result of personal experience and partly as a result of overwhelming evidence, that the United States must adopt a strong policy of preventive health care. At that point, we must talk nutrition, and diet, and exercise.

Such a policy should not be directed at just the elderly, but the entire population.

I can tell you this. I was on the phone this morning with an eminent physician. He was asking me how I was feeling, because I have to get some chemotherapy tomorrow. I was telling him my symptoms. I said, "I want to see a top-grade nutritionist to talk about my diet." He said, "They are hard to find." They're not really considered a part of the total health care system (unless you are a dog). Such a policy should be viewed as an investment in the future, because it is just that.

The importance of the relationship of diet to health is emphasized by hard statistics. Six of the ten leading causes of death in the U.S. are related to nutrition. Half of the cancers in women and 30 percent in men are caused by poor nutrition.

Clearly, improving the nutrition of the nation will help us to attack these diseases at their root. And yet, the medical schools of this country, until the last five or six years, have had no program in nutrition for their doctors.

Earlier, I said that good nutrition is an investment in the future. In fact, some nutrition programs begin to save money as soon as they are active. An example is the Meals-on-Wheels program.

The Senate Select Committee on Nutrition and Human Needs has estimated that an investment of \$80 million in this program would save the Federal Government at least \$200 million.

This savings would be due to the decrease in dependency that our elderly would have on institutionalized care.

Our discussion of this subject should not overlook the contributions of non-governmental sources. A number of non-government groups and individuals have played a valiant role in assisting the nation's aged.

While these efforts are both courageous and generous, they still leave us with a cry in the darkness. The simple truth is that we must do more.

The Federal Government helps senior citizens through the Older Americans and Social Security Acts, as well as through Food Stamps. Even with these essential policies and programs, we still lack a comprehensive approach to the problem I have outlined. Each one of these programs runs its own course, as if they were in separate continents.

Let us review these Federal efforts. Over \$600 million in food stamp benefits go to households with an elderly person.

Food stamps are one of the most important nutrition programs this nation has. But the primary problem with food stamps—from the point of view of the elderly—is that they are intended for the poor. It is a fact that many elderly are poor, but not all of them.

Nutritional problems of the elderly stem from many causes, only one of which is poverty. This poverty orientation prevents the food stamp program from reaching many households which desperately need assistance.

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Title XX of this Act provides nutrition services. But only 38 states currently use Title XX funds because of a highly resented means test for elderly recipients and because of a restrictive matching requirement.

Title VII of the Older Americans Act is the most comprehensive effort to date to resolve the nutritional deficiencies of the elderly. In 1972, Congress established the authority for nutrition projects under this Title.

The response has been impressive. We now have 6,700 sites in every state of the union, serving about 435,000 meals per day.

But what about the other 29 million elderly? What about the elderly of our center cities? Of our rural areas? By conservative estimates, at least 1.5 million home-bound elderly need significant food assistance.

Existing programs are flawed, inadequately funded, and very small. While local volunteer, non-profit Meals-on-Wheels groups have—mostly on their own—managed to provide service to an additional 40,000 home-bound elderly, the U.S. Government has failed to address this serious situation.

In the immediate future, we have the opportunity to make progress. The Senate recently passed legislation to

reform the Food Stamp program, including the termination of the "purchase requirement".

In addition, an important bill has been introduced to make a significant expansion in the Title VII program. This legislation, which I joined in sponsoring, would appropriate \$80 million in fiscal year 1978 to establish a home-delivered meals program. This amount of money would triple the number of persons now receiving home-delivered meals. S. 519 has the support of 33 senators and should be acted upon soon by the Committee on Human Resources, and then by the Congress.

We need to make several improvements in Title VII, particularly in its impact on rural areas. Congress, when this provision is reviewed next year, should examine the level of benefits flowing into rural areas. Special provisions for the rural aged may be the only way to guarantee services for this segment of our population.

But much more can and must be done. We need more research in order to design programs that are more responsive to the actual needs of our people. We need to be ingenious in this business. In World War II, we found out how to put together packages of C-rations. We found out at NASA new ways of having nutritious food for astronauts. There are a lot of things we can do if we make up our mind to do it.

I have co-sponsored legislation with Senators McGovern, Percy, Dole, and Bellmon that provides for a national preventive medicine health maintenance and health promotion initiative.

Right now at Baylor University, there is a nutritional institute. At Tufts, Dr. Mayer has requested funds for a nutrition institute. We need a half dozen or so across the country to study nutrition and its application to the human diet. And we also need to study ways and means to deliver highly nutritional foods.

This legislation would create a Bureau of Human Resources within the National Institutes of Health to coordinate the activities of four institutes, including the National Institute on Aging.

If the Bureau is created, the National Institute on Aging would be directed to include nutrition research in its research priorities. By coordinating this research effort with similar research on all age groups, I believe that we will develop the type of information that is vital to understanding the relationship between nutrition and disease.

Data collected from nutrition research would lay the groundwork for formulating a nutrition education program for the elderly.

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of the elderly if we are to plan effective nutrition programs and use diet as one element in combating the serious health problems of so many older Americans.

We grow old. But we're born young. I am author of the WIC program. Those first few years for mother and child are basic and fundamental to continuing health. We have Medicare for Grandma and Grandpa, but we need kiddy care, and maternal and child care. That's the way to cut down health costs. We can cut our health bill by 25 percent or more, by proper diet and nutrition early in life, and by early diagnosis and treatment of children in those formative years. While I know you are primarily concerned with the elderly, remember, you aren't born 65 years old. You're just born. Before that birth, the diet of the mother is critically important.

What we are talking about is the health of the American people. We are addressing ourselves here to the end of the spectrum—the elderly. But I want you to tie it in to the beginning of the spectrum. It's all one totality.

My dad was a pharmacist. Dad told me, "Son, these pills are to sell, not to take." We never had time to be ill. When I was a boy and I would say to my Dad that I didn't feel good, he would say, "That is all in your head. We don't have time for sickness around here; we got prescriptions to fill." I was brought up to believe you shouldn't be sick. Also, we didn't have money for it, or time for it.

We didn't know too much about diet, but fortunately in those days, we had the home garden. Mother did all the canning. We didn't add chemicals and additives to everything. We had good, clean water that wasn't filled with chlorine. We had a lot of things that were wholesome. We didn't have air pollution. We were lucky.

But those days are gone. Now we have to think about the times in which we live, and what it's going to be like 20 years from now. For example, what's the effect of the incredible intake of sugar by the youth of this country—it's a serious medical problem. The U.S. per capita consumption of sugar is three times larger than anywhere else in the world, and those attitudes formed early in life develop the taste buds. Even baby food is loaded with things that are not good for health, because mothers like the taste and Mother was brought up the same way.

Now we come to Grandma and Grandpa. They have serious problems because of what time does to the whole physiological, psychological make-up of the individual. We have to look not only at the quality of food, but what you're looking at—how do you get it to them. There have been improvements since 1972. The school lunch program is opening up to the elderly. Churches are also serving food to the elderly, but like many programs,

people don't know about it; it's the outreach that's important.

In the final analysis, action to address these problems is really a business decision that we have to make. If we invest now, then we will enjoy a return in the future. If we fail to invest, then we have no one to blame but ourselves.

I don't know of any better way of exercising economy in government than improving the health of the American people, and protecting that health. One of the best ways to do it is the intake—the water that we drink, the food that we eat, the air that we breathe, and the environment in which we live. This is what makes for good health.

Dr. Donald M. Watkin, Office of State and Community Programs, Administration on Aging, addressed the conference on "Nutrition and Health." Dr. Watkin outlined some of the problems typically associated with nutrition and disease among Americans. Malnutrition in North America is always associated with disease and often compounds the effects of disease. However, if population groups practice appropriate lifestyles throughout life, they can significantly decrease the prevalence of disease and increase their average age at death. The lives of individuals are literally in their own hands. Proper nutrition and appropriate health care are vital parts of this regimen. Proper nutrition leads to better health; proper health care improves nutritional status. Both must be tailored to meet the needs of individuals at their respective ages. The nutrition-health-aging triad is inseparable.

NUTRITION, AGING, AND HEALTH

Donald M. Watkin, M.D.

The mutual relationships among nutrition, health, and aging are such that the three together form an inseparable triad.

Some major issues facing scientists are the doubling of the death rate every 8 years from age 60 onward; the decrease with age in the number of people able to function at 50 percent or more of their potential in early maturity; and the decrement in immune responses after reaching maturity.

The prevalence of disease rises with age. Disease is the prime cause of disability and death. In 1971, the average American male died at 61. This is not the often-quoted life expectancy figure. Life expectancy for an average American male born in 1977 is now well over 70, but the average age at death today is far younger. Preventable diseases and accidents are the major causes. Among the former are cardiovascular diseases and neoplasias, problems which are avoidable causes of death among many elderly. Depression and mental illness, also common diseases among the aged, can be effectively treated with modern drugs. Good nutrition itself may make the difference between an institutionalized psychotic and a person able to live independently.

Triage is the military system of determining priorities in the commitment of life-saving measures. With ever-increasing numbers of elderly who are diseased and nonproductive, triage or the lifeboat ethic may become reality unless disease and disability can be deferred and productivity sustained to older ages than is now the case.

Even today, the problems associated with the diseases of aging are soluble. First, health maintenance is

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JUNE 6, 1977

IN DEVELOPING PUBLIC POLICY TO HELP MEET THE NEEDS OF THE ELDERLY, CONGRESS IS FACED WITH A CHALLENGE OF MONUMENTAL IMPORTANCE. AS THE POST-WORLD WAR II BABY BOOM BECOMES THE POST-20TH CENTURY SENIOR CITIZEN EXPLOSION, INCREASING AMOUNTS OF GOVERNMENT FUNDS MUST BE EXPENDED FOR CARE OF THE ELDERLY.

OUR CHALLENGE IS NOT SIMPLY TO ASSURE THAT AN EQUITABLE PERCENTAGE OF THE BUDGET BE SPENT ON THE ELDERLY. RATHER, OUR CHALLENGE IS TO ESTABLISH A NEW ORDER OF PRIORITIES AND A FRAME-
WORK OF SERVICES THAT ALLOWS GOVERNMENT TO RESPOND TO THE
CHANGING DEMANDS OF AN AGING SOCIETY.

A NETWORK OF INTERLOCKING SERVICES MUST BE DESIGNED TO RESPOND TO THE COMPLICATIONS OF AGING -- SERVICES THAT MEET BOTH THE PHYSIOLOGICAL AND PSYCHOLOGICAL NEEDS FOR THIS POPULATION.

THE PRINCIPAL FOUNDATION STONE FOR THIS NEW APPROACH SHOULD

*and
Senior
too!*

BE NUTRITION. IT IS PARTICULARLY DIFFICULT FOR SENIOR CITIZENS

TO ACHIEVE A BALANCED DIET. AS OLD AGE APPROACHES, METABOLIC

CHANGES REQUIRE A REDUCTION OF CALORIC INTAKE, WHILE THE NECESSARY

LEVELS FOR PROTEIN, VITAMINS AND MINERALS REMAIN CONSTANT.

THE FACTS ON THE STATE OF THE NUTRITIONAL HEALTH OF OUR
ELDERLY ARE SHOCKING:

-- 67 PERCENT OF WOMEN AND 46 PERCENT OF MEN ARE OVERWEIGHT;

-- 26 PERCENT OF THE ELDERLY ARE UNDERNOURISHED; AND

-- 25 PERCENT ARE ANEMIC.

IMPROVING THE NUTRITIONAL WELL-BEING OF OUR NATION'S AGED
WILL NOT BE AN EASY TASK. YET WE AS INDIVIDUALS MUST COMMIT

OURSELVES TO THIS PURPOSE.

AFTER ALL, EVERY ONE OF US WILL BE THE BENEFICIARY OF SUCH
A POLICY.

L TWO TROUBLESOME TRENDS CONFRONT POLICYMAKERS L THE FIRST

TREND IS THAT THE NUMBER OF PERSONS OVER THE AGE OF 65 IS

INCREASING SHARPLY L THE SECOND TREND IS THAT THE COST OF HEALTH

CARE IS RISING AT AN ALARMING RATE.

L THERE ARE 30 MILLION PERSONS AGED 60 AND ABOVE. THIS NUMBER
WILL INCREASE BY 40 PERCENT BY THE YEAR 2000.

L OUR SPENDING FOR HEALTH IS RISING AT A RATE OF 12 PERCENT
EACH YEAR. IN 1966 WE SPENT \$42.1 BILLION ON HEALTH. THAT

FIGURE COULD REACH \$230 BILLION BY 1980. L A LARGE PERCENTAGE

OF THIS MONEY IS DEVOTED TO THE ELDERLY.

I HAVE COME TO THE CONCLUSION, PARTLY AS A RESULT OF PERSONAL EXPERIENCE AND PARTLY AS A RESULT OF OVERWHELMING EVIDENCE, THAT THE UNITED STATES MUST ADOPT A STRONG POLICY OF PREVENTIVE HEALTH CARE.

↳ SUCH A POLICY SHOULD NOT BE DIRECTED AT JUST THE ELDERLY, BUT THE ENTIRE POPULATION. ↳ SUCH A POLICY SHOULD BE VIEWED AS AN INVESTMENT IN THE FUTURE, BECAUSE IT IS JUST THAT.

↳ THE IMPORTANCE OF THE RELATIONSHIP OF DIET TO HEALTH IS EMPHASIZED BY HARD STATISTICS. ↳ SIX OF THE 10 LEADING CAUSES OF DEATH IN THE U.S. ARE RELATED TO NUTRITION. ↳ HALF OF THE CANCERS IN WOMEN AND 30 PERCENT IN MEN ARE CAUSED BY POOR NUTRITION.

↳ CLEARLY, IMPROVING THE NUTRITION OF THE NATION WILL HELP US TO ATTACK THESE DISEASES AT THEIR ROOT.

EARLIER, I SAID THAT GOOD NUTRITION IS AN INVESTMENT IN THE FUTURE. IN FACT, SOME NUTRITION PROGRAMS BEGIN TO SAVE MONEY AS SOON AS THEY ARE ACTIVE. AN EXAMPLE IS THE MEALS-ON-WHEELS PROGRAM.

THE SENATE SELECT COMMITTEE ON NUTRITION AND HUMAN NEEDS HAS ESTIMATED THAT AN INVESTMENT OF \$80 MILLION IN THIS PROGRAM WOULD SAVE THE FEDERAL GOVERNMENT AT LEAST \$200 MILLION.

THIS SAVINGS WOULD BE DUE TO THE DECREASE IN DEPENDENCY THAT OUR ELDERLY WOULD HAVE ON INSTITUTIONALIZED CARE.

OUR DISCUSSION OF THIS SUBJECT SHOULD NOT OVERLOOK THE CONTRIBUTIONS OF NON-GOVERNMENTAL SOURCES. A NUMBER OF NON-GOVERNMENTAL GROUPS AND INDIVIDUALS HAVE PLAYED A VALIANT ROLE IN ASSISTING THE NATION'S AGED.

↳ WHILE THESE EFFORTS ARE BOTH COURAGEOUS AND GENEROUS, THEY
STILL LEAVE US WITH A CRY IN THE DARKNESS. ↳ THE SIMPLE TRUTH IS
THAT WE MUST DO MORE.

↳ THE FEDERAL GOVERNMENT HELPS SENIOR CITIZENS THROUGH THE
OLDER AMERICANS AND SOCIAL SECURITY ACTS AS WELL AS THROUGH
FOOD STAMPS. ↳ EVEN WITH THESE ESSENTIAL POLICIES AND PROGRAMS,
WE STILL LACK A COMPREHENSIVE APPROACH TO THE PROBLEM I HAVE
OUTLINED.

↳ LET US REVIEW THESE FEDERAL EFFORTS. ↳ OVER \$600 MILLION
IN FOOD STAMP BENEFITS GO TO HOUSEHOLDS WITH AN ELDERLY PERSON.

↳ FOOD STAMPS ARE ONE OF THE MOST IMPORTANT NUTRITION PROGRAMS
THIS NATION HAS. ↳ BUT THE PRIMARY PROBLEM WITH FOOD STAMPS -- FROM
THE POINT OF VIEW OF THE ELDERLY -- IS THAT THEY ARE INTENDED FOR
THE POOR.

L NUTRITIONAL PROBLEMS OF THE ELDERLY STEM FROM MANY CAUSES,
ONLY ONE OF WHICH IS POVERTY. L THIS POVERTY ORIENTATION PREVENTS
THE FOOD STAMP PROGRAM FROM REACHING MANY HOUSEHOLDS WHICH
DESPERATELY NEED ASSISTANCE,

L THE SOCIAL SECURITY ACT IS ANOTHER WELL INTENTIONED
LEGISLATIVE EFFORT THAT FALLS SHORT OF BEING A COMPREHENSIVE
APPROACH,

L TITLE XX OF THIS ACT PROVIDES NUTRITION SERVICES. L BUT ONLY
38 STATES CURRENTLY USE TITLE XX FUNDS BECAUSE OF A HIGHLY
RESENTED MEANS TEST FOR ELDERLY RECIPIENTS AND BECAUSE OF A
RESTRICTIVE MATCHING REQUIREMENT,

L TITLE VII OF THE OLDER AMERICANS ACT IS THE MOST COMPRE-
HENSIVE EFFORT TO DATE TO RESOLVE THE NUTRITIONAL DEFICIENCIES OF
THE ELDERLY,

↳ IN 1972, CONGRESS ESTABLISHED THE AUTHORITY FOR NUTRITION
PROJECTS UNDER THIS TITLE.

↳ THE RESPONSE HAS BEEN IMPRESSIVE. ↳ WE NOW HAVE 6,700 SITES
IN EVERY STATE OF THE UNION, SERVING ABOUT 435,000 MEALS PER DAY.

↳ BUT WHAT ABOUT THE OTHER 29 MILLION ELDERLY? ↳ WHAT ABOUT
THE ELDERLY OF OUR CENTER CITIES? ↳ OF OUR RURAL AREAS? BY
CONSERVATIVE ESTIMATES, AT LEAST 1.5 MILLION HOME-BOUND ELDERLY
NEED SIGNIFICANT FOOD ASSISTANCE.

↳ EXISTING PROGRAMS ARE FLAWED OR VERY SMALL. ↳ WHILE LOCAL
VOLUNTEER, NON-PROFIT MEALS-ON-WHEELS GROUPS HAVE -- MOSTLY
ON THEIR OWN -- MANAGED TO PROVIDE SERVICE TO AN ADDITIONAL
40,000 HOME-BOUND ELDERLY, THE U.S. GOVERNMENT HAS FAILED TO
ADDRESS THIS SERIOUS SITUATION.

L IN THE IMMEDIATE FUTURE, WE HAVE THE OPPORTUNITY TO MAKE
PROGRESS. L THE SENATE RECENTLY PASSED LEGISLATION TO REFORM THE
FOOD STAMP PROGRAM, INCLUDING THE TERMINATION OF THE "PURCHASE
REQUIREMENT."

L IN ADDITION, AN IMPORTANT BILL HAS BEEN INTRODUCED TO MAKE
A SIGNIFICANT EXPANSION IN THE TITLE VII PROGRAM. L THIS
LEGISLATION, WHICH I JOINED IN SPONSORING, WOULD APPROPRIATE
\$80 MILLION IN FISCAL YEAR 1978 TO ESTABLISH A HOME-DELIVERED
MEALS PROGRAM. L THIS AMOUNT OF MONEY WOULD TRIPLE THE NUMBER
OF PERSONS NOW RECEIVING HOME-DELIVERED MEALS. L S. 519 HAS
THE SUPPORT OF 33 SENATORS AND SHOULD BE ACTED UPON SOON
BY THE COMMITTEE ON HUMAN RESOURCES.

↳ WE NEED TO MAKE SEVERAL IMPROVEMENTS IN TITLE VII,
PARTICULARLY IN ITS IMPACT ON RURAL AREAS. ↳ CONGRESS, WHEN THIS
PROVISION IS REVIEWED NEXT YEAR, SHOULD EXAMINE THE LEVEL OF
BENEFITS FLOWING INTO RURAL AREAS. ↳ SPECIAL PROVISIONS FOR THE
RURAL AGED MAY BE THE ONLY WAY TO GUARANTEE SERVICES FOR THIS
SEGMENT OF OUR POPULATION.

↳ BUT MUCH MORE CAN AND MUST BE DONE. ↳ WE NEED MORE
RESEARCH IN ORDER TO DESIGN PROGRAMS THAT ARE MORE RESPONSIVE
TO THE ACTUAL NEEDS OF OUR PEOPLE. ↳ I HAVE CO-SPONSORED
LEGISLATION WITH SENATORS McGOVERN, PERCY, DOLE AND BELLMON
THAT PROVIDES FOR A NATIONAL PREVENTIVE MEDICINE HEALTH
MAINTENANCE AND HEALTH PROMOTION INITIATIVE.

THIS LEGISLATION WOULD CREATE A BUREAU OF HUMAN RESOURCES
WITHIN THE NATIONAL INSTITUTES OF HEALTH TO COORDINATE THE
ACTIVITIES OF FOUR INSTITUTES, INCLUDING THE NATIONAL INSTITUTE
ON AGING.

↳ IF THE BUREAU IS CREATED, THE NATIONAL INSTITUTE ON AGING
WOULD BE DIRECTED TO INCLUDE NUTRITION RESEARCH IN ITS RESEARCH
PRIORITIES. ↳ BY COORDINATING THIS RESEARCH EFFORT WITH SIMILAR
RESEARCH ON ALL AGE GROUPS, I BELIEVE THAT WE WILL DEVELOP THE
TYPE OF INFORMATION THAT IS VITAL TO UNDERSTANDING THE
RELATIONSHIP BETWEEN NUTRITION AND DISEASE.

↳ DATA COLLECTED FROM NUTRITION RESEARCH WOULD LAY THE
GROUNDWORK FOR FORMULATING A NUTRITION EDUCATION PROGRAM FOR
THE ELDERLY.

(Nutrition Institutes -
Baylor, Tufts)

THERE IS, AT PRESENT, NO RATIONAL BASIS FOR MAKING

NUTRITIONAL RECOMMENDATIONS FOR THE ELDERLY / WE NEED FUNDAMENTAL

INFORMATION REGARDING THE NUTRITIONAL NEEDS OF THE ELDERLY

IF WE ARE TO PLAN EFFECTIVE NUTRITION PROGRAMS AND USE DIET

AS ONE ELEMENT IN COMBATTING THE SERIOUS HEALTH PROBLEMS OF

SO MANY OLDER AMERICANS.

↳ IN THE FINAL ANALYSIS, ACTION TO ADDRESS THESE PROBLEMS

IS REALLY A BUSINESS DECISION THAT WE HAVE TO MAKE / IF WE

INVEST NOW, THEN WE WILL ENJOY A RETURN IN THE FUTURE. IF WE

FAIL TO INVEST, THEN WE HAVE NO ONE TO BLAME BUT OURSELVES.

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