

NUTRITION AND HUMAN NEEDS

HEARINGS
BEFORE THE
SELECT COMMITTEE ON
NUTRITION AND HUMAN NEEDS
OF THE
UNITED STATES SENATE
NINETIETH CONGRESS
SECOND SESSION
AND
NINETY-FIRST CONGRESS
FIRST SESSION
ON
NUTRITION AND HUMAN NEEDS

PART 13C—NUTRITION AND PRIVATE INDUSTRY

WASHINGTON, D.C., JULY 28 AND 30, 1969

STATEMENT OF MRS. ANNE TURPEAU, MEALS SERVICES PROGRAM, WASHINGTON URBAN LEAGUE

Mrs. TURPEAU. Thank you very much. Our program is an attempt to meet some of the problems about which you have heard this morning. One hundred fifty elderly eat at midday, Monday through Friday, at three sites in the model cities area. One site is in a church, one in a community room of a public housing development, and one in a public recreation center.

Meals are prepared in a local commissary operated by ARA, and are delivered to the sites by truck.

The elderly contribute 25 cents for their meals. These are well-balanced meals providing from one-third to one-half of the daily food requirements.

One of the most interesting aspects of this program is this food delivery service.

What you see before you, Senator, is——

Senator ELLENDER. We are getting fed in captivity.

Mrs. TURPEAU. This is a recently insulated food service which maintains temperatures of both hot and cold foods for several hours. These servers were prepared this morning at 9:15 at the commissary.

Mr. Geiger and I arrived at the building about the same time, and as you can see, they are still piping hot.

This type of service has the advantage of being able to be used in locations which have no proper facilities for food preparation and service.

We are hopeful that during this year and next year that we will be able to refine the process that we are using and to be able to develop the kind of model which can be adapted in other urban areas.

EFFICIENT FOOD OPERATIONS

We believe that the day is close when nonprofit institutional kitchens in various sections of the city will be able to set up efficient food operations where food can be prepared quickly and well on a production basis, placed in these or similar insulated servers, and delivered to satellite centers.

Also, we believe that we are not far from the time when our public agency, such as Health, Recreation, and Welfare, will be adjusting their budgets to include staff positions and similar food service programs for the elderly.

The food service is but one part of our program. Also provided are health services, nutrition and consumer information, social services, recreation and comradeship.

Next week, the District of Columbia Department of Public Health will begin to give each participant a diagnostic physical examination.

Continuing service will be provided either at the closest public health facility which serves the elderly, or by the enrollee's private physician.

A nurse on the staff of our program facilitates this phase of the program.

The Department of Public Recreation, community organization, and individual volunteers assist in developing leisure activities. A staff nutritionist will develop the nutrition and consumer information programs, and will provide individual counseling.

Each center has an aide, a senior citizen, who assists participants in solving personal problems. They visit the elderly in their homes and keep in touch with them on a day to day basis.

One requirement of participation is that the elderly live within easy walking distance of the site.

In general, participants include older citizens who would be assisted by companionship, and have inadequate food preparation—

Senator ELLENDER. Could you tell us the number you serve?

Mrs. TURPEAU. 150. This is another pilot project to which you referred, and which we see a need to be continued.

Senator ELLENDER. You say it is 25 cents?

Mrs. TURPEAU. Yes. We have a grant from the Administration on Aging. We received \$123,000 for a year.

Senator ELLENDER. Where are these meals prepared? Are there kitchens you go to to get this, or are they concentrated in one place?

Mrs. TURPEAU. We are purchasing these from a commercial commissary, ARA, which is located out at the end of Rhode Island Avenue.

When we were developing the proposal for submission to the Administration for the Aging, we had to check throughout the city for institutional kitchens and what the problems are in using these. We believe that we can in time develop the kind of a model which we could use non-profit institutional kitchens and have the food delivered from those sites.

Senator ELLENDER. What is the actual cost of this?

Mrs. TURPEAU. The actual cost is \$2, which is very high. One of the things we hope to do is examine the cost status and give a breakdown so that we can see how these prices could be reduced.

One of the things that I suggested in my written statement is perhaps the use of food stamps as legal tender, where a person who actually uses the stamps to buy in a program of this sort, of prepared meals.

SUPPLEMENTAL FOOD PROGRAM

I would like in just the remaining few minutes to say something about the food supplemental program, if I could.

Our understanding of the goal of the supplemental food program is that it would deliver foods to low-income groups vulnerable to malnutrition. The elderly qualify, but they are not now included in its program. Since there appears to be no legislative bar to the inclusion of the elderly in the supplemental food program, we strongly request that the Select Committee on Nutrition and Human Needs, and the Chief Executive urge and direct the Department of Agriculture to expand its eligibility categories to include the elderly, and that Congress appropriate whatever funds are needed for the administration and expansion of this program.

The CHAIRMAN. What would happen to this program, in your judgment, Mrs. Turpeau, if Federal funds are not continued? Would local

support be forthcoming, or is that the end of the program if we don't establish Federal support?

Mrs. TURPEAU. We certainly hope it will not be the end of the program. This is one of the difficulties of a pilot program. We will begin next week to talk with our public agencies about the kind of adjustments they will be able to make in their budgets, so that we might be able to get staff positions covered on a continuing basis, with contributions, perhaps, from the Welfare Department and so forth, so that it could be continued on some basis.

There is possibly Model Cities money that could be made available. But we would hope that eventually this kind of program would be substantially publicly financed.

Senator ELLENDER. How are the recipients selected, at random?

Mrs. TURPEAU. Not exactly. The area in which the centers are located are in poverty areas. Many of the community workers, the senior citizens who are organizing clubs use Outreach workers. The social service agencies serving those communities also refer persons to us.

Senator ELLENDER. How many persons do you have administering this program?

Mrs. TURPEAU. On the staff, there are seven staff positions.

Senator ELLENDER. Is the amount paid to the staff included in the cost of this meal?

Mrs. TURPEAU. No; it is not.

Senator ELLENDER. That is what you pay the——

Mrs. TURPEAU. That is what is paid for the food, and the contribution is deducted from that total cost.

(The prepared statement of Mrs. Turpeau follows:)

PREPARED STATEMENT OF MRS. ANNE B. TURPEAU, ASSOCIATE DIRECTOR,
WASHINGTON URBAN LEAGUE

Mr. Chairman, we thank you for the opportunity to speak before this Committee. I am Mrs. Anne Turpeau, Associate Director of the Washington Urban League, which is a private, non-profit organization which has served the Washington community as a social service and civil rights agency for a number of years. It is an affiliate of the National Urban League.

We would like to begin by listing a number of recommendations which are developed in this statement. We believe that they can begin to be implemented within the year, through legislative changes, increased appropriations and administrative action. The recommendations are as follows:

1. Establish more neighborhood health and medical facilities which serve the elderly.

2. Allocate more funds to appropriate agencies for the establishment of prepared food service programs in neighborhood settings.

3. Assure that reform in national welfare programs provides increases in benefits to the elderly, increases which are related to rising costs of housing, food, transportation and health care.

4. Change the cost ratio of the food stamp program to provide a higher return in stamps for each dollar spent by those in the lowest income brackets.

5. Allocate additional resources to Community Action Programs which provide outreach services and organizational activities.

6. Authorize the use of food stamps as legal tender in nutrition programs which are sponsored by non-profit organizations.

7. Expand the Supplemental Food Program to include the elderly.

8. Allocate adequate funds for local agencies to administer the Supplemental Food Program.

9. Allow the elderly to use a self-certification method to obtain Supplemental Foods and Food Stamps.

10. Simplify accounting and record-keeping procedures now required by the U.S. Department of Agriculture to be maintained by local sponsoring and participating agencies in the various food assistance programs.

Mr. Chairman, since 1965 the Washington Urban League has administered an anti-poverty center program which geographically is the closest one to the Congress of the United States. The boundaries of the neighborhood development center area begin a few blocks away from the Capitol at Massachusetts Avenue and cover a large portion of the center of the city on both sides of North Capitol Street. It was through the experiences gained by organizing and providing services for the people of this area that we learned first hand of the living problems of the elderly and how these problems are so closely related to nutrition. Out of these experiences, we have developed a comprehensive program to serve 150 elderly in the Model Cities neighborhood, a program called Senior Neighbors and Companions Clubs. We have received a demonstration grant of \$123,000 from the Administration on Aging; and in a 12 month period, we will test out a new food delivery system; gather cost data; and seek to improve and maintain the health and well-being of participants through a concerting of services and programs of public and private agencies. Before we describe the operation of our program, we would like to tell some of our findings which provided the rationale for our undertaking a project of this nature.

ISOLATION AS A FACTOR

We are sure that it comes as no news to this Committee that there is a large and growing elderly population in Washington. In some census tracts, we have discovered that elderly are approximately 20 percent of the total population. What may be little known is that approximately 20 percent of the elderly in some census tracts have no source of income. Most of these, of course, are living with relatives or friends and are totally dependent upon them. In one of the urban renewal areas which falls within our neighborhood center boundaries, we have witnessed the human tragedies of elderly relatives forced to be separated from the families who cared for them because housing regulations decreed that the single elderly person was one family unit and not entitled to be accommodated with another family. Others, of course, are alone because of the death of a spouse, because they are the last remaining family members, or because they prefer to live apart from their families. Available information seems to point to the fact that a third of the elderly in poverty neighborhoods are living alone. We have no similar information for more affluent elderly.

This isolation is a factor closely linked with nutrition of the elderly. We have known for years that many elderly living alone often fall into a state of depression and lose all interest in eating and in preparing food. Public health nutritionists and medical staff can recount many instances of older clients who have come into the clinics in a very emaciated condition. They simply had stopped eating. Community workers, especially those in antipoverty programs, are able to tell of trying for weeks and months to gain entrance to an elderly person's dwelling unit and then discovering how close to death he was. We remember the dismay of one of our neighborhood workers at discovering two old ladies whose only food for a whole week had been half-a cake that a neighbor had brought by. Another worker discovered an 80 year old man living alone in what appeared to be an abandoned apartment building in an area being cleared to construct a new school. Everybody in the building had been relocated except him. His only cooking facilities were a hot plate, and the only food he got was when a neighbor remembered to bring him groceries to cook.

The development of neighborhood social and leisure activities for the elderly, participation in organized activities, visits by neighbors all contribute to the feeling of general well being of the elderly. This feeling is reflected in their eating habits, and, therefore, to the maintenance of their health.

ACCESSIBILITY OF HEALTH RESOURCES AS A FACTOR

The area in which the neighborhood center was located contained in 1965 not one public facility in which the elderly could receive diagnostic treatment or continuing health service. There is today one facility within the area—a small clinic staffed by the U.S. Public Health service personnel using space in a building scheduled for urban renewal demolition in approximately a year. The area to which we refer is nine blocks wide and at its largest point, 30 blocks long. Thirty thousand people live in the area, approximately 12 to 15 percent of whom are elderly.

Accessibility of health and medical services and facilities is closely linked with the nutrition of the elderly. Older people need continuing and routine health care in convenient neighborhood settings. Experiences with older patients being cared for in the public health facilities in the District of Columbia appear to demonstrate the fairly widespread failure of the elderly to seek health care except on an emergency basis. There are several contributing factors. One is transportation. Distances are often too far to travel. Until very recently almost all oldsters seeking continuing health care in a public facility relied on services at the D.C. General Hospital. For those in the inner, northwest-northeast area, this was three bus transfers away. In addition, the bus fares were an expense item which often could not be borne on a continuing basis. There is also the very real problem of fear—fear of venturing into an unfamiliar neighborhood where the oldster was not known. Another factor is the lack of sustained outreach programs which would bring the elderly into existing health and medical programs.

THE ECONOMIC FACTOR

Their low economic level is a third factor which accounts for poor nutrition among many elderly. We have already pointed out that about 20 percent of the elderly in poverty neighborhoods are without any source of income. Add to this 20 percent an additional 24 percent who have incomes under \$1,000. Said another way, 44 percent of the elderly in poverty neighborhoods are trying to survive in one of the nation's highest cost of living cities on less than \$85.00 per month, which is about \$20. a week.

Let me use several examples to dramatize what it means to live on less than \$20 a week, or below minimum subsistence levels in an urban area.

Mrs. H is 75 year old. She received \$51. a month for Social Security. She refuses to apply for old age assistance supplemental benefits because she has been told she must surrender her Insurance policy. She pays \$32.50 for a room in an apartment and shares one half the cost of gas and electricity. What money is left over she uses to buy food. Her other needs, including supplemental food, are met by the person with whom she rooms. She is entitled to participate in the food stamp program.

Mr. C—, age 59, lives in a rooming house with 5 to 6 other tenants, all of whom cook in a shared kitchen. He gets \$79.90 as disability pay from Social Security. His room costs him \$50.90 a month. He has been referred to the Food Stamp program.

Mrs. W— lives in a public housing unit for the elderly and pays \$50 for rent. Her Social Security check is \$52.00. Out of the remaining \$2, she spends 25 cents to buy a money order to send in her rental payment. Her daughter gives her a contribution so that she can receive \$18.00 worth of food stamps. She has been assisted to apply for supplemental income from the Department of Welfare.

Mr. and Mrs. H— also live in a housing unit for the elderly. He is 68 and she is 67. Both receive Social Security payments totalling \$96.60. Their rent is \$55. They are entitled to receive food stamps as well as supplemental income from the Department of Welfare.

Mrs. S— lives in a house alone. She is 61 years old and receives \$98 in public assistance. Her rent is \$59.50 a month, and she also pays gas, light and water bills. She came into our office to inquire about the food stamp program.

These are not unusual cases, nor are they extreme examples of the conditions under which many of our elderly live.

It is of concern to agencies involved with programs and services to the aged that the Family Assistance Program which the President has outlined contains no specifics about assistance and benefits to the elderly. It will be tragic if the elderly are to be maintained at the present level. We recognize what this will mean to the elderly in the District of Columbia as they try to stretch meager dollars to meet their major budget items—housing, transportation, food, and health. For some time the public housing authority has proposed to do away with its sliding scale based on income and to use flat or fixed rentals in all units. It has recommended rental costs of \$50 for units for the elderly. For many elderly living on minimum benefits, this will constitute more than a 25 per cent increase. For some it will mean an extra \$20 expenditure. What happens to the 75 year old widow of a veteran—who now pays \$30 a month rent and whose annual pension plus interest of her savings total \$798. Bus fares and taxicab fares were increased in the District during the past twelve months and the regulatory commission is now considering still another bus fare increase. Transportation can be a major budget item for the elderly who often have to travel by public veh^{ic}

to go to the grocery store, to public health clinics, to their physicians, downtown to public utility companies to pay their bills, and to church. Then, of course, there are the food costs. The Bureau of Labor Statistics announced in July that during the past 12 months, food costs in the District had increased 6.8 per cent. The Department of Welfare's food budget allowance is \$25 a month for one adult eating in. The U.S. Department of Agriculture's low cost plan estimates \$28 to \$35 for a single elderly adult. Whatever figure is arrived at, it is continually being diminished by the soaring food prices.

Average old age assistance benefit in the District is around \$90 a month. If the benefits remain the same or nearly the same, what will become of the elderly in a housing market in which even public housing is becoming more costly, in which food costs, transportation and health costs are rising by the month? The sad truth is that the elderly will economize by eating less. It is the only major budget item that they can manipulate. If, for instance, a person allows himself \$8 a week for food, and his rent is increased from \$42 to \$50, he must reduce his food consumption by one fourth. If old age benefits are not increased, the numbers now enrolled on the food stamp program will be reduced because they will no longer be able to afford to purchase the stamps. What all this adds up to is that the incidence of malnutrition and hunger will continue to rise among the elderly and that there will be an increase in disease.

SENIOR NEIGHBORS AND COMPANIONS CLUBS

On August Fourth of this year, the Washington Urban League began the operation of the Senior Neighbors and Companions Clubs. This program is an attempt to meet some of the problems with which we have just dealt. One hundred and fifty elderly people meet at mid-day, Monday through Friday, at three sites in the Model Cities area. One site is in a church, one in the community room of a public housing development, and one in a public recreation center. Meals prepared at a local commissary are delivered to the sites by trucks. The elderly contribute 25 cents daily for their meals. These are well-balanced meals, providing from one third to one half of the daily food requirements. Copies of the menus and a nutritional analysis are appended to this statement.

Food services is but one part of the program. Also provided are health services, nutrition and consumer information, social services, recreation and comradeship. Next week, the Department of Public Health will begin to give each participant a diagnostic physical examination. Continuing service will be provided either at the closest public health facility which serves the elderly or by the enrollees' private physicians. A nurse on the staff facilitates this phase of the program. The Department of Public Recreation, community organizations and individual volunteers assist in developing leisure activities. A staff nutritionist will develop the nutrition and consumer information programs, and will provide individual counseling to the participants. Each center has an aide—a senior citizen—who assists the participants in solving personal problems. They visit the elderly in their homes and keep in touch with them on a day-to-day basis. One of the requirements for participation is that the elderly live within easy walking distance of the sites. In general, participants include any older citizen who would be assisted through companionship activities, who has inadequate food preparation facilities, who lives alone or usually eats alone, whose health problems are not being met, or who has consumer and money problems with which help is needed.

One of the most interesting aspects of the Senior Neighbors Program is the food delivery system. We are using a recently developed insulated food server which maintains temperatures of both hot and cold foods for several hours. It is similar to the compartment trays now used by the airlines. These servers, stacked one on top of another, are delivered in a large plastic bag secured by a wrap-around strap. All refuse is left in the trays; the trays are collected, stacked in their plastic bags, and returned to commissary. This type of service has the advantage of being able to be used in locations which have no proper facilities for food preparation or service. At the conclusion of this statement, we would like to demonstrate this service. We are hopeful that during this year and the next that we will be able to refine the process and to be able to develop the kind of model which can be adapted in other urban areas. We believe the day is close when non-profit institutional kitchens in various sections of a city will be able to set up efficient food preparation operations where food can be prepared quickly and well on a production basis, placed in these or similar insulated servers, and delivered to several satellite sites. Also, we believe we are not far from the time when our public agencies—health, recreation, welfare—

will be adjusting their budgets to include staff positions and contributions to similar food service programs for the elderly.

OTHER FOOD ASSISTANCE PROGRAM

The best available information now seems to indicate that only about ten per cent of the aged poor who are not on welfare in the District and who are eligible to receive food stamps are participating in the food stamp program. Slightly over one-third of those receiving old age assistance are enrolled in the program. Several explanations are given for this limited participation. Many elderly are sensitive to being labeled "poor" and consider it a stigma to receive benefits through a welfare department program. It is inconvenient and unnecessary for persons on fixed incomes to have to recertify every six months about their income. There are not enough outreach programs. Public information often is inappropriate and insufficient. One important bar to participation is the poor cost relationship between the amount spent and the bonus received. The elderly at the lowest income levels must spend more to gain a bonus than the more affluent. Another important bar to participation is the proportionately sizeable outlay which is required to purchase the stamps. Many prefer to hold on to the cash as a hedge against emergencies or unexpected, extra charges. For the difficulties and humiliations encountered, many elderly prefer not to be bothered. We believe that we should try to erase these difficulties and that for however long the food stamp program shall be continued that we should make the necessary legislative or administrative modifications for maximum effectiveness.

Our understanding of the goal of the Supplemental Food Program is that it would deliver foods to low income groups vulnerable to malnutrition. The elderly qualify, yet they are not now included in this program. Only pre-school children and pregnant and lactating women are now being served. Since there appears to be no legislative bar to the inclusion of the elderly in the Supplemental Food Program, we strongly request that this Select Committee on Nutrition and Human Needs and the Chief Executive urge and direct the Department of Agriculture to expand its eligibility categories to include the elderly and that the Congress appropriate whatever funds are necessary to meet this expansion.

The supplemental food package now being distributed to children and mothers in the District of Columbia is generally appropriate for the elderly also. We are advised by the Department of Public Health that some changes could be made on the advice of nutritionists which would improve the package. Sizes of containers and packages can be a problem for the elderly. While a 32 ounce can of meat is fine for a family of four or more, it is too much for a single woman living alone, or a couple without adequate refrigeration. We also are advised that instant milk is much more acceptable for cooking and drinking than the spray-process dry milk now contained in the package.

New methods of distribution should be considered if the operation of the District's Supplemental Food Program were expanded to include the elderly. One of the greatest weaknesses of the District's present program is that only persons attending health clinics can participate. This bars persons, otherwise eligible, who are being cared for in private hospitals and by private physicians. If the elderly are included, then certainly we will want to make sure that any health or medical officer, no matter what his setting, is able to prescribe supplemental foods for an elderly person. To carry this one step further, we do not think that it would violate the spirit or the intention of the present legislation if we permitted the elderly to certify themselves by making a simple declaration that they needed extra food. Also for the elderly, we will want to make sure that prescriptions for food package can be honored at convenient distribution points—at all health centers, at grocery stores, drug stores, and in public housing developments.

To achieve these modifications will require at least two major changes. First, the detailed accounting system now instituted and required to be used by the Department of Agriculture will have to be simplified so that no undue burden will fall on retail stores and private and public institutions which might be willing to serve as distribution points. Second, adequate funds must be available to cover administrative costs of the Supplemental Food Program. We understand that before the Congress now is a supplemental appropriation request from the District to return funds to the budget of the Department of Public Health. Money and resources were shifted from ongoing programs to provide administrative costs for the limited number of distribution points now set up, the warehouses

and the staff needed. Expansion of the program to the elderly would require new monies for administrative costs.

If we are able to build in greater flexibility in some of our existing food programs, we would create opportunities for linking some of the food programs together to provide for more coverage and participation. For instance, we see no real reason that food stamps could not be used as legal tender in programs such as the Senior Neighbors and Companions Program. The elderly could use their food stamps to pay partially for the prepared meal. This would not only increase the purchasing power of the elderly, but it would provide another equally significant benefit. It would help furnish a solution to the difficult problem of how to provide a permanent subsidy for the continuation of non-profit feeding programs. Looking at another type of food assistance program—food commodities—we believe that with significant simplification of accounting procedures and record keeping, the food commodities programs would be used more widely by non-profit institutions serving the elderly.

The existing food assistance programs which serve the elderly, including the prepared meals program, have an advantage which often is overlooked; that is, the potential for keeping aged people functioning in their own homes for as long as possible. We do not now begin to meet the need for nursing home facilities. Our hospitals are holding elderly patients who could be released if there were some provisions made for feeding them at home. Our homemaker service programs can care for only a fraction of the elderly who need support services. We believe that the interests of our country and the elderly would be better served if we expanded the nutrition programs which can be delivered at home or in the neighborhood settings.

HON. GEORGE MCGOVERN,
Senate of the United States,
Washington, D.C.

DEAR SIR: We appreciate very much the opportunity you gave us to testify before the Select Committee on Nutrition and Human Needs. We are hopeful that your hearing will focus the attention of the nation on the many nutritional problems of the elderly and the poor conditions under which so many of them live.

We are not sure whether we made it clear in our testimony about the Senior Neighbors and Companions Clubs Program that the \$2.00 cost per meal included all costs of food preparation, raw foods, delivery and the disposable service items. When all of the cost factors are included, we believe that there is not a sharp difference between those costs and the cost incurred in establishing a kitchen, depreciation costs, etc. The collection of the cost data should provide an opportunity for closer comparison.

We would be pleased to have you or members of your staff visit one of the three locations where the project is in operation.

Sincerely yours,

(Mrs.) ANNE B. TURPEAU,
Associate Director.

The CHAIRMAN. Thank you very much, Mrs. Turpeau.