A REPORT OF THE SOCIAL LIFE SUBGROUP

TO

THE COMMISSION ON MAINE'S FUTURE

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# INTRODUCTION

Maine is a state of sharp contrasts in terms of its people. On the one hand there is great affluence and on the other abject poverty. On the one hand stately mansions and broad estates and on the other, tar paper shacks. Life styles are equally diverse and range from subsistence homesteading to ocean yacht racing.

But regardless of economic circumstances, Maine people on the whole are not daunted by these contrasts and, for the most part, hold moral and ethical standards at a high level. Business can still be done in Maine on a hand shake. Everywhere can be found examples of great ingenuity, integrity and self-determination. Independence of the individual is highly prized and there would appear to be unusual tolerance of other's preferences, idiosyncracies, beliefs and actions.

In this report we are concerned deeply with the problems of all Maine people, but in particular with those of the less fortunate who historically have had to "cope".

In Maine, what does it mean, "to cope"?

Among other things, it means:

- raising a family in a tar paper shack through a long, cold Maine winter.
- living with inadequate parental support.
- making a living when you have only a high school education or less.
- living in a community which doesn't have a doctor or any medical facilities whatever.
- being 65 or over, living on a limited income, and being lonely.
- being 18 or younger and living in a community which has no recreational programs or facilities.
- living a lifetime without easy access to important elements of our historical and cultural heritage.

Can this be Maine:

Unfortunately the answer all too often must be yes.

Maine's people are widely dispersed over its 30,000 square miles of land. Population density for the total State is only 34 persons to a square mile compared with the national average of 50. 70% of Maine's population in 1970, however, was concentrated in a corridor bounded 15 miles on each side of the Maine Turnpike/Rte. 295 running from Kittery to Houlton. Population density in that 7,500 square mile corridor in 1970 was 103 persons per square mile, indicating how sparsely settled other parts of the State were.

Maine's municipalities are small. In 1970 there were 495 towns and cities and of these only 16 had populations of 10,000 or more. Conversely, 458 had 5,000 population or less and in these communities live 46% of Maine's population.

Thus it is not surprising that services to deal with the myriad human problems and needs of those less fortunate historically have had to be provided essentially by State government, regional organizations, or not at all.

This population dispersion and paucity of local services are problems better recognized and more dramatically accentuated as major problems when it is realized that Maine's per capita income historically has been significantly lower than the regional or national levels. In 1975, for example, over one-third of Maine's households had after tax incomes of less than $8,000 in a period of a seemingly ever-inflating cost of living.

But when we discussed what is meant by coping, we cited several factors which would seem to embrace the present social problems of Maine:

Housing

Support of the Elderly

Education

Health

Human Services

Recreation

The Family and Its Importance Within Our Society

Cultural Life

So let's look at each of these areas in greater depth.

# HOUSING

Unlike most other consumer products, housing is a social commodity - and as such, we are concerned with housing in Maine and its relationship to social conditions.

A place to live is accepted as a necessity of life and a right to which all Maine people shoud be entitled. Over the past three decades, increasing personal income and low-interest government insured loans have encouraged home ownership, and the number of owner-occupied homes has increased significantly. In 1970, about 62.5% of all housing units in Maine were owner occupied. This is comparable to owner occupancy nationwide, which was 62.9% in 1970. During this period, consumer expectations have increased to include a variety of appliances, conveniences, and a garage as basic housing components.

Housing is no longer just shelter. It has become a symbol of lifestyle. Housing provides a microenvironment over which the owner-occupant has control - a place to live as one wishes with a minimum of constraints from the outside. As personal income has increased, mobility and home ownership have become important means of self-expression for many Maine people.

Over the past 30 years, almost universal automobile ownership, cheap energy, and extensive highway construction have significantly reduced the time and relative costs of travel, thus opening a wider range of places to live with convenient access to employment. As a result, the dispersal of housing has accelerated, taking advantage of slightly lower cost housing and services in the more rural areas. Low interest housing loans and highway policies have been the major contributors to the spread of housing across the country side over the past three decades. While this has been a national phenomenon, additional incentives have affected the dispersal in Maine. These include:

- Amenity areas, such as lakes, trees, coast, and hills that provide a scenic outdoor environment within commuting access of areas of employment;

- Low cost land, encouraging residential uses to outbid woodland and agricultural uses for the land; and
- Relatively lower housing costs in the small towns and rural areas within commuting distance to jobs.

FUTURE HOUSING COSTS

Housing costs are escalating rapidly beyond the means of many prospective homeowners. At the same time, demands for housing are just reaching new highs, as people born during the peak birth years of the 1950's are seeking housing. The result may be a demand that exceeds supply, with those at the low end of the income scale being most severely affected. The need for housing is occuring at the same time that housing costs are escalating at rates greater than increases in Maine people's consumer buying power. These cost increases are principally the result of escalating capital, land, and construction costs, combined with higher consumer expectations. At present housing cost levels, more than 60% of Maine families cannot afford to purchase new single-family housing. Accordingly, relatively few families in Maine will likely find new housing (whether to buy or to rent) that meets expectations and carries an affordable price tag. A recent report by the Joint Center for Urban Studies of M.I.T. and Harvard entitled "The Nations' Housing, 1975 to 1985" revealed some startling facts concerning the cost of new housing. If new home prices continue to rise at their 1970 - 76 rate, typical new housing will be selling for $78,000 in five years, and only the most affluent will be able to afford them. The report noted that the median sales price of new housing rose from $23,400 in 1970 to $44,200 in 1976, an increase of 89%. In 1970, 46 percent of American Families could afford the median priced new house, but by 1976 only 27% could afford the same standard. Another measure of housing expense, the monthly cost of ownership (utilities, taxes, insurance, and maintenance) increased more rapidly than the

sales price. These costs rose by 102% between 1970 and 1976. These increases bear most heavily on the elderly who are living in their own homes on fixed incomes. Housing problems which used to be faced only by the poor are now affecting average income families. For example, last year 3 out of 5 homes in the U. S. were purchased by families with incomes in excess of $20,000. Thus, it can be easily concluded that the poorer third of the population has been priced out of the market. In 1965 - 66, the poorer third of the population purchased 17 percent of the new houses. Today, only four percent are sold to these families. These statistics have ominous implications for the more than 60 percent of Maine families who cannot afford to purchase single family housing, as this trend is likely to continue in the future, causing extreme hardships for Maine's poor and elderly. A glance at the following chart further illustrates the decreasing purchasing power of the average U. S. New home buyer. Indications are that the Maine buyer will be facing ever greater difficulty in securing new housing in the future.

One further element relating to escalating housing costs in Maine is the very rapid increase in the cost of land. Land prices, particularly in the rural areas, are increasing at very rapid rates. This is caused by several factors:

- The migration from urban to rural areas, causing increased demand and consequent rises in price.
- The Farmers Home Administration, which financed two-thirds of all mortgages last year, has stressed a policy of rural home purchases and construction.
- Inflationary pressures.
- Population increases
- Increasing requirements and standards as a result of government regulation.

There have been few periods in history when land prices have dropped. So, there is little reason to believe that prices will not continue to rise in the future. This is significant, since rural homes with lower land prices have traditionally been less expensive, thereby making them more affordable to the less affluent. Also, as land and housing costs rise in rural areas, rents will do likewise.

All of this poses a dim picture for the middle income, the poor, and the elderly in Maine, as we attempt to anticipate their housing needs in the future.

But all is not hopeless for Maine people. According to the 1970 census, Maine had 339,440 year-round housing units. Of these, approximately 57,000 units, or 17 percent of the total housing stock lacked plumbing or were over crowded. Although no data exists on other deficiencies, it is safe to assume that a considerably larger portion was in need of wiring, essential repairs, structural work or other rehabilitation to prevent deterioration and ultimate dilapidation or loss of the housing unit.

The loss of an existing housing unit is the cost of a new replacement, and as we noted above, such costs have become beyond the reach of about 60% of Maine people. Thus, we must

make a major effort to preserve, protect, enhance, and make adaptive use of our existing structures. Particular emphasis should be placed on rehabilitative programs and services for the low-income and elderly. Often they have the greatest need for repairs, while being unable to afford the most basic of repairs to keep their houses safe, warm, dry and sanitary. It is in this area that we believe the highest priority for housing services should be placed.

## PROJECTIONS OF HOUSING DEMAND

The basic unit of demand for housing is of course, the household. A decline in the rate of population growth, in the rate of new household formation and in household size would become an important underlying factor in determining the future type and relative importance of housing in Maine. Since 1970, Maine has been experiencing a dramatic shift in population change. Whereas, during the 1940 - 1960's period, Maine was experiencing net-outmigration, since 1970 Maine has become the second fastest growing State, (second only to New Hampshire in the area north of Virginia and east of Colorado).

Where is this growth coming from? Maine's growth has not only come from natural increases (the number of births over deaths) as was the case in other years when there was a net out-migration of people from the State. This growth (about 80,000 persons) has been about evenly divided between natural increase and the net in-migration.

Not only is Maine growing, but there have been very significant changes in the age distribution of the population. While the population has been growing, we have experienced a lower than replacement level birth rate which resulted in 9,000 fewer pre-school children than in 1970. In 1970 there were already 23,000 fewer pre-school children than in 1960. Thus, should birth rates remain low there may be a significant decrease in housing demand by the 1990's as a result of the decline in births over the last 10-15 years, causing a decrease in the 18-44 age group.

The most significant change in Maine's population has taken place in the labor force age group, those of us from 18-64 years. The younger segment of this group (18-44) has increased by 60,000, while the older group (45-64) has increased by 15,000. In addition the number of persons over 65 has continued to grow, (by 14,000 since 1970.)

What does all this mean with respect to Maine's housing needs? The large numbers of persons born in the 1950's are now entering the housing market, and barring severe economic decline, housing demand should remain at a fairly high level into the late 1980's. No doubt there will be periodic disruptions in housing production due to short-term credit "crunches" and government housing policies. As indicated above, there may be a significant decrease in housing demand by 1990 due to the decline in births over the last few years. In addition, the rate of net household formations in the early 1990's may drop drastically, should the birth rates remain low.

Recent projections issued by the State Planning Office indicate that by 1990 Maine will have 20,000 more elderly households than it had in 1970. These projections also indicate that the elderly households will comprise a greater percentage of all households in the State (13.4 percent of all households.) Thus, if these figures are accurate, there will no doubt be an increased demand for small housing units and apartments for the elderly.

Types of housing units demanded are likely to change dramatically over the next 30 years, if historic relationships to types of housing units occupied with respect to the age of household head should continue. These changes will be caused by unprecendented changes in the age distribution of the population which have been pointed out above.

A large demand for multi-family units and mobile homes is likely to continue into the early 1980's due to the continued increase in households under age 30. However, the number of households under 25 will greatly decline in the late 1980's, causing a reduced demand for apart-

ments and mobile homes. By the late 1970's and 1980's a great increase in demand for single family structures should occur, as the number of households in the 30-44 age group will increase rapidly. As these households approach middle age, they are likely to seek to improve the quality of their housing, and are more likely to demand second homes in the late 1980's and early 1990's.

What about the significant in-migration which we have noted? What are their characteristics and what demands will they place on the housing market in Maine? Why are they coming to Maine and where are they settling? In the early 1970's, much to the amazement of most population experts, the rural to urban flow of migration underwent a reversal. Now the net flow nation-wide is from urban areas to rural areas. This reversal in migration would appear to be related to at least three situations.

- The 1970's have been characterized by a relatively high overall level of economic affluence as compared to former periods.
- The continuing disintegration of the major metropolitan areas, including suburbs, as congenial places in which to live and to raise families.
- a re-awakened interest in the environment which tends to be coupled with an attraction to small town and rural life.

Maine naturally has become a target of this migration stream. Somewhere in the neighborhood of 36,000 persons per year are migrating to Maine, and we are simultaneously experiencing a natural increase of between 5,000 and 6,000, making our annual rate of population growth approximately 1.2 percent. The increase of Maine's population by only 10,000 to 11,000 per year rather than by 40,000 (in-migration + natural increase) is, of course, dur to an out-migration of approximately 30,000 persons per year.

In a recent survey of these new migrants, several factors relating to their move to Maine were discerned. The present wave of in-migration is not primarily for economic advancement.

In fact, about 45% of the heads of household report that their income was presently lower than it was prior to the move to Maine.

The average size of the in-migration is small, approximately 3 persons per family. They are young. Approximately half of the heads of household were under 35 years of age. They are well educated. Over two-fifths had completed college, and 66% had at least one year of college. They are in occupations which are well compensated and to which a relatively high social status is accorded. More than half (54%) reported being in professional and managerial positions.

The great majority of this group moved to Maine voluntarily. They see in Maine whatever it is they value in a place to live, and for many, to raise their families. Although there is a wide distribution of the in-migrants throughout the state, they show a remarkable preference for rural towns. For example almost half reported living in towns of less than 5,000 population, while only 9% settled in communities of 25,000 and over.

What type of housing do these migrants secure? Naturally, with a relatively high level of education, and income, they are not subject to difficulties in securing adequate housing in the Maine market. However, there are some implications which can be drawn from the characteristics of this group and their probable impact on the Maine housing market.

We can presume that the present level of in-migration (10,000 - 11,000 per year) is not likely to decline in the near future. Thus, approximately 3,000 - 4,000 housing units will be required each year to meet the needs of these new residents to the State. The income and education levels of these new residents allow them to be very competive in securing available housing, since they are less likely to require low-interest or subsidized loans, and their predominantly professional job status will enable them to secure available capital.

In addition, their stated preference for rural areas will cause a demand for rual housing which tends to be less expensive. Thus, some homes which might otherwise be available to lower income families will likely be sold to or occupied by the more affluent group. Over one-half of

the in-migrant group are living in homes they are buying or which they own. Thus, they will continue to exert pressure on rural housing. Greater competition for and increasing prices of housing will likely mean that the present passing down or "filtering down" of older homes to lower income groups will slow or stop entirely. As the cost of new housing escalates, the purchase and renovation or repair of existing housing will become a more attractive alternative. This phenomena could exacerbate housing problems for the poor and the near-poor, as very little low-cost decent housing will be available to Maine's poor.

## MAINE'S PEOPLE'S HOUSING PREFERENCES AND HOUSING PROBLEMS

In the summer of 1976, the Social Science Research Institute, a research facility at the University of Maine in Orono, conducted a survey of 1,200 Maine citizens to determine what they perceived to be their particular housing problems. This survey included all income groups with special emphasis on the low-income family. Of the 1,200 interviews conducted, 200 were in low-income neighborhoods.

The survey was sponsored by the Maine Human Service Council and the Bureau of Resource Development of the Department of Human Services. The survey was unique in that it focused on what the individual perceived his or her housing problem to be. Other studies and government publications, such as the Census of Housing, concentrate on the physical condition of the housing, and not on the individual's perceptions of their housing problems. In addition, this is the first time such a survey was conducted among Maine people. It is significant to note how Maine people responded, as it may give us an indication as to where our emphasis should be placed in the future in the development of any State housing policies.

Of those surveyed, 32% were low income ($0 - 7,000 per year), 48% were middle income ($7,000 - 15,000), and 19% were high income ($15,00 and over). A very high proportion were

homeowners (70%), approximately 8% were living in mobile homes, and about 23 percent were renting.

The survey indicated some rather distinct housing preferences. Approximately 86% of all individuals surveyed preferred to live in a single family home. However, there wer e some differences between low-income and middle income group preferences. A higher percentage of the middle income group (90%) preferred single family housing, while a smaller percentage of the low income group desired this type of housing (77%). There was an overwhelming preference among all groups for living in small towns or rural areas. The survey also showed that Maine people prefer private housing to government housing, by more than an 8 to 1 ratio. Thus, this survey would indicate that Maine people would rather live in a single-family home, not in public housing, and in a rural area. This is typical of national housing preferences and perhaps accounts for a high proportion of home ownership. Even among low-income households 55 percent own their own home.

How Maine People Perceive the Housing Situation

Almost one-half of the group surveyed believe the housing situation in Maine is either serious or very serious. Those persons who were living in rental housing were more likely to perceive the situation as serious. This might be due to several factors. Most rental housing is located in the urban area, in older buildings, and is more apt to be outdated and in need of repair. In addition, several Maine communities have a "tight" rental market with a low vacancy rate, making it more difficult for the renter to sevure satisfactory housing. According to the 1976 "Indicators of housing in Maine", published by the Cooperative Extension Service of the University of Maine, new construction in multi-family units (2 or more units per building) constituted less than one-third of the new construction since 1970.

Low income respondents perceived the major reasons for Maine's "very serious" housing situation as being due to four factors:

1) a shortage of housing

2) high costs

3) poor quality and

4) deterioration of housing units

Many of the low income people are residing in sub-standard units. The report indicated that 45,000 households lacked one or more basic living facilities (complete kitchens, flush, hot and cold water, central heat, cellar, bathrooms). In addition almost 40% of the homes have one or more serious maintenance problems (roof, dry rot, cracked foundations, defective heating systems, sagging, etc.)

Eighty-four percent of these households were occupied by low-income residents. The overwhelming majority of these low-income households stated that they do not repair their homes, because they can't afford to do so. They also stated in most cases that these problems had been of long duration (4 or more years).

Older housing tends to be somewhat less expensive. Thus, it is not surprising that low income people in Maine are more likely to live in housing which is 25 to 150 years older than that of higher income groups. Being older, this housing is much more difficult to maintain and less energy efficient, making the operating costs (utilities, repairs) much higher for lower income persons.

As might be expected, the survey indicated that the low income people are less satisfied with their housing situation than other income groups. The most frequently cited reasons were:

1) it's too expensive

2) it's too crowded

3) dissatisfaction with the housing unit

4) deterioration of the neighborhood

In addition 19,012 low income households believe that their basic housing needs are not being met. This is twice the relative percentages of the higher income groups. Nearly 60% of the low income household pay more than one-quarter of their income for housing, and slightly over 10% pay in excess of 50% of their income for housing. It is clear from this data that housing costs, and housing conditions are a much greater problem for Maine's poor than for the middle or higher income levels.

Despite the fact that many poorer people have serious housing problems, relatively few seem to know where to turn for assistance. The survey showed that nearly 60 percent had never heard of various Community Action Agency housing repair programs for the low income. According to the survey finding, low income people were least likely to have contacted a housing agency than any other group.

Conclusions

There are several major conclusions that can be drawn from this survey:

1) Many low-income people do in fact own their own homes

2) These homes are in serious need of repair

3) The condition has existed for a substantial period of time

4) Low - income people do not have the income necessary to do essential repairs to their homes.

5) Housing problems are far more serious for the poor

6) New housing is beyond the reach of Maine's poor

There are relatively few federal programs aimed at addressing the rehabilitation needs of housing occupied by the lower income groups. The level of funding allocated to these programs is also insufficient to meet the need. Approximately $217,721,000 is allocated in public funds to meeting

housing needs annually in Maine. Only about $7.7million, or 3.5% of the total is allocated to those programs which might assist the lower income households in Maine (those under $10,000). The following is a list of the programs which are available to Maine's lower income residents to assist them in making essential repairs:

- A small number of one-year Community Development Block Grants
- Title XX Program administered through the Bureau of Human Services
- A Weatherization Program administered through the Community Services Administration
- A Rehabilitation Program (FmHA 502 and FmHA 504) administered through the Farmers Home Administration.

As previously stated, the loss through deterioration of an existing housing unit means an eventual replacement with a new unit, and new housing costs are far beyond the reach of 60 percent of the Maine population. Thus, it is imperative that a heavy emphasis be placed on meeting the needs of Maine's poor through a comprehensive and well-funded rehabilitation program for existing homes, particularly those occupied by the poor. At the present time, no state money is being committed by the Legislature to solve these problems.

## FEDERAL ROLE IN HOUSING

The federal government intervenes in the housing market in many different ways; through tax policies, regulation of mortgage financing, mortgage insurance, subsidy payments, welfare assistance, credit policy, labor policy, equal housing opportunity policy, environmental policy and in many other ways.

Some of these interventions assist consumers in acquiring housing; others assist lenders and builders in providing it; and still others alter or influence the conditions in which the housing market operates. In short, the federal government directly and indirectly exercises a major influence on the production and consumption of housing.

This phenomenon is particularly remarkable when one considers that for over a century and a half, from agrarian times through emergence into an industrialized and increasingly urbanized society, the federal government left the problem of housing up to the individual and the private market. This attitude changed in the mid 1930's, primarily as a result of the Depression. From that point on, hardly a year has gone by that Congress has not passed some new form of housing legislation. The future importance of the federal role in housing cannot be underestimated, as most of the money for housing programs has and will continue to come to Maine from federal sources

The complex and many-faceted role of the federal government in housing had its origin in a single great event - the collapse of the economy during the Depression and its impact on housing. The crisis that resulted from that collapse evoked a series of governmental initiatives that have followed one after another in the years since. Since 1932, three broad areas of concern have guided government actions in the housing field:

1) the recognition that it had a responsibility to maintain and promote economic stability

2) social obligation to help provide for those in need, and

3) an emerging interest in community development patterns

Economic Objectives

These concerns developed gradually as a result of the economic chaos that accompanied the Depression, and eventually replaced earlier notions that the proper role of government was minimal interference in the market.

There have been several economic objectives underlying federal actions in the housing field: First, housing has long been considered by some observers to be an important element of any countercyclical economic strategy. In times of economic recession, special measures designed to stimulate the production of housing have been undertaken to stimulate construction in general,

thus reducing unemployment and generating a major multiplier effect through increase demand for consumer goods. Programs such as public housing and mortgage insurance orginated as part of a massive government effort to start up a stalled economy and to get the unemployed back to work.

Conversely, in times of prosperity, housing has been seen as a major strategy for maintaining economic and stability. This view has been expressed many times, e.g., in the 1968 declaration of a ten-year housing production goal which was intended to help stabilize the housing economy at levels of sustained high production.

Secondly, many believed that housing could not play an appropriate role in the economy unless the government took effective steps to maintain a sufficient and continuous supply of mortgage credit. While this objective has not been successfully realized over long-sustained periods, it has been behind such major government initiatives as the creation of the Federal Housing Authority and its mortgage insurance program, insurance of savings in home mortgages lending institutions, and formation of the government-backed secondary market system for home mortgage credit.

Third, it was believed that without government intervention it was unlikely housing production would reach and maintain levels high enough to meet the needs of new family formations and to replace slums and substandard housing. The government has therefore sought, through many devices such as mortgage insurance, extension of its own credit, and technological research, to stimulate and expand housing production. While these actions were taken primarily for economic reasons, they also contributed to the social objective of providing more and better housing.

## Social Objectives

The government's recognition of its obligations to the social needs of the nation, and especially to the disadvantaged, has expressed itself in a variety of ways in federal housing policies.

An example is the belief that homeownership is a valid objective in and of itself: making homeownership feasible to a wide range of family incomes has been a continuing goal of government policy. The question at this time is whether that policy will be appropriate for the future.

In addition, it has long been recognized that shelter is as basic a need as food. Many efforts have flowed from this recognition - public housing, rent supplements, the rental and homeownership interest subsidy programs, and others. A certain ambiguity has arisen out of these programs: do these efforts essentially serve social ends, economic objectives, or both? It becomes important to minimize ambiguity of objectives, since programs with strictly economic motivation tend to have a turbulent history and short life span.

Another example of how federal housing policies have taken on social as well as economic objectives lies in the area of civil rights. Influenced by new laws and a new national consciousness in the area of civil rights and equal opportunity, the government has moved from a posture of non-involvement where housing was concerned to one of positive action designed to end racial discrimination in housing and to assure equal access to the housing market by all. Most recently through project site selection policies, the government has attempted by means of its subsidized housing programs to reduce racial concentrations in center city slums.

Still other areas exist in which government's social concern can be cited. It has sought to provide aid for such special groups as veterans, the elderly, the handicapped, and students; it has assumed a moral obligation to those who were involuntarily displaced by the power of eminent domain exercised in pursuit of certain public objectives, such as urban renewal.

## Community Development Objectives

Finally, there has been some concern both in Congress and the executive branch over community growth and development, and what effects growth patterns would have on the welfare

of the nation as a whole.

Public housing originated in 1937 as an effort to clear slums as much as it did to increase employment and assist the poor. However, in 1949, Congress authorized a major program, apart from the public housing program, to deal with slum clearance as such. Still later, starting in 1954 and continuing into the 1960's and early 1970's, the same thrust was steadily expanded to embrace ever larger areas: first, entire neighborhoods, then whole sections of cities, and finally entire cities and counties and pre-planned new communities.

Conclusions

The abundance of federal housing policy goals helps explain why there has never been unity and coherence in carrying out the goals. The existence of many objectives to some extent results from the existence of a like number of constituencies to be listened to and served. These constituencies are both local and national, public and private. They represent public and private interest groups, industries, labor, various affected professions, and many other segments.

Thus, what has emerged is the United States Department of Housing and Urban Development (HUD) which attempts to carry out an enormously complex and confusing aggregate of special purpose programs - some very broad in concept, some very narrow, but all categorized within federally predetermined limits.

Furthermore, all this federal involvement resulted in activities which have local as well as national impact. This dualism has led inevitably to considerable confusion and controversy over the appropriateness of the respective roles at the various levels of government involved: federal, state, and local. These issues, difficult enough in themselves, are made even more so by the enormous variety of government jurisdictions.

Control over federally assisted housing activities has tended to stay in the hands of the federal government, primarily because it first identified and attacked the problems, but also, to a

large extent, because it has provided most of the money. Over the years, the presence of federal control has contributed to the development of many programs with differing and sometimes conflicting and overlapping requirements and procedures. Balancing the roles of the various levels of government is a continuing process, with no final resolution yet in sight as to how they should be balanced. However, in the Housing and Community Development Act of 1974, Congress has attempted to shift the emphasis for planning, developing, and monitoring of housing programs from federal to state and local governments. The fact remains that federal money continues to drive the system. It is impossible to tell whether or not a more decentralized approach is possible as long as the money comes from Washington, D. C.

The critical task for state government will be to develop housing programs that are in phase with and complimentary to federal programs. No state can possibly do it alone, not only for fiscal reasons but because federal economic policy is the prime controller of housing construction. A federal-state relationship is inescapable. It is imperative that these relationships be compatible if state programs are to be successful.

There is no need for great complexity in the federal housing laws. Mortgage insurance is a relatively simple and clear-cut concept, requiring no more than two programs, apart from subsidy operations: one for home mortgages on multi-family structures, with adequate authority in the agency to provide for varying conditions and circumstances. Indeed, the original National Housing Act of 1934 provided just that.

Instead, our nations' housing laws today, after almost 40 years, are a hodgepodge of accumulated authorizations for some 46 unsubsicized and twenty subsidized programs, including those administered by the VA and FmHA. They contain internal inconsistencies, numerous duplications, cross purposes, and overlaps as well as outright conflicts and gimmickry. In some cases, the objectives themselves are open to serious question.

Perhaps the major reason housing laws developed as they did was the complexity and multiciplicity of housing program objectives - economic growth, community growth, assisting the poor, furthering civil rights, and so on, all added one on top of another and to each individual housing program. While reflecting the complexity of the problems involved, in many instances, those multiple goals have been conflicting ones.

Another reason was the way in which the federal government formed its housing policies. Until 1970, Congress had enacted an omnibus housing bill almost every year since the conclu sion of World War Two.

Typically, each bill contained as riders various agency proposals and committee recommendations that could not have been enacted had they stood alone as separate pieces of legislation. To obtain the support, or at least remove the opposition, of organizations or individuals in Congress, a variety of amendments were added. With this "something-for-everybody" approach, critics often referred to an enacted housing bill as a "Christmas tree bill," bearing gifts for all.

Generally, HUD's legislative proposals to Congress were not based on a study or re-evaluation of relevant policies and legislative authorities. Until recently, there was not even a continuing long-range study locking toward the succeeding year's legislative program. Typically, each year was characterized by a belated effort to meet a deadline for presenting to the Bureau of the Budget the legislative recommendations for the coming year. New approaches of possible merit were sometimes discarded simply because of the lack of time needed for study.

It may well be that some of these criticisms are or will be applicable to the State of Maine. In any event, there are lessons to be learned here for any state. The multiple goals are perhaps chiefly responsible for the confused state of housing laws and housing programs. Many laws have assigned to individual programs the awesome job of achieving higher or stable housing

production, higher wages for construction workers, equal opportunity, urban renewal and a higher quality environment, while at the same time taking care to protect the consumer and further the free enterprise system.

There are so many different housing subsidies serving varied objectives that it is impossible to perform a simple but reliable overall evaluation of the "total effectiveness" of existing federal programs. In general, it should be remembered federal housing subsidies have been objectives. For example, federal housing subsidies aimed ostensibly at meeting housing needs are also compelled to bear the "excess burdens" of coping with major social problems other than housing. This distorts the shelter-oriented effectiveness of such subsidies, and it must be taken into account when assessing overall effectiveness. The most significant of these non-housing problems are urban poverty and the terrible environments caused by the large-scale poverty concentration generated by the "trickle-down" process of urban development.

Society could best deal with these serious problems by such non-housing programs as adequate income maintenance, creation of jobs, etc. However, neither public opinion nor government appears willing to bear the costs of carrying out these other programs at the scale necessary to cope with the problems concerned.

As a result, some direct housing subsidy programs are used as an indirect means of dealing with other problems, even though they are not well-suited to that purpose, thereby reducing the effectiveness of these programs in providing shelter.

The public housing program has been especially injured by such "excess burdens" because it has had to cope with two non-housing, social problems:

1) the public housing operating-cost subsidy is a disguised income supplement for the very poor, and

2) many public housing projects have become "storage bins" for multi-problem families which have been rejected by all other areas

Their concentration within large public housing projects, or in small geographic areas, makes those

and areas non-viable environments. The resulting "failure" of public housing to provide "a decent home" is not really due to the nature of the subsidy program at all.

Consequently, much of the recent outcry about the "failure" of direct housing subsidy programs has arisen through the critics' failure to distinguish between difficulties generated by using those programs to cope with non-housing problems, and difficulties generated by the inherent nature of housing subsidies themselves. It would be helpful if Maine could avoid, or at least minimize, this confusion among housing goals in its housing policies.

## Federal Housing Objectives

Congressional legislation has created twelve specific objectives for federal housing subsidies in the many housing laws passed since 1937. Seven primary objectives and five secondary objectives are listed below. Listed last is a thirteenth objective not derived from congressional action, which though unstable, is nevertheless an important goal of housing subsidies. It will be useful for the Commission on Minnesota's Future and imperative for the Minnesota Legislature to have a clear fix on the desired horizon.

### Primary Objectives

- Provide housing assistance to low-income households by enabling such households now living in substandard quality housing to occupy decent units, and by aiding such households who now pay inordinately high fractions of their incomes to live in decent units.

- Provide housing assistance to moderate-income households in the same manner as described above.

- Provide housing assistance to numerous specific groups in the same manner as described above. These groups include the elderly, Indians, persons displaced by government action, etc.

- Encourage homeownership among households, regardless of their incomes.

- Stimulate the economy by increasing activity in the housing industry.
- Increase the total available supply of decent quality dwelling units.
- Improve the quality of deteriorated neighborhoods.

Secondary Objectives

- Provide housing assistance to colleges.
- Stabilize the annual output of the housing industry at a high level.
- Encourage housing innovations that improve design and quality and reduce costs.
- Create opportunities for employment, entrepreneurship, and training among residents of low-income areas.
- Encourage maximum feasible participation of private enterprise and capital in meeting housing needs.
- Achieve greater spatial dispersion of low and moderate income housing outside areas of concentrated poverty.

The objectives previously described cannot be achieved without housing subsidies because of three fundamental conditions in the United States:

1) Poverty causes millions of households to have incomes so low they can afford only relatively small annual payments for housing.
2) Relatively high quality standards legally required for newly built housing prevent the creation of any new units inexpensive enough for poor households to occupy without financial assistance.
3) Neighborhood linkage effects cause the quality of life of each household to be affected by the behavior of other households around it. This creates a desire among middle-income and upper-income households to exlude many poorer households from their neighborhoods.

The first and third conditions are found in all nations, but the second is unique to the United States.

These three fundamental conditions are combined in the basic "trickle-down" urban development process that dominates urban growth in the United States. High qaulity new housing units are usually constructed on the periphery of built-up urban areas. They are occupied by households in the upper half of the income distribution, since they are too expensive for low and moderate income households. As these units become older, they are occupied by households with relatively lower and lower incomes. Eventually, most units "trickle down" to households too poor to maintain them, and they deteriorate rapidly. Laws against low quality housing units are rigorously enforced in many new-growth areas but are virtually ignored in older, more central areas where poor households live. Consequently, the poor often cannot live in any new-growth area, or in many well-kept older areas, because of legally created high costs. Thus, they are concentrated in older areas of low quality housing. Such concentration aggravates the usual problems associated with poverty, creating extremely undesirable neighborhood environments, from which most non-poor households depart if they can.

This entire process results in excellent housing and neighborhoods for the wealthy; good housing and neighborhoods for the middle class; and poor housing (in relation to its cost) and disastrous neighborhoods for the very poor. Most of the nation's housing problems result directly from a combination of poverty per se and the way this process compels the poorest households to bear the social costs of creating desirable neighborhood environments for the upper two-thirds of the income distribution.

Basic Housing Policy Tools

Again, out of 40 years of federal housing history, it seems that eight basic tools have been used to implement the variety of housing policies:

1) Intervention into the private money market to

   a. increase the flow of money to private lenders from private depositors;

b. increase the flow of credit from lender to borrower; and

c. decrease the cost of credit to the borrower.

2) Lend money

a. to lenders, and

b. directly to borrowers

3) Give money for specific purposes.

4) Directly construct housing and

a. operate the units, or

b. supervise the operation by others.

5) Directly buy privately constructed housing and operate it.

6) Engage in research

7) Demonstrate on a small scale the feasibility of a given concept.

8) Indirectly influence the actions of others via

a. general economic policies,

b. tax policy,

c. building codes,

d. zoning ordinances, and

e. environemtnal regulations

Maine cannot avoid choosing a housing strategy of some type. Refusal to make any conscious analysis and choices concerning the complex issues discussed above does not alter the necessity of choice; it simply shifts the nature of the choice from a thoughtful one to an "accidental" one. Throughout most of our history, we have relied largely upon the "accidental" approach, aminly because of the complexity of the issues involved. Hopefully, we will be able to begin a more analytical approach which will help public policy-makers move toward a better organized and more clearly visible selection of the State's overall housing strategy.

Housing in Maine - Present and Future

Housing is only one component of a larger system - each component interacts with and influences others. The future housing picture is and will continue to be influenced by such things as quality of the educational system, general economic outlook, scope and duration of the energy crisis, the health care and delivery system, and Maine's future growth and development policies. However, housing is a very important part of the larger social system. The house in which one lives is a measure of one's successes or failures. Family relationships are also affected by housing environments. In addition, each family's position within the community has a direct relationship to housing. Thus, housing is a major part of our human and social needs, and one which deserves the full attention of this subgroup and the Commission.

Perhaps we should look at housing in Maine as it relates to present conditions and possible future trends. What are present housing conditions in Maine? What role does the State play in meeting the housing needs of its citizens? What are the likely trends in the future? And what steps should we take to improve housing for Maine people?

Unfortunately, we do not have any recent, comprehensive housing data in the State of Maine. The most recent available data is already seven years old, and was compiled by the U.S. Bureau of the Census. We are forced to measure housing conditions in Maine using data that is only available once in every 10 years, and which does not give a complete accounting of the housing picture, particularly in the area of housing conditions. Nonetheless, what follows is a brief summary of the 1970 housing profile in Maine, as presented by the Census data.

According to the 1970 Census, there were almost 400,000 housing units in Maine. These housing units were almost equally divided between urban (49.3%) and rural areas (50.6%). As might be expected, the rural areas had the largest share of owner-occupied units, seasonal units, and mobile home units, while the urban areas contained the largest share of rental units.

Almost 15 percent of Maine's housing stock was in seasonal units.

Rental units constituted approximately 27% of all housing. Eighty percent of these rental units were built prior to 1939, about 10 percent of all rental units were vacant in 1970. However, it is interesting to note that rental structures which were built more recently had a higher vacancy rate - almost twice that of the older units. This may be due to the higher rental costs for newly constructed units.

Almost two-thirds of Maine's housing was built prior to 1939. In the last 40 years we have added approximately 120,000 new units, most of which have been constructed in the rural areas. Recent trends indicate that the number of new housing units being constructed in rural vs urban areas is increasing at a more rapid rate than in the past.

The Bureau of the Census utilizes only two factors in measuring substandard conditions - overcrowding, and lack of plumbing. In 1970, using these two measures only, Maine had approximately 57,000 substandard units or 17% of all year-round houses. This represents some 190,000 of the State's total population. If other measures were to be included such as poor wiring, dry rot, sagging, and other structural defects, no doubt Maine would show a much higher percentage of substandard units than the 17% indicated by the Census figures. Recent estimates issued by the Maine State Planning Office showed that there exists a need to rehabilitate some 110,000 units in Maine, and that Maine's substandard housing accounts for nearly 50% of all substandard housing in New England's non-metro areas.

The rural areas contained 76% of all units lacking plumbing and 66% of all the overcrowded units. The counties showing the highest percentage of overcrowding and lack of plumbing were Cumberland, Aroostook and Penobscot. It is interesting to note that with few exceptions overcrowding and lack of plumbing was a greater problem in owner-occupied units.

This data points out several significant factors which ought to be considered in any public policies relating to housing.

1. Rural areas have a very high percentage of owner-occupied homes.
2. Urban areas have a very high percentage of rental units which are concentrated in older buildings.
3. Most new housing construction is occurring in the rural areas.
4. Overcrowding and lack of plumbing predominate in owner-occupied homes, most of which are located in the rural areas.
5. Most new rental units are located in urban areas, and have a much higher vacancy rate than older units.

Since 1970, the State of Maine has made an effort to better understand housing conditions and analyze changing trends in housing. Through the efforts of the State Planning Office, Bureau of Human Services, Maine State Housing Authority, and the University of Maine, we are beginning to recognize that housing is an important economic and social issue, and we are starting to compile some more current information relating to housing in Maine. Recent changes in Maine's housing picture have been analyzed and presented by the University of Maine, Cooperative Extension Service. Some important trends are worthy of consideration.

Conventional Single-family Home Construction Has Declined

Nationally, the building of conventional homes declined by 30 percent between 1972 and 1975. Maine's decline has been less severe due to the expanding subsidized, low-interest loan program of the Farmers Home Administration. Last year (1976), it is estimated that two-thirds of all new construction loans were financed through the FmHA subsidized loan program. Almost 4,300 construction loans were granted under this program, and only about 2,500 new construction loans were privately financed.

The Bulk of the Decline in New Housing is Occurring in Southern Maine

Of the drop of approximately 2,000 units in new construction from 1973 to 1975, about 70% occurred in southern Maine. New housing construction throughout other sections of the State has held up fairly well, largely because of the rural housing loans offered by FmHA. The "stop-growth" policies of many towns in southern Maine have also contributed to the decline of new construction in southern Maine.

Private Apartment Construction is Almost Non-Existent

During 1975 and 1976 only a few hundred units were constructed. Inflationary costs of new construction are chiefly responsible for the decline in private apartment construction, although problems in securing local approval for new developments have contributed to this decline. A new development would have to rent a two-bedroom apartment for as much as $350/month to cover costs of construction and operation. Middle-income people, who do not qualify for federally-financed developments and whose needs are best met by renting, simply cannot afford rents this high. The decline of privately-financed apartment construction is one of the most serious housing problems facing the State.

The Housing Industry in Maine Has Become Increasingly Dependent on Federal Programs in the Last 10 Years

This is very significant, since federal policies can have a tremendous impact on Maine's housing stock, its condition, its location, its quality, and its design. In the last 10 years, the proportion of conventional single-family homes financed through federal agencies in Maine has increased from about

15 percent to over 50 percent. The proportion of apartment units financed under federal programs has increased from about 25 percent to 80 percent. This heavy dependence on federally financed housing is now extending to middle-income families and may pose a serious problem in the future, should the federal policies dictate a reduction in funds allocated to housing. As noted previously, more than 60% of Maine people cannot afford the cost of a median-priced new house. Thus, as housing costs rise, even fewer Maine families will be able to secure private financing. In addition, federal policies are designed to meet national needs, and often conflict with the most urgent needs in Maine. This dependence on federal subsidies is probably the single most important factor in formulating public housing policies in the State of Maine.

A Number of New Homes in Maine are Owner-Built

Privately financed new conventional homes numbered about 2,500 in 1975. It is estimated that banks financed 1,200 to 1,500 of these homes, and the remainder (1,000) were owner-financed. How many were owner-built is difficult to determine precisely. However, if Maine were similar to the national average then 18% of the new homes, or 1,000 units were owner-built in 1975. The owner-built concept is increasing in popularity as the costs of acquiring housing rise.

Mobile Home Sales Are Increasing

1975 was a very poor year for new mobile home sales due to (1) the recession and "tight" money market, (2) competition with FmHA subsidized loans, and

(3) increased sales of used mobile homes. However, it appears that sales have increased by as much as 40 percent since that time based on data from dealer sales and shipments. Mobile homes are increasing in popularity due to their lower cost vs conventional homes. However, for the lower income levels the terms of financing (8 to 10 years, 12 to 13 percent interest) often mean a high monthly cost of ownership. The "house-type" mobile home, with gable roof and conventional siding now accounts for 30-40 per cent of the mobile home market. In addition, new manufactured housing standards and the State Housing Authority's inspection program have eliminated the low-priced mobile home lines from Maine. Recently, some Maine banks have begun to offer mortgage-type loans on mobile homes, (e.g., twenty year loans at 9½% interest). If this should become more widespread, mobile homes may increase in popularity.

Conventional Housing Construction has not Changed Much with Respect to Energy Conservation

We are apparently in a period of considerable experimentation in the design and construction of homes. New ideas are being explored, but mostly in the owner-built homes. Innovation is too risky and costly for the typical builder who is barely managing to survive in the face of rising construction costs and other problems. In addition, many financing institutions, both public and private, have been reluctant to finance non-traditional homes, or unconventionally constructed homes. In March, 1977, the FmHA issued new energy saving regulations for all homes constructed under the FmHA program. Such changes in federal policies offer some hope for the future.

The Larger Home Builders are Surviving Current Problems in the Housing Industry Better than the Smaller Builders

There are between 600 and 800 building firms in Maine, but the number of those building more than 10 houses per year is about 50. A substantial number of small contractors and sub-contractors have gone bankrupt in the last few years. The larger contractors, especially those from the Portland area south,are adjusting fairly well. They have the financial strength and the technical capacity to deal with local, State and federal government agencies.

The Continuing Rise in the Cost of New Housing Construction is a Critical Problem

This had already been emphasized above. However, it is significant and worthy of reiteration here. In Maine, the average loan on a new home financed under the FmHA was $10,300 in 1965, $14,000 in 1970, and $29,500 in 1976 - twice the 1970 price. According to the National Association of Homebuilders, the average home-owner required 23% of his take-home pay for new housing in 1965. It is currently about 29% and is expected to reach 35% by 1985. Thus, despite rising incomes, the purchasing power of the prospective homeowner is declining.

Major Effect of Federal Housing Subsidies Has Been to Offset the Impact of Inflation on New Housing

In 1976, FmHA, which finances new homes, existing homes, apartment projects and home repairs, granted more than $117 million in housing loans in Maine. Of this, $75 million was in new construction, $31 million was allocated to loans on existing homes, $9 million was in apartment projects and only $2 million was in home repairs. The Federal Housing Administration

has revived the Section 235 Program which grants 5% interest loans for housing in the larger cities. Funds totaled approximately $7 million under this program in 1976, insuring about 250 new homes. Clearly, the largest program is the FmHA rural new housing construction program. On the whole, Federal programs do not address financing or repair problems associated with existing housing, which constitutes the bulk of Maine's housing stock.

Most New Housing is Not in Developments

It is estimated that two-thirds of new homes, both mobile and conventional, are located on scattered lots and very small subdivisions in rural areas. Homes in subdivisions requiring DEP approval may constitute about 20% of the total. Perhaps 1 in 10 is located in the built-up sections of towns and cities.

There Have Been Relatively Few Innovative Developments of the "Cluster" or P.U.D. (Planned Unit Development) Type

There have probably been between 10 and 15 condominium developments constructed in Maine since 1970 - catering to vacationers, retired persons, or a combination of the two. Of the new DEP approved subdivisions, about 20 have common open spaces. A few cluster developments are in the planning or early stage of development, but it does not appear likely that Maine will see many such developments in the near future.

In an Attempt to Stop or Control Growth Many Communities are Adopting Policies and Regulations that Have the Effect of Encouraging Rural Sprawl and Driving Up the Cost of Housing

The following are some of the land use decisions affecting housing and encouraging sprawl: Moratoriums - These can be justified if they are of short duration and coupled with concerted efforts to deal with rapid growth. It is

estimated that about 40 towns in southern Maine have moratoriums in effect, with time intervals of up to two years. It is doubtful that such moratoriums would hold up under a court challenge but many developers are reluctant to resort to court action. Large Lot Zoning - Few towns are applying large lot zoning in such a way as to encourage good development in good locations. Most are using it as a device to prevent or reduce housing development. Minimum lot sizes of one, two, three and even five acres are common in southern Maine. These requirements have slowed down the building of new homes but they have several side effects. Housing costs increase with the increased lot sizes; communities located further out and without "stop-growth" policies have felt the impact and consequent rural sprawl; and people forced to live further out must increase the time and fuel spent to travel to their place of employment.

We have briefly explored some of the current housing conditions and trends which affect the housing picture in Maine at this point, we should explore what role the State plays in meeting the housing needs of its citizens.

Prior to 1969 Maine's role was primarily one of implementing federal policy. As such,the State's role was nominal, because federal housing agencies were established locally to implement federal programs and distribute federal monies. This began to change with the creation of the Maine State Housing Authority.

Currently, at the State level there are a variety of agencies providing housing services many of which are funded with federal support. These include:

## MAINE STATE HOUSING AUTHORITY

The major function of the State Housing Authority is to purchase mortgages, through the issuance of bonds, from the State's commercial and savings banks so they may make mortgages available to Maine people.

### Mortgage Purchase Program

The general mortgage purchase operation of the MSHA involves purchase of FHA insured, VA guaranteed or privately insured single family mortgages from participating Maine banks so that they can, in turn, use that money to make more mortgage dollars available to lower income homebuyers ($10,000 to $13,750).

During 1976, through its Mortgage Purchase Program, the Authority became the State's largest mortgage banker. The MSHA now operates the State's largest secondary mortgage market, holding $50.2 million in Maine home mortgages.

The MSHA also acts as a Housing Finance Agency through the purchase of multi-family development mortgages under federal housing programs.

Mortgage Insurance Program

The MSHA Indian Housing Mortgage Insurance Program provides 100% mortgage insurance to Indians who are seeking private mortgage financing on tribal-owned land which is not conventionally insurable.

Loans to Lenders Program

Under this program the MSHA borrows money on the national bond market to loan to interested Maine banks for the purpose of making loans to Maine citizens on residential property. The essential difference between this program and the previous Mortgage Purchase Program is that mortgages financed under the Loans to Lenders Program are held by the lender and not purchased by the Authority.

Construction Loan Participation Program

Under this program the MSHA is permitted to purchase up to 85% participation in a construction loan from a Maine bank. The purpose of this program is to allow the MSHA to help alleviate the capital shortages which occur in this area of lending and which result in housing construction delays in both the private and public housing sectors.

Energy Conservation and Alternative Housing Programs

The MSHA is investigating energy conservation housing methods with the aim of making available, through government and privately financed mortgages, low cost alternative housing to Maine citizens that is energy efficient.

HUD Assistance Programs Administered and Permanently Financed by MSHA

This program is just beginning, and it appears that it will become the largest government low-income rental program in Maine. The HUD Section 8 Program offers a rent subsidy on behalf of lower income families and elderly tenants so that they won't have to pay more than 25% of their gross income for rent. The program offers the subsidy to the private developer after the units are developed with capital from other sources. It does not provide subsidy money to build housing.

It offers to subsidize the rents of tenants who qualify and who live in newly constructed, substantially rehabilitated or previously existing units. A "fair market" rent is set by the federal government and the subsidy is the difference between what is set as the "fair market rent" and 25% of the income of the tenant.

## COMMUNITY SERVICES ADMINISTRATION

### Maine Weatherization Program

The function of the Maine division of Community Services Weatherization Program is to assist eligible low income homeowners to conserve energy and income by retro-fitting their dwellings. Formerly called Project Fuel, the program is a full grant program.

125% Poverty Guidelines
Effective 5/5/76

| | Non-Farm | Farm |
|---|---|---|
| 1 | 3,500 | 3,000 |
| 2 | 4,625 | 3,950 |
| 3 | 5,750 | 4,900 |
| 4 | 6,875 | 5,850 |
| 5 | 8,000 | 6,800 |
| 6 | 9,125 | 7,750 |

Add $1,125 for each additional member in a non-farm family and $950 for each additional member in a farm family.

The dwelling is inspected by the carpenter supervisor to determine the extent of need to make the dwelling heat conserving, which may include weather-stripping; roof or wall repair; insulation; storm windows, etc. The allocation for materials may not exceed $350 unless a waiver is obtained from the Project Advisory Council. Labor is provided from a combination of sources, such as: Title XX, H.E.W.; Bureau of Maine's Elderly; CETA; and the residents themselves.

## DEPARTMENT OF HUMAN SERVICES (Bureau of Resource Development)

The Bureau of Resource Development administers funds under the Tible XX provision of the Social Security Act, which involves contracting by agencies such as a Housing Development Corporation, or Community Action Agency, to provide housing services by using Title XX monies. Three types of services are eligible under Title XX regulations:

1. Home Improvement Service

   Services necessary to bring a unit within the minimum housing standards necessary to protect the health, safety and welfare of occupants. Home repair services should not exceed 6% of the market value of the property or 100 hours of direct repair services.

2. Housing Resource Advocacy

   Activities aimed at obtaining or sustaining financial and/or material resources which lead to improved housing conditions. Such activities might include assisting individuals purchase homes or finance home repairs; acquiring materials needed to make repairs; assisting individuals to find more suitable rents or homes; budgeting, credit counseling and other support activities aimed at assisting the family/individual to improve their housing conditions.

3. Tenant/Landlord Mediation

   Activities aimed at resolving disputes between tenants and landlords. Such problems might include evictions, code enforcement, discrimination.

Agencies develop a program of specific housing services which may include part or all of the three areas. The agency then contracts with Human Services to perform these services. The clients must conform to the following Title XX guidelines. Individuals are eligible if the family's annual gross income (adjusted to family size) falls below the following limits:

| Family Size | Oct. 1, 1976 - Sept. 30, 1977 |
|---|---|
| 1 | 5,222 |
| 2 | 6,829 |
| 3 | 8,435 |
| 4 | 10,042 |
| 5 | 11,649 |
| 6 | 13,255 |
| 7 | 13,557 |
| 8 | 13,858 |
| 9 | 14,159 |
| 10 | 14,460 |
| 11 | 14,762 |
| 12 | 15,063 |
| 13 | 15,364 |
| 14 | 15,666 |
| 15 | 15,967 |

The contracting agency must have 25% seed money currently to receive Title XX funding.

Title XX funds are usually combined by the agency with funding from other sources. Title XX funding would not be sufficient for the entire scope of the program because of the limitations and amount of funding allocated to the state at the present time.

Restrictions on the uses of Title XX include agency renovation, training, and purchasing raw materials. There are approximately 12 groups contracting within the state at the present time.

This is the only home repair program offered within the State which addresses the problems of the low income families who own their own homes and who generally cannot afford the cost of even minor rehabilitation or repairs.

## DEPARTMENT OF HUMAN SERVICES (Bureau of Maine's Elderly)

### Bureau of Maine's Elderly

Within the authorization of the Older Americans Act, the Bureau of Maine's Elderly provides a variety of programs for the aged. Within the housing service area, the Bureau serves as a liaison to promote additional subsidized housing for the aged.

The bureau staff works with groups within towns that demonstrate a desire to obtain housing, usually clerical and civic leaders. The staff aids them in organizing a non-profit housing development corporation through which to obtain funding from the Farmers Home Administration or HUD. The pre-involvement interest within the community is realistically mandatory for this service.

Over the past three years, the bureau has been working with twenty-three communities within the state through FmHA 515 and Sec. 8 multi-family programs with a possibility of involvement in eight other communities.

All of the above programs, although administered through State agencies, rely almost totally on federal funds, local "seed" money, or bonds. The State Legislature has not allocated any funds to housing in Maine, and thus we have become heavily dependent on federal policies and federal priorities in meeting our housing needs.

What are the likely future trends in housing in Maine, and what are the implications of some of these trends?

Housing Opportunities for Most Citizens Will be More Limited than it has been During the Last Three Decades, when New Single-Family, Detached Dwellings Were Within the Economic Reach of the Average Family.

Past trends indicate that the expectations and desires of Maine people are for detached, one-family dwellings. The public's traditional preference does not appear to be changing, nor is this likely to change significantly in the future. However, one family, detached homes may cost more than twice as much per square foot as multiple dwellings and may be far less energy efficient. Yet federal tax policies reinforce the public's preference for the single-family home.

Nevertheless, a combination of increasing housing costs and fewer housing units to choose from means that Maine people will respond to market conditions, however unwilling. The results will be:

1. Many middle-income Maine people will turn to used homes and apartments for shelter, thereby competing with lower-middle and low-income residents for decent, affordable quarters. Two consequences are likely to occur. First, the present "trickle down" effect in housing, i.e. the movement of the middle class into new homes, freeing up decent used and less expensive housing for families with less money, will be slowed down or stopped entirely. Second, a severe exacerbation of housing problems for the poor and near-poor will almost certainly ensue.
2. Increasingly, it seems logical to expect that Maine people will turn to less expensive forms of new housing. However, market surveys report that the majority does not prefer multiple dwellings; it simply cannot afford single-family homes. No significant trend toward multiple dwellings is yet apparent in the rural areas of Maine.

Another manifestation of the shift toward cheaper housing is the mobile homes. Sales of mobile homes have increased by as much as 40 percent since 1975, although they still represent only a small fraction of all housing (4.8%). However, mobile homes appear unlikely to play a major role in the future, unless local zoning ordinances (which freeze them out) are changed, and unless lending institutions offer more favorable financing terms.

Maine Will Be Unable to Afford the Immense Public Expenditures Required to Make Expected/Desired Housing As Accessible to The Average Citizen As It Has Been Since World War II.

Given anticipated competing social claims for limited public funds, given the 40-year history of federal housing programs promising more than could be delivered, and given the enormous cost to the State, it is unrealistic to expect to duplicate the housing opportunities of the past 30 years. Apparent trends indicate that proportionately fewer Maine people will be able to own their own homes and proportionately more may have to live in multiple dwellings.

State Government's Ability to Alter Significantly the Broad Trends in Housing is Clearly Limited, But the State Can Fix On Specific Target Populations For Active Aid in Housing

Targets for direct state housing aid should be the especially needy sub-groups within the population. In order to stretch scarce housing dollars, programs aimed at these groups should be slated heavily toward provision of rehabilitation programs and "retrofit" programs, with a provision for an expansion in multiple-dwelling units.

The State Can At Best Only Attempt to Ameliorate Severe Housing Shortages .

For citizens whose incomes are average or above, the legislature and local governments can ease the housing supply/cost crunch through indirect action. The scope of such indirect action should be limited to what is necessary for political acceptance of housing and programs designed for the economically disadvantaged.

Preservation of Existing Housing Stock Will Be Extremely Important in Dealing With Maine People's Housing Needs in the Next Twenty-Five Years

Stepping up maintenance and restoration will require state aid. The alternative is to lose more existing stock than necessary and to attempt, at much greater cost, to replace it with new units. Older homes in need of repair tend to be occupied by those with the least ability to maintain them -- the poor and the elderly. Present building codes and property tax policies tend to discourage rehabilitation.

The Bulk of Maine's Current Housing Programs, Carried Out by State Agencies, Do Not Appear To Reach Low-Income Families

The programs appear to be useful, in the main, to the near-poor and lower-middle income groups, but not to those with incomes below the poverty level. This is primarily because the very poor simply do not enter that portion of the market to which existing programs are directed.

Maine Lacks A Centralized, Comprehensive Source of Housing Information and Analysis

The State needs improved data collection; the primary source of housing information is still the decennial federal census. Sharp changes in the housing picture are discernible since the 1970 census; ten years is too long to wait for the next round of comprehensive information. Anticipation of future problems requires information and analysis attainable only by careful monitoring. This capability could be housed in the Maine State Planning Office or the Maine State Housing Authority.

Since the Housing Problem Manifests Itself Throughout Various Geographical Regions, It is Essential That State Housing Programs Be Geographically Sensitive

Analysis of the data on a regional basis indicates wide variation within the state as to the scope and extent of the problem.

- Metro area characteristics differ from the rest of the state.
- There are significant differences among the 16 counties.
- Even within a given region, there will often be significant differences among counties.

These variations involve age, value and condition of structures (occupied and surplus units as well as rented and owner-occupied units), amount of new construction, and existing and future settlement patterns. It will be important but extremely difficult, administratively and politically, to develop housing programs that reflect these regional variations, including income, vacancy rate, and housing costs.

SUPPORT OF THE ELDERLY

One quarter of Maine's citizens over age sixty-five live alone. More than one third are poor or close to it. The care of its aged, disabled and handicapped is an important charge on a society. The way it carries out this charge is a test of how good a society it is.

In 1975 the elderly population over age 65 comprised almost 12 percent of the total state population. The elderly population over age 65 was 125,000; the state population was 1,058,000. The elderly population over age 60 in 1970 was 160,124.

In 1975 the elderly population over age 60 was 172,900. By 1990, it is projected that Maine will have 114,410 elderly household heads; this figure comprises 30.48% of the projected total household heads. Table I, which follows, projects the number of household heads over age 60. Table II projects household heads over age 65 by county.

Table III reveals that in 1970 16.6% of Maine's population were over age 60. Comparing this to national statistics, only 13.9% of the total U.S. population were over age 60. Maine ranks consistently higher than the U.S. in its proportion of 1970 population over age 65, in its proportion of the 1975 population over age 65, in its proportion of the 1970 population below the poverty level and in its proportion of 1970 population over age 65 and below the poverty level. In 1970 27.5% of Maine's population over age 65 were also below the poverty level, as compared with 23.9% of the U.S. population over age 65 who were below the poverty level.

TABLE I

STATE PROJECTIONS OF ELDERLY HOUSEHOLD HEADS
BY AGE* (In 1000's of Households)

| Age Group | 1970 | 1975 | 1980 | 1985 | 1990 |
|---|---|---|---|---|---|
| 60-64 | 26.430 | 26.560 | 27.260 | 28.450 | 28.180 |
| 65-69 | 22.650 | 24.680 | 25.090 | 25.940 | 27.530 |
| 70-74 | 19.400 | 20.530 | 22.810 | 23.540 | 24.740 |
| 75-79 | 13.520 | 14,540 | 15.620 | 17.600 | 18.360 |
| 80-84 | 7.790 | 8.070 | 8.730 | 9.430 | 10.580 |
| 85+ | 3.940 | 4.120 | 4.340 | 4.670 | 5.020 |
| Total | 93.720 | 98.490 | 103.840 | 109.630 | 114.410 |
| % of Household Heads over 65 | 30.64% | 30.67% | 30.47% | 30.5% | 30.48% |

Source: Prepared by PARC for SPO.
Due to rounding, age group totals do not equal state total.

TABLE II

TOTAL PROJECTED HOUSEHOLDS (In 1000's of Households) AGE 65 AND OVER BY COUNTY*

| County | 1970 | 1975 | 1980 | 1985 | 1990 | Per Cent Of State Total 1970 | 1990 |
|---|---|---|---|---|---|---|---|
| Androscoggin | 6.300 | 6.850 | 7.430 | 7.900 | 8.380 | 9.31% | 9.66% |
| Aroostook | 4.790 | 5.140 | 5.130 | 5.850 | 6.190 | 7.08 | 7.13 |
| Cumberland | 12.810 | 13.670 | 14.580 | 15.340 | 16.110 | 18.93 | 18.56 |
| Franklin | 1.480 | 1.550 | 1.640 | 1.820 | 2.090 | 2.19 | 2.41 |
| Hancock | 2.940 | 3.190 | 3.460 | 3.670 | 3.900 | 4.34 | 4.49 |
| Kennebec | 6.570 | 7.020 | 7.500 | 7.930 | 8.360 | 9.71 | 9.63 |
| Knox | 2.710 | 2.840 | 2.980 | 3.090 | 3.210 | 4.00 | 3.70 |
| Lincoln | 1.920 | 2.170 | 2.390 | 2.610 | 2.720 | 2.84 | 3.13 |
| Oxford | 3.170 | 3.330 | 3.510 | 3.640 | 3.780 | 4.68 | 4.36 |
| Penobscot | 7.250 | 7.620 | 8.000 | 8.350 | 8.690 | 10.71 | 10.01 |
| Piscataquis | 1.320 | 1.370 | 1.410 | 1.410 | 1.440 | 1.95 | 1.66 |
| Sagadahoc | 1.600 | 1.630 | 1.670 | 1.710 | 1.750 | 2.36 | 2.02 |
| Somerset | 2.780 | 2.960 | 3.120 | 3.250 | 3.360 | 4.11 | 3.87 |
| Waldo | 1.680 | 1.770 | 1.880 | 1.930 | 2.000 | 2.48 | 2.30 |
| Washington | 2.680 | 2.800 | 2.940 | 3.040 | 3.150 | 3.96 | 3.63 |
| York | 7.680 | 8.450 | 9.110 | 10.190 | 11.650 | 11.35 | 13.43 |
| State Total | 67.290 | 71.930 | 76.590 | 81.180 | 86.230 | | |
| County Total | (67.680) | (72.360) | (76.750) | (81.730) | (86.780) | | |

* Prepared for the State Planning Office by the Public Affairs Research Center as part of the HUD 701 Housing Element, June 1976. Due to rounding errors, County totals do not add to State totals.

TABLE III

SUMMARY OF ELDERLY POPULATION

| | 1970 population | 1975 population | 1970 pop. over 60 yrs. (% of total pop.) | 1970 pop. over 65 yrs. (% of total pop.) | 1975 pop. over 65 yrs. (% of total pop.) | 1970 pop. below poverty level (% of total pop.) | 1970 pop. over 65 & below poverty level (% of total pop.) (% of total pop. over 65 yrs.) |
|---|---|---|---|---|---|---|---|
| U.S. | 204,335,000 | 213,540,000 | 28,596,000 (13.9%) | 19,972,330 (9.7%) | 22,405,000 (10.5%) | 25,400,000 (12.4%) | 4,793,000 (2.3%) (23.9%) |
| Maine | 962,333* | 1,058,000 | 160,124 (16.6%) | 108,848* (11.3%) | 125,000 (11.8%) | 130,902 (13.6%) | 29,965 (3.1%) (27.5%) |

Sources: U.S. Bureau of Census

* These population figures exclude inmates of institutions, members of Armed Forces living in barracks, college students and unrelated individuals under 14 years.

In focusing on the needs of the aged, disabled and disadvantaged, the organized or political reaction has been one of setting up an agency or bureaucracy to correc the problem. As the problems multiply, so do the agencies. In addition, as the problems overlap, so do the agencies. Once the agency is set up, society tends to think that the problem is solved and the needs met.

Kathleen Goodwin, addressing the Commission on Maine's Future, stated, "Programs which have been specifically designed for the elderly and are operated solely for them are used by relatively few people. Those programs include transportation, meals and homemakers. While relatively few use the programs; this should not be viewed as a criticism of those programs. If such a finding is critical, it's critical only of the philosophy that such social service programs are a panacea, an adequate response to diverse elderly needs. They are not enough. In fact, if a policy on aging presently exists, it tends to be one of service orientation recognizing real problems of the old; lack of income, health, mobility and nutrition. Government and social service agencies have, in a well-known and very understandable band-aid ethic, created programs to meet those needs. Those programs have served to focus our attention on the old and are, therefore, very significant. However, as we look to the future, we must question that policy."

Many people adopt to aging without reliance on public programs. Relatively few older people are using the services planned specifically for them. Most people who need help with specific tasks turn to family or friends. Ways must be found to foster the development of self-help systems among the elderly themselves... Mutual aid is different from dependency.[1] Those who are most apt to rely on public programs are those with low incomes, little education and without an active family life.[2]

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[1] Over Sixty in Maine, Maine Committee on Aging, April 15, 1976 p. 186

[2] Ibid p. 7

While many people choose not to take advantage of benefits available to them, many do not know how to avail themselves of community services. The principal means of acquiring information appears to be through other people. The more involved in the community structure an individual is, the more likely he is to acquire information useful to him.[3]

The Older Americans Act stipulates that a single agency be primarily responsible for the overall planning and setting of priorities for activities relating to elderly citizens. In Maine, the Bureau of Maine's Elderly, with the advise of the Maine Committee on Aging and subject to the discretion of the Commissioner of the Department of Human Services, perform these functions. The Bureau is charged with helping communities utilize their resources to benefit the elderly, with obtaining funds from public and private sources, with contracting for the development of facilities, programs and services and with developing education and training programs. The following six programs are operated under the Bureau:

1) Nutrition Program for the Elderly - The program is designed to meet the nutritional needs of older Americans who do not eat adequately because of lack of money, lack of ability to shop for food or prepare meals, lack of knowledge of proper nutrition, or because they have lost the incentive to prepare a meal to eat alone. The program is operated through the area agencies on aging.
2) The Transportation Program. No person at the Bureau is responsible solely for overseeing the transportation program. The programs are supervised in each area by a transportation director. The system operates as an on-call door to door program using minibuses and private cars dispatched by area agencies or contracting organizations. Trip priorities are set within the area. Medical requests are given first priority followed in general by personal services, trips to meal sites and recreation.
3) Volunteer Services. Several volunteer programs are sponsored by the state agency, each with the goal of enabling people over 60 to participate in community activities. Foster

3. Ibid p. 186

Grandparents provides employment for low income elderly. A small tax free stipend is paid to volunteers who work with institutionalized children. In September 1975, about 50 older people were Foster Grandparents.

The Retired Senior Volunteer Program or RSVP offers people over 60 the opportunity to use their skills and experience in volunteer service in their communities. Project directors of area agencies are responsible for recruiting volunteers and arranging places for them to work. Volunteers cannot be used in jobs which are normally filled by paid employees. Examples are hospitals, nursing homes, libraries, meal sites and day care centers. Transportation is provided or reimbursed, as are meals and expenses.

The Senior VISTA (Volunteers in Service to America) pays small stipends to volunteers who are to be trained for a particular job. After two years, the volunteer can no longer be paid. The object of the program is to equip people to do jobs for which they had no former training.

In service volunteer training and technical assistance services are available to area agency volunteer programs and to private and municipal organizations from the Bureau of Maine's Elderly.

4. Legal Services for the Elderly. The Maine Committee on Aging developed a free legal information and assistance program for older people in the state. Legal Services for the Elderly is staffed by one full time attorney at the Bureau and six legal assistants (paralegals). The paralegals are all older people who are trained by the attorney and under his direct supervision. Five of the paralegals are assigned to the area agencies and funded by VISTA. Contacts from clients generally come from a request to the area agency or through referrals. Fee generating cases are not accepted, nor is aid given when an individual is able to afford private counsel. Such cases are referred to private attorneys. The program is designed to educate citizens about their rights and benefits under the law. An effort is also made to inform private attorneys and the state and county Bar Associations of the needs

and problems of old people.

5) Housing Services. The Bureau's housing program functions as a consulting and technical assistance service. Two housing specialists work directly with communities in helping them organize non-profit corporations for the development of rural rental housing projects for the elderly. The housing specialists also provide information about the availability of housing and home repair services to agencies and individuals.

6) Health Screening. Free clinics offering simple diagnostic tests primarily for the low income elderly were held in order to discover people with previously undetected cases of glaucoma, hypertension, congestive heart failure, foot problems and cardio -renal diseases. In February of 1975, the Bureau obtained 19 CETA positions for health services. One nurse consultant was assigned to the Bureau staff while the other 18 positions were divided among the five area agencies. Funding for the positions was to expire December 31, 1975, but it was extended by CETA to April 30, 1976. During the funded period the area agencies were to provide health screening clinics to the elderly in their areas.

Other non-state agencies provide programs for the elderly. Many of these services have no age requirements but, because of need, a large portion of their recipients are over 60. Homemaker services provide trained people to perform routine household tasks for individuals or families who are unable to handle these tasks themselves. Homemaker services are provided through the regional offices of the Bureau of Resource Development, State Department of Human Services, and by several private agencies. The largest private provider of homemaker services is the Diocesan Human Relations Services, Inc., which has homemaker aides available through five of its six regional service centers.

Home health services such as home nursing care and therapy are available to the convalescing and chronically ill. Professional nursing services, physical, speech and occupational therapy and skilled care by home health aides are among the services provided by these programs. Most home health care is provided through local or regional home

health agencies. There are about 20 such agencies which have formed an association to help bring about changes in areas which affect the quality and scope of their programs. The Pine Tree Association of Community Health Agencies serves as a forum for the discussion of problems common to the agencies and a unified body to effect desired change.

In 1970 there were about 80 senior citizen multi-purpose centers operating in Maine. Since then about 140 new centers have been opened and are providing a variety of recreational, therapeutic and supportive services to older people throughout the state. Federal funds for senior centers are no longer available so all centers must now obtain funds on their own.

Other non-state agency services include the Cooperative Extension Service, University of Maine and SCOOP (State Council of Older People). The Cooperative Extension Service administers the Senior Community Service Project of the National Council on Aging and sponsors a nutrition education program.

SCOOP is a private, non-profit education and program assistance organization. SCOOP disseminates through a newsletter and group presentation, information about programs and services. Its approxiately 3500 members are predominately located in rural areas, away from population centers and places served by senior citizen clubs. The organization is funded by a grant from the Bureau of Maine's Elderly and contributions from members. [4.]

The 1973 Act of Maine's Elderly stated that in order for older people to live lives of value with a minimum dependence on others they first must receive income adequate to obtain the basic essentials of life from the market place....rather than be given income supplement programs, such as food stamps, old age assistance, subsidized housing and property tax relief.[5.] Income is the variable which has an impact on almost every aspect of the lives of older people.

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4. Ibid. p. 56 - 63
5. Ibid. p. 184

The problems involved with providing income adequate for the elderly to obtain the basic essentials of life are complex and costly. About one third of the older people in Maine appear to be getting along very well. While advancing age, sex and living situations do not seem to make a difference in people's adaption to aging, the amount of money they have and the level of their education do. Low income is not confined to one or two particular groups among the elderly. Low income does not depend on age, sex, or whether one is married, single or widowed. Those least likely to have low incomes are people who have income from assets or private pension plans to augment their Social Security.[6.]

In 1975, two-fifths of the married couples age 60 or older had incomes under $5,000. Four-fifths had incomes under $10,000. Among individuals, 56% had incomes under $3,000 and 88% had incomes under $6,000. Tables 4, 5 and 6 reveal the income levels of the elderly in Maine.

TABLE 4

Median Real Income, Aged Units in Maine 1969 and 1975 (in 1975 $).

| | Single People | Couples |
|---|---|---|
| 1969 (in 1975 $) | $2,640 | $7,190 |
| 1975 | 2,850 | 5,660 |

Sources: 1969 U.S. Census, Public Use Sample

1975. 1975 Survey of the Elderly

Note: 1969 figures have been corrected for price changes using Consumer Price Index for 1969 and 1975

6. Ibid. p. 6

TABLE 5

Budget Levels for Elderly Couples and Individuals in Maine, 1970 and 1975

| | Low | Intermediate | High |
|---|---|---|---|
| Spring 1970 | | | |
| Couple | $3,300 | $4,700 | $7,200 |
| Individual | $1,800 | $2,600 | $4,000 |
| Summer 1975 | | | |
| Couple | $4,660 | $6,685 | $9,750 |
| Individual | $2,565 | $3,680 | $5,340 |

Note: Budget levels based on the Bureau of Labor Statistics' budgets for self-supporting couples or individuals living in Portland, Maine. The Budgets represent specified levels of living based upon existing standards of living, consumer surveys and current prices. The summer 1975 figures are BLS' figures for Fall, 1974, adjusted for subsequent price changes.

There are no comparable budget figures for places in the state other than Portland. The Portland data can probably be used for other urban areas in Maine. As for non-urban areas, BLS does publish a budget figure for non-metropolitan areas in New England, a figure that is about 6% below that of Portland. If the New England figure better represents the situation for rural Maine, then our figures have a slight upward bias. In other words when we say that 42% of the older people in Maine have incomes below the BLS low income standard, the actual figure would be slightly less than this. Nevertheless, the Portland budget figures should be sufficiently accurate for the purposes for which they are used.

TABLE 6

Proportion of Aged Persons at Various Income Levels, Maine 1970 and 1975

| | 1970 | 1975 |
|---|---|---|
| Below Low Income | 42.5% | 39% |
| Low to Intermediate | 15.0 | 26 |
| Intermediate to High | 15.1 | 17 |
| Above High Income | 27.3 | 18 |
| Total | 100.0% | 100% |

Sources: U.S. Census 1970

1975 Survey of Elderly

Note 1: Percentages exclude persons living in nursing homes.

Note 2: Budget levels based on the Bureau of Labor Statistics' budgets for self-supporting couples or individuals living in Portland, Maine. The budgets represent specified levels of living based upon existing standards of living, consumer surveys and current prices. The summer 1975 figures are BLS' figures for Fall, 1974, adjusted for subsequent price changes.

Social Security has transformed the economic life of Americans over age 65. Social Security is a very efficient, non-demeaning technique for transferring money from workers to retired people. It also allows the retired to have the benefits of savings, assets or other income they have themselves put aside for later years. Another transformation has begun to take place, namely the widespread growth of income from private pension plans. Overall, those people who receive pension benefits have incomes well above the average while those without such benefits have incomes below community standards. The Social Security system does not discriminate between those who need an increase in income and those who do not.[7.] Table 7 lists sources of income and Table 8 lists median income of elderly units with various sources of income.

7. Ibid. p. 184-186

TABLE 7

Sources of Income, Aged Units in Maine, 1975

| ALL SOURCES OF INCOME | | LARGEST SOURCES OF INCOME | |
|---|---|---|---|
| Ranking | percent reporting this as source of income | Ranking | percent reporting this as one of two largest sources of income |
| 1. Social Security | 84% | 1. Social Security | 77% |
| 2. Savings | 52% | 2. Pension Plan | 28% |
| 3. Assets | 38% | 3. Wages | 19% |
| 4. Pension Plan | 34% | 4. Assets | 16% |
| 5. Wages | 25% | 5. Savings | 16% |
| 6. SSI | 9% | 6 SSI | 8% |
| 7. Veterans Benefits | 8% | 7. Veterans Benefits | 6% |
| Other | 10% | Other | 4% |

Source: 1975 Survey of the Elderly

Note· 17% of the respondents reported only one source of income: 36% reported two sources: 48% reported three or more sources.

TABLE 8

Median Income of Aged Units With Various Sources of Income, Maine, 1975

| Largest Sources of Income | Single | % Below Low Income | Living With Spouse | % Below Low Income |
|---|---|---|---|---|
| Only Social Security | $2,200 | 61% | $3,600 | 81% |
| SSI (with or without other sources) | 2,600 | 54% | 3,310 | 80% |
| Wages only | 1 | | 9,300 | 8% |
| Soc. Sec. & Wages | 3,200 | 34% | 5,300 | 41% |
| Soc. Sec. & Pension | 4,100 | 11% | 7,400 | 15% |
| Soc. Sec. & Assets | 3,200 | 27% | 5,300 | 37% |

1 Too low to calculate - Source: 1975 Survey of the Elderly

Solving the low income problem through Social Security will be expensive since increased benefits go to all, not just those who need the increase to obtain a reasonable standard of living. But to ignore the income problems of low income elderly because many others have another substantial source of income is untenable.[8]

Mandatory retirement at age 65 or earlier ignores the fact that the health of many retirees at 65 is much better today than it was some years ago. It also ignores the fact that benefits are not large enough to live on and that additional income will be needed, even though we now have a cost-of-living increase formula built into the benefit system. It ignores, too, the fact that many people want to continue working and are willing and able to do so and competent to produce a good quality of work.

Age discrimination in employment is also directly related to retirement. It tends to shift the support of the worker from his job to his pension, from independence to dependence, --- from earning to public support in many cases and is a way to keep the older worker out of the work force and in retirement or to force him into retirement. The worker has been engrained with work and self-sufficiency, but then must relent to "welfare." It takes the worker out of his status of producer and makes him primarily a consumer. It is wasteful of talent and once lost, the productivity of the older worker, of course, is gone forever.

The American Medical Association's Committee on Aging describes the enforced idleness of retirement as "no less devastating than cancer, tuberculosis or heart disease.... There is ample clinical evidence that physical and emotional problems can be precipitated or exacerbated by denial of employment opportunities."[9]

One of the reasons for this tremendous impact on the elderly is pride, which is directly related to a highly prized value in American culture: self-reliance. It is largely through being self-reliant that an individual achieves self-esteem and the esteem of others. To be dependent in our society is equated with being weak, even immoral. Many who have

8. Ibid. p. 184-186
9. Testimony of John B. Martin to the National Retired Teacher Association...on Age Discrimination in Employment February 9, 1976 p.7

reached a point where they need some help from others will reject the help, or the helper, for in accepting help they lose some feeling of self-worth. This conflict between enforced dependency and the desire to maintain independence is costly to many older people, costly in self-esteem. Those whose economic situation is poor or whose health is poor or whose physical limitations prevent their caring for themselves are faced with more than the conflict between being dependent on others and being self-reliant, they also face a loss in their self-esteem. This may help explain why there is such a discrepancy between the number of people who indicate a need for supportive services and the number who use them. Following is a table designating the proportion of older persons who have heard of and used the programs available to them.

TABLE 9

Proportions of Older Persons who have Heard of and Used Programs

| | Heard of % | Used % | Awareness/use Ratio |
|---|---|---|---|
| Home health aides | 38 | 3 | .07 |
| Meals programs | 77 | 7 | .09 |
| Homemakers | 50 | 4 | .08 |
| Information and referral service | 19 | 1 | .05 |
| Senior citizen clubs and centers | 93 | 17 | .18 |
| Senior Mini-buses | 82 | 8 | .10 |
| Handyman service | 21 | 2 | .10 |
| R.S.V.P. Volunteer Program | 23 | 1 | .04 |
| Legal Aid for the Elderly | 49 | 2 | .04 |
| Senior Citizen health screening clinics | 36 | 5 | .14 |
| Property tax and rent refund | 67 | 15 | .22 |
| Free tuition at the University of Maine | 24 | 1 | .04 |

The programs instituted to help older people have been planned and are delivered in good faith. The underlying philosophy has been that if older people could be given the support they need to remain in their own homes they would maintain their independence. The philosophy is hard to fault. People are better off in their own homes and some will indeed need help to stay there. Help with cooking meals, with bathing, with shopping, with cleaning, with getting to the doctor or the bank or the barber shop, all these forms of help are part of the support system developed to help older people stay in their homes and remain independent. The problem lies in that by accepting help people become dependent. It may be too much to expect that people who have cherished self-reliance all their lives, for themselves and for others, will easily accept dependence.

We are in a contradictory stage regarding welfare. As a rich nation possibly the richest, we recognize the incongruity of having hungry, homeless, helpless people in our midst and we have taken some steps to care for them. But being 'too proud to accept help', welfare, is a manifestation of our fundamental value of self-reliance and our society rewards it. Being too proud to accept help is not a condemnation, it is praise.

The solution will not come by changing the designation 'welfare' to a word which has as yet no derogatory connotation. There has to be either a change in our value system or a change in the way our supports are provided. Some change in attitudes toward the helping professions is apt to occur over time. How far reaching, it will be in the context of the present discussion remains to be seen. Change in the dispensing of supports could occur earlier and can be as far-reaching as we are willing to make it. [10.]

The Age Discrimination in Employment Act of 1967 was enacted 8 years ago to promote the employment of persons aged 40 - 65, based on their ability rather than age and to prohibit discrimination in employment because of age in matters such as hiring, job retention, compensation and other terms. In addition to supporting the enforcement of the Age Discrimination

10. Op. Cit. Over 60. p. 177-8

in Employment Act of 1967, the Social Life Subgroup urges that the Act be expanded to cover workers age 65 and older, as well as age 40 - 65. There can be no logical reason for ending the protection of the law as soon as a worker has reached his 65th birthday. The very existence of a law which forbids age discrimination between age 40 and age 64 implies that age discrimination at age 65 and beyond is permissible. This implication ought not to exist.[11].

Henry Ford said, "a fever of newness has been everywhere confused with the spirit of progress. By insisting on newer workers replacing the old we are systematically refusing the old a place in our progress, in our future and excusing this practice with arguments about the economy. By forcing retirement at 65, regardless of ability or desire to work we're telling our young that old age is less important than youth. How then can we expect that youth to grow old with an affirmative sense of old age. How can we expect that youth and community to value the old when business and our government apparently do not?"

Today practically 50 percent of our labor force is operating under some form of mandatory retirement. The present system provides strong incentives to quit work. The social security retirement program provides a penalty of one dollar in lost benefits for every two dollars earned over $2,760. (Recently the $2,760 Social Security benefits were raised to $3,000). This encourages a retiree to stay out of the labor market after his retirement. No financial incentive exists for the retiree to stay in the labor force. A worker who doesn't get any benefits before 65 and delays retirement past 65 will get a special credit that can mean a larger benefit. The credit adds to a workers benefit, 1 percent for each year (1/12 of 1 percent for each month) from age 65 to 72 for which he or she did not get benefits because of work. This credit applies only with respect to months after December 1970. Following are tables and explanations of Social Security benefits as they are calculated and how income affects those benefits.

11. Ibid. p. 12

Some people think that if they've always earned the maximum amount covered by social security they will get the highest benefit shown on the chart. This isn't so. Although retirement benefits as high as $474 a month are shown, payments this high can't be paid to a worker retiring at 65 now. The maximum retirement benefit for a worker who becomes 65 in 1977 is $412.70 a month, based on average covered yearly earnings of $7,608.

The reason the average can be no higher now is that the maximum covered earnings were lower in past years. Those years of lower limits must be counted in with the higher ones of recent years to figure your average covered yearly earnings and this average determines the amount of your check.

The maximum earnings creditable for social security are $3,600 for 1951-1954; $4,200 for 1955-1958; $4,800 for 1959-1965; $6,600 for 1966-67; $7,800 for 1968-1971; $9,000 for 1972; $10,800 for 1973; $13,200 for 1974; $14,100 for 1975; $15,300 for 1976; and $16,500 for 1977.

Survivors and disability benefits can reach higher levels now, however, because fewer years and higher earnings levels are used to figure the average earnings for young workers. For example, let's say a young man became disabled in 1977 at age 29 or younger and had average covered yearly earnings of $14,700 over 2 years. His disability benefit would be almost $576 a month. If this young man has a wife and two children, family benefits would be about $992 a month.

The table shows examples of monthly cash benefits payable.

## TABLE 9

**Examples of monthly social security payments (effective June 1976)**

| | Average yearly earnings after 1950 | | | | | | |
|---|---|---|---|---|---|---|---|
| **Benefits can be paid to a:** | **$923 or less** | **$3,000** | **$4,000** | **$5,000** | **$6,000** | **$8,000*** | **$10,000*** |
| Retired worker at 65 | 107 90 | 223.20 | 262 60 | 304 50 | 344.10 | 427 80 | 474 00 |
| Worker under 65 and disabled | 107 90 | 223 20 | 262.60 | 304.50 | 344 10 | 427 80 | 474 00 |
| Retired worker at 62 | 86.40 | 178 60 | 210 10 | 243 60 | 275 30 | 342 30 | 379 20 |
| Wife or dependent husband at 65 | 54.00 | 111 60 | 131.30 | 152 30 | 172 10 | 213 90 | 237.00 |
| Wife or dependent husband at 62 | 40 50 | 83 70 | 98.50 | 114.30 | 129 10 | 160 50 | 177 80 |
| Wife under 65 and one child in her care | 54.00 | 118.00 | 186.20 | 257 40 | 287 20 | 321 00 | 355.60 |
| Widow or dependent widower at 65 (if worker never received reduced benefits) | 107 90 | 223 20 | 262.60 | 304 50 | 344 10 | 427 80 | 474.00 |
| Widow or dependent widower at 60 (if sole survivor) | 77 20 | 159.60 | 187.80 | 217 80 | 246 10 | 305.90 | 339.00 |
| Widow or dependent widower at 50 and disabled (if sole survivor) | 56.80 | 111 70 | 131 40 | 152 40 | 172 20 | 214 00 | 237 10 |
| Widow or widower caring for one child | 161 90 | 334 80 | 394.00 | 456 80 | 516 20 | 641 80 | 711 00 |
| **Maximum family payment** | 161 90 | 341 20 | 448.80 | 561 90 | 631 30 | 748 70 | 829.50 |

*Maximum earnings covered by social security were lower in past years and must be included in figuring your average earnings. This average determines your payment amount. Because of this, amounts shown in the last two columns generally won't be payable until future years. The maximum retirement benefit generally payable to a worker who is 65 in 1977 is $412.70.

## TABLE 10

**How earnings over $3,000 in a year affect your social security payments**

| **1. If your total annual earnings are:** | **$3000** | **$3500** | **$4000** | **$5000** | **$6000** | **$7000** | **$8000** | **$9000** | **$10000** | **$11000** | **$12000** | **$13000** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **2. and your monthly social security check is:** | **3. Then you will still get social security benefits for the year totaling:** | | | | | | | | | | | |
| **$ 75** | 900 | 650 | 400 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **100** | 1200 | 950 | 700 | 200 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **125** | 1500 | 1250 | 1000 | 500 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **150** | 1800 | 1550 | 1300 | 800 | 300 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **175** | 2100 | 1850 | 1600 | 1100 | 600 | 100 | 0 | 0 | 0 | 0 | 0 | 0 |
| **200** | 2400 | 2150 | 1900 | 1400 | 900 | 400 | 0 | 0 | 0 | 0 | 0 | 0 |
| **250** | 3000 | 2750 | 2500 | 2000 | 1500 | 1000 | 500 | 0 | 0 | 0 | 0 | 0 |
| **275** | 3300 | 3050 | 2800 | 2300 | 1800 | 1300 | 800 | 300 | 0 | 0 | 0 | 0 |
| **300** | 3600 | 3350 | 3100 | 2600 | 2100 | 1600 | 1100 | 600 | 100 | 0 | 0 | 0 |
| **350** | 4200 | 3950 | 3700 | 3200 | 2700 | 2200 | 1700 | 1200 | 700 | 200 | 0 | 0 |
| **400** | 4800 | 4550 | 4300 | 3800 | 3300 | 2800 | 2300 | 1800 | 1300 | 800 | 300 | 0 |
| **450** | 5400 | 5150 | 4900 | 4400 | 3900 | 3400 | 2900 | 2400 | 1900 | 1400 | 900 | 400 |
| **500** | 6000 | 5750 | 5500 | 5000 | 4500 | 4000 | 3500 | 3000 | 2500 | 2000 | 1500 | 1000 |
| **550** | 6600 | 6350 | 6100 | 5600 | 5100 | 4600 | 4100 | 3600 | 3100 | 2600 | 2100 | 1600 |
| **600** | 7200 | 6950 | 6700 | 6200 | 5700 | 5200 | 4700 | 4200 | 3700 | 3200 | 2700 | 2200 |
| **650** | 7800 | 7550 | 7300 | 6800 | 6300 | 5800 | 5300 | 4800 | 4300 | 3800 | 3300 | 2800 |

Following is an excerpt from a publication distributed by the U. S. Department of Health, Education and Welfare explaining social security benefits.

If you work after payments start the basic purpose of social security cash benefits is to provide continuing income to a worker and family when their usual income from work is cut off or reduced because of the worker's retirement, disability, or death.

You don't have to stop working completely to receive social security benefits.

In 1977, you can earn $3,000, we withold $1 in benefits for each $2 in earnings above $3,000. But no matter how much you earn in a year, you can get the full benefit for any months in which you do not earn more than $250 in wages and you do not perform substantial services in self-employment.

These amounts will increase automatically in future years as the level of average earnings rise, so that you'll always be able to earn more and be assured that your total income (earnings plus social security) will be higher.

All earnings you have from employment or self-employment count, whether or not the work is covered by social security. Generally, earnings for the entire year must be counted. This includes months both before and after your benefits end. Income from savings, investments, pensions, or insurance does not count.

When you reach 72, you can earn as much as you want and still get your full check each month. And your earnings after 72 are not included when figuring what benefits are due you for the months before you reach 72.

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Encouraging employment beyond age 65 would have a positive economic impact on society as a whole as well as on the individual. If the present trend in fertility rates continues--and we have no reason to expect that it will do otherwise--then the proportion of retirees to workers, the dependency ratio, will grow increasingly larger. In 1955 there was one retiree for every seven workers; in 1960 there was one retiree for every four workers;

and in 1974 the ratio had risen to one-to-three. As the dependency ratio increases, the transfer of income from workers to retirees which takes place under Social Security will place an ever increasing burden on the working population and may reach the point where workers are unwilling to contribute the amounts needed to support the retired population. In fact, the Board of Trustees of the Social Security Trust funds and the Senate-appointed Panel on Social Security Financing have predicted that this projected increase in the dependency ratio will result in a long-term deficit in the Social Security trust funds over the next 75 years unless changes are made in the Social Security system.

Within Maine possibly more people have a problem with health than with any other aspect of their lives. While slightly more people have problems with their health as age increases, the differences are not significant. There is some evidence that a lack of concern with one's physical welfare increases with age. Another factor related to health is money. The lower a person's income the more apt he is to consider health a problem.[12.] In 1971 it was estimated that rural people 65 and older have more chronic conditions and limitations on their activities than the urban older person. This can be partially traced to the fact that adequate health facilities and personnel are not readily available for the rural person. Specialization in medicine seems to have hurt the rural residents significantly. With the decline in general practitioners and the need of specialists to be close to modern facilities, many rural communities in Maine find themselves well above the suggested population per physician ratio and in most cases these rural communities have a higher than average proportion of elderly who are generally in greater need of some type of medical care. In 1970, 12 of Maine's 16 counties population per physician ratio exceeded the national average, and we can anticipate that this situation is more acute in the small communities of those counties.[13.]

12. Op. Cit. over 60 in Maine p. 153
13. 1974 Blaine House Conference on Aging p. 41

While principal causes of death in persons in Maine over age 65 are heart disease, cancer and stroke, the elderly reported their major health problems as generally poor health listing eye, ear and feet problems as their prime concerns. Most elderly cannot afford appropriate medical attention even with Medicare and Medicaid.

Because of these circumstances, the elderly often are compelled into nursing homes, not because they need skilled or long-term care but they need some care and other alternatives do not exist. Programs such as homemaker-health aides must be expanded to provide part-time personal care in the home under the supervision of a registered nurse.

One of the greatest problems with home health services has been lack of reimbursement for these health services, despite their economy and their concern for the patient. Though 80% of patients are over 65, Medicare covers only 22% of the cost of these services. Chronic illness is not covered for the most part and restrictions and variations in interpretations of what is covered put pressures on physicians, home nursing staff and patients to use the hospital or nursing home even when home services are a better alternative.

But all the preventive services possible will not negate the fact that skilled nursing home care is an often needed reality. At present, 7,000 elderly men and women are in our nursing homes amidst national statistics which reveal that 40% of all elderly are inappropriately placed in such facilities, or, in Maine, 2,800 people should not be in nursing homes.[14.]

After retirement, without adequate financial support of pensions, what does a retired person have to look forward to? There are limited programs where the elderly can participate in useful activities. Often, at retirement, a limbo is created. Older people have mounting financial and health problems. Anxiety grows about how they can maintain their existence. The elderly are limited in their scope and activity. Little interaction between themselves and the community is sought. Perhaps the best statement on this problem comes from a credo of older citizens adapted as Maine's philosophy on aging.

"We do not wish to be taken from the mainstream of life, away from the everyday

14. Ibid. p. 33

activities of society and put on a shelf. We do not want a dole, but rather help in our times of crisis. We wish to live with minimum dependence on other people and government...government should not be the sole keeper of America's elderly, but rather a help in times of crisis. Programs must help us care for ourselves."

The elderly must maintain a useful and important position in our society. They must be integrated with the rest of the population and again treated as a productive and worthwhile group of people. We must develop and encourage programs in which the elderly can participate. We must tap the elderly's knowledge and resources in social, cultural and educational capacities. The elderly must have alternatives to those which presently exist. Part-time employment opportunities must be cultivated in our schools, libraries, day-care centers, hospitals, nursing homes, community projects and the handcraft industry. We must develop self-help programs among the elderly, whereby the concept of "welfare" would not exist. The elderly have meaningful political ideas which must be encouraged and fostered. The elderly must be assured the goods and services they need. The elderly have worked all their lives and must not be left in desperation and limbo after age 65. The elderly must be informed of the options open to them. Perhaps this could be accomplished by a newspaper or bulletin written by the elderly for the elderly.

Income, health, lonliness and isolation are among themost serious problems confronting the elderly today. In 1975 there were 98,490 projected elderly household heads (over age 60). By 1990 it is projected there will be 114,410 elderly household heads, a percentage increase of 16.2%. Because of this expected growth a solution must be sought which would provide the elderly with the facilities they need.

The Social Life Subgroup offers a possible alternative for the future. The concept of an elderly model community should be investigated to determine its feasibility and desirability. The Subgroup has also proposed some ideas on what this model community might entail.

An elderly model community could be established either as part of an existing community or could be a completely new community. The community should be integrated with economic, social and political capacities. The communities' design should encompass economic activities such as businesses, crafts, services and employment. Social activities should allow extensive uses of year round facilities in order to attract persons to the community from the outside to shop and trade. If the facility were located on the rural fringe of a city adequate transportation should be provided to the urban area.

A health care facility within the community should focus its attention on functional medicine such as nutrition, hearing, sight and other necessary health needs. Also some kind of nursing home facility should be provided for the very ill who cannot function within their apartments.

Included with the facility should be areas set aside for apartments, cafeterias, medical facilities, nursing homes, social areas, religious facilities, business areas and day care centers. The facility should be run by a non-profit, tax free entity. Religious or philanthropic organizations should be encouraged to participate in such endeavors with incentives such as tax breaks or low cost loans.

There is a distinct difference in the problem, circumstances and needs of elderly persons between the ages of 60 and 75 and those 75 or over. Obviously a person or family over 75 years of age is likely to be significanlty more dependent, have greater health problems, and in some cases have greater need for support services. A person or family between the ages of 60 and 75 is more likely to be capable of participating in more activities (social or work) and have a greater degree of physical mobility. Thus, it is important that our programs and services reflect the different needs and circumstances of these two age groups, arbitrary though they may be. In order to determine the different needs, it is essential that any data system assessing those needs be geared to the age group differential.

The older population will continue to increase and how we deal with these problems determines how the future generations of elderly will be looked upon.

What we must remember is that the elderly and disadvantaged have needs and desires that are simply human and are the same as those of the young and healthy; the desire to be loved, to be useful, to be wanted as an important part of the family and the community. Loneliness and isolation are among the most tragic hardships that these people endure. If the communities in which these people live regard them as full members, then they live in an atmosphere in which they can remain involved in the cultural, civic and social life of the community. An an elderly person in an HEW study said, "We don't want more years added to our lives; we want more life added to our years." If support and acceptance are given to the elderly and disabled, they have the sense of belonging which gives so much meaning to life.

Sources:

1. Blaine House Conference on Aging, A Report of Statewide Public Hearings Conference Proceedings and Recommendations 1973, 1974

2. Social Security Administration, Publications of U. S. Department of Health, Education, and Welfare

3. "Testimony of John B. Martin, Legislative Consultant to NRTA and AARP, on Age Discrimination in Employment." February 9, 1976

4. Over Sixty in Maine: A Progress Report, A Report of the Maine Committee on Aging April 1976

5. Profile of Poverty - Maine, A Data Source January 1975

# EDUCATION

Excellent educational systems for children and adults of all ages are fundamental not only to our concerns for the human condition, but for our aspirations in the other policy areas as well; for all are built on a foundation of well educated, well-trained citizens.

Educational services must not remain static: they must adapt to improved technology, shifting needs, improved methodology, and the new concept of lifelong learning. Our educational systems must be prepared to offer the base of knowledge and skills that will enable our citizens, of all ages, ethnic groups, and backgrounds to obtain productive, fulfilling employment in the economy of Maine as it evolves in accordance with our goals for its growth and development.

Furthermore, educational services, formal and informal, must not only be available to all citizens but stimulating and rewarding. This demands recognition of the worth and uniqueness of the individual and his or her specific interests and abilities. Educational programs must be tailored to the individual, to fit her or her needs, whether a handicapped child, a young seeker of knowledge, an underemployed wage earner, a jobless specialist, or a needy senior citizen.

By coordinating the various educational efforts and taking advantage of available improvements and advancements, and by merging public efforts with private initiatives, efficiency can increase along with effectiveness.

We cannot afford to allow our educational systems to deteriorate. To do so is to ignore the challenges and opportunities of the future.[1]

In the U. S. a public school is an elementary or secondary school that is part of a system of free schools maintained by public taxes and supervised by local authorities. The past twenty years have produced a variety of events which have significantly affected the organizational and programatic structure and methodology that characterize education in Maine. Some of these events in-

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[1] Alternative for Washington, Citizen's Recommendations for the Futures Report No. 1 May 1975 p. 115 - 116.

clude the following:

- the enactment of legislation providing incentives for the consolidation of municipalities into larger school administrative units

- the emergence of a gradually expanded program of state aid in the construction of new school facilities

- the impact which the post-Sputnik era concern for technological competition had upon math, science, and foreign language curricula

- the gradual increase in the level of state participation in the "pre-1994" school subsidy formula

- the expansion of guarantees of individual rights and freedom as fostered by judicial and legislative developments during the later part of the sixties

- the advent and formalization of collective bargaining, particularly as it relates to teachers

- the extension of the right of equal educational opportunity to all exceptional children

- the expansion and completion of a statewide network for providing regional technical - vocational education programs to high school juniors and seniors

- the evolution and expansion of federal categorical aid for the support of local educational programs

- the enactment of legislation designed to equalize educational opportunity through a school finance law which attempts to provide "equal dollars for equal tax effort"

- the start of a trend toward declining student population.

The impact of these events upon Maine education during this 20 year period from 1955 - 1975 would include such statements of relative statistical comparison as the following:

- the number of public high schools ( 9 - 12) has decreased from 178 to 117. The corresponding decrease in number of private high schools has been from 56 to 41

- the level of state support for school construction projects has grown from $0 to $26 million in fiscal year 1977

- during the past three years a total of $112 million in new school projects have been approved by the state board of education

- the level of Federal categorical aid which will reach local school systems this year is between $25 and $26 million

- the level of State support for elementary and secondary education program costs has grown from $7.8 million (Fiscal 1955) to $127.9 million (Fiscal 1976).

- during the present school year, a total of 22,800 students are receiving the benefits of individualized educational programs designed to address their individual handicapped condition; an increase from 12,900 in Fiscal 1974

- the total elementary and secondary enrollment statistics have decreased from a high of 252,668 in Fiscal 1973 to 249,694 in the present school year

In addition to the statements of statistical comparison, many generalizations could be made regarding the more subjective impact of some of these events. For example, it can be said that a much more formal (and, at times, adversary) relationship now exists between employer and employee than was true prior to collective bargaining. A gradual relaxation in the standards of student discipline has occurred. Students now have a greatly increased set of curricular choices available to them. There has been a discernible trend away from the more traditional patterns and methods of teaching.

The following list includes several broad educational issues which will likely require significant public attention in the next 3 - 5 years.

- immediate attention needs to be given to the issue of changing student population in order that better short and long range decisions affecting educational facilities and programs can be made. There is a need for improved techniques for forecasting (adult and student) population trends and both inter and intra - state migration patterns, on at least a 5 to 10 year basis.

- closely aligned with theneed for improved projections of student population is the need for a more long range system for approving and financing public school facilities. The new statute which envisions financing new facilities on a "pay-as-you-go" basis, coupled with the present moratorium on further project approvals can only invite short range planning at the local (and state) level.

- there is a clear need for further refinement and stability in the means by which the local share of total (equalized) education costs is determined. It must be recongized that property assessing techniques need to be improved at both the local and state levels so that the levying of a state tax on property for the support of education will become an integral component of an overall tax policy for the state.

- the citizen's role in the influencing of local (and state) educational policy decisions (both fiscal andprogrammatic) must be clarified and, if possible, strengthened in a meaningful and understandable manner.

- the interrelated issues of compulsory attendance, non-enforceable truancy laws, and the need for strengthened standards of student performance must be addressed within a statutory framework that motivates (and rewards) students and school officials who jointly strive to provide educational programs that stimulate and challenge youth toward the maximum realization of their potential.

- legislation should be developed that would provide incentives to local school systems which demonstrate a willingness to apply general accountability standards to educational program design and development. To the maximum extent possible, such accountability standards should be developed within the context of local control.

- Maine's commitment to providing secondary and post-secondary level technical-vocational programs should be clarified and strengthened in order that primary public attention can be focused on training (and educating) "Maine Citizens for Maine Jobs".

- there is a need for the development of model programs designed to stimulate in our youth positive attitudes toward drug and alcohol abuse prevention.

- attention needs to be focused on the development of an improved "Manpower Needs" projection system as it relates to future needs and opportunities for qualified professional personnel in Maine school systems.

- there is a continuing need for improvement in the quality and sophistication of local techniques for thescreening, identification and education of exceptional children. This need for improvement will become very apparent as the pressures of statutory compliance deadlines, increased parental pressures, and expanded federal directives converge upon local school systems in the next few years.

Significant public attention in the next 3 - 5 years must be focused on the issues of changes in student and adult populations, the financing of school facilities, the tax structure that supports our educational system, citizen participation in educational decision-making, the development of more challenging educational programs, accountability, vocational training directions, teacher training needs, and programs for exceptional children.

It is extremely difficult to try to predict emerging patterns of change over a period of twenty-five years without resorting to outright "guesswork" unless one limits the range of prediction to those areas where there is present evidence of the emergence of a trend. The identification that

follows is based upon an approach which falls largely within the latter category:

- as secondary tuition costs continue to increase, there will be more pressure placed upon those communities that do not make formal local arrangements for their high school students to either consolidate or contract for high school tuition services. Alternatives to this direction would be for the legislature to allow subsidy money to "follow the child", or to adopt an educational voucher system whereby high school students might be given the choice of determining the school they wish to attend.

- as the process of screening and identifying handicapped children matures, there will likely be an increase in the number of public school regional programs offered on a regional basis to meet the needs of certain categories of the handicapped.

- increased attention upon minimum competencies at the high school level could lead to the providing of early exit alternatives for those students who can demonstrate achievement of minimum proficiency standards prior to actual graduation.

- there will be increased emphasis, primarily from the federal government, upon expanded day care and early childhood education programs for children between the ages of 0 and 5.

- there will be continuing changes in educational technology which will produce substantial changes in organizational and methodological patterns.

- teacher unionization will continue to grow with the end result being continual challenge and/or erosion in the present governance mechanisms affecting lay control of public education.

- there will be continuing pressure upon LEA's and SEA's to define and measure student performance accountability results.

- there will be a gradual transition from paper and print means to electronic means for the storing of educational information.

- increased incentives to get older teachers out of service through the mechanism of early retirement.

- there will be increasing emphasis upon the implementation of career education programs designed to expand the student's awareness of the world of work, to better prepare them to make more informed career choices, and to provide them with more opportunities for skill development and work experience.

- in the absence of vigorous efforts by local citizens to maintain and strengthen the doctrine of local control, there will be a gradual transfer of control mechanisms to the state and federal governments, provided the levels of state and federal aid continue to grow.

- there will be a continuing and expanding role played by State and Federal legislatures and the courts in the shaping of educational policy

- there will be continuing local and state level attempts to broaden the role of public schools.

- there will be increasing attempts to use the teacher certification process to control supply and demand.

The Social Subgroup has had much difficulty in coming to any intelligent overall conclusions about the state of education - public and private - in Maine.

All the advances have been real in primary and secondary education — advances which have particularly developed resources for the handicapped child. It is difficult to make an overall assessment.

In view of the national turmoil over diminishing reading and arithmetical capacity and the constant lack of responsible assessment of the meaning of some of these phenomena, perhaps one of the best suggestions which might be made at this point by the Social Subgroup on the subject of education is that the state should consider the development of an agency outside of the educational establishment which might be used for overall continuous evaluation and assessment of the educational process with the responsibility of reporting directly to legislative, executive and other agencies within the State.

At the present time, most school boards, as well as executive and administrative agencies, must essentially rely on the school system and its personnel for evaluations of their own activity. For the military, there is an Inspector General. For fiscal agencies, there are auditors. But for the time being educational agencies throughout the State essentially are evaluated by themselves.

The Social Subgroup believes that a vigorous educational establishment within the State is absolutely vital to its welfare. It therefore, recommends the development of an independent agency for continual evaluation and assessment of Maine's educational establishment, or the continuous rigorous use of national assessment standards.

In the field of education, there is a need to encourage the development of educational systems and resources which (1) are responsive to the individual student (regardless of age) and (2) will serve the professional and vocational education/training needs of the state's economy. More specifically, there is a need to develop better vocational education processes (e.g., cooperative education) and to provide for increased use of community resources. This includes the increased use of para-professional personnel and volunteers in the state's educational system.

There is a need for expansion and increased funding of the state's pre-school system to permit earlier identification and treatment of learning difficulties.

In the area of kindergarten, elementary and secondary (K-12) education, there is a need for all learners to have extensive and continuing opportunities for career awareness, exploration, and preparation. This should include the ability of students to demonstrate proficiency in essential communications skills. There is a need for performance standards and the evaluation of instructional techniques to assure that our schools are effective in producing quality educational services within the revenues available.

# HEALTH SERVICES AND HEALTH

Health is now defined as a positive relationship between man and his total environment. The causes of good health and bad health are found, therefore in an increasingly broad context, including "life-style," natural environment, social status, and home and occupational environs. Health care in the future will probably depend less on medical services and more on services aimed at influencing man's behavior and improving the quality of his environment.

Attitudes toward health change as medical, social, and political conditions change. Until the twentieth century, health was usually described as the absence of disease. The patterns of biochemical disorders affected the definition of health at any given time, even to the extent that historical periods are identified in terms of their most conspicuous health problems. Few problems were exclusive to any one period, however.

Chronicles of early European civilization, particularly the period from 1500 to 100 A.D. are filled with tales about epidemics, especially the plague and leprosy. These epidemics continued well into the "modern world"; toward the end of the fifteenth century, diseases carried by lice, such as typhoid fever, had reached massive proportions in Europe. Along with famine and war, louse-borne diseases and syphilis became the most common cause of death.[1]

In the nineteenth century, the major diseases were those spread through the gastrointestinal tract, such as cholera and typhoid fever. These diseases were linked with the growth of urban centers following the industrial revolution. Poor sanitation spread these diseases. As sewage disposal and the purifying of milk and water improved,

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[1] Health Services in Minnesota, Commission on Minnesota's Future December 1975. p.3

these diseases declined. This was the beginning of the era of "public health," an era whose birth was accompanied by the optimistic belief that there were no limits to what man could do to improve health through improving the environment. In the nineteenth century, people began to speak of health in broader, more flexible terms. The older, more confining definition, "absence of disease," no longer held. "Health is the perfect adjustment of an organism to its environment" wrote Herbert Spencer.

By the end of the nineteenth century there was a notable reduction in adult deaths, due mainly to improved living conditions and the stabilization of annual food supply. It was also at this time that medicine began to find ways of treating tuberculosis and other diseases of the respiratory tract more effectively.

Not until the late nineteenth century did the communicable diseases of childhood gradually decline as a major cause of death. By the mid-twentieth century, immunization and therapy had been developed to guard against almost all childhood diseases. The era of preventive medicine was underway.

The scientific revolution that took place in America at the beginning of this century changed the concept of public health that America had inherited from Europe. Medicine in the U. S. became less interested in public health and more interested in pursuit of dramatic, short-lived cures and classifications that fit neatly into a regular program of diagnosis, treatment, and cure.

In the twentieth century fatalities from gastrointestinal, respiratory, and childhood diseases declined; people lived longer and thus became prone to non-communicable and chronic deseases such as cancer, cardiovascular, and renal disorders. Many of the diseases often associated with tension, smoking, alcoholism, and pollution that afflict middle-aged and elderly people cannot be reversed; they may last years, greatly limiting activity.

With technical improvements, diagnosis and medical care were increasingly effective against many diseases. Practitioners of medicine began to specialize, and medicine itself developed into an industry that marketed "health" much like any other industry markets a product or "packages."

An attempt was made in the 1960's to look at health as a positive state, not as the absence of disease. Health was defined as a whoe set of functional relationships, not as a fixed commodity. The World Health Organization defines health in this manner: "Health is a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity." The American Medical Association (AMA) and other professional groups adopted this definition, and it appears to be the one most commonly used.

Our definition of health will continue to evolve. Already the definition of health used by the Worled Health Organization (WHO) is being challenged. Health is not static, nor is it a commodity that men do or do not possess. Health is a condition that exists in an infinite number of ways. It is always relative to a particular life or to an ideal concept of life. Defining it is a continuously evolving process.

We can now re-define health in terms of the individual. This definition has many implications, but the essence of it is as follows:

> Health is not necessarily the absence of disease or disability; freedom from disability and health are not synonymous. A person with congenital or hereditary disease can still have health within his individual limits. Dunn describes health as "a method of functioning which is oriented toward maximizing the potential of which the individual is capable."

Health not only has a different meaning to different individuals, but people value it differently. Rene Dubos states that, for a lumberjack and a Wall Street

executive, changes in health status have different consequences.

Combining the definition used by WHO and the concept of health as perceived by the individual, we arrive at a new definition. It places every individual within the continuum of physical, mental, and social well-being, considers his limitations and preferences, and then determines the highest point of functioning he can expect to achieve. This definition implies that health involves man's overall relationship with his environment; the food he eats, the air he breathes, the place he works all affect his health.[2]

Federal legislation in recent years has repeatedly stated four goals of health as follows: level the cost of health services, assure their availability to the total population, maintain or increase their thoroughness, relevance and quality, and have a statistical significance upon the national health. However, in the decade from 1965-1974, national health expenditures increased by 176% and the proportion of public funds in every 'health dollar' increased from 25 to 40 cents. These "goals" have been the parameters of Congressional intent in legislation addressed to planning or programming, to manpower or facilities, to service, training and research, or to categorical service programs (the young, the poor, the handicapped the elderly, the urban, the rural and the special disease projects): and the seemingly inevitable next step appears to be national health insurance.

If these highly desirable goals are to cohere as a national health policy, there are some precious views of health services which need confrontation with realities.

Adequacy, even excellence, of health services in a community, is largely measured in the public mind, in terms of availability and easy access to health care. Whether unavailability is seen primarily as a factor of cost, or distance, or time, as it still does to many people, the problem is regarded quite simply as one of supply and distribution of doctors and facilities. It cannot be overemphasized that the achievement of excellence in health services today is overwhelmingly measured by professionals and the public in terms of more health personnel and more complex instruments and hardware.

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[2] Ibid. p. 15-17

By far the greatest single factor causing the cost of health services to rise precipitously is the expanding numbers and incomes of health service personnel. Between 1965 and 1974, for example, hospital care rose 220%, nursing home care rose 519.3%, physician, dental, and other professional services rose 98%.[3]

The number of people employed in health services represented 5.1% in 1973 of the total national employment. In Maine, between 1960 and 1973 the greatest increase in employment was in the medical and health field (12,950 jobs) which almost exactly counterbalanced the decrease in employment in this same period in textiles (4,740), transportation equipment (4,260), and leather (3,950) - three of the so-called Big Six industries in Maine.

Efforts are being made to cut down on health services costs, the major efforts being "cost containment" and the promotion of new models of health service delivery. Other efforts being made in a number of states include:

- Certification of Need legislation (requiring justification for new construction, major remodeling, new services).
- Fee schedules for common medical and surgical procedures.
- Controls on hospital service charges.
- Posting of prices of commonly prescribed drugs.
- Professional monitoring of length of hospital stay (and even hospital admissions).

Essential as these efforts may be to the efficiency of hotel service management (and in the present political climate they are likely to be expanded), they do not address the real cause of the problem. If the general public is going to continue to espouse the viewpoint that more personnel will lead to better health treatment, then efforts, both nationally and locally, to reduce the cost of health services will be severely impeded.

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[3] The decade 1965-1974 is the most recent available for catagorical breakdown of total national health service costs. Only the totals and a few spot categories for 1975 and 1976 have been released. Total increases in national health expenditures from 1965-1974 were 172% (38.9 billion to 106.0 billion), from 1974 to 1976, another 86% over 1965 (139.3 billion dollars or 8.6% of the Gross National Product)

New models of health service delivery have themselves become a significant factor in the steady increase of active health manpower; and many of these have become familiar programs in many parts of Maine. Up to the present time, however, - in the use of physician extenders (medical assistants, nurse associates or practitioners, etc.), the concept of skilled-nursing units, and indeed in the whole push to ambulatory care clinics and comprehensive home health services - these additional personnel and services have proved to be additional net costs rather than alternatives to or substitutes for traditional patterns and costs. In large part, these programs have been developed and implemented in Maine in fulfillment of the goal to extend availability of health services to the total population.

Nationally there has been, at a shocking cost in total health-care dollars, substantial extension of health services to the young and the poor, to the elderly and the handicapped, and with particular concentration upon certain city, rural, and ethnic minorities. Designed largely in the forms of traditional health services, and sponsored by a multiplicity of categorical agencies, these programs have made a mockery of cost containment, and accordingly, expansion of services to meet a goal at the exhorbitant expense of cost control.

Two of the larger sources of funding of these programs have been health insurance for the aged (Medicare) and Public Assistance (vendor medical payments) - (Medicaid). A five year contrast in the costs of these programs in relation to total Federal and State expenditures for health services is presently available only up to Fiscal Year, 1974. (See Table, page 8).

This Table's reference to State Expenditures embraces the totals for 50 states, among which Maine ranks 38th in total population, and is certainly of comparable, if not lower rank in per capita health costs assessed by Federal or State governments.

Hopefully there is already sufficient emphasis on the overall picture to compel attention to the necessity for change in the process and many forms of health service delivery: Costs continue to rise far outstripping the general rate of inflation.

As a percent of the Gross National Product, national health expenditures have increased from 5.9 to 8.6 in 12 years; more than 2% higher, as a percentage of the G.N.P., than national health expenditures in any other nation. As a percent of total employment, health workers have increased from 2.3% to 5.1% of the total work force in the same period. In Maine in 1970, they represented 3.9%.

The principal factor in the excessive rate of increase in health costs has been the establishment of comprehensive health programs for population groups and categories long recognized as poorly served by traditional health services and programs - the young, the poor, the handicapped, the elderly, and with special concentration in center city localities. The costs of these programs have represented almost entirely net increases in total costs, rather than alternative or substitutive costs.

There will be no reconciliation of the economic necessity to contain costs and the pressures to expand personnel and services until or unless the health community and the public accept the inevitability of changes in the process, form, and goals of health service delivery.

Probably the most significant and far reaching of the stated goals are those relating to throughness, relevance and quality of health services, and to their assessment in terms of impact on the status of national health.

It is hard to imagine a more dramatic example of the conflicting values of our times than the spectacle of an enterprise which can reach the proportions of a hundred billion dollar industry without benefit of ongoing, systematic assessments of either the quality or the results achieved by its ever growing services.

It is not as though criteria for such assessment have not existed for a long time, or that there were not, today, increasingly definable, valid, and collectable indicators of the quality and outcome of these services - still far from "scientific", to be sure, but potentially of far greater value than, say, public opinion surveys on these matters.

## FEDERAL AND STATE EXPENDITURES

| Fiscal 1969 | State Expenditures (50 States) | | Federal Expenditures | | Total Expenditures, Public Funds |
|---|---|---|---|---|---|
| Medicare | | | $6,598,000,000 | 49.9% | $6,598,000,000 |
| Medicaid | $2,298,000,000 | 32.0% | 2,298,000,000 | 17.4% | 4,596,000,000 |
| (Other) | $(4,876,000,000 | 68.0% | (4,324,000,000) | (32.7%) | (9,200,000,000) |
| TOTALS | $7,174,000,000 | 100% | $13,220,000,000 | 100% | $20,394,000,000 |
| Fiscal 1974 | | | | | |
| Medicare | | | $11,322,000,000 | 44.7% | $11,322,000,000 |
| Medicaid | $5,394,000,000 | 44.8% | 5,824,000,000 | 23.0% | 11,218,000,000 |
| Other | $(6,640,000,000 | 55.2% | (8,189,000,000) | (32.3%) | 14,829,000,000 |
| TOTALS | $12,034,000,000 | 100% | $25,335,000,000 | 100% | $37,369,000,000 |
| % changes in 5 years | | | | | |
| Medicare | | | +71% | | +71% |
| Medicaid | +134% | | +153% | | +144% |
| Other | (+36%) | | (+89%) | | (+61%) |
| TOTALS | +68% | | +92% | | +83% |

There are numerous barriers and difficulties to the establishment of quality controls and measurements of effectiveness of health care delivery. Above all there is the process of data collection, its cost, its seemingly mountainous paper-work, and its curious isolation from the health service marketplace. Collection of vital statistics has been a required function of health departments for several decades. Underpaid, undermanned, there are few in which the leadership and staff isn't overwhelmed by the problems of data collection and discouraged from initiative in either promoting the utilization or strengthening the relevance of these statistical exercises. There are exceptions to these generalizations which serve to illustrate the importance and usefulness of health status indicators, and suggest significance over the longer run to the issue of cost containment. Above all, it was the collection of data on infant and maternal mortality which discovered the wide variations directly related to poverty, infection, malnutrition, and the care of women during pregnancy and childbirth, and served to press the urgency of solution of this unnecessary tragedy through extension, improvement of services, and programs of public health-education. In the national generally and in the areas of greatest mortality particularly, the rates were reduced dramatically over the years, but it is still of more than passing interest that in relation to national infant and maternal mortality figures in countries of comparable health service systems, our rates in the United States, (where health expenditures have reached 8.7% of the gross national product, compared with 6.2% in the nearest "competitor") are significantly higher in each of these categories.

The potential for development and implementation of ever more valid and significant indicators of health service quality and of community health status has increasingly engaged the interest of those most deeply concerned about benefits received for all this money.

One can confidently predict firmer enforcement of reporting of "reportable diseases" and extension of this list to many disease entities with genetic as well as environmental and life style etiologies. It is not beyond the realm of possibility that one day health insurance will adjust rates for those who remain free from reportable diseases.

There is little evidence to suggest that the people of Maine regard health or health services as matters of urgent concern or high priority for decisive action. Recent questionnaires report consistently a high majority have had at least one contact with their doctor in the previous 12 months, are generally satisfied with their care though increasingly worried about cost, and do not regard their own health as a particular problem. Whether or not these respondents are healthy, reasonably free from, or simply accept, a variety of disabilities or limited activity may be another question. The point is that the people of Maine very generally do not think of health or health services as a particularly urgent issue.

Health costs in Maine have been steadily rising, though short of the rate of the nation or New England Region as a whole. Methods of monitoring health service costs are being developed in Maine; and through the health planning efforts of the past five years there has developed in this State not only a substantial awareness of the importance of assessment of"value-received" in terms of health, but also a growing body of data and information basic to the capability of such assessment.

TABLE I
SUMMARY OF MEDICAL CARE FACILITIES,[a]
MAINE, NEW ENGLAND AND U.S. 1973

| | Physicians[b] | Hospital Beds | | | Avg. Hosp. |
|---|---|---|---|---|---|
| | | | Per | Avg. Percent | Cost |
| | Rate[c] | Rate[c] | Physician | Occupied | Per Day |
| Maine | 121 | 423 | 3.54 | 72% | $100 |
| New England | 198 | 419 | 2.11 | 77% | 123 |
| United States | 161 | 430 | 2.67 | 75% | 115 |

a. Non-federal
b. Doctors of medicine only.
c. Per 100,000 population

TABLE II
SUMMARY OF MEDICAL CARE FACILITIES[a]
MAINE, 1968-1973

| | | Hospital Beds | |
|---|---|---|---|
| Year | Physicians Rate[b] | Rate[b] | Avg. Percent Occupied |
| 1968 | 131 | 418 | 75% |
| 1969 | 131 | 437 | 75 |
| 1970 | 131 | 416 | 75 |
| 1971 | 137 | 422 | 73 |
| 1972 | 116 | 420 | 71 |
| 1973 | 121 | 423 | 72 |

a. Non-federal
b. Per 100,000 population

At this point, however, it is worthy of note that none of the health indicators presently in wide use (i.e., incidents of infectious diseases, of accidents, maternal and infant mortality, of handicapped persons; life expectancy for age-corelated deaths from cancer, heart disease or stroke, etc.,) with a possible exception of dental cavities and respiratory disease indicate any statistically significant divergence of the State of Maine from the national figures.

As suggested above, a growing factor of increased health costs in Maine is the numbers and distribution of new programs of health service delivery - adding programs and personnel without compensatory contractions of others. Designed to substitute professional personnel (with less than the full course of physicians' training) to perform services within their capacity for excellence and their accountability to the public, these programs are pressing for equal reimbursement for specific skilled services or procedures; and they are not so far showing any net restraining effect upon rising admissions for acute hospitalization.

Distribution of health services has been a major concern of responsible health professionals and governmental officials in this State for many years. Distribution problems relate not only geographically to population, but also professionally as to types of services and personnel. In respect to each of these, the State of Maine is in a far more favorable position than is popularly believed. On the following pages are charts delineating hospital service areas and hospital services.

The geographic picture is quite distorted by the customary method of measuring the number of physicians, dentists, nurses, etc., as ratios of county populations. The effective service areas of health professionals and of community hospitals are no more bound by county lines than are concentrations of the general population. It is far more informative to note, that there are fewer than 15% of the total population of Maine living more than 20 miles from a practicing physician, and fewer than 24% living more than 20 miles from a community hospital. It is far more significant that in the 30 mile wide corridor straddling the Maine Turnpike and

Route 95 and Route 1 from Houlton to Presque Isle, 79% of Maine's population resides and is served by 81% of the practicing physicians, 80% of the total hospital beds, and 95% of the practicing dentists. Moreover, in areas served by hospitals outside the corridor, 22.5% of Maine's population is served by 19.5% of the practicing physicians. In the 12,500 square miles of land comprising the balance of the state, in 1970 5,572 residents presumably weighed the problems of health services before choosing their place of residence.

Following is a proposal by four Bates College students concerning rural health care in Maine. Their findings will be available June 5th.

"Many rural areas in the State of Maine are faced with unique sociological concerns in that medical services are often inadequate in these sparcely populated regions. Our preliminary research has uncovered three major health systems currently employed to help fulfill previously unmet medical needs, exemplified by the Kennebec Valley Regional Health Association in Waterville, the Rural Health Associates Corps in Farmington, and the Medical Care Development, Inc. in Augusta.

We wish to make an in-depth survey of these three organizations in order to initially determine why each was chosen for its particular region. Factors such as population, area, wealth, and the previous quality of medical care will be analyzed, to assess what significance each played in the planning of the expanded medical facility. We will then examine the present status of each organization, attempting to reveal its strengths as well as its weaknesses. The study will conclude by offering a prediction of each system's future prospects, indicating the general trends in the delivery of medical services in rural Maine. We plan to make our findings available by submitting our results to a Maine journal for publication."

This relatively favorable distribution picture offers a far more substantial base for future health planning than is generally appreciated, and no small credit for this must be given to the particularly effective planning effort in Maine (in contrast to many states in the nation) in the implementation, during the 1950's

and the 1960's, of the Hill Burton Hospital Construction Act. A farsighted study of the State Health Planning Council in 1965-67 began to delineate hospital service areas on the basis of patient origin information. Five major clusters of these, over the State, served as the basis for delineation of comprehensive health planning regions in 1970. The patient origin data have been collected every year since 1968 for every hospital in Maine; and more recently has been correlated with a discharge data system providing valuable information on the volume, and the quality of the outcome of hospital care in Maine as benefits of its cost. There are few, if any, States in the nation comparably thorough in well designed basic health service data.

Physician distribution by type of practice is a matter of appropriate concern in Maine, within the profession as well as in many health service areas both urban and rural. Maine over the years has lagged behind the nation on the rate and extent of replacement of the general or family physician in practice, and there is some evidence to suggest we may soon be leading in the reverse trend to well-trained family and primary care physicians in practice. It is interesting to note that in the health service areas served by Rural Associates in Maine, family physicians constitute 72% of all physicians and 7 are under age 40!

Appropriate mixes of general physicians and specialists both in relation to community hospitals (and the communities they serve) and in relation to referral medical centers (embracing the needs for a cluster of community hospital service areas) will undoubtedly develop over the years not only as a primary factor of cost, but also of quality of medical care. This will undoubtedly tend to concentrate medical and surgical specialties in Medical Center communities, and will necessitate adjustments in some of the views of the public and medical profession.

## Physician Extenders

Over the years, physician distribution has been regarded as the principal index of health service distribution. It is very likely that "health service distribution" will increasingly prescribe the need for physicians and a changing physicians' role

role, and supportive of the extension of some of the skills, procedures, and decision-making traditionally confined to other professionals. In the field of dental care, this is already well established in the role of the dental hygienist. Physician extenders have become increasingly active in the past few years in the State of Maine - including graduates of the Medex program at Dartsmouth and of the Family Nurse Associate and Pediatric Nurse Associate programs at the University of Maine. For their optimum use, there remain some very complex problems, however, of redelegation of legal, professional, moral and insurance responsibilities and benefits.

Nevertheless, it seems inevitable, as a factor of restraining health service costs, extending health service availability, maintaining and improving health service quality, and measurably improving the status of community health, that health services of Maine over the next few years will increasingly develop and implement the roles of physicians extenders.

## Service Area Correlation of Health Services

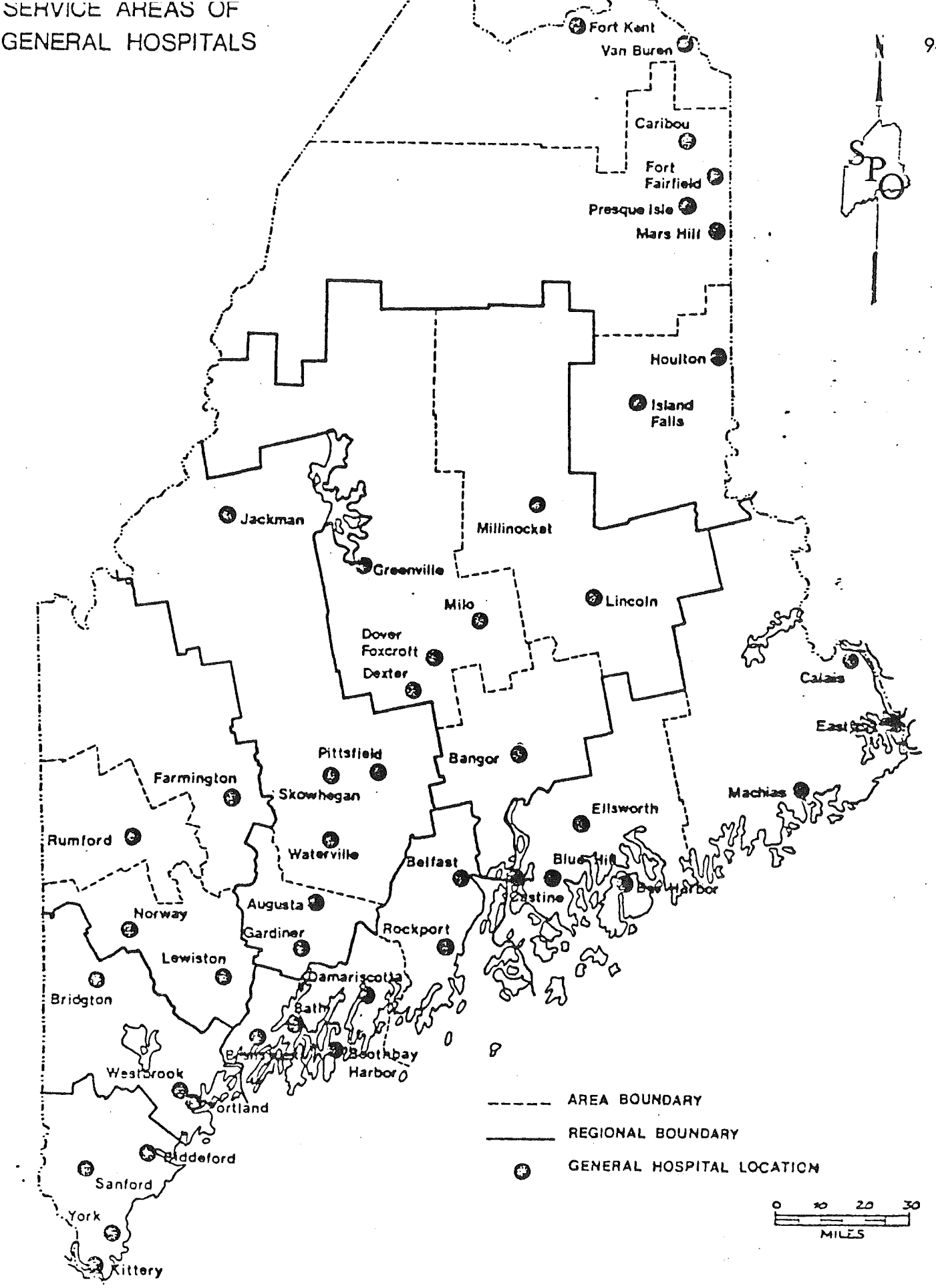
Over the years ahead health services - office practices of physicians and dentists, emergency medical systems, ambulatory care clinics, home health services, mental health services, rehabilitation services, and long term institutional care - will become oriented primarily to community hospital service areas and more closely linked to the hospital itself both in location and by communication. The compelling perseveverance for this include reduction, not only in duplicating services of personnel, but of overhead costs such as heating, utilities, and ancellary services.

The hospital, which is now as much a repository of the failures of preventative medicines as it is a resource of skills and equipment supportive of medical and surgical miracles will be pressed into the community of health services. The name of the game will increasingly become preventative medicine, health education, and a continuity of patient care. Overriding the predictable resistance to the changes this implies, including the vital issues of confidential records and categorical

service empires, will be the persuasions of health service cost and comprehensive health service coverage. In the past, the tendency has been to give most all responsibility for health care to medical professionals. The consequences of consumer pacivity and the failure of individuals to avoid illness through better nutrition, life style, and the proper use of preventative screening.

The American economy cannot "withstand a continuation of the present age of consumption," including consumption and health care. If the expectations of how much professional health care an individual may consume are to change, the medical system must change. Today, incentives favor quantity over quality, doctors by the threat of malpractice are forced to overservice clients, and reimbursement procedures encourage hospitalization and more expensive care.

# SERVICE AREAS OF GENERAL HOSPITALS

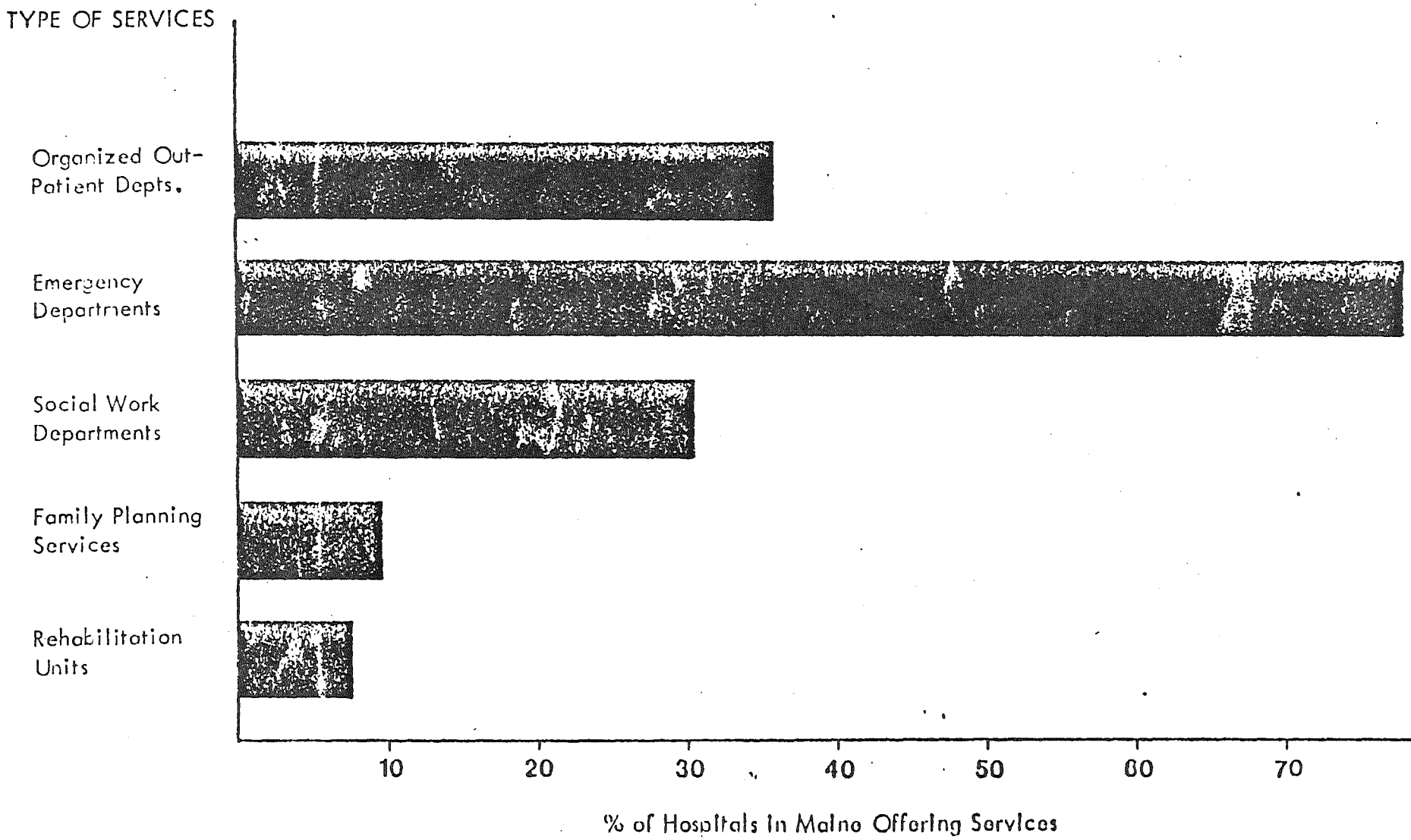


| HOSPITALS | LOCATIONS | Organized Outpatient Department | Emergency Department | Social Work Department | Family Planning Service | Rehabilitation Unit |
|---|---|---|---|---|---|---|
| 1. Augusta General | Augusta, Me. | X | X | X | X | |
| 2. Eastern Maine Medical Center | Bangor, Me. | X | X | X | | |
| 3. James A. Taylor Osteopathic Hosp. | Bangor, Me. | | X | | | |
| 4. St. Joseph Hosp. | Bangor, Me. | X | X | X | | |
| 5. Utterback Private Hospital | Bangor, Me. | | | | | |
| 6. Mt. Desert Hosp. | Bar Harbor, Me. | | X | | | |
| 7. Bath Memorial Hospital | Bath, Me. | | X | X | | |
| 8. Waldo County Gen. | Belfast, Me. | | X | | | |
| 9. Webber Hospital | Biddeford, Me. | | X | X | | |
| 10. Blue Hill Hospital | Blue Hill, Me. | | X | | | |
| 11. St. Andrews Hospital | Boothbay Harbor, Me. | X | X | | | |
| 12. Northern Cumberland Memorial Hospital | Bridgton, Me. | | X | | | |
| 13. Parkview Memorial | Brunswick, Me. | | X | | | |
| 14. Regional Memorial | Brunswick, Me. | | X | X | | |
| 15. Calais Regional | Calais, Me. | X | X | | | |
| 16. Camden Community | Camden, Me. | X | X | | | |
| 17. Gray Memorial | Caribou, Me. | | X | | | |
| 18. Castine Community | Castine, Me. | | | | | |
| 19. Miles Memorial | Damariscotta, Me. | | | | | |

| HOSPITAL SERVICES (Cont.) | | | | | | |
|---|---|---|---|---|---|---|
| HOSPITALS | LOCATIONS | Organized Outpatient Department | Emergency Department | Social Work Department | Family Planning Service | Rehabilitation |
| 20. Plummer Memorial | Dexter, Me. | | | | | |
| 21. Mayo Memorial | Dover-Foxcroft, Me. | | X | | | |
| 22. Maine-Coast Memorial | Ellsworth, Me. | | X | | | |
| 23. Franklin County Memorial | Farmington, Me. | | X | | | |
| 24. Community General | Fort Fairfield, Me. | | | | | |
| 25. People's Benevolent Hospital | Fort Kent, Me. | | X | | | |
| 26. Gardiner General | Gardiner, Me. | | X | | | |
| 27. Charles A. Dean Memorial Hospital | Greenville Jct., Me. | X | X | | | |
| 28. Aroostook General | Houlton, Me. | X | X | | | |
| 29. Houlton Regional | Houlton, Me. | | | | | |
| 30. Madigan Memorial | Houlton, Me. | | X | | | |
| 31. Emma V. Milliken Memorial Hospital | Houlton, Me. | X | | | | |
| 32. Tri-County General | Kittery, Me. | | | | | |
| 33. Central Maine General | Lewiston, Me. | X | X | X | X | |
| 34. St. Mary's General | Lewiston, Me. | X | X | X | | X |
| 35. Down-East Community General | Machias, Me. | X | X | | | |
| 36. Millinocket Community Hosp. | Millinocket, Me. | X | X | | | |
| 37. Stevens Memorial Hospital | Norway, Me. | | X | | | |

| HOSPITAL SERVICES (Cont.) | | Organized Outpatient Department | Emergency Department | Social Work Department | Family Planning Service | Rehabilitation |
|---|---|---|---|---|---|---|
| HOSPITALS | LOCATIONS | | | | | |
| 38. Sebasticook Valley Hospital | Pittsfield, Me. | | X | | | |
| 39. Maine Medical Center | Portland, Me. | X | X | X | X | X |
| 40. Mercy Hospital | Portland, Me. | X | X | X | | X |
| 41. Osteopathic Hosp. of Maine | Portland, Me. | | X | X | X | |
| 42. Portland City Hosp. | Portland, Me. | | | X | | |
| 43. Arthur R. Gould Memorial Hosp. | Presque Isle, Me. | X | X | | | |
| 44. Knox County Gen. Hospital | Rockland, Me. | | X | | | |
| 45. Rumford Community Hospital | Rumford, Me. | | X | | | |
| 46. Henrietta D. Goodall Hosp. | Sanford, Me. | X | X | | | |
| 47. Redington-Fairview Gen. | Skowhegan, Me. | | X | X | | |
| 48. Van Buren Cummunity Hospital | Van Buren, Me. | | | | | |
| 49. Elizabeth Ann Seton Hospital | Waterville, Me. | X | X | X | | |
| 50. Thayer Hospital | Waterville, Me. | X | X | X | X | X |
| 51. Waterville Osteopathic | Waterville, Me. | | X | X | | |
| 52. Westbrook Community Hosp. | Westbrook, Me. | | | | | |
| 53. York Hospital | York, Me. | | | | | |
| Totals | | 19 | 41 | 16 | 5 | 4 |

## MAINE HOSPITALS[1] - 1972
## SELECTED FACILITIES OFFERED




[1]Federal Hospitals & State Institutions Not Included.

SOURCE: Guide to the Health Care Field, American Hospital Association

The most important change must come in our patterns of consumption, by individuals assuming more responsibility in prevention of evnironmentally caused illnesses and by using the existing medical system properly.[4]

## Health Education

Maine has made a promising start in the field of health education. The program developing at the University of Maine at Farmington deserves special attention in future years as a means of increasing public participation and support.

"Health Education" remains a very loosely defined term in the vocabularies of both the professionals and the public. It does not include educational courses or programs for the training of health professionals. It is primary education of the public. Beyond this, there are still many blurs of meaning in daily useage.

It is descriptive of courses and/or information provided for children in school; for the public generally through magazines, newspapers, radio and television; for patients by doctors or nurses, particularly in relation to living with certain diseases or certain conditions, e.g., diabetes, hemophilia, child birth, infant care, etc. Currently, all these approaches are haphazard in their delivery and impact. They fall far short of the body of public information about health, health services, and diseases - resistance and prevention. Essential to promoting and sustaining the individual citizens' vital responsibility for his own health, and, thereby, for health services for which society can afford to pay.

In this perspective, there are two thrusts of health education - <u>health maintenance and prevention of disease and disability</u>. In each case, in addition to a body of information, there is the extremely important issue of motivation to use this information. Dr. John Knowles wrote recently

"None can deny the fact that billions of dollars could be saved directly - and billions more indirectly (in terms of family suffering, time lost, and the erosion of human capital) if our present knowledge of health and disease could (and would) be utilized . . .

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[4] Ibid p.4

The greatest portion of our national expenditures goes for the caring of the major cause of premature, and therefore preventable death and/or disability in the United States, i.e., heart disease, cancer, strokes, accidents, bronchitis and emphyzema, cyrrhosis of the liver, mental illness and retardation, dental care, suicide and homicide, venereal disease, and other infections..."

Preventive medicine is not a new concept. It is based on the belief that advance precautionary measures can prevent disease, or at least detect disease in its early stages. Immunization, one example of preventive medicine, has virtually wiped out the communicable diseases, which used to be responsible for countless deaths.

Preventive medicine presents serious dilemmas for planning the use of health care resources. First, because preventive medicine is delivered by medical professionals at the same facilities curative medicine is delivered, consumer access to health care remains a problem.

Second, preventive medicine makes everyone a client of the medical system, insofar as everyone should be protected from sickness no matter what his state of health. However, it is impossible by any realistic measures to provide the physical and financial resources to reach everyone. The American Pediatrics Association has stated that if its recommended schedule of routine medical attention for children under the age of eighteen were followed, medical professionals would be able to attend to only one-third of the people, and no one would be able to attend to the very sick.

Medical services - preventive and curative - are just part of what contributes to good health. Health is affected by socio-economic status, life-style, and environment. That socio-economic status is related to health is documented by the evidence that a much greater proportion of chronic disabling diseases occur among the poor than among the rich. Although the poor make less use of medical services than the wealthy, their health problems are not simply a matter of

medical neglect. They have as much to do with their living conditions - poor nutrition, lack of sanitation, and substandard housing - which, of course, are not directly under any doctor's charge.

The longer these conditions go unnoticed, the less apt they are to be remedied. The relationship between socio-economic status and health is a complicated one: poverty contributes to poor health, poor health to poverty. This is no less true of mental health victims, where stress and anxiety contribute to poor mental stability, and vice versa.

Life-style has an important effect on health, particularly when personal tastes and habits contribute to or subvert an individual's (or a nation's) healthfulness. Drinking, eating, sleeping, and exercising are necessary functions of living. Depending on how we perform them, we may either harm or restore our bodies.[5] Individuals must assume more responsibility in developing a life-style and an environment conducive to good health. Of course, when someone is affluent most of these habits are easier to develop. Massive consumer health education can do much to democratize these habits and make possible at least a minimum standard of good health for everyone.

Man's detrimental effect on the environment is receiving more attention as casual links between environmental conditions and diseases are established. Pollution is the most obvious example of an environmental health hazard; however, other environmental factors strongly influence health. First, concerning housing's environmental impact:

> "The operation of a dwelling is energy consuming and pollution producing - in smoke and furnace fumes, sewage, and garbage. Cesspools which contaminate water supplies, garbage which attracts rats, and leaves or trash burning all cannot be confined to the premises of the individual dwelling and affect the neighborhood and community environment..."

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[5] Ibid. p. 22

On housing and mental and physical health:

> "Although the exact relationship of housing to health is debatable, there is plenty of evidence that physically inadequate housing and overcrowding are deleterious to the physical and mental well being of the occupants. Dramatic reductions in infant mortality, for example, have followed the dampproofing and coldproofing of dwellings. Psychologists and psychiatrists feel that the lack of privacy in badly overcrowded quarters frequently is accompanied by emotional and mental problems. Beyond this, however, an increasing body of knowledge is being developed relating to the interaction between the human being and his living environment. While this has not yet led to immediately applicable principles and standards, valuable insights have been gained.[6]

In health maintenance there is a growing body of data and experience verifying the correlation between seven independent "rules" for good health, and both healthiness and life expectancy. Moreover, people who follow all seven rules are healthier and live longer than those who follow six (any six); six more than any five; and so on in perfect order. These seven "rules" are 1) no smoking of cigarettes, 2) seven hours of sleep, 3) three meals a day, at regular times, and no snacking, 4) eat breakfast, 5) keep weight down, 6) moderate, regular exercise, 7) alcohol only in moderation. There is nothing new in this, except (and this is as interesting as it is important) there is now demonstrable evidence to support the merits of the common sense most of us have or have been well exposed to!

Greater attention to the field of nutrition, including research primarily oriented to individual health, must be a central theme of health maintenance. Emphasis must be placed equally on food content and food preparation. The importance of low fat, low refined carbohydrates, high fiber, and the relation between sweets, soft drinks and dental care, all must be stressed. Equally important, however,

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[6] Ibid p. 23

is the need for cheaper, more nutritious and tasty alternatives to the adverse cost benefit ratios of highly processed and packaged foods.

## Preventive Medicine

"Conceptually", writes Dr. Knowles, "it is useful to subdivide Preventive Medicine into three classes": primary prevention, essentially the community measures employed to prevent disease...; secondary prevention, or, the early detection of disease...; and tertiary prevention, comprising of measures that will slow the progrss or avoid the complications of established (chronic) disease".

It is worth emphasizing that for full implementation of even our current capabilities for preventive medicine in respect to each of these three classes, there are substantial prerequisites of public education and of change both in government process and in professional philosophy. Primary prevention relates to measures to prevent disease. Immunization, and fluoridation are familiar examples. "Vaccines are available against measles, German measles, poliomylitis, diptheria, whooping cough, mumps, small pox and tetanus". Vaccines have been produced in recent years in large quantities for protection against specific influenza strains of virus. "Despite the demonstrably high benefit - cost advantage of measles, German measles and poliomylitis vaccinations, the percentage of population protected against these diseases waxes and wanes. We have not eradicated measles ten years after the technical means was available", nor poliomylitis after 20 years. By contrast, "the risk of acquiring small pox is now so small and the costs of vaccinations so large (including complications to the procedure) relative to the benefits, authorities have now recommended that routine small pox immunization be terminated".

Fluoridation "The highest benefit-cost dental health program", is still unavailable to the majority of Americans - or to an even higher majority of the people of Maine. There is unequivocal evidence that fluoridation of water supplies will reduce dental cavities by as much as 60 percent.

It is safe and inexpensive, costing only 20 cents a year per person to prevent dental decay in children, and to substantially reduce it throughout dental life.

Secondary Prevention describes procedures for the early detection of disease so that active treatment or professional counselling can be employed to cure or arrest the progress of the disease. Optimum benefits from such procedures assume individual initiative and some measure of understanding, (e.g., as to early signs, age prevelence, genetic probabilities of common disease conditions). Thereafter, they depend on effective health education of the public, availability of early detection services at reasonable cost, and easy access to the medical care system for appropriate therapeutic action or counselling.

Because of lack of knowledge, initiative, and limited availability coupled with geographic, economic and professional barriers within the medical care system, numerous early detections of proven value exist but are far from universally applied. Examples of such early detection abilities include

tests for hypertension for those over age 45

blood cholesterol and fat levels in persons with a family history of heart disease

tests for malignancy of the breast and cervix in women over child-bearing age

measurement of lung capacity in heavy smokers

tests for venereal disease

genetic testing of utero (amniocentisis) in those with family or predisposing histories to abnormal births.

Modalities for reasonably orderly implementation of early detection procedures range from "annual physical examinations" to a wide variety of "multiphasic screening" programs - and they are currently under increasingly controversial discussion with particular focus on cost-benefit to the patient - and, indeed, to the doctor. Favorable cost-benefit ratios have been well demonstrated and documented however in many screening programs relating to children and to the aged, particularly; and birth screening represents a most promising development in the field of preventive medicine.

Tertiary Prevention includes those measures that will show the progress or avoid the complications of established (chronic) disease - "An example is the education of the patient with diabetes in the nature of the disease and its treatment; insulin administration, diet control, exercise, urine testing; care of the feet, etc. Well conceived programs of patient education can reduce the rate of hospital readmission due to decompensation or complications of the disease by as much as 50 percent". Comparable programs with similarly documented accommodations to the disease problem and substantial reduction in the necessity for hospital readmissions related to hemophilia, heart disease, manic - depression and many post-operative conditions.

In a larger sense, the whole field of Rehabilitation medicine can play an important role in support of tertiary prevention; but of the multiple skills and modalities of this specialty field only physiotherapy presently has any substantial representation in Maine.

## Summary

The health challenge of the next 20 years in Maine resides in the opportunities and efforts to correlate the many segments of health service delivery and orient them within the community hospital service area; to regard sparce populations outside of community hospital service areas as a special problem requiring compromises in its solutions; to continue development of the roles of physicians extenders, and to place the burden for reduction of the need, therefore the cost, for acute hospitalization, upon major efforts and investment in programs of health education with emphasis on both health maintenance and preventive medicine.

Human services range from a middle class couple utilizing an adoption program at a public welfare agency to an alcoholic receiving treatment in a dependency program to the parents of a mentally retarded child receiving specialized help. At one time or another, just about all of us use a human service, even though the majority of attention is drawn to visible, expensive programs such as public assistance, mental health, and correctional facilities.

Generally, the term human services includes a variety of "people" programs that have evolved since the 1930's - although evolving with little comprehensive organization or logic. Human services include prevention of good health or a state of well-being, and corrective or remedial programs. Education is not usually included in the human services definition.

In Maine, we are primarily concerned with those programs administered or supervised by the State Departments of Human Services, Mental Health and Corrections, Manpower Affairs, and Community Services Administration, plus a multitude of Councils, Task Forces, and varied Human Service Committees. In additon, there is a variety of federally operated programs providing for human services at all government levels in the fields of housing, income support, health, and many other areas. It is indeed a complex and massive system.

Although Maine does a good job in providing human services to its citizens, there are still many problems. Human service delivery and government in general is subject to the same inflationary pressures as are other sectors of our economy. As costs increase, no doubt it will be increasingly difficult to adequately fund those necessary services. In addition, there is a significant lack of current, accurate, and easily accessible data with which to adequately determine the nature and scope of problems in the State, and in general,

to manage the system. Probably, the most significant and critical problem which we face in the future is the existing fragmentation of the direct service and administration of programs which stems from the random development of human service programs over the past 40 years.

Many of our problems are hidden, and until we acquire sufficient data, we will continue to have difficulty in identifying them, in setting priorities, and in directing expenditures to meet the needs of troubled citizens. It is very difficult to obtain up-to-date information on social and economic problems and needs in Maine, because the information simply does not exist in a useable form.

State agencies and their local public agencies provide the vast majority of human services in Maine. There are, however, numerous services provided by voluntary organizations and private agencies supported by the United Way or other regligious or private contributions. Increasingly, there has been a mix of public and private services. This mix is directly related to federal funds, which allow public agencies to contract with private agencies for services. There is growing support for the idea of purchasing more human services through private agencies; still, we have yet to develop a comprehensive plan for coordinating the joint public-private delivery of services in order to encourage maximum use of limited dollars. There is no doubt that without federal support of our human service programs, Maine would find it very difficult to fund even very essential services. Yet, federal funds are disseminated according to national policies, which attempt to ameliorate national problems, and are not necessarily geared to problems indigenous to Maine. In addition, there is much duplication overlapping and fragmentation in the dissemination of federal dollars, which tends to further fragment the State's delivery system. Acceptance of federal monies also carries with it mandated policies, guidelines, eligibility

requirements, and often a long list of rules and regulations in the use or dissemination of such funds. This tends to build in a lack of flexibility in meeting State and local needs, and may preclude making optimum and most efficient use of the dollars available.

The four major issues which confront the human service delivery system in Maine are:

1) The lack of a coherent policy
2) Administrative fragmentation
3) Increasing financial pressures.
4) Lack of current, accurate and useable data regarding need.

First, there exists no policy framework into which human services fit. Human service programs, already haphazardly organized, are constantly changing because of developing philosophies at the State and Federal level. Human service policy is established in a variety of ways - by Congressional action, the State Legislature, Executive Order, bureaucratic rule setting, and administrative interpretation of the laws and rules. Also, the courts are increasingly involved in defining the role of government in the delivery of services.

The second issue is administrative fragmentation. It is inconceivable, given the seperate and confusing funding sources, that coordinated programs at the State and local levels are possible. One possible remedy for this situation is to administratively realign State agencies to achieve greater coordination. Local administrative capacity is a major concern. With continued federal revenue sharing and provision of human services at the local level, increasing attention must be directed toward providing local government with technical assistance in planning and decision-making. The limited capacity of local governments to finance human service programs must also be recognized.

The third issue relates to the financial dilemma facing human service programs. Financial problems include increased costs related to critically needed programs, cost of living pressures on low-income groups, and general inflationary pressures on program administration. As inflation continues, family breakdown and crime rates may continue to rise. As unemployment increases, more Maine people will require public assistance and other kinds of services. This will further accelerate State costs.

To compound the problem of costs, federal cutbacks hurt State programs. As attempts continue to trim the federal budget, more reductions could occur in Medicaid, Medicare, Social Security, health programs, urban development, education, manpower training, and law enforcement.

Financial resources originate in a multitude of places. Issues concerning the best sources of funding for services - local property tax, State or Federal Income Tax - need resolution so as not to aggravate our difficulties. Provision of services suffers when funding is sporadic, when federal regulations restrict expenditures of funds, and when one level of government mandates expenditure of funds controlled by another level.

The final issue, and in many ways the most important one, relates to getting the actual services to those in need. There is tremendous confusion and fragmentation among local agencies. Considering the complicated relationships between agencies and target populations, it is easy to understand why people needing help often don't get it. For the individual to get the kind of help needed at the time it is needed can be a major feat.

Although we are discussing those in need last in this paper, they should be first in our thinking, planning and legislation. The system must be client focused, based upon need, and above all upon making the individual and family as self-reliant as is possible. Until now, the system has, instead, been largely influenced by considerations relating to bureau-

cratic or professional concerns. Citizen and consumer input must be assured in developing the services designed to meet need, andneeds must be accurately assessed.

Past experience has taught us that an effective approach to the provision of human services may be expensive in the short run, but that if programs are to render people self-reliant and to anticipate andprevent problems, such work is essential and will have long-range economic and social benefits. Changes in the human service delivery system should not adversely affect those in need, nor should they disrupt the provision of services. Changes should occur for the purpose of improving services to people, and not for the sake of change itself.

Therefore, in formulating any public policies relating to human service delivery it is imperative that we keep these issues in mind:

1) There is considerable confusion and complexity in the human service delivery system, largely brought about by illogical growth of separately funded and administered programs.

2) There is a lack of adequate information on programs, costs, program effectiveness, and the needs of citizens, all of which are so impor tant for planning, developing, evaluating and legislating action.

3) There is an increasing financial pressure on government in the provision of services to meet human needs, and this is likely to become more acute.

4) Those who need our attention most are the ones who suffer when the system does not function as it should.

5) Our human service delivery system should be guided by the philosophy of making Maine people as self-reliant as they are capable of being.

Above all, we must set specific policies which are understandable and achievable. To do so will require a strong will and an aggressive approach in defining and managing the system.

## RECREATION

Recreation and leisure services comprise all of those activities with which we choose to fill our discretionary time, everyone has his or her own definition of what recreation is or should be, but the word itself conveys its message beautifully, that which re-creates. Recreation has also been defined to mean activity, or planned in-activity, undertaken because one wants to do it. It has been defined as "a state of mind." Recreation then, can occur on a continuum with at least three experience levels; anticipation of the recreation experience, the recreation experience itself, and recall of recreation experience.

Maine is one of the few places among world famous vacation regions that can offer opportunities for year-round recreation and relaxation. Its people from the early pioneering years right down to the present have found places within its boundaries for rest and meditation, places of scenic grandeur for inspiration and uplift, woodlands, waterways and natural areas for adventure and education. They have, in addition, created playfields and grounds for the exercise of their bodies and have erected structures for culture, crafts and other leisure pursuits. They have invited visitors to come and share their supply of leisure time facilities. They have provided avenues of access to reach these places together with services, accommoda-

tions, and amusements at destinations along the way.

Written history can account for over three hundred and fifty years of human activity on the landscape of Maine and there are indications of cultural activity which pre-dates the coming of Europeans.

For nearly two hundred and fifty years the people living in Maine depended on the exploitation of natural resources. These resources, combined with the efficient employment of its people's talents, supported a standard of living and population growth comparable to the experiences taking place in such states as Connecticut and New Jersey. Over time, pockets of affluence appeared, leisure time patterns were created, and perceptive people both in-state and beyond became concerned over the fact that Maine's natural resources were fast diminishing.

The Civil War and its aftermath forced the need for dramatic changes in Maine's economy, however. Maine was a late entrant in the main stream of American Technology. Old time economics and life styles fell by the way. Concerned people looked with increasing interest toward the creation of an industry based on vacation. Simultaneous with the growth of Maine's Tourist Industry, the State became active with conservation measures.

Maine, shortly before the close of the 19th Century, was able to accommodate several facets of the "Age of Technology" and a major industry based on the production of wood pulp and paper became firmly entrenched. Rural life, once a Maine constant, gave way to urbanization as industry forced the compaction of people. This situation and the social ills it prompted were to be addressed at the national level and the Progressive Movement was born. It was pledged to right social injustice and insure that all people would share in the benefits of high civilization. This could take place only if people were given ample measures of time, income, and mobility. This "Movement" also proposed that some measures of human happiness might be realized if appropriate areas of land were set aside as parks and playgrounds and if leisure time pursuits in out-of-door settings were stimulated and supported.

Maine did not become a full partner in the Outdoor Recreation Movement until the State Park Commission was created in 1934. There were reasons why it did not. Recreation facilities were being supplied through the "Tourist Industry" and backlands together with canoeing country were always available. Long distance transportation was being met by the electric trolley car lines, the on-coming automobiles, the bicycle and for some time more the horse and wagon. Private persons and formal organizations pledged resources to assist the disadvantaged. Maine in this period was also undertaking an economic realignment and develop-

ment pressures were at a feverish pitch. The climax came with World War I. The "Great War" was followed by a period of high prosperity in the "twenties" which came to an abrupt end with the bursting of the economic bubble in the "Crash" of 1929. Strange times forced the issue and Maine at last in the "Depression" finally joined as a full fledged participant in the three main streams of the "Outdoor Recreation Movement" - natural resources, park planning and design, and organized recreation.

All of these factors have, in one way or in many ways, had their effect on outdoor recreation in Maine. In each instance, one paramount premise is supported and from this premise it may be concluded: That deep in the heart of man there is an abiding desire to break away from the care, pressure and pain of every day living and to renew his identity in nature through leisure time activity.[1.]

The types of activity which one can engender for one's self such as hiking, reading or bird-watching, will not be dealt with, but rather we will deal with recreational services, programs and facilities that must be provided by an outside source. Who provides such services?

I. The commercial sector in numerous forms such as bowling alleys, ski resorts, TV etc. - virtually a limitless list of opportunities.

1. Maine Comprehensive Outdoor Recreation Plan, Department of Conservation, Bur. of Parks & Recreation, March, 1977, Chapter 3, p. 1-4

II. Industry, through the provision of recreational facilities for employees and their families, by sponsorship of athletic teams and events etc.

III. The private, voluntary sector which involves activities such as scouting, youth clubs, and those of special-interest groups like the Appalachian Mountain Club, snowmobile clubs, square-dancing groups. Some churches also initiate recreation programs for their members.

IV. The Public sector - Within this area fall those recreational services and facilities which are funded by the Federal Government, the State of Maine and the individual municipalities.

A. The International jurisdiction administers 2,600 acres of land, all at the Roosevelt Campobello International Park on Campobello Island in New Brunswick, Canada. Under the Federal jurisdiction, 114,062 acres of land are administered in Maine by five agencies: The United States Forest Service; the National Park Service; the Bureau of Sports Fisheries and Wildlife; the United States Coast Guard; and the United States Air Force. Historic sites, historic landmarks, and natural landmarks are administered by the National Park Service.

The Federal Government, in Maine, has jurisdiction over Acadia National Park, Moosehorn National Wildlife Reservation, and that part of the White

Mountain National Forest which is in Maine, Evans Notch Camping and picnicking facilities are provided, as well as some nature programs.

## TABLE I

Federally Administered Outdoor Recreation Areas in Maine

| Park or Area | County | Total Acres | Administered By |
|---|---|---|---|
| White Mountain National Forest | Oxford | 47,324 | U.S. Forest Service |
| Acadia National Park | Hancock | 33,136 | National Park Service |
| Moosehorn National Wildlife Refuge | Washington | 22,666 | Sports Fisheries and Wildlife |
| Rachel Carson National Wildlife Refuge | York | 4,000 | Sports Fisheries and Wildlife |
| Massabessic Experimental Forest | York | 3,700 | U.S. Forest Service |
| Petit Manan National Wildlife Refuge | Washington | 1,800 | Sports Fisheries and Wildlife |
| Dow Pines Recreation Area | Hancock | 375 | U.S. Air Force |
| Carlton Pond National Wildlife Refuge | Waldo | 168 | Sports Fisheries and Wildlife |
| Craig Brook National Fish Hatchery | Hancock | 136 | Sports Fisheries and Wildlife |
| St. Croix Island National Monument | Washington | 14 | National Park Service |
| Pond Island Light | Sagadahoc | 10 | Sports Fisheries and Wildlife |
| Matinicus Rock | Knox | 8 | U.S. Coast Guard |

In addition to the agencies administering the above lands there are numerous other federal agencies that provide funds to develop facilities and that provide technical assistance. These include the Soil Conservation Service, the Federal Power Commission, the Army Corp of Engineers, the Bureau of Outdoor Recreation, the Department of Housing and Urban Development, the Bureau of Public Roads, the Environmental Protection Agency, and the Department of Commerce.

The Federal Government, through H.U.D. will fund 13 categories of outdoor recreation. A cold state such as Maine needs indoor facilities as well, for which these federal funds are not available. Nor do these 13 categories include any opportunities for children. An additional weakness in the Federal scheme is that the 13 categories of funding are directed toward financially able people, those who have no transportation problems.

B. The State jurisdiction administers 369,650 acres of land primarily for outdoor recreation under seven agencies: The Bureau of Parks and Recreation; the Baxter Park Authority; the Inland Fisheries and Wildlife Department; the Bureau of Forestry; the Department of Transportation; the Bureau of Public Lands; and the University of Maine.

The State of Maine - through its Department of Parks and Recreation, the state is primarily concerned with administering and staffing its parks, memorials and beaches, and with acquiring additional land to provide more recreational facilities. There is a heavy emphasis on attracting out-of-state tourist dollars.

In addition to land administered as park or recreational areas, many municipalities and towns own and manage parcels known as town forests, town farms, school forests, and water or reservoir land. Almost 90,000 acres is administered as town forest; 70,000 of that is in Aroostook County. Approximately 3,600 acres are administered as town farm; 16,400 acres as school forest; and 10,400 acres as part of a water or reservoir system.

Many of the playgrounds and ballfields inventoried in this study are administered by local schools rather than by the locality itself. They are included in this plan as municipal facilities under the assumption that they are designed to serve the entire community rather than just the school.

TABLE 2

Statewide Summary of Selected
Local Outdoor Recreation Facilities - 1976

| | |
|---|---|
| Land administered as park land | 7,807 acres |
| Total number of parks | 1,289 |
| Feet of swimming beach--ocean | 84,885 |
| inland | 23,695 |
| Number of outdoor swim pools | 36 |
| Number of outdoor skating rinks | 131 |
| Acres of Nature Area | 1,006 |
| Number of playgrounds | 496 |
| Number of picnic areas | 171 |
| Number of boat ramps | 165 |
| Number of baseball & softball fields | 515 |
| Number of tennis courts | 278 |

Within these facilities which it supervises, the state provides few, if any, organized educational, cultural or athletic programs. The "people" aspect of the state park system presently lags behind the facilities development. However, as noted below, recreational services for Maine people are best run by towns.

C. The Municipalities bear a large share of providing public recreational facilities, programs and leadership. From a report entitled "Municipal Perspectives Study on Human Services", several significant statements are listed below:

1. "By all indications, recreation is of major importance to Maine communities". Municipalities spend more of their tax dollars for recreation than for any other human service except education, over 4 million dollars in 1975. In the human service area, which includes health, general assistance, dental care, low income housing, drug abuse, etc., the municipalities showed the greatest interest in applying for grants for recreational facilities and services.

2. Recreation is one of the few human services in which municipalities are more than minimaly involved.

3. "Recreation for youth was the highest priority need expressed by all-sized communities"

4. Recreation services are desired by the people to be provided by direct

municipal provision, or "The preferred level of delivery for recreation was strongly stated as local".

5. Citizen participation is indispensable in a program's success or failure. Recreation attracts a high level of citizen participation. There are over 130 municipal recreation boards statewide. Municipalities without such boards are eager to establish them.

6. Funds for recreation were desired by all-sized municipalities over all other human service categories.

7. Communities wish to maintain the quality of service and thus wish to take full responsibility for provision of the service, including fiscal responsibility.

8. The success of recreation programs may be attributed to successful participation of community residents in planning and developing. Because of high citizen involvement, recreation programs are more vocalized and can thus be recognized by the municipal officer. All of the above statements are a strong argument for local control.

As the size and budget of the municipalities increase, administration of recreational services becomes more formally structured through commissions and departments, and the services themselves become more diverse as they address the needs of wider segments of the population (than merely the athletically inclined). The Report of the Group Work and Recreation Task Force of the Greater Portland United Way states that "there are many individuals who have special needs. The leisure services system has a responsibility to serve these individuals. These individuals include the mentally and physically handicapped; the older citizen; the juvenile who either has become an offender or who has symptoms which indicate that he or she may soon become an offender."

Current trends in recreation include:

1. The Community School concept. The school is increasingly being viewed as a potential community resource for adult education, enrichment, neighborhood activities, a social center for all groups.
2. State Government is providing more technical and programming assistance to local governments and volunteer agencies (in Maine, via the State Bureau of Parks and Recreation.)

3. The voluntary and public sectors in the larger municipalities are increasing their co-sponsorship of training programs for volunteers and staff.

4. Recreation agencies will play an increasingly significant role in helping people to become volunteers, recognizing that volunteerism itself is a form of leisure activity.

5. The use of commercially-sponsored public recreational facilities and programs is on the increase.

6. Camps of all types are becoming more flexible in response to demands for new services.

Abandoning traditional camping experience, some camps are providing:

(a) special interest services such as environmental and conservation training.
(b) Family-oriented or religiously-oriented camping.
(c) Outreach services for the underprivileged.
(d) Winter, year-round, week-end camping.
(e) Outward-bound types of experience.

7. Project U.S.E. Maine "is an adventure-based, action-oriented approach to education which uses the natural and man-made environments of Maine as laboratories for self-discovery.

Becoming part of a team, living as a community, solving problems together, sharing

the excitement, the disappointment and the joy, reaching out to help others, having others reach out to you --- these courses are designed to provide an array of challenges to participants and to foster group team-work and development."

8. In general, mass-based recreation is appropriate to the public sector while intensive group-centered, character-building activities are appropriate to the private sector. The trend is toward greater cooperation between the public and private sectors in respect to facilities, personnel and money.

Sources:

1 - Report of the Group Work and Recreation Task Force of the Greater Portland United Way

2 - Municipal Perspectives Study on Human Services, prepared by MMA.

3 - George Hamilton - Director of Recreation for the City of Portland.

4 - Robert Hodgdon, formerly with the State Department of Parks and Recreation, now teaching training courses in Recreation and Leisure Services at Westbrook College, Portland.

5 - Maine Comprehensive Outdoor Recreation Plan, Department of Conservation, Bureau of Parks and Recreation March 1977

# THE FAMILY AND ITS IMPORTANCE WITHIN OUR SOCIETY

The surest thing about the future is that it will be different from the present - and the surest thing about the future family is that it will be different from ours. This is fortunate since nothing could be more intolerable than a changeless world. Though some aspects of the past need to be preserved, certain adaptations to changing conditions must be made. Any organism that fails to adapt to a changing environment soon becomes extinct.

We are living in a time of rapid change - a time when traditional definitions of our basic institutions are being challenged with the introduction of new values.

Critical questioning of social institutions like the family occurs whenever there is geographic mobility (from one location to another), social mobility (up and down the class structure), and psychological mobility (in our expectations). These social changes in our modern society are even further accelerated by developments in our transportation network, and by the widespread use of electronic media.

The modern world has brought about some radical changes in the historic roles of the family, shifting responsibility for the traditional family roles to agencies and to institutions outside the home. The family came into being because certain needs existed in that historic time that were met by the early family circle. From the beginning, the family had performed the basic role of propagation and care of children. A second basic role has been economic, in which family members worked together to meet their needs for food, shelter, clothing and protection. In agrarian times, almost all of these basic needs were met entirely within the family circle, but since the dawn of the Industrial Revolution certain functions formerly performed by the family had to make rapid, radical shifts. Outlined below are some of the changing roles in the modern family.

## The Economic Role

In agrarian societies the home was the center of almost all activities to produce the goods necessary for the sustenance of the family. These included, meats, vegetables, cloth, candles, leather, soap, milk products, furniture, and many of the farm tools. Obviously the center of economic activity was the home. The family unit has not ceased to be an economic unit, it simply has shifted to a different type of economic unit. It is no longer a productive unit - the modern family meets its needs through wages for services performed outside the home, with which goods and services at home can be purchased.

## The Protective Role

Historically the protection of the home was the responsibility of family and relatives. The frontiersman carried firearms - the modern husband carrying a pistol is likely to be locked up. A gentleman years ago might demand "satisfaction" for an insult to his wife by challenging theother to a duel. Today a lawsuit for slander would ensue. The modern family relies on the courts, the police, the fire department, welfare department, and health departments for protective functions that were once basically performed by the family. Formerly, in the case of illness or death, relatives assumed the responsibility to take care of the family. However, even if the modern family were able to offer financial help,the fact that the members of a family are usually scattered, breaks up family ties and solidarity. The care of older people is a particular problem for the modern family. The rural home of the past was spacious compared to the current one. There used to be room for the elderly, and since various chores, such a canning, gardening, etc. were an ever-present responsibility, there was usally some type of meaningful activity in which they could engage. Today, our pension plans and social security tend to encourage elderly parents to be self-sustaining long after they would have become dependent upon their children.

## The Role of Education

Not only does the home no longer teach reading and writing or vocational skills, it is also relegating some of its functions of moral, religious, and character education to other agencies, such as the Church, Little League, Boy Scouts, Y.M.C.A. That is not to say that the home no longer serves an educational function. It is still the most potent force in the life of the child. However, in most homes the concept of education, which includes academic and vocational education, is almost entirely relegated to institutions outside the home.

## The Role of Recreation

Traditionally, recreation has centered in the home. Very few agrarian families had time to spend in any other activity than making a living. However, whenever such occasions did occur, most all the socialization and recreational activities were within the home or with relatives. Some family recreation continues to take place within the home, but for the most part it has become commercialized and focused outside the home, e. g., movies, bowling, skating, golf, tennis, etc. Since the advent of television, there are indications that this is keeping families at home, however, many would argue that there is little interaction between family members when watching television.

## The Religious Role

The family has become increasingly dependent upon the church for the religious education of its children. Often religion is not a family experience, and parents ensure that their children receive religious training, without attending church with them. At one time religion was a central factor in all segments of our society, and there has been an increasing

movement toward secularization. Perhaps, this has also contributed to the decline in religion as a family role.

What does this shift in responsibilities mean? For decades we have watch what many have though was the disintegration of the family, as these traditional functions have been pre-empted by other social institutions in the industrializing world. We have seen the responsibilities for our childrens' development shift from the family to a bureaucracy. We have seen the responsibility for caring for our elders shift from the family to a pension plan. The sick, the needy, the disabled all have become the responsibility of our welfare institutions. Our government, with the exception of the rudimentary tasks of revenue collection and census enumeration, essentially ignores the existence of the family.

Our modern world has a propensity to deal with individuals rather than with families. Today "individual rights" means exactly that - the rights of the individual citizen, regardless of race, gender, religion or family status. Meanwhile, no roles or rights for families are addressed by our major public policies or programs, except in the most limited way.

However, the family has always been, and still remains one of the most powerful elements of our expressed social values and our political and religious thinking. Nonetheless, the political and economic realities ofour modern, industrialized world act as a force to weaken the family's solidarity and the family's responsibility to itself and to its members.

There is no substitute for a healthy family. Nothing can give a child as much love, support, confidence, motivation or sense of self-worth as a strong and loving family. Yet many argue that the pressures and problems of family life in the United States are increasing. The rate of illegitimate births has nearly doubled in the last 30 years. It is estimated that more than 1 million children are left unattended at home every day in this country. In Maine, from 1970 to 1974 almost 10 percent of all husban-wife families were divorced, affecting approximately

30,000 children. It now appears that for every two marraiges that take place there is one divorce or annulment.

Maine Marriages, Divorces and Annulments, 1972 - 1975 *

| | Marriages | Divorce & Annulments | Divorce & Annulments % of Marriages |
|---|---|---|---|
| 1972 | 11,741 | 4,156 | 35.4% |
| 1973 | 11,925 | 4,578 | 38.4 |
| 1974 | 11,546 | 4,876 | 42.2 |
| 1975 (preliminary) | 11,200 | 5,544 | 49.5 |

* Source: (see table 3, page 11, U. W. Substitute Care Task Force Report) Division of Research and Vital Statistics, Maine Department of Human Services.

At the same time we are seeing a tragic increase in the number of troubled youngsters. Nearly 1,000 runaways were arrested in Maine in 1975, more than 10,000 juveniles were arrested, and the commitment to juvenile correction facilities increase by 60 percent. At the same time the figures on child abuse are becoming of increasing concern.

The above data has far reaching ramifications for our State's future if current trends should continue. Some implications follow:

a) economic costs - alimony/support payments, separate households, increased AFDC payments, potential reductions in worker productivity by head of household.

b) social costs - family disruption, impact on children in their growth and development, spiraling effect on social services required to deal with "picking up the pieces", etc.

These concerns deal with the essence of quality of life-which all of us in Maine claim to have great interest in, and an element that purports to distinguish us from other more highly urbanized states with their attendant stresses and problems. We must support efforts to help strengthen the family by assuring that services are in place to help intervene early and alleviate family stress before it reaches the critical breaking point. Then,we may, through concerted action, help to reverse the trend and give evidence to the fact that Maine is truly

interested in the quality of life of its people and families.

We do not know of a simple or practical way in which public policy can dictate or legislate individual behavior or individual responsibility. However, many public policies, laws, tax regulations, and welfare guidelines, although designed to be in the public interest, are destructive of the most powerful social service institution in our society the family. The fact that elderly people who marry incur a loss of social security benefits - the fact that many families are not encouraged to care for their needy members, since a public institution will ensure that their needs are met. Medicare, unemployment insurance, aid to families with dependent children, social security, old age assistance, pension plans all were designed to provide needed assistance to the members of our society. However, they have simultaneously reduced the responsibility of the family members to each other and to themselves.

In all our public policy decisions, tax laws, regulations and guidelines, we must guard against further reducing the role of the family as an important social force in our society. We must find ways to ensure that families are encouraged to assume responsibility for themselves and for their members.

The question remains: What can we do to help solve the problems that families face in our society today? What, if any, is the proper role of public policy in seeking solutions? There are no easy answers to these questions - or quick Government fixes - to cure family problems. Just the opposite is true. The problems of family life are the kind of complex problems that governments, especially, must approach with great restraint. The last thing that we need is for government to launch some ill-defined national crusade to "Save the Family".

Yet it is clear that we need some new approaches from government, and a greater a-

wareness of the family's importance within the society. Certainly, economic growth can contribute greatly to family stability. Prolonged joblessness and the lack of adequate income certainly do more to destroy family stability than any other forces. We need a change in attitudes. We can no longer ignore the family and its problems, and pretend that they will somehow solve themselves. Nor can we hide behind the illusion that government is not directly involved in family matters. Hundreds of laws and regulations have been enacted that have a profound effect on family life, and we are passingnew ones each day - tax exemptions which parents claim on their children, welfare regulations, policies governing the location and affecting the cost of new housing. Yet we don't really know what effect all of these laws and policies have on the family.

We should test new ideas - such as flexible work schedules and greater use of part-time workers - to try to provide families with the income they need and also give parents and children more time with each other.

We believe the family will not only persist into the twenty-first century, but that it will be stronger than ever. We live in a time of rising psychological and economic expectations. The family as an institution will not be abolished because people expect more of it.

Why are we so optimistic about the future of the family? After all, the family unit has survived intact for nearly one million years of life on this planet, and it has been found in every society and tribe and nation throughout history.

We have yet to find anything better for children than parents. In our efforts to ease the pressures and strains of modern life on families we are also trying to reach the children. They are the next generation - that is why it is so important that, as a society, we set a goal that doesn't just tolerate family life, but nourishes it and helps it to grow strong and flourish.

# CULTURAL LIFE

It is the working of mind, of course, that separates humans from other animal beings carrying them beyond barriers of time, for it is the mind that enables us to create ways to communicate our feelings and perceptions: to sing the blues or fill a field with red poppies. Because no human being can long live in a vaccuum, people have constantly been devising ways to express themselves: ways to speak, dress, cook, draw, sing, build, plant, tell stories, worship and conjoin in hierarchies, forming bonds of understanding which strap together a certain society or other. The aggregate of these methods of expression becomes what we call civilization or the entire mental environment in which people grow, communicate and define their lives. The end result of these methods, the very product of civilization or society is culture, by definition the development of the human mind to its highest creative capacity.

It has been said that the state of Maine has a unique culture. Mainers, indeed, do not talk like Georgians or dress like Californians or eat like Texans, and some are fond of pointing out that they do not think like New Yorkers. Many people feel that Maine's culture is not only unique, it is the last distinct and genuine culture left among the states of the American union. They cite the foggy accents, baked bean suppers, L. L. Bean boots, white cape houses, blueberry muffins, dry downeast humor, and wet weather gear, the way with wood and the respect for it, the pervasive resourcefulness, the sancity of tradition, the men who plan boats and the women who stitch patchworks, the special words and the special lack of them at times, the small villages and town meetings and the ultimate respect for the right of an individual to self-expression even though Mainers are known to keep silent much of the time.

Most people live in this state not because they have to, but because they want to. Certainly there are more convenient climates, more abundant employment opportunities, and more restful lifestyles elsewhere. Yet, people remain and settle in Maine because they have a strong sense of identity with this particular culture, and it overrides other considerations. The word

Mainer - or "Mainiac" - and the idea of State of Maine continues to conjure up exceedingly distinct images both here and abroad, many of them representing integrity and respect for human life. Maine engenders distinct and distinguished artists and writers whose work is deeply rooted in this terrain and whose visions continually refresh the identity with Mainers and the image of Mainers as a unique entity.

The sense of kinship people feel for the state as a whole is reinforced in part by the fact that Maine is a vast physical territory sparsely inhabited by a handful of people. Mainers feel an immediate empathy for one another and relate to events in all parts of the state because the state is still homogenous in the cultural sense. People from Kittery to Fort Kent say "Ayuh" and share the same means of dress, cooking and recreation. People move freely from one village to another, take in the nightly news from one of the major metropolitan regions and read newspapers that bring word of happenings in their region at large. All of this supports people's identity with the state at large rather than a mere portion of it, contributing in some way to the fact that many who leave Maine ultimately return, for they claim to find no other place like it in the world. Even when a Mainer leaves Maine, Maine doesn't leave the Mainer for the sense of identity and attachment remains strong in the cultural sense.

Many people from away come into the state and many Mainers come back to the State because of Maine's culture. Maine has indeed become a precious natural resource and outsiders are already becoming aware of the qualities Maine's environment has to offer. As early as the 1830's and as late as the 1960's, Maine was characterized by emigration. But in 1970, for the first time in recent history, a reversal of this trend was detected. Maine's population began to grow, with net increases of 10,000 to 11,000 persons per year. Though Maine was experiencing an emigration greater than that of the 1960's, a significant number of people from other states began migrating to Maine. The data available indicates three principal reasons for the reversal;

disintigration of major metropolitan areas; reawakened interest in the environment; relatively high overall levels of economic affluence, giving people more mobility.

The immigrants are settling in all parts of the State, but there is a preference for small towns and rural life. This is particularly interesting since their previous residences were predominately in large places, (counties of 500,000 or more). Economic conditions are not the motivating factor encouraging migration into the State. In fact, many people have accepted a decrease in salary in order to move here. An important stimulant to inmigration is the so-called "quality of life" factors - rural lifestyles, positive qualities of the population, natural beauties of Maine, and outdoor recreational opportunities. What essentially is happening is an urban population moving to a relatively rural area.

The irony of the people versus quality of life argument, in fact of the whole growth issue itself, is that the qualities that are attracting people to Maine will be the very ones to disappear as more and more people arrive to appreciate them. Evidence of this trend is already apparent. For example, in York and Cumberland Counties some towns are experiencing growth rates of up to as much as 14% per year. The immigrants are characterized by advanced levels of education and by professional and managerial skills and experience. Immigration tends to breed more immigration, and as people arrive in small rural towns, there is a demand for land and homes. Concurrent with this demand is a desire for some of the services and conveniences people were accustomed to in the urban areas - quality education for their children, proximity to good health care, shopping centers, paved roads, cultural activities. This is particularly true of well-educated, highly trained people. Individual initiative, self-reliance, independence, and traditional rural ways of doing things are replaced by dependence on others, impersonal attitudes, novelty, a desire for change and community improvements. As unanticipated and innocent as the conversion may be, the small community values, and quality of life factors so much sought after, suddenly

begin to disappear. What we stand to lose is precisely what makes Maine Maine and not some other state of the union or mind. And we stand to lose a lot for in truth Maine has the most vital and varied cultural resources of any state in the fifty. It has the finest antiquities, more historic monuments than even Massachusetts, a cuisine people travel the world around to taste, a language with too much resiliency to fade away, a way with wood and water that is superior in the world at large and a roster of artists, writers, photographers and performers who rank among the most prominent and stellar on earth. We have a lore that is renewed with each generation and customs which are regenerated with each season, a grand tradition of handing down what there is to be learned and felt in life upon these ledges, and if we are to go into the future with any sense of who and what we are, we must take stock of our past and give heed and honor to our present.

We have witnessed in Maine already a forcefully mounting demand for access to the arts, evidence of the Mainer's desire to open themselves to newer modes of human communication and expression especially during the legendarily long winters. People across the state testify to their desire to break out of the stifling mental environment, proving that a nationally conducted Harris poll which showed that almost every American would be willing to pay more money in taxes or otherwise to bring the arts into their lives, their homes, or the lives of their children has validity here in Maine.

A Historic Preservation Commission was formed to collect Federal funds available to the state and a Commission on the Arts and Humanities was created in response to public demand. But these remain essentially small agencies with limited funding. At present, the Historic Preservation Commission is unable to tap many sources of federal funds since it lacks matching monies. In addition, the Commission on the Arts and Humanities rejects three out of every four applications received for aid from small communities and arts councils across the state, due to insufficient funds.

Demand is currently such that in the southern tier over 12,000 families and 100 communities support public television with average contributions of $20 and $200 respectively, mostly because public television brings them the cultural events real life does not, while in the northern tier the state itself has been forced to dispense taxpayer dollar to provide the same service. Over 160 Historical Societies have 40,000 active paying members, and where $2\frac{1}{2}$ years ago there were merely 6 local arts councils, there are now more than 30. Three repertory theaters, started on an ad hoc basis, now perform year-round, as do three symphony orchestras and one chamber group that started as a summer pastime. Prisoners in various correctional institutions seek out cultural development and willingly participate in poetry workshops and woodworking classes. State fairs are well attended and new festivals are born each year. The Bath Marine Museum has exceeded the expectations of a membership drive, and the Pythiian Opera House in Boothbay Harbor has been saved from destruction to be turned into a community cultural center. In 1976 there were 64 bus tours of the city of Portland alone while there were none in years past, but at the same time there were about that many bus tours taking Mainers out of state cultural events they could not enjoy here. The demand on our cultural resources is increased two-fold by summer people long used to cultural abundance elsewhere and by tourists who come to Maine to experience the people: their food, language, heritage and craft - not just the parks and coastline. And as we move toward a more leisure based society the demand for cultural resources will mount even more.

Yet with it all we have no centers for the performing arts, no theater or concert hall in our major city, no place for individual artists and creators to come together to live and work. We have no programs to identify culturally gifted school children or to enroll Maine people into the fine summer schools of arts and crafts and no means to honor our artists and writers.

Presently, the State support of cultural life is about fifteen cents per person, per year. The State Museum has served over one million people since 1970, yet remains closed on Saturdays and evenings. In the same period the State Library has loaned an average of more than 700,000 items per year, yet with book prices doubling and many bookmobiles in disrepair the State has cut the budget 35%. Even though the Historic Preservation Commission has generated $1 million in matching local grants, there is little consideration to strengthen the Commission. In many towns when there is a tight money supply, the arts are stricken from the curriculum before any other action is taken. The development and communication of ideas is a nonpolluting, labor intensive, renewable resource industry whose ultimate product is human beings. It is an industry remarkably conducive to the Maine tradition of individual expression yet it is still an undeveloped industry of high unemployment and low compensation.

Cultural endeavor has generally been the prerogative of the private sector where funds have always been found even in the tightest of times. This is the best procedure. The arts are individual freedom and they are therefore destined to become increasingly important as we plow into the years ahead.

It should be the business of Maine to ensure a thriving cultural community which can encompass every Mainer. Through many and various means such as promoting in each community the establishment and maintenance of community centers based on the ancient Greek concept of the "agora", taking up the funding slack in the private sector, carefully restraining from the dictation of supply in the meeting of demand, and taking the lead in the preservation of Maine's character, the state might well manage to provide a healthy mental environment in which each citizen might reach the peak of individual human potential, becoming in the process a vitally contributing member of society as a whole. It would seem very much the business of the state to ensure its own well-being by making certain that all available lines of communication between

citizens are open and functioning at all times for democracy depends on a well informed, freely expressive people. In the final analysis, we too shall be remembered and recalled by the ways in which we exercised our human minds on this earth, the ugliness or the beauty that we ourselves created here.