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ABSTRACT

This document contains the 57 reports generated by the State White House Conferences held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981 in preparation for the National White House Conference on Aging. Each report provides information on the total number of participants in local/state/regional level rural and urban forums held to gather public opinions and viewpoints about the concerns of older Americans and the capacity of existing human services and social institutions to serve the needs of the elderly. Issues of concern expressed by forum participants are prioritized, focusing on such topics as income, housing, ageism, transportation, health care, public benefits, utility costs, crime, legal services, nutrition, and employment. In addition, policy recommendations are provided for each issue. (NRB)

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WHITE HOUSE CONFERENCE ON AGING, 1981:

State Conference Reports from the Fifty States, District of Columbia, Guam, Navajo Nation, Northern Mariana Islands, Puerto Rico, Trust Territories of the Pacific Islands, and Virgin Islands

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Papers presented at the White House Conference on Aging, Washington, DC, November 30 - December 3, 1981.

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the 1981
White House
Conference
on
Aging

**STATE CONFERENCE REPORT
FROM**

ALABAMA

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

WHITE HOUSE CONFERENCE ON AGING
SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Alabama STATE COORDINATOR William F. Elliott

TOTAL # FORUMS 60 (est.) % URBAN 36 % RURAL 24

TOTAL # PARTICIPANTS 1200 (est.)

ISSUES OF CONCERN (top 10 priorities):

1. Health care
2. Income
3. Transportation
4. Utility costs
5. Public benefit eligibility
6. Housing
7. Convenience of services

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Increased public funding to improve accessibility of health care, transportation, and public benefits.
2. Increased opportunities for involvement and participation in decision-making by older people.
3. Increased opportunities for public service employment of the elderly.
4. Decisions made by units of government should be based on the requirements and needs of the elderly as well as other age groups.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Alabama 2) Date of Conference March 12-13, 1981
3) Place of Conference Governor's House Motel, Montgomery, AL
4) Name of person submitting report Dr. Charles S. Prigmore
5) Title of Person Chairman, Reports Committee, 1981 Alabama White
House Conference on Aging

Participation

- 6) Total No. of Participants 600+ 7) Sex: No of Female 420
No of Male 180
8) Ethnicity/Race: 35% Black; less than Hispanics; 64.9% Caucasian;
.03% Pacific/Asian; .07 % American Indian; Other (Please
state approximate % for each)
9) Handicapped 15% (Please state approximate % only)
10) Age: 35% under 55 65% 55 and over

Summary of Issues and Recommendations by Major Topics

1. Health Care - Increasing Geriatric Medical Expertise and Usage of Generic Drugs
2. Increasing Housing Appropriate for the Elderly
3. Public and Private Transportation--Improving Responsiveness to the Needs of the Elderly
4. Increasing Independence and Dignity of Older Persons Through Interaction
5. Roles of Church/Synagogue and the Elderly

HEALTH CARE - INCREASING GERIATRIC MEDICAL EXPERTISE AND
USAGE OF GENERIC DRUGS

A. Issue

1. Need for additional physicians specially trained to treat elderly.

B. Policy Recommendations

1. Encourage medical schools to train more physicians giving special emphasis to geriatric medicine (similar charge to other health training institutions).
2. Encourage medical schools to provide training to practicing physicians in medical and preventive health care appropriate for older patients.

A. Issue

1. Need for increased manpower to serve aging population (doctors, nurses, dentists, etc.).

B. Policy Recommendations

1. Provide an opportunity for training physicians to spend time in Nursing Homes, Nutrition Centers and Senior Centers.
2. Seek to improve delivery system to include home care for needy rural elderly.

A. Issue

1. Need for research in the field of geriatrics.

B. Policy Recommendations

1. Seek to identify cost containment strategies on the part of providers, consumers, regulatory bodies and the government both locally and nationally.

A. Issue

1. Need for expansion of pharmaceutical services.

B. Policy Recommendations

1. Use pharmacists to help educate the elderly in the proper use of medication.

A. Issue

1. Need for an effective patient education program to help elderly understand proper use of drugs and nutrition.

B. Policy Recommendations

1. Teach elderly the important relationship between nutrition, recreation and good health.
2. Encourage Federal Drug Administration to make available to the public the list of approximately 200 available generic drugs (via physicians, druggists, etc.).
3. To promote health maintenance in elderly by providing information through media, newsletters, senior centers, nutrition centers, clubs, and the like on healthy life styles and by encouraging health screening through the use of retired nurses and other volunteers.

INCREASING HOUSING APPROPRIATE FOR THE ELDERLY

A. Issue

1. Independent living for the elderly - finding ways to assist the elderly to remain in their own homes as long as possible.

B. Policy Recommendations

1. Seek changes in federal regulations which will allow for tax incentives to older persons who maintain their own homes.
2. Develop stronger outreach efforts in order to familiarize elderly citizens of available housing resources and home management practices.
3. Seek lower basic utility rates for older persons.
4. Design state and/or federal tax incentives related to home improvement in addition to the ones already available for winterization and weatherization.

5. Urge the Farmers Home Administration to make greater outreach efforts to educate rural elderly persons about the opportunities currently available to them.
6. Seek policy changes in the Medicaid Program which would include payment for services to older people in their own homes.

A. Issue

1. Consolidated independent living - housing which provides the opportunity for better directing supportive services and providing security for the elderly.

B. Policy Recommendations

1. Amend zoning laws to allow for the accelerated construction of housing appropriate for consolidated independent living.
2. Seek long term, low interest loans from the federal government for private individuals to build or renovate housing for use in consolidated independent living.
3. Seek government rent subsidy for individuals living in consolidated housing of 10-12 units.
4. Seek policy changes in the Department of Housing and Urban Development to direct funds equally to both urban and rural areas.

A. Issue

1. Intergenerational living - elderly housing on college and university campuses.

B. Policy Recommendations

1. Encourage universities to consider developing housing appropriate for older persons in unused dormitories where services could be made available to elderly while providing research information to the students.

A. Issue

1. Family custodial care/day care - facilities to assist families to be able to maintain family unit by providing care during the working hours.

B. Policy Recommendations

1. Seek legislation to redirect currently available funds to increase day care services.

A. Issue

1. Supervised and supportive intermediate care for independent living - facility which would provide supervision and support to persons who need limited assistance.

B. Policy Recommendations

1. Seek policy changes in the eligibility requirements for services of federal programs which would create a sliding fee scale for assistance to all elderly.
2. Promote legislation to raise minimum property standards for HUD construction and energy saving features.
3. Stimulate churches and civic organizations to become more actively involved in community education, outreach to the rural elderly and in the development of day care services.
4. Encourage the development of intermediate care facilities near full service nursing homes.

PUBLIC AND PRIVATE TRANSPORTATION
IMPROVING RESPONSIVENESS TO THE NEEDS OF THE ELDERLY

A. Issue

1. Insuring adequacy of public and private transportation.

B. Policy Recommendations

1. Establish policies which will mandate better coordination of transportation services.

A. Issue

1. Improving responsiveness of rural and urban transportation to the elderly.

B. Policy Recommendations

1. Encourage cities to consider a policy of providing sidewalks in areas of the city where older people live in order that they might safely walk to nearby service areas and for exercise.

A. Issue

1. Supplemental services needed to improve responsiveness of existing transportation services.

B. Policy Recommendations

1. Encourage churches to establish interfaith networks for general expansion of transportation services for elderly to and from church activities.
2. Have old school and military buses refurbished and equipped with lifts for elderly handicapped persons and furnish them to service providers to transport the elderly.
3. Provide technical colleges and trade schools iwth incentives for performing the necessary work to make the adaptations of the aforementioned buses, and provide maintenance at minimum cost to senior service agencies vehicles.

A. Issue

1. Better utilization of volunteer transportation.

B. Policy Recommendations

1. Encourage more responsibility to be assumed by families, friends, neighbors, church members, and local communities in transporting the elderly.

A. Issue

1. Decreasing the impact of a disincentive to optimal transportation services.

B. Policy Recommendations

1. Establish policies to limit the costs of liability of provider agencies and volunteers that offer transportation support to older people.

2. Establish state insurance pools for programs transporting older persons.
3. Clarify, define and publicize insurance responsibilities for volunteers who are providers and drivers of vehicles transporting elderly persons.
4. Encourage insurance companies to advertise the types of insurance coverage available to policyholders who provide transportation for the elderly in order to get the most protection for the lowest cost.

A. Issue

1. The need for more effective coordination between systems and types .

B. Policy Recommendations

1. Provide incentives for increasing coordination and cooperation necessary to take care of increased transportation needs on weekends.
2. Encourage American Medical Association and other such health organizations to promote the participation of members of their professions in coordinating their services with the availability of transportation for older people.
3. Create a meaningful collaborative effort that will bring together aging network, public and private groups in local areas to encourage unity in their efforts to provide transportation.

A. Issue

1. Encourage current prospects for transportation improvements.

B. Policy Recommendations

1. Simplify regulations to allow housing supplemented by the government to be given more consideration in regards to transportation.
2. Provide better community bus scheduling--perhaps institute preannounced routine weekly schedules (Mondays - shopping areas for elderly; Tuesdays - medical or doctors appointments, etc.).

A. Issue

1. The need for advocacy direction on behalf of transportation for the elderly.

B. Policy Recommendations

1. Provide uniform discounts for elderly by providers of public transportation during non-peak hours.
2. Encourage merchants and/or civic, social, or service organizations to furnish benches for senior citizens to sit on while waiting for transportation.
3. Encourage older people to increase the awareness of the public as to the special need for transportation by senior citizens.

INCREASING INDEPENDENCE AND DIGNITY OF OLDER PERSONS
THROUGH INTERACTION

A. Issue

1. Provide opportunities for independent action by elderly.

B. Policy Recommendations

1. Organize a council of all agencies providing services and/or programs for older persons to meet regularly for coordination and communication. Senior representative should be a part of any planning sessions.

A. Issue

1. Recognize and respect the wishes of elderly in planning programs.

B. Policy Recommendations

1. Involve elderly in planning and carrying out plans related to their activities - providing opportunities for self expression and continued growth.

A. Issue

1. Encourage employment of the elderly - such as through the Aging Discrimination Act.

B. Policy Recommendations

1. Promote tax incentives to businesses/industries that employ/train elderly workers.
2. Encourage removal of rigid regulations that penalize older persons striving to remain solvent in the presence of today's inflation.

A. Issue

1. Increase cooperation between agencies.

B. Policy Recommendations

1. Plan and encourage the development of cooperative groups from churches and local civic, social and service organizations to support the needs of the elderly through volunteers.

A. Issue

1. Promote and improve nutrition education.

B. Policy Recommendations

1. Provide continuing nutrition education to all groups of seniors as a deterrent to health problems. Utilize extension home agents, schools, colleges, dietetic associations, etc.

A. Issue

1. Encourage pre-retirement planning.

B. Policy Recommendations

1. Encourage removal of rigid regulations that penalize older persons striving to remain solvent in the presence of today's inflation.
2. Encourage corporate businesses to develop meaningful pre-retirement seminars. Distribute program materials that have been developed by retirement organizations to aid as a stimuli.

A. Issue

1. Develop strategies to alleviate the high cost of energy.

B. Policy Recommendations

1. Provide possible consultant services and necessary support to aid in conservation and elimination of energy wastes.
2. Restructure winterization and weatherization programs with realistic flexibility to get the job done.

A. Issue

1. Support consumer protection from fraud and misrepresentation.

B. Policy Recommendations

1. Recommend sound consumer protection laws.
2. Provide consumer education programs to elderly.

A. Issue

1. Develop programs to deal with crimes against the Elderly - including physical, emotional and mental abuse.

B. Policy Recommendations

1. Organize a council of all agencies providing services and/or programs for older persons to meet regularly for coordination and communication. Senior representative should be a part of any planning sessions.
2. Emphasize recognition of laws that impose strict penalties on those who abuse or neglect the elderly. Provide public educational programs emphasizing the rights of the older citizens.

A. Issue

1. Extend homemaking services to and for the elderly.

B. Policy Recommendations

1. Work to have more available funds allocated to home health services which enable elderly to remain independent. Encourage volunteer groups to supplement services where needed.

ROLES OF CHURCH/SYNAGOGUE AND THE ELDERLY

A. Issue

1. Need for churches/synagogue to serve as community centers for coordinating services to the elderly.

B. Policy Recommendations

1. Educate church/synagogue leaders to specific needs in specific communities.
2. Utilize churches/synagogues for recreation and education activities.

A. Issue

1. Need for churches/synagogues to assume the role of advocates for the elderly.

B. Policy Recommendations

1. Communicate to church/synagogue leaders the need for advocacy leadership on behalf of the elderly providing examples, suggestions and training workshops.
2. Area Agencies on Aging employ or provide through contract a staff person to work with churches, civic organizations, and agencies to develop a real advocacy role in the community.

A. Issue

1. Provide meals on wheels programs as appropriate for the religions community.

B. Policy Recommendations

1. Explore extensions of meals on wheels program through church/synagogue; study means of providing meals seven days instead of five days where needed. Use of church kitchens to prepare meals for home delivery.

A. Issue

1. Need for recognition of church responsibility for concern of persons in neighborhood area not just members.

B. Policy Recommendations

1. Encourage churches/synagogues to be aware of needs in their immediate vicinity and if not providing direct services to make referrals to social service agencies.

A. Issue

1. Encouragement of church and social service agencies working together to provide services and assistance to the elderly.

B. Policy Recommendations

1. Encourage churches/synagogues to become involved in programs of the aging network by initiating meetings and proposing several type specific programs that are needed in their particular area.

A. Issue

1. Increase activities to integrate age groups and prevent segregation of the elderly.

B. Policy Recommendations

1. Encourage churches/synagogues to plan activities that involve children and youth having the opportunity to become involved with seniors (stimulation and education).
2. Encourage churches/synagogues to involve active elderly in church and community programs--utilizing a valuable resource.

A. Issue

1. Utilize church/synagogue buildings and resources for training and teaching therefore less dependency on government.

B. Policy Recommendations

1. Aging network and/or social services agencies explore negotiating contracts with churches/synagogues for utilizing resources such as buildings/buses when not in use in their program. (Such programs that would involve church/synagogue members in roles of leadership--paid and/or volunteer).

A. Issue

1. Remove regulations and restrictions which would prevent church and government coordinating efforts for services and programs.

B. Policy Recommendations

1. Research and propose changing regulations and restrictions that cause major conflicts in contract agreement between churches/synagogues and aging network.

A. Issue

1. Promote churches/synagogues working together in community projects.

B. Policy Recommendations

1. Develop local interfaith committees to set policy for addressing the needs of the elderly and to help identify those older persons to be trained as leaders to provide assistance.

the 1981
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on
Aging

STATE CONFERENCE REPORT

FROM

ALASKA

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DIGEST OF ACTIONS
OF CONFERENCE
MARCH 13-15, 1981
ANCHORAGE

RESOLUTIONS ADOPTED AND MOTIONS
APPROVED

BE IT RESOLVED THAT:

- I A The Social Security law be amended to eliminate the earnings test so that the elderly may supplement their fixed incomes and be allowed to earn unlimited additional benefits.
- I B A tax relief for recipients of pensions or public retirement income, including annuities and bonuses, be provided by eliminating Federal income tax on the annual income from such pensions, public retirement, bonuses, and/or annuities.
- I C Estate taxes on family assets be abolished.
- I D Social Security no longer be classified as income and, except for sizeable part-time wage earnings, Senior Citizens be eligible for Energy Programs, benefits for heating fuel and electricity.
- II A Increased homemaker assistance be operated on local level with funding and availability according to need.
- II B We support the concept of Senior Adult Day Care and advocate the increase of funds and resources to increase the number of centers available in urban, rural and bush communities.
- II C Income limitations be raised so as not to penalize an individual who wants to and is capable of participating in employment. And that either or both the State and Federal Government provide financial incentive for employers to have elderly workers.
- II D A referral network be initiated on a regional or local level that network be established to utilize trained seniors and a program of preparing such seniors further. Trained advocates not limited to seniors should be knowledgeable in paralegal and legislative matters.

- III A Special emphasis be placed on the development of educational promotion for enhancing the attitude of the general public about Older Americans, and Further be it resolved that a national effort be put in place to encourage Older Americans to be directly involved in this enhancement of attitudes through offering their experience and skills in new and creative ways.
- III B Senior Citizens, themselves, be employed in positions at the local, state and federal levels which serve elderly citizens.
- III C Mandatory retirement based on age be abolished in all sectors of employment and that employers be encouraged to hire older people, full-time, part-time or flex-time.
- III D The older citizens through their local governments, clubs, associations, etc. exert their right and remain involved in the decisions which affect them, and Further be it resolved that the federal government through a grass roots approach develop local task forces of seniors to review Social Security, Medicare, Medicaid, SSI, etc. - and to recommend to appropriate agencies remedial methods for correcting waste, fraud, or abuse in these programs by the providers.
- IV A All efforts be made, programs created, and financed which foster wellness. New facilities should include swimming pools/hydropools, classrooms for health and nutrition education. In addition, public health standards should be enforced. Therefore, be it resolved that the trend in this country and this state to spend health care dollars on illness should be carefully reviewed, and a balance achieved between programs/services which prevent disease and treat illness. Encourage the medical profession to participate in the wellness concept.
- IV B The states develop criteria for the establishment of Senior Centers for the purpose of providing nutritional programs, recreation, arts and crafts, to promote better health and a sense of well being, and therefore be it resolved that the Governor and the State of Alaska adopt a policy for funding operation and maintenance of Senior Centers statewide (that the Senior Centers should be managed and operated by the Seniors themselves on an optional but not mandated basis). And therefore be it resolved that the Governor and State Legislature review the problems of elder abuse in Alaska and pass bills which require mandatory reporting requirements, create enforceable laws, as well as creation of emergency services/shelters for elders.

- IV C Medicare reimbursement rates in Alaska be increased to a realistic level. Medicare be expanded to include visual, auditory, dental, prescription medicines and preventive medical evaluations.
- IV D Medicaid and Medicare benefits be expanded to include nursing care, physical therapy, medical and social services, medical supplies and appliances, homemaker services, adult day care and respite care, and legislation be enacted to provide tax exemptions and/or subsidies to families or surrogate families who care for elderly persons in their homes.
- V A The National Advertising Council be advised by the 1981 White House Council on Aging that a positive image of the elderly be developed and portrayed rather than the offensive images currently projected by the advertising industry.
- V B Courses in gerontology be made part of the required curriculum in secondary education.
- V C A plan be developed to utilize all educational facilities to their maximum for all ages.
- V D Research data on aging within minority groups be more fully implemented in program planning by all agencies involved in formulation of policy.
- VI A Provision be made for Gerontological Research within the State of Alaska.
- VI B Research of the impact on older Alaskans of anticipated rapid development change both in rural and urban Alaska be designed to minimize the impact.
- VI C Research and data development that will provide the information needed for the implementation of issues related to economic security, social well-being, health and an integrated society.
- VI D Provide better geriatric training for health care providers with special emphasis on conditions unique to Alaska.

ADDITIONAL MOTIONS APPROVED

THEREFORE BE IT RESOLVED THAT:

The State Government of Alaska, the Governor, and the Legislature be advised that this group has a great appreciation for the many fine programs for the elderly which show sincere concern for the Older Alaskans. Truly Alaska is the best state in the nation for its elderly citizens.

WHEREAS each person has the right to die with dignity and whereas the expense of artificial means of life support may impose a severe financial burden on the family;

THEREFORE BE IT RESOLVED THAT the State of Alaska enact legislation legalizing the living will.

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DIGEST OF ACTIONS
OF CONFERENCE
MARCH 13-15, 1981
ANCHORAGE

RESOLUTIONS ADOPTED BY THE DESIGNATED ISSUE GROUPS
AS THE SECOND PRIORITY LISTING OF CONCERNS

UNDER THE PLAN OF THE CONFERENCE THE RESOLUTIONS IN THIS GROUP
WERE TO HAVE FINAL ACTION TAKEN BY THE ISSUE GROUP AND WERE NOT
SUBMITTED TO THE FULL CONFERENCE FOR CONFERENCE VOTE

BE IT RESOLVED THAT:

- I I A All pension funds be in individual accounts, such as retirement funds. Interest will be paid and added annually. Pension will be portable from one job to another in any field of employment instead of losing it as now happens, OR that upon quitting the worker may draw out all money plus interest that was accrued.
- I I B Our present administration in its efforts to bring this about by cutting out the waste in all agencies and stop the overlapping of powers. The poor and the needy shouldn't bear the brunt of the control of inflation.
- I I C The Federal Government establish a policy whereby federal employees would be provided appropriate part time work after said employee starts receiving social security and pension benefits and that the federal government by said example encourage all state and local governments and private employers to establish a similar policy; that said policy be applicable to all wage levels.
- I I D A law be passed that no discrimination in lending be allowed against the elderly as long as they are financially sound.

- II II A Organizational restructure take place which mandates decision making relative to planning development and implementation of programs designed for senior citizens be done by that target population through the creation of an Older Alaskans Commission.
- II II B That the State of Alaska enact legislation legalizing the "Living Will".
- II II C Research be undertaken into the Statewide area of transportation for the elderly and handicapped on an area to area basis for services 24 hours a day.
- II II D Plans be developed to secure or utilize existing funding for an agency to deal with elderly abuse; 2) Establish procedures for reporting, investigation, and evaluation an abuse problem; 3) Establish counseling and corrective measures for dealing with an abuse problem; and 4) Create public awareness of the problem of abuse of the elderly through community education.
- III III A The State of Alaska enact legislation legalizing the "Living Will".
- III III B That talent banks of seniors be established in communities, and specifically within school districts to be used in sharing their skills, talents, and abilities with the students and members of the community at large.
- III III C The Federal Government give a direct federal income tax credit for unpaid volunteer hours.
- III III D (1) The federal government and state government expand the role and purpose of their Small Business Administrations to include a division which will foster the development of small businesses among the elderly population through loans, grants, technical assistance, etc.; (2) Title V of the Older Americans Act be expanded and the following changes made:
- 1) Allow more than 5 hours per day (1500 annually) if desired by enrollees.
 - 2) Increase financial eligibility guidelines (especially for Alaska)

DOL figures show a low income family comparable budget in Anchorage is 64% higher than average of U.S. - all other Alaskan communities have a higher cost of living)

- 3) Enforce equal pay for equal jobs in community
- 4) Allow more career training
- 5) Change formula for funding:
"Per Capita Income" should be adjusted by cost of living (this should apply to all federal programs using "per capita income."

(3) A tax credit be given to employers in private industry for hiring older workers, and That job service centers under the DOL be requested to designate a person as an Older Worker Specialist on staff in each of the larger communities, and That the federal and state governments investigate job sharing opportunities especially for "gradual" retirement, and make these opportunities available to potential retirees; (4) The Alaska State Legislature appropriate the sum of one million dollars for employment and training of Alaska senior citizens 55 years of age and on low or moderate incomes.

IV IV A

(1) Legislation be enacted to provide the authority to the Department of Health and Social Services and the Department of Community and Regional Affairs to develop a residential environment around congregate housing and assist communities in developing appropriate programs of health and social services for the frail or at-risk elderly twenty five per cent of whom are placed unnecessarily in nursing homes because of lack of suitable planning and resources; (2) The Alaska Legislature appropriate \$25,000,000 for housing (all State money to avoid the restrictions of HUD) a part of which will be to construct congregate housing with residential environment for the frail elderly.

V V A

A procedure be developed by the University of Alaska to provide academic credit to those senior citizens who provide training for secondary and post-secondary students.

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DIGEST OF ACTIONS
OF CONFERENCE
MARCH 13-15, 1981

ANCHORAGE

Delegates elected and appointed to attend the National White House Conference on Aging, Washington D. C., November 30 - December 4, 1981.

1. Frederick McGinnis (Anchorage) as The Coordinator of the State of Alaska, White House Conference on Aging: Appointed by Governor Jay Hammond.
2. Betty Warren (Kenai): Appointed by Senator Frank Murkowski.
3. Rose Palmquist (Anchorage/Wasilla): Appointed by Representative Don Young.
4. Bob Gore (Ketchikan): Appointed by Senator Ted Stevens.

DELEGATES ELECTED BY ALASKA CONFERENCE DELEGATES

5. Hazel Heath (Homer).
6. Lucille Brenwick (Copper Center).
7. Rachael Craig (Kotzebue).
8. Mary Demientieff (Nenana).
9. Danny Plotnick (Juneau).
10. Gladys Jung (Bethel).

OBSERVERS ELECTED BY ALASKA CONFERENCE DELEGATES

11. Pearl Goodhope (Anchorage).
12. John Thomas (Anchorage).
13. Jeanne Scholz (Fairbanks).
14. Charles Nelson (Ketchikan).
15. Robert Kallenberg (Chugiak).
16. Solomon Guthrie (Metlakatla).

the 1981
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on
Aging

STATE CONFERENCE REPORT

FROM

ARIZONA

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WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE	<u>Arizona</u>	STATE COORDINATOR	<u>Gloria Heller</u>
TOTAL # FORUMS	<u>193</u>	% URBAN	<u>70%</u>
		% RURAL	<u>30%</u>
TOTAL # PARTICIPANTS	<u>7,059</u>		

ARIZONA

The number of Arizonans 60 years old or older is expected to reach 428,850 this year--14.88 per cent of the total population in this state. Though this percentage is slightly less than the national figure of 15.6 per cent, projections indicate it will continue to grow rapidly. (In the last 10 years, the number of Arizonans over 60 has grown by 35 per cent.) Today Arizona has the third fastest-growing population in this age group among the 50 states, and the elderly represent the fastest growing age group in the state. If the trend continues, residents who are 60 years old or above will make up more than a fourth of the state's population by 1990.

The statistics are important because they carry a clear message. As a group, the elderly will have an increasingly important impact on the future of this state and of this nation. The problems of the elderly face not only a selected segment of the population, but society as a whole. Furthermore, the problems associated with aging are problems that the individual must realize will face him tomorrow if they do not today, for aging is a lifelong process that transcends social, economic, racial and sex barriers. The solutions, therefore, cannot be considered social welfare solutions for a particular group, but answers to a broad societal need.

It is apparent that this demographic revolution will change society as the elderly engage in their quest for quality survival, self-reliance, the maximum independence consistent with their situation and self-determination. Whether the resulting impact shocks society, colliding with existing priorities, or gently shakes it, reflecting a gradual revision of the way we do things in this country to meet the needs of the elderly, will depend largely on how well the private sector and the government join hands to work out solutions.

As attendance at the Arizona State White House Conference on Aging and the community forums indicates, the elderly themselves have come to realize with increasing clarity the potential impact they can make on society when they speak with a united voice. Many of the concerns raised in the community meetings and at the conference itself centered on the need for cohesiveness and showed an underlying fear that budget revisions being formulated

in Washington under the new administration will interfere with this growing movement toward cohesiveness, leading to fragmentation.

While there was wide recognition among participants that other factors--economic status, handicaps, race, sex, living environment--affect the areas of need felt by the elderly, there also was strong acknowledgment that the common needs of the elderly in most cases surpass the differences. The aging Navajo on the Navajo Reservation has different transportation problems than the 65-year-old in Phoenix or Tucson, but the two share a common need for transportation solutions to their individual isolation problems. Generally, common themes of the meetings revolved around improving economic well-being for the elderly; assuring quality, available health care, including preventive care; establishing a more comprehensive social service delivery system; supplying appropriate housing options and employment opportunities; overcoming aging stereotypes, particularly in the media; and securing educational and other opportunities for the elderly to continue as contributing members of society.

The special problems of minorities and of women loomed high in the priorities of participants in the community meetings and the White House Conference. The population of Hispanics is large and growing. Approximately 18.4 per cent of Arizona's population is of Hispanic origin. Furthermore, Arizona has 20 Indian tribes. Six per cent of the state's total population is Indian, and--although nearly 15 per cent of the state's non-Indian population is more than 60 years old--only 7 per cent of the Indian residents live to be more than 60. Some 2.8 per cent of the population is Black, and of that number, 5.4 per cent are 65 years or older, the majority of them concentrated in the rural areas of the state, living in small communities that often exist outside city limits and which frequently are poor. Because a greater number of women live beyond their mates, the female elderly face their own particular set of problems. Most are unprepared economically, not only because they have not shared equally in knowledge about family financial affairs, but also because of restrictions brought upon them by the Social Security laws, pension laws and lack of sufficient training and employment service programs aimed at displaced homemakers. Nationally, the number of elderly Blacks has grown faster than whites and the number of Hispanic elderly has reached more than 1.1 million.

A. Issue: INCOME MAINTENANCE

How can the aged maintain a decent living standard when inflation, unemployment and inadequate retirement benefits make the income of millions of aged inadequate?

B. Recommendations:

State and federal tax exemptions, reductions, and incentives should be instituted. Banking policies that penalize the retired should be eliminated. The private sector should expand work opportunities for seniors through tax credits and other incentives for employers. Pension plans should be encouraged in both large and small firms, and workers who change jobs should be allowed to transfer pension credits. The possibility of exempting the elderly from minimum wage laws should be explored. Businesses should provide preretirement counseling. Social security beneficiaries should continue to receive cost-of-living increases and limits on yearly earnings should be removed. Funding for disability benefits, survivor and minimum benefits should be continued.

A. Issue: HEALTH

How can the elderly meet the mounting costs of necessary health care of good quality and be encouraged to maintain good health?

B. Recommendations:

Among cures suggested for the ailing health care system were: curb inflation of health costs, establish national health insurance, fund Medicaid in Arizona, institute Medicare and Medicaid coverage for preventive care programs, expand Medicare to cover excluded items as well as present programs, increase nutrition programs for the aged, organize courses in gerontology at medical and nursing schools, include elderly representatives on health boards and advisory groups, discourage institutionalization of long-term care patients, supervise long-term care facilities by adequate state standards.

A. Issue: LONG-TERM CARE

There is a great need to develop options to institutionalization as well as to assure that quality care is provided in institutions. What are the options for long-term care?

B. Recommendations:

Government, the private sector and voluntary agencies should develop alternatives to institutionalization wherever possible. Family care programs should be established and promoted. Careful supervision of institutions with regard not only to physical surroundings but also quality of life, should be undertaken.

A. Issue: HOUSING

How can the elderly be housed in decent housing which is affordable?

B. Recommendations:

Increase low-cost and subsidized housing, establish and enforce rent controls, continue and increase rent supplement programs, increase halfway house programs, encourage the private sector to renovate existing apartments to make them more physically accessible to the handicapped and elderly.

A. Issue: TRANSPORTATION

How can a system of transportation be geared to filling the needs of the aged so that transportation is available, convenient and affordable to the aged, in both Arizona's two great areas of urbanization and in its rural expanses?

B. Recommendations:

Public transportation must be a state and federal budget priority. Not only should more public transportation be provided, but existing transportation should be upgraded to include both night and weekend transport, assure emergency transportation for sick elderly with emergency needs, and assure transport is available throughout the state. Tax incentives should be provided to encourage the private sector to provide transportation for elderly employees.

A. Issue: LEGAL SERVICES

How can the aged be assured of continued legal services for those elderly who cannot afford private attorneys and who face the challenge of dealing with bureaucracies and the paperwork they produce?

B. Recommendations:

Legal aid funding must be continued. Legal services such as the Federal Legal Services Corporation and the National Senior Citizens Law Center must be continued. Consumer protection advice and assistance must be provided for the elderly.

A. Issue: CRIME

How can the elderly, who are viewed as easy targets for victimization, either in physical crimes or in fraudulent schemes, be more adequately protected?

B. Recommendations:

Local police departments should develop special plans for the protection of the aged. Better educational programs for the aged themselves should be provided through the media on crime prevention methods and the kind of crimes for which seniors are particularly vulnerable. Victim assistance and retribution

programs should be established. State law enforcement agencies should crack down on fraud and abuse schemes. Key to the solution of this critical problem is an overall change in the media and elsewhere as weak, incapable of caring for themselves and ineffective.

A. Issue: EDUCATION

How can the elderly have access to educational opportunities, retraining and updating of their skills so they might continue as contributing members of the work force or have an enriched life in retirement?

B. Recommendations:

Increase opportunities for the elderly to attend community colleges and universities by providing more private and public scholarships for the elderly, develop educational programs aimed at dealing with the fears of seniors re-entering the educational community, provide more classes on an audit basis for the elderly, have classes in accessible locations--not necessarily on college and university campuses, develop university and community college outreach programs utilizing mobile units that offer educational opportunities where the elderly live, encourage both the public and private sectors to provide technical retraining and upgrading opportunities.

A. Issue: AGEISM

How can we eliminate discrimination against the aged in our society and do away with the image of the aged as ineffective, incompetent and unable to make a contribution to society?

B. Recommendations:

The private sector should eliminate employment discrimination against the aged, work through the media to change misconceptions about the elderly that have been passed on through the media and provide meaningful activity. The educational system should encourage realistic education about the elderly and about the process of growing old from pre-school through the universities. Government should make special efforts to change internal policies that tend to discriminate against employment of the elderly and to involve the elderly in the policy-making process. Programs that foster interaction between age groups should be expanded. Gerontology courses should be offered in the public schools.

A. Issue: VOLUNTEERISM

How can the role of the elderly as volunteers be expanded to benefit not only the aged but society as a whole?

B. Recommendations:

Innovative programs aimed at providing compensation to senior volunteers (mileage reimbursement, income tax incentives, meal and transportation provisions) should be initiated. The private sector and government should expand programs utilizing senior aid and work to publicize senior volunteer resources and opportunities.

ARIZONA WHITE HOUSE CONFERENCE REPORT

STATE Arizona DATE OF CONFERENCE March 4, 1981
PLACE OF CONFERENCE Phoenix, Arizona
NAME OF PERSON SUBMITTING REPORT Gloria Heller
TITLE OF PERSON State Coordinator
TOTAL NO. OF PARTICIPANTS 1366 SEX: % OF MALE 65-68 FEMALE 32-35
ETHNICITY/RACE: BLACK 4.3% HISPANICS 16% CAUCASIAN 68%
PACIFIC/ASIAN .7% AMERICAN INDIAN 11% OTHER _____ (PLEASE
STATE APPROXIMATE % FOR EACH)
HANDICAPPED .7 % (PLEASE STATE APPROXIMATE % ONLY)
AGE: UNDER 60 433 60 AND OVER 933

ECONOMIC SECURITY

1-A. Issue:

Many of the five-million aged in this nation who live in poverty depend on Social Security benefits as their sole source of income. The level of benefits, combined with the pressures of runaway inflation, have caught these elderly in an economic squeeze.

1-B. Recommendations:

1. All future federal employees and all gainfully employed persons should be covered by Social Security.
2. Social Security benefit increases should more accurately reflect the cost of living.
3. Benefits should be equalized for men and women.
4. A careful review of programs now funded under Social Security that might be justifiably placed under other funding sources should be undertaken, and action taken.
5. The financial soundness of the Social Security system should be strengthened by contributions from the general

funds of the federal government instead of relying solely on the payroll tax.

6. The yearly earnings limit for Social Security beneficiaries should be removed.
7. Funding for Social Security benefits--old age, survivors and disability insurance--should be continued.

2-A. Issue:

Today's inflationary demands mean that most elderly simply cannot afford to retire. Further, forced retirement has a negative impact on the social and mental well-being of many.

2-B. Recommendations:

1. The basic national policy should reflect an intention to provide jobs for all elderly desiring employment.
2. Standards for unemployment insurance should be equalized between the states.
3. Employers should be given tax incentives for employing and training older persons.
4. Local, state and federal services to assist the elderly in locating employment should be established.
5. Local, state and federal efforts to provide vocational training for the elderly who desire new careers or upgrading of old skills should be intensified.
6. Pension benefits should be exempted from federal and state income taxes.

PHYSICAL AND MENTAL HEALTH

1-A. Issue:

Many of the nation's elderly fall through the cracks in the current health care system. Those who do find a means of utilizing the system face enormous bills with fixed incomes.

1-B. Recommendations:

1. A national health insurance program covering all persons in the United States should be established; a national comprehensive health program for the aged should be established; and a national program for catastrophic medical expenditures should be established.
2. Gaps in Medicare coverage should be eliminated, and coverage should be expanded to pay for preventive health care, drugs, prosthetic appliances, eye glasses, wheel-chairs, all necessary and prescribed appliances and aids, routine dental care, mental health services, skilled and unskilled in-home health care, health assessment services and custodial care. Procedures for reimbursement of providers and patients under Medicare should be simplified. Medicare reimbursement regulations

should require that the provider be the party applying for reimbursement, rather than the recipient. Medicare should be financed from general funds of the federal government rather than from payroll taxes. The deductible in Medicare should be reduced.

3. A Medicaid program should be implemented by the Arizona Legislature; the provisions for the program should include coverage for mental health services.
4. Tax and other financial incentives should be provided to encourage health-care professionals and paraprofessionals to locate in rural areas.
5. Federal and state regulations governing facilities for health care of the aged should emphasize and promote the development of quality care.
6. Preventive health care programs and education should be stressed throughout the health care system as the means of avoiding more costly illness.
7. National, state and local efforts should be focused on providing for the training of health care professionals in the field of gerontology and geriatrics, promoting additional home-care services and expanding the hospice care concept and services.
8. Increased funding should be made available for basic research in geriatric medicine.
9. Nutrition information and services should be promoted.
10. The private sector and government should combine their efforts to work to train health volunteers to deal with the areas of loneliness, medical service access, night check-ups, telephone reassurance calls and filling out medical forms.
11. The medical profession should undertake to assure that a number of health care professionals are available for house calls in every community.
12. Visiting nurses and day care service programs for the elderly should be established.
13. Arizona should undertake a concentrated effort to see that hospital beds are distributed equitably in both numbers and geography and should establish an effective state plan to contain hospital costs.
14. The state and private sector should develop an expanded range of services for those who reside in long-term care facilities, as well as work on options to the traditional long-term care facility residence. These facilities should be carefully monitored by the state to assure that the elderly resident's quality of life is preserved.
15. As a general principle, institutionalization should be a last resort, with home health care, day care, foster care, etc. utilized as deterrents.
16. Federal and state tax exemptions or credits should be established for those families who care for elderly persons in their homes.

SOCIAL WELL-BEING

1-A. Issue:

1. Many elderly cannot find affordable, accessible housing; yet they desire to remain independent as long as possible.

1-B. Recommendations:

1. National, state and local policy priorities should be to increase safe, affordable and properly located housing for the elderly, a goal that should bring the private sector and government together in a united effort.
2. Rent control laws and building codes are needed in rural areas to protect the elderly.
3. Federal housing programs should give the elderly some freedom of choice, enabling them to decide whether they want to live in retirement communities, housing restricted to older persons or age-integrated communities. Housing policy should consider the special housing problems of racial and ethnic minorities. For the low-income, Housing and Urban Development (HUD) projects should be created that provide social services which prevent institutionalization, maintaining the elderly in their own homes and providing programs to assist the elderly in coping with personal, social, psychological, health, and financial problems.
4. A state housing authority should be created.
5. Federal funding for home repair efforts, such as weatherization and other energy improvements, and for the Low-Income Energy Assistance Program should be increased. The energy assistance program should recognize the special needs of the elderly who live in hot-weather climates like Arizona; assistance should cover cooling bills, as well as heating bills.
6. The government should initiate experimental, innovative and alternative living arrangements to determine which are best-suited to meet the needs of the elderly.
7. State government should investigate and closely supervise life care contracts which require lump sum payments.

2-A. Issue:

1. Transportation is a priority need of the elderly.

2-B. Recommendations:

1. Each community should assess its transportation needs and develop a coordinated transportation plan for improving access by the elderly to needed services.
2. The private sector and community agencies should work on transportation for the elderly in rural areas since --in most cases--a public mode of transportation is non-existent.
3. Government should make public transportation vehicles

more easily accessible to the elderly and the handicapped, putting in handrails, easy steps, etc. Government should give special attention to night and weekend transportation.

3-A. Issue:

Educational opportunities should be more easily available to the elderly.

3-B. Recommendations:

1. Continuing and occupational education opportunities should be expanded to meet the needs of those aged who desire retraining for second careers or updating of old skills. Adult education programs should be expanded in institutions of higher education, high schools and community agencies.
2. Physical barriers to the elderly and handicapped should be removed on all campuses.
3. The elderly should be offered reduced fees or waivers by educational institutions or the relevant state agency.

4-A. Issue:

The aged face legal problems with insufficient resources and little information about how to gain access to legal advice.

4-B. Recommendations:

1. Government and the private sector must work together to assure that more low-cost legal aid that deals with fraud, tenant-landlord problems and assistance to the low-income elderly is available. A particular need of the latter group is assistance in dealing with the bureaucracy in general--the paperwork, the hearings, the system.
2. Existing legal aid funding must be continued.
3. Consumer protection advice and assistance must be provided for the elderly by law enforcement agencies, through the media and through other legal assistance efforts.

AGEISM AND AN INTEGRATED SOCIETY

1-A. Issue:

Discrimination on the basis of age exists in all areas, manifesting itself through such practices as compulsory retirement, selective granting of loans to the elderly, inavailability of housing, lack of transportation, health and educational opportunities and inaccessibility of recreation facilities.

1-B. Recommendations:

1. The National Institute on Aging and other research institutions around the country should be funded to do basic research on the process of aging.
2. Educational programs based upon current research should be established to arrest the misconceptions about the capacities of the elderly.
3. Government and the private sector should recognize the skills and potentials of older workers, giving special attention to the needs of older women and minorities.
4. Federal and state legislative bodies should pass legislation prohibiting all types of discrimination on the basis of age.
5. Legislation should prohibit cancellations or sharp decreases in the value of--or increases in the cost of--insurance policies on the basis of age.
6. Laws should prohibit discrimination against older persons adopting or having custody of children on the basis of age.
7. Employers in the public and private sector and unions should encourage pre-retirement programs to prepare workers for new careers or constructive retirement.
8. The public and private sectors must work together to change the stereotypes of the elderly and about aging that exist throughout society and are amplified through the media. This commitment to change must particularly involve private sector efforts to eliminate employment discrimination and change media misconceptions, educational system efforts to provide a realistic education about the elderly and about growing old from pre-school on up and government bureaucracy efforts to change internal policies regarding employment of the elderly and involvement of the elderly in the policy-making process.

THE ROLE OF THE VOLUNTARY AGENCY AND VOLUNTEERISM

1-A. Issue:

Volunteer programs are, in many cases, the only means of assistance the elderly receive, but the need is far greater than the existing programs.

The role of the elderly person as a volunteer is a crucial role and should be encouraged.

1-B. Recommendations:

1. Voluntary agencies should act as advocates for the elderly and bring the elderly into the policy-making aspect of the agency through board membership and participation in programs.

2. Voluntary agencies should promote programs for the elderly, regardless of whether those programs are the primary responsibility of government or the voluntary agency. Government should work in partnership with voluntary social agencies and the elderly to establish basic policies in such areas as maintenance of income, health programs, transportation plans, etc.
3. Recognizing that senior volunteerism not only helps to maintain the physical and mental health of the volunteer but also provides needed talent and skills that improve the community, state and federal legislative bodies should institute innovative programs aimed at providing compensation to senior volunteers (i.e., funding for mileage reimbursement, income deductions for hours of service as tax incentives, reimbursement or provision for meals, transportation programs).
4. The private sector and government should work to expand programs in which seniors help seniors in homes and institutions, seniors help children in various programs, seniors help families in communities, seniors help with handicapped and other special programs and younger persons help seniors in homes and institutions.
5. Government and the private sector should work to publicize senior volunteer resources and opportunities.

PHILOSOPHICAL AND SPIRITUAL VALUES

1-A. Issue:

Religious institutions must do more through their own programs and through involvement in the community to meet the philosophical and spiritual needs of the elderly and to help with the education process about aging.

The need for self-expression and cultural growth does not end as one grows older; the need of a positive self-image and strong self-confidence continues and must be fulfilled.

1-B. Recommendations:

1. The tens of thousands of religious institutions that exist today have a special responsibility to communicate to their entire congregations an enlightened societal view that glorifies diversity, whether it be in age, race or creed, and that condemns stereotyping.
2. Religious institutions should intensify efforts to involve the elderly in their activities, should provide counseling to the elderly on their particular philosophical and spiritual needs and should bring the elderly into the decision making process within the institution.
3. Religious institutions should adapt their physical structures to the needs of the aged and the handicapped, should provide transportation to the facility for those needing it and should develop outreach programs to take

- their services and programs to the homebound. They should encourage intergenerational activities.
4. Religious institutions should be at the forefront of the effort to gain research on the ways and means to assist the aged and on the process of aging in general.
 5. Government efforts to gear programs to a particular minority group should take into account the cultural and spiritual diversity of that group.
 6. Both the private sector and government should fund and develop cultural opportunities for the elderly that encourage self-expression and self-fulfillment, recognizing that in order for such programs to be beneficial, they must be creative rather than imitative.

THE ROLE OF GOVERNMENT AND THE PRIVATE SECTOR

1-A. Issue:

Government and the private sector must share in the development of policies to deal with the enormous consequences of the aging of the population and the resulting impact on the nation's economy.

In marketing strategies and utilization of the media, the private sector has a stake--from its own business perspective--in creating a more accurate picture of the elderly.

1-B. Recommendations:

1. Both government and the private sector must initiate an aggressive, constructive approach to evaluating the social and economic ramifications of the changing society and the impact of the growing elderly population on tomorrow's retail marketplace.
2. Both government and the private sector must aggressively examine the stereotypes that lead to the policy of mandatory retirement and work, through such efforts as job sharing and retraining, to increase employment opportunities for older workers. Tax credits to help defer the cost of the effort to the private sector should be offered.
3. The private sector should be strongly encouraged to be sensitive to particular problems relating to elderly or disabled dependents and work to aid employees with solutions such as flexible work hours, scholarship funds for day care and extended medical benefits (including day care).
4. The private sector should include in its pension and health programs an accommodation for the spouse of the worker.
5. The private sector should be required to reverse mortgage or reverse annuity programs to enable the elderly to use portions of their accrued home equity for self-support.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

ARKANSAS

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WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Arkansas STATE COORDINATOR Dana Steward

TOTAL # FORUMS 59 % URBAN 34% % RURAL 66%

TOTAL # PARTICIPANTS 3,438

ISSUES OF CONCERN (top 10 priorities):

1. Lack of adequate transportation.
2. Insufficient employment opportunities for the elderly.
3. Social Security and retirement income.
4. Energy cost.
5. Need for housing - low cost and subsidized.
6. General economic security issues.
7. Availability of physical and mental health services.
8. Need for in-home and home maintenance services which prevent institutionalization.
9. Physical and mental health care cost.
10. Quality of long term care services including the regulation of nursing homes, boarding homes and hospices.

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. To increase assistance in the payment of utility bills.
2. To increase transportation services.
3. To increase housing options - subsidized housing, boarding homes and home sharing.
4. To increase assistance with the weatherization of homes.
5. To review Social Security.
6. To promote and expand home health care.
7. To increase the number of senior centers and senior volunteer participation.
8. To increase services in the home such as chore services, home maintenance and health related services.
9. To increase general funding for aging services.
10. To assist in the purchasing of prescription drugs, dentures, eye glasses, hearing aids, etc.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Arkansas 2) Date of Conference October 1, 1980
3) Place of Conference Camelot Inn, Little Rock, Arkansas
4) Name of person submitting report Dana Steward
5) Title of Person Arkansas State White House Conference on Aging Coordinator

Participation

- 6) Total No. of Participants 1,200 7) Sex: No of Female 65%
No of Male 35%
8) Ethnicity/Race: 25.0% Black; 0.3% Hispanics; 46.0% Caucasian;
0.0% Pacific/Asian; 0.1% American Indian; 0.0% Other (Please
state approximate % for each)
9) Handicapped 15.0% (Please state approximate % only)
10) Age: 15.0% under 55 85.0% 55 and over

Summary of Issues and Recommendations by Major Topics

ECONOMIC CONCERNS

A. Issue

1. The capacity of the Social Security system to remain solvent.

B. Policy Recommendations

1. Part of the support for the Social Security system should come from general revenues, not totally from Social Security participation.
2. A review of Social Security categories covering persons who are under 62 should be undertaken to determine if some of this assistance could be eliminated.
3. As persons work longer, the age of eligibility for Social Security benefits might be raised.

ARKANSAS

A. Issue

1. Inflationary times and fixed incomes create a burden on the older consumer.

B. Policy Recommendations

1. Measures should be taken at the national level to contain the spiraling cost of health care and energy.
2. Tax breaks, such as the Homestead Property Tax Relief, should be implemented at both state and federal levels.
3. Consumer education programs such as those funded by the Department of Education, are essential in teaching persons to become careful consumers and make the most of limited resources, e.g., comparison shopping, asking for and reviewing itemized hospital bills.
4. Consumer protection programs should be expanded to protect older persons from fraudulent businesses practices.

C. Action Recommendation

1. Probate codes should be revised uniformly to reduce estate complications for surviving spouses and children and leave more of the estate intact.

A. Issue

1. Employment opportunities are not available to meet the needs of older people who wish to work full or part time.

B. Policy Recommendations

1. Greater emphasis should be placed on assisting older people to find jobs through Employment Security.
2. Programs which receive state and federal funding to employ and train older persons, such as Senior Community Service Employment Program and Title V of the Older Americans Act, should be expanded.
3. Discrimination against older workers should be monitored and enforcement of current anti-discrimination regulations should be increased.

ARKANSAS

PHYSICAL HEALTH

A. Issue

1. Sufficient opportunities for older persons to receive preventative health care do not exist and those which are available are not covered by Medicare and Medicaid.

B. Policy Recommendations

1. Medicare and Medicaid regulations should be amended to include coverage for physical checkups and health screening tests.
2. Public health agencies should be funded to establish "well elderly" clinics to perform screening and provide physical checkups.

C. Action Recommendation

1. The entire system of public medical assistance including both Medicare and Medicaid should be studied by the Department of Health and Human Services to determine:
 - a. if physicians and other health professionals and health care facilities are performing unnecessary medical procedures and services in order to be reimbursed for them,
 - b. if a mechanism could be established which would enable all persons who are covered by Medicaid to use a doctor of choice, rather than having to locate a Medicaid participant or having to use a non-Medicaid physician.

A. Issue

1. Too little attention has been paid to medical and health related services which are restorative and rehabilitative.

B. Policy Recommendations

1. Medicare and medical regulations which restrict the provision of restorative services such as speech therapy, physical therapy, and occupational therapy should be rewritten to allow such services.
2. Long term care facilities should be required to provide appropriate rehabilitative services.
3. Rehabilitative services should be available to the visually and hearing impaired to enable individuals to continue to live independently as long as possible, regardless of their vocational potential.

ARKANSAS

A. Issue

1. Drug usage and abuse among older persons is an issue which needs to be addressed to a greater extent by health and social service professionals.

B. Policy Recommendations

1. Department of Health and Human Services should promote consumer education and protection campaigns to familiarize older persons with proper use of prescription and over-the-counter drugs.
2. Federal legislation should be developed to require stricter labeling of drugs and quality control of generic drugs.
3. Health Care Financing Administration should study prescription drug purchasing assistance through Medicaid to determine if funds exist to expand the coverage offered by this program.

A. Issue

1. The attitude of health care professionals toward the aged can be a deterrent to the provision of quality medical care.

B. Policy Recommendations

1. Funds should be appropriated to the National Institute on Aging to continue producing information for health professionals on geriatric patients.
2. The State Units on Aging and the other parts of the aging network should direct public information efforts toward health professionals regarding the elderly population and the services available.

LONG TERM CARE

A. Issue

1. Operating practices in many nursing homes are not sufficient to assure a good quality of life for residents.

B. Policy Recommendations

1. Federal regulations for the operation of nursing homes should include staffing patterns which assure that residents have adequate care available at all hours.
2. The rights of the patients should be protected by access to legal and advocacy programs.

ARKANSAS

C. Action Recommendations

1. Physicians attending nursing home patients should provide more thorough treatment.
2. Training for all nursing home staff should be mandatory to increase the sensitivity of personnel to the needs of the aging.

A. Issue

1. The kind of care provided in a long term care facility centers on custodialism, rather than on restoration.

B. Policy Recommendations

1. Plans of care for patients in nursing homes should contain restorative treatments such as physical therapy, speech therapy, occupational therapy and counseling, with a mechanism for Medicaid or Title XX reimbursement.
2. Regulations which restrict additional payment to nursing homes for rehabilitative and restorative care should be rewritten to allow for the emphasis to be placed on improving a patient's condition rather than assuming a patient's condition will remain constant.

A. Issue

1. Individuals entering nursing homes do not always need to be institutionalized and often have no other available alternate living arrangements.

B. Policy Recommendations

1. Each state should have a mechanism for screening or channeling applicants for nursing home admission which operates as a joint effort of several agencies and helps channel persons into the appropriate level of care, whether nursing home, group home, boarding home, etc.
2. Standards should be established for boarding homes in each state and these facilities should be licensed by the same agency that licenses nursing homes.

MENTAL HEALTH

A. Issue

1. Services do not presently exist to meet the mental health needs of older persons and their families.

ARKANSAS

B. Policy Recommendations

1. Mental health services should be made available to more older persons in clinical settings, in the home, in nursing homes and through coordinated arrangements with multipurpose senior centers.
2. Changes in Medicare and Medicaid regulations should allow for the provisions of mental health services, including reimbursement for such services to residents of long term care facilities.
3. Public information and outreach efforts should be funded for all mental health centers to help alleviate the stigma of receiving mental health services.
4. Funding for Community Mental Health Centers (CMHC) should allow for more preventative and crisis intervention services.

C. Action Recommendations

1. Coordinative efforts between aging network services and the mental health network should include training for health and service professionals on the emotional needs of older persons.

TRANSPORTATION AND HOUSING

A. Issue

1. The lack of available and affordable transportation is one of the greatest barriers to the independent living of older persons.

B. Policy Recommendations

1. Transportation services should remain one of the mandated services under the Older Americans Act.
2. Federal regulations for programs which have a transportation component should be studied and adjustments made to eliminate conflicts which limit coordination of transportation programs.
3. Medicaid arrangements for the payment of medical transportation should provide payment with less red tape.
4. Medicare insurance should make provisions for transportation cost.
5. Federal matching funds should be made available to encourage the development of ambulance and emergency medical services.

ARKANSAS

A. Issue

1. The lack of low cost safe housing options is a major problem for older persons.

B. Policy Recommendations

1. More housing units consisting of independent apartments and congregate facilities should be built for low income persons through the Department of Housing and Urban Development.
2. Section 8 rental assistance slots should be increased to give a greater number of older persons an opportunity to use this assistance.
3. Federal programs which assist in home repairs or weatherization should be coordinated by one agency to make the maximum use of funds and manpower to enable older persons to stay in their own homes.

C. Action Recommendations

1. State agencies licensing long term care facilities should establish and enforce boarding home standards.
2. State agencies on aging and Area Agencies on Aging can initiate home sharing projects with a minimum of funding by linking older persons who want to share homes or apartments.

AGING NETWORK SERVICES

A. Issue

1. The services available to older persons through the aging network of programs under the Older Americans Act and other federally funded programs are not available in sufficient numbers to meet the needs of the growing aging population.

B. Policy Recommendations

1. More effort should be made at the federal level to coordinate conflicting regulations and varying funding sources to allow for the comprehensive delivery of services to persons in their own homes.
2. A complete array of services should be made available in the home ranging from chore services to skilled nursing and therapy, meeting both physical and emotional needs.

ARKANSAS

3. Older Americans Act programs under Title III B and C should be expanded, providing more transportation, home delivered meals and congregate meals in multipurpose senior centers, giving older people opportunities to stay active.
4. Long term care policies in each state should include day care licensure, and plans for the development of alternate living arrangements including supervised living and care models such as respite care and hospice services.
5. Coordination should be attempted at every level to ensure that limited resources are used to the maximum, for example, the multipurpose senior center can be used as a delivery point for a number of services.
6. The role of the aging network as an advocate on behalf of older persons should be expanded to include comprehensive protective and legal services, and public education campaigns to eliminate the myths about the capabilities of older persons.

OLDER AMERICANS: A NATIONAL RESOURCE

A. Issue

1. The potential for volunteer service by the older population has not been fully developed.

B. Policy Recommendations

1. Older Americans Volunteer programs should be continued and expanded to offer more opportunities.
2. Projects such as the Arkansas Governor's Office of Voluntary Citizen participation, which match the skills of seniors to community needs, should be expanded with a commitment of tax dollars.
3. Policies should be established within the aging network to provide for payment of mileage and meal costs to older volunteers whose fixed income status prevents them from expending money for nonessential items.
4. Grants should be made available for money to begin volunteer programs and to purchase volunteer insurance, and provide a portion of continuing operating costs.

ARKANSAS

C. Action Recommendation

1. State units on aging could take the lead in encouraging the growth of volunteer opportunities for seniors, for example, leadership seminars could be conducted to train local persons on how to establish community volunteer programs and use the community resources available to volunteers.

A. Issue

1. The older segment of the population has a great potential for political action and social change.

B. Policy Recommendation

1. The aging network can assist older persons to be advocates on their own behalf through training and leadership seminars, and mock legislative sessions which provide an opportunity to understand the legislative process.

C. Action Recommendation

1. Membership organizations of older persons can further develop the impact of their memberships on political and governmental structures through training and legislative participation.
2. Membership organizations of older persons could be urged, through national leadership to (a) work with groups of younger people sharing political expertise, and (b) to develop strategies to involve more older women in political action.

A. Issue

1. Older people are an important resource for preserving the national heritage and have a great potential for expressing creativity through the arts both fine and folk.

B. Policy Recommendations

1. Public funding should be made available to colleges and local governments to establish projects which give seniors an opportunity to record and share their knowledge of history and culture.
2. County and city museums can be established or expanded to contain items of history important to specific localities.
3. Special attention should be given to the creative potential of older persons in arts and humanities projects receiving federal funding.

ARKANSAS

C. Action Recommendation

1. Voluntary organizations, such as historical societies, can make more use of older people in oral history projects and in preserving skills in crafts which may become obsolete.

RESEARCH ON AGING

A. Issue

1. Information on all aspects of the aging process and on the physical, emotional, and social service needs of older persons is not adequate.

B. Policy Recommendations

1. Federal funds should be continued and increased if possible, to finance medical research into the physical and psychological aspects of the aging process.
2. A portion of funding for aging programs under the Older Americans Act should be maintained to fund practical research into the most accurate methods of assessing the needs of older persons and in developing services to meet those needs in the most efficient and cost effective manner.
3. Additional study should be done on public benefits, such as Social Security, Medicare and Medicaid to determine their effectiveness and the revisions needed in the programs.
4. Gerontological studies are needed on a continuing basis to increase general knowledge of the aging population and its impact on society.

* U.S.G.P.O. 720-019/1302-4576

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

CALIFORNIA

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981* White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

CALIFORNIA

WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE CALIFORNIA STATE COORDINATOR JANET J. LEVY

TOTAL # FORUMS 525 % URBAN 82 % RURAL 18 %

TOTAL # PARTICIPANTS 7,664

ISSUES OF CONCERN

Health

Crime

Housing

Employment

Transportation

Nutrition

Economics

Long Term Care

Social Security

Legal Services

RECOMMENDATIONS MADE BY THE PARTICIPANTS

In addition to Community Forums, Area Agencies on Aging hosted twenty-eight (28) Area Conferences and several Regional Conferences on Aging. These conferences developed the recommendations which were addressed at the State House Conference on Aging. The refinement of these recommendations comprises the basis for the policy and action recommendations that are found in the body of this report.

CALIFORNIA

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State CALIFORNIA 2) Date of Conference April 27-29, 1981
- 3) Place of Conference Sacramento, California
- 4) Name of Person Submitting Report Janet J. Levy
- 5) Title of Person Director, California Department of Aging

Participation

- 6) Total No. of Participants 1200
- 7) Sex: No. of Female 57.2% No. of Male 42.8%
- 8) Ethnicity/Race: Black 14.8% Hispanic 11.7% Caucasian 65.6%
Pacific/Asian 5.4% American Indian 2.5%
- 9) Handicapped .08%
- 10) Age: Under 55 32.3% Over 55 67.7%

Summary of Issues and Recommendations

1981 CALIFORNIA STATE HOUSE CONFERENCE ON AGING

CALIFORNIA POLICY ISSUE PLATFORM REPORT

The delegates to the 1981 California State House Conference on Aging formulated a total of 116 policy action recommendations under seventeen major topic areas. A democratic vote of Conference delegates identified the top 3 recommendations under each of these areas to be forwarded for adoption by the White House Conference on Aging. The California delegation, 92 Governor's delegates, (i.e., 62 elected by their peers and 30 appointed by Governor Brown) and 45 Congressional appointees, are united in their charge to advocate for the adoption of the following recommendations. The following recommendations are listed in order of priority as voted on by the delegates during the conference.

CALIFORNIA

ADVOCACY

A. Issue

1. There is an urgent need for Older Americans to unite in developing an advocacy network directed toward improving the quality of life for all elder citizens.

B. Policy and Action Recommendations

1. Resolve that the White House Conference on Aging shall act to ensure the Older Americans Act shall be permanent, funded and fully implemented, accountable to the senior advocacy network, and funding for senior specific programs be retained at least at the current levels and/or expanded.
2. Resolve that the federal White House Conference on Aging shall recommend that senior legislatures shall be established nationwide and permanently funded, allowing grass roots advocates a greater voice in determining what types of legislation will be enacted for the betterment of seniors.
3. Resolve that local, state and federal advocacy networks shall be the implementing bodies and work towards assuring that recommendations of the state and federal Conferences on Aging are acted upon at all levels of government, with special emphasis on rural populations.

COMPREHENSIVE SOCIAL SERVICES/NUTRITION PROGRAMS/SENIOR CENTERS

A. Issue

1. A comprehensive social service delivery system must be developed that guarantees a multi-faceted system that is both responsive and flexible in meeting individual needs within the diverse population of older adults.

B. Policy and Action Recommendations

1. Resolve that Multi-Purpose senior centers or other systems shall be established to provide community-based universal access, without means test, to a continuum of comprehensive coordinated services to meet multi-cultural needs of every person 60+ including homebound and from urban to isolated rural areas.

CALIFORNIA

B. Policy and Action Recommendations (continued)

2. Resolve that nutrition services, as a preventative health measure, are important to maintain independent living to prevent institutionalization. Funds must be authorized and appropriated under the Older Americans Act designated to provide, strengthen and increase nutrition delivery services for the elderly.
3. Resolve that to reach seniors in need, implementation of the service delivery level must provide for maximum flexibility. Funding priorities must address daily home delivered meals, congregate meals, outreach, transportation, volunteer expenses, rural factors, minority services and innovative programs.

CRIMES AGAINST THE ELDERLY

A. Issue

1. The fear of crimes, both domestic and community-based, that infringes on the individual safety and freedom of older persons must be eliminated.

B. Policy and Action Recommendations

1. Resolve that the abuse of elderly persons in domestic and institutional settings must be dealt with by:
 - a. enactment of mandatory reporting laws,
 - b. utilization of special units in law enforcement agencies,
 - c. development of community resources (e.g. hotlines, shelters, counseling services, ombudsman, legal services).
2. Resolve that more stringent penalties must be imposed for crime of every nature against the elderly; strengthening the criminal justice system requiring appropriate facilities for and mandatory restitution from all offenders.
3. Resolve that more government sponsorship of crime prevention programs is needed to increase citizen interest and participation in community efforts, such as neighborhood watch, court witness and other such effective programs that will reduce crime.

CALIFORNIA

A. Issue

1. The Social Security System must protect the economic well-being of older persons by responding to the increased demand on their fixed incomes through ensuring the solvency of the system and creating optional income opportunities.

B. Polciy and Action Recommendations

1.
 - a. Resolve that Social Security reform shall guarantee adequate funding to insure benefits, and
 - b. benefits shall be adjusted annually through cost-of living increases comparable to the Consumer Price Index.
2.
 - a. Resolve to eliminate the Social Security Act provisions which allow state and local governments to withdraw, and
 - b. to abolish Social Security earnings limitations and the ceiling on Social Security payroll tax deductions, and
 - c. retain current age qualifications for Social Security eligibility.
3.
 - a. Resolve that the Social Security cost of living increases should not be deducted from other benefits with the result that the recipient's income does not increase, and
 - b. Social Security coverage should be mandatory for all categories of workers who may not now be covered.

EDUCATION

A. Issue

1. Education should be guaranteed for all older persons, with emphasis on utilizing them as educators, and on increasing instruction of practitioners in aging and the aging process.

B. Policy and Action Recommendations

1. Resolve that older adults, as a National Resource, be utilized in paid or volunteer positions at all levels of education. This resource is especially valuable in inter-generational learning activities.

CALIFORNIA

B. Policy and Action Recommendations (continued)

2. Resolve that barriers be removed and access to lifelong learning be expanded as a right of all older adults, including ethnic minorities, low-income, homebound, geographically isolated and handicapped.
3. Resolve that education of all health professionals should include gerontological and geriatric concepts in their core curriculum and continuing education.

EMPLOYMENT

A. Issue

1. There should be a concerted effort to insure employment opportunities for older persons, in both public and private enterprise, while guaranteeing the option to retire from the work force at a reasonable age.

B. Policy and Action Recommendations

1. Resolve that outside earnings limitations for full Social Security benefits should be eliminated at age 65 and eligibility for retirement benefits shall remain at age 65 rather than age 68, as being proposed by the current administration.
2. Resolve that all agencies providing services to older Americans must place high Priority to staff their agencies, qualifications being equal, with older persons and handicapped older persons.
3. Resolve to increase funds for employment opportunities, on-the-job training and counseling, including but not limited to job pools on local, state, and federal levels, using existing agencies for implementation. Target groups to be served include minorities, women, rural, and handicapped older workers.

HEALTH/MENTAL HEALTH/NUTRITION

A. Issue

1. There is a need to ensure the physical and mental health needs of older persons will be met through expansion of Medicare benefits and development of a National Health Plan.

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B. Policy and Action Recommendations

1. Resolve that a publicly administered National Health Plan, built upon a based and progressive financing mechanism, should be established to assume comprehensive uniform protection and high quality health service for all people.
2. Resolve that Medicare benefits be increased. Eliminate deductibles and other out-of-pocket costs. Add part C providing comprehensive coordinated, culturally sensitive health and social services enabling recipients to maintain the highest possible level of independence.
3. Resolve that there be increased funding for culturally sensitive comprehensive mental health services including prevention, outreach, assessment, substance abuse, in-patient and outpatient services. Support collaboration with informal networks and focal points. Develop pilot treatment programs and clinical research in dementia and depressions.

HOUSING

A. Issue

1. There must be affordable, decent and secure housing options for older persons, protected under the law, which include programs directed toward increasing affordable housing.

2. Policy and Action Recommendations

1. Resolve that federal, state and local governments must enact laws to protect the elderly from displacement due to (a) the demolition of mobile home parks and rental housing, and (b) the conversion of rental units to condominiums or cooperatives. This includes the creation of life estates and limited equity cooperatives with necessary safeguards.
2. Resolve that government must provide tax incentive bond programs, seed money and creative financing to assure subsidized senior housing and alternatives such as shared housing and "granny cottages," and require the funding, coordination and delivery of health and social services.
3. Resolve that Congress shall require that all housing programs give highest priority to seniors in rural and urban areas, including the earmarking of block grant funds and the use of public surplus lands for the acquisition, development and maintenance of senior housing.

CALIFORNIA

LEGAL

A. Issue

1. There is a need for publicly funded legal services to protect the legal and civil rights of older persons.

B. Policy and Action Recommendations

1. Resolve that national policy shall recognize that legal services are essential to secure the rights of all elders in such areas as Economic Well-Being, Health, Housing, Long-Term Care and others necessary to ensure a life of dignity for older Americans.
2. Resolve that legal services shall continue as a priority mandated service of the Older Americans Act for both urban and rural areas with adequate funding for staffing, training, multi-lingual direct services, community education, and outreach in urban and rural areas.
3. Resolve that the Legal Services Corporation Act shall be reauthorized at its present level to continue legal services for the poor as an essential complement to legal services for the elderly under the Older Americans Act.

LONG-TERM CARE

A. Issue

1. There is a need to provide for a community-based continuum of care system to maintain and prolong the independence of our elderly population.

B. Policy and Action Recommendations

1. Resolve to expand Medicare and Medicaid to provide fully for a long term care system with case management and comprehensive in-home and out-of-home health, mental and social services that is responsive to needs and choices of the individual and community.
2. Resolve to expand funds and combine resources to create an integrated, coordinated community-based continuum of care system addressing health, psycho-social and personal needs to maintain functionally impaired elders at maximum independence in the least restrictive environment with institutionalization, only when appropriate.

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B. Policy and Action Recommendations (continued)

3. Resolve to protect the rights of institutionalized elders through public awareness and geriatric education to improve quality of care, there shall be adequately funded community based Ombudsman programs, legal services, increased compensation, improved working conditions, and professional opportunities for long term care personnel.

MINORITY ELDERLY

A. Issue

1. There are unique concerns and circumstances pertaining to older minority persons that must be addressed, in addition to their needs as older persons.

B. Policy and Action Recommendations

1. Resolve that minority elders must receive services of equal quality with other older persons and funding shall be allocated according to the level of community need, so as to promote, support and strengthen natural support systems.
2. Resolve that minorities and non-English speaking elderly must have access to centers with bi-lingual and multi-cultural sensitive staff. Psycho-social, ethnic cultural training should be mandated for all service providers and volunteers who staff programs for minority elders.
3. Resolve that because minorities have a shorter lifespan, the eligibility age for receiving Social Security benefits and other services must be removed from "chronological age" as a determinant for services and benefits. Additional consideration must be given to socio-economic and health factors affecting the minority elderly.

OLDER WOMEN

A. Issue

1. There is a need to recognize and develop specific programs and laws that are responsive to the life situation of older women.

CALIFORNIA

B. Policy and Action Recommendations

1. Resolve to establish by law homemakers' rights to share their spouse's Social Security, public or private pensions and correct existing inequities which deny older women their rights to full benefits following death or divorce.
2. Resolve to establish public and private scholarships stipends and work-study programs, recognizing homemaker and volunteer skills, to prepare older women for meaningful employment and leadership. Offer tax incentives for training and hiring for flextime, job-sharing and full-time positions with benefits and comparable pay.
3. Resolve to provide rural and urban comprehensive, fully accessible, multi-cultural social services that maintain independence of older women and meet their special needs by funding day/health care, multi-purpose centers, support counseling, volunteerism, transportation assistance, self-help and self-protection programs.

QUALITY OF LIFE/ARTS AND CULTURE/NEGATIVE STEREOTYPING

A. Issue

1. There is a need to recognize and strive for a national policy that will ensure that older persons in our society have a satisfactory quality of life.

B. Policy and Action Recommendations

1. Resolve that a national policy on quality of life, promulgated and implemented, include all the elements that make each day meaningful and rewarding: Adequate income, affordable housing, medical care, educational, cultural and recreational opportunities in an intergenerational environment insuring the right to live and die with dignity.
2. Resolve that programs which increase intergenerational linkages must be promoted and supported to include: Senior volunteer programs serving people of all ages, integrated housing options, skills exchanges, a curriculum on aging in schools and the enabling of three-and four-generation families.

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B. Policy and Action Recommendations (continued)

3. Resolve that excessive military spending is detrimental to the quality of life of all our citizens because it wastes our precious resources and energy and it adds to the rate of inflation. We call for cut-backs/limitations in the arms budget.

RESEARCH

A. Issue

1. There is a continuing need for adequately funded research addressing the issue of aging and the aging process.

B. Policy and Action Recommendations

1. Resolve that funds for research on aging should be increased significantly for basic and applied research and physical, psychological and social aspects of aging with provisions for program evaluations and for additional funding through innovative tax incentives for the private sector.
2. Resolve that research be undertaken on social, physical, emotional changes and human development enhancing quality and independence of life, income maintenance, and health care systems, including problems of older women, ethnic and cultural minorities, with recruitment of women and minority researchers.
3. Resolve that continued research be undertaken to assess and evaluate the changing education, training and personnel needs for professionals and para-professionals in the fields of gerontology and geriatrics.

RETIREMENT

A. Issue

1. There is a need for a national retirement system which includes the total society and is financially secure.

CALIFORNIA

B. Policy and Action Recommendations

1. Resolve that Congress shall take immediate steps toward making the Social Security System actuarially sound and maintain the cost of living adjustments based on the Consumer Price Index.
2. Resolve that Social Security coverage should be extended to all workers. There shall be no earnings test on receipt of Social Security benefits after retirement age; nor shall these benefits be taxed. Mandatory retirement (at any age) shall be eliminated.
3. Resolve to establish a universal pension plan to include:
 - a. workers not now covered,
 - b. eliminating inequities that exist between pension plans (i.e. COLA's-replacement ratios)
 - c. mandatory coverage for surviving spouse on health and pension benefits
 - d. mandatory provisions for portability

SPIRITUAL WELL-BEING

A. Issue

1. There is a need for an integrated system of services which includes the spiritual concerns of older persons with shared responsibility between religious organizations and the state.

B. Policy and Action Recommendations

1. Resolve that Spiritual Well-Being defined as the affirmation of life in relationship with God, self, community and environment that nurtures and celebrates wholeness shall form the basis for all national Aging policy and the programming of the White House Conference.
2. Resolve that church and state mutually cooperate to furnish services which incorporate spiritual well-being (caring and nurturing services) as an equal partner with medical, psychological and social services in institutional, community and in-home settings.
3. Resolve that there be co-responsibility between church and state at all levels in keeping with traditional constitutional principals to provide basic human rights of the elderly for adequate income, employment, mental and physical health care, housing, education, nutrition and justice.

CALIFORNIA

TRANSPORTATION

A. Issue

1. The need for transportation is critical in providing access to seniors and life support systems for the maintenance of independence of older persons.

B. Policy and Action Recommendations

1. Resolve that federal, state, local governments and community organizations must give a high priority to immediately improve and coordinate all resources, public and private, to further develop transportation services within urban, suburban and rural areas for older adults.
2. Resolve that funds must be allocated to cover mileage and excess insurance coverage to volunteers who drive their own vehicles in support of programs for the elderly and handicapped.
3. Resolve that there must be demand-responses and para-transit transportation (Call - cab, Dial-a-Ride, Omnibus) for health and medical care, shopping, nutrition and other non-emergency like supporting needs.

ADDENDUM TO CONFERENCE REPORT

The following resolutions and recommendations were brought before the delegation during the final floor vote. They were introduced and adopted for inclusion in the California Conference Report.

RURAL CAUCUS

Resolution

WHEREAS: The rural elderly of California are growing segment of the State's population, and
WHEREAS: The condition of rurality imposes special and unique needs and hardships upon those elderly residents, and
WHEREAS: The term rural and definition thereof remain unclear, and
WHEREAS: The definition of "rural" as currently interpreted under the Older Americans Act operates to the detriment of the rural elderly by treating them under urban standards,
THEREFORE, BE IT RESOLVED: The Older Americans Act and federal programs affecting rural elderly shall define "rural area" as so stated in the Rural Development Act of 1972 (PL 92-419), as a population density of no more than 100 persons per square mile, and
FURTHER BE IT RESOLVED: Federal funding formulas shall be developed to reflect local conditions of senior service delivery in rural areas.

RESOLUTION CONDEMNING BUDGET CUTS PROPOSED BY PRESIDENT REAGAN

WHEREAS: The health and wellbeing of our people should be the first priority of our government, and
WHEREAS: The proposals of the Reagan Administration to cut \$48 billion from the social programs that directly affect our health and wellbeing is a program that holds for millions of Americans a future of destitution, starvation, cold, disease and premature death, therefore
RESOLVED: That this Council condemns the budget cuts proposed by Reagan because of their extreme harshness in cut-backs, for education, food for children and pregnant women, unemployment insurance, enforcement of safety standards for workers and of course the assault on medical care and Social Security, and be it further

- RESOLVED: That we call upon the Delegation to the State House Conference on Aging to endorse this resolution, and be it further
- RESOLVED: That we call upon President Reagan and our Senators and Representatives to make Human Needs their first priority in passing the budget, and be it further
- RESOLVED: That this resolution be sent to other organizations with a request for endorsement.

RESOLUTION ON THE MILITARY BUDGET

- WHEREAS: President Eisenhower warned us 20 years ago of the danger to our country inherent in the growth of the "Military Industrial Complex", saying "we must guard against the acquisition of unwarranted influence by the Military-Industrial complex", making it clear before he died that he meant to warn us against the Military-Industrial-Political complex, and
- WHEREAS: We as a nation have failed to heed that warning, to the point that we are now controlled by that grouping, and
- WHEREAS: The proof of that control is now clearly evident, Gen. Haig moved from the Army to United Technology and is now Secretary of State, while at the same time Casper Weinberger moves from Bechtel Corp., one of the huge military contractors, to become the Secretary of Defense, and
- WHEREAS: These two representatives of the Military-Industrial complex are spearheading the drive to spend billions of dollars for armaments for the enrichment of the great corporations, and to place weapons with which they can destroy the world in the hands of the military, and
- WHEREAS: These expenditures are detrimental to our nation, wasting precious resources and energy while adding to the inflation which grips us all, therefore be it
- RESOLVED: That we call upon our Senators and Representatives to oppose their arms budget, as it is not in the best interests of our nation, and be it further
- RESOLVED: That we transfer some of those billions of dollars from the military budget to some of those Social Services that are under severe attack by the Reagan Administration and be it further
- RESOLVED: That we call for the adoption of this resolution at the State House Conference on Aging, and that it be finally
- RESOLVED: That this resolution be released to the media and circulated among senior organizations.

RESOLUTION ON MINORITY ELDERS

- WHEREAS: The Older Americans Act recognizes the plight of those Older Americans who are in the greatest social and economic need; and
- WHEREAS: It defines those in greatest economic need as those whose income is at or below the poverty level established by the Bureau of the Census; and
- WHEREAS: It defines those in greatest social need as experiencing "those non-economic factors such as isolation, physical or mental limitations, racial or cultural obstacles, or other non-economic factors which restrict the individual's ability to carry out normal activities of daily living and which threaten an individual's capacity to live an independent life"; and
- WHEREAS: The definition of greatest social need was expanded to include language barriers and to explicitly mention minority elders as Older Americans who may experience cultural or social isolation caused by racial or ethnic status;
- NOW, THEREFORE, BE IT RESOLVED: that the California State Conference on Aging of 1981 unanimously support the retention of the Minority Concerns Session at the upcoming White House Conference on Aging.

RESOLUTION ON OLDER WOMEN

- RESOLUTION: Older Women as a specific policy issue area (no.XI) on the national agenda of the 1981 White House Conference on Aging.
- WHEREAS: The California delegation notes that in the revised Policy Issue Areas for the national conference the issue of Older Women has been omitted; and
- WHEREAS: The California delegation also notes that under the revised national Policy Issue Areas, the specific Policy Issue (No. X) has rightfully been included; and
- WHEREAS: Using the same rationale, the California delegation has included Older Women as a specific Policy Issue, since, like Minorities, the concerns of Older Women have been so chronically neglected and they have been so discriminated against that 72% of the elderly poor are women and 60% of all widows are likely to be destitute; and
- WHEREAS: It must be assumed that with the convening of the White House Mini-Conference on Older Women, the issue of Older Women had received the status of a permanent agenda item on the national level;
- THEREFORE BE IT RESOLVED: that the 1981 California State House Conference on Aging urge the national director of the 1981 White House Conference on Aging to add the specific issue of Older Women as Policy Issue No. XI on the national agenda.

MINORITY REPORT

LONG TERM CARE

Submitted by petition by 57 delegates to the State House Conference on Aging.

1. We recommend that the development of a cost effective informal psychosocial support system be included as an integrated part of the continuum of care.
2. We recommend identification of informal community resources such as family, neighborhood, peer, religious service organizations and public media.
3. We recommend provision for training, community organization and compensation for the system.
4. We recommend that national organizations initiate and support this system on the local level.

• U.S.G.P.O. 720-019/1302-4579

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT
FROM

COLORADO

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

WHITE HOUSE CONFERENCE ON AGING
SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Colorado

STATE COORDINATOR Janet Moore-Kirkland

TOTAL # FORUMS 515

% URBAN 65% % RURAL 35%

TOTAL # PARTICIPANTS Approximately 12,000 (including approximately 5500 who participated through questionnaires and interviews).

ISSUES OF CONCERN AND RECOMMENDATIONS MADE BY THE PARTICIPANTS: The concerns and recommendations of the community forums were analyzed by thirteen regional conference planning committees. Topics and suggestions which surfaced most often were refined in regional conferences on aging, and they reached the State Conference in the form of regional issues and recommendations. Thus the issues, recommendations, and priorities of the State Conference reflect the community forum results.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Colorado 2) Date of Conference October 9-11, 1980
3) Place of Conference Colorado Women's College, Denver
4) Name of Person Submitting Report Janet Moore-Kirkland
5) Title of Person State White House Conference on Aging Coordinator

Participation

- 6) Total No. of Participants 700 7) Sex: Number of Female Delegates 319
500 delegates Number of Male Delegates 181
200 non-delegates
- 8) Ethnicity/Race: 1.5% Black; 17.5% Hispanics; 80% Caucasian;
.05% Pacific/Asian; .05% American Indian; _____ Other (Please
state approximate % for each)
- 9) Handicapped 5% (Please state approximate % only)
- 10) Age: 35% under 55 65% 55 and over

EMPLOYMENT, AGE DISCRIMINATION, AND RETIREMENT

IA. Issue

Mandatory retirement and age discrimination contribute to unemployment and underemployment among older persons.

B. Policy Recommendations

1. Mandatory retirement must be abolished.
2. State laws must be enacted prohibiting age discrimination in employment.
3. The Federal Age Discrimination in Employment Act should be monitored and enforced, with the right of due process guaranteed in cases of its violation.

C. Action Recommendations

1. Congress and state legislatures should abolish all mandatory retirement laws.
2. All public and private employers should eliminate mandatory retirement policies.
3. Public information about the Federal Age Discrimination in Employment Act should be widely disseminated to educate employers and older workers about the law.

IIA. Issue

Expanding employment opportunities for older workers will require public and private efforts. Federally funded and privately sponsored job programs should accommodate both the experience and aspirations of the older worker and offer real opportunities for financially and personally rewarding employment.

B. Policy Recommendation

The federal government should develop and fund an innovative, comprehensive employment program to include training and jobs for older workers, focusing on development of upper- and mid-level positions in the private and public sectors. The program should contain no restriction regarding income or length of unemployment.

C. Action Recommendations

1. All federally funded employment programs should be expanded to include (a) fulltime placements; (b) placement of older workers in the private sector, focusing on upper- and mid-level placements; and (c) job training for all groups of older workers without income restrictions.
2. Congress and state legislatures should create tax incentives for businesses and industry to hire the older worker at all levels, with greatest incentives for upper level positions.
3. Federal and state government and private employers should examine discriminatory retirement policies, employee benefit programs, and hiring practices which adversely affect older workers and revise them to correct inequities.
4. Job development and public information programs should educate employers in the public and private sectors and the general public to the advantages of hiring the older worker.

IIIA. Issue

Pre-retirement education and counseling should enable the older worker to evaluate how realistic and desirable retirement is and should promote alternatives to retirement.

B. Policy Recommendations

1. Pre-retirement education and counseling must be provided locally throughout the nation by trained instructors. Training must occur at all levels of local, state, and federal government and private industry.
2. Government, employers, unions, and educational institutions must encourage and promote pre-retirement planning and counseling.

C. Action Recommendations

1. Congress should provide funding to continuing education programs to provide pre-retirement course curricula at the local level.
2. Employers should make alternatives to retirement readily available, including full-time, part-time and flex-time employment, phased retirement, and new career opportunities.

SOCIAL SECURITY, PENSIONS AND SAVINGS

IA. Issue

Social Security, the basic source of post-retirement income for most older Americans, should guarantee an adequate standard of living.

B. Policy Recommendations *

1. Minimum benefits for Social Security should be no less than the revised poverty guidelines.
2. Cost of living adjustments for Social Security and other retirement benefits should be in accordance with the economic needs of older persons and should not result in decreased benefits and/or services elsewhere.

C. Action Recommendations

1. Congress should guarantee continuation of cost of living adjustments pegged to the Consumer Price Index.

* Colorado Priority Recommendation #3

2. Cost of living increases in Social Security, Supplemental Security Income and other income programs should not affect eligibility for food stamps, Medicaid or HUD assistance, nor decrease any other benefit to which one would otherwise be entitled.

IIA. Issue

The accrual of programs and benefits to the Social Security system in recent years has threatened the fiscal base of Social Security as a retirement income program.

B. Policy Recommendations

1. Social Security and other private and/or public pension plans should remain independent of each other.
2. The cost of Medicare should be transferred from Social Security trust funds into other sources of funding.

C. Action Recommendation

1. Integration of Social Security and pension benefits should take place only when the enrollee has been fully informed of his/her options and selects integration with lower employee deductions.

IIIA. Issue

Public policy should encourage savings and pension plan participation for retirement income.

B. Policy Recommendation

The federal tax structure should be revised to achieve more equitable treatment for retired persons living on interest income and pension plans.

C. Action Recommendations

1. Congress and state legislatures should exempt reasonable amounts of interest from savings from federal and state taxes.
2. Congress should remove the \$1500 annual limitation on IRA's (Individual Retirement Accounts) and make the plan available to those on other pension plans, including Social Security.
3. Congress should assure that Social Security benefits remain exempt from federal income tax.

ASSURED INCOME THROUGH PUBLIC BENEFITS

IA. Issue

Fifteen percent of Older Americans have incomes below the poverty level.

B. Policy Recommendations

1. A basic subsistence income of no less than the federal poverty level must be assured for all older persons.
2. Adequate cost of living adjustments must be assured in all benefit programs.

C. Action Recommendation

1. Congress and the state legislatures should mandate a floor for all benefit programs, including supplemental Security Income (SSI), which will be no less than the federal poverty level and will provide automatic cost of living increases.

IIA. Issue

The manner in which services are provided to older persons is frequently insensitive and demeaning and effectively denies services to many who are entitled to them, particularly ethnic minorities.

B. Policy Recommendation

Training and consumer monitoring should be used to improve the ability of service providers to meet the needs of all older persons in a caring, sensitive, and humanitarian manner, with special attention to the unique needs of ethnic minorities.

C. Action Recommendations

1. All programs serving older persons should develop criteria to screen and employ workers capable of dealing effectively with elderly and minority persons. They should also develop and require training programs to equip service providers with accurate information about and sensitivity to the resources and needs of elders.
2. The area agencies on aging should organize, fund and publicize advocacy groups of clients and consumers to provide a mechanism for dealing with problems and with complaints against agencies and programs serving elders.

MEDICARE, MEDICAID, AND HEALTH INSURANCES

IA. Issue

Medicare is currently meeting only 44% of average health care costs for older Americans.

B. Policy Recommendation

The federal Medicare program should increase premiums paid by Medicare recipients to increase the coverage provided by Medicare and to eliminate all deductibles and co-payments under Parts A and B of Medicare.

IIA. Issue

The rapidly escalating cost of health care imposes an inordinate financial burden on older persons with fixed incomes.

B. Policy Recommendations

1. Congress and state legislatures should increase matching funds for medical assistance programs.
2. Income eligibility levels for Medicaid should be extended, with a sliding fee scale for individuals with higher incomes.
3. Congress and state legislatures should initiate cost containment measures for medical services.
4. Physicians should be encouraged or required to accept Medicare assignments.

C. Action Recommendations

1. Public and private health care plans should provide financial incentives for health care providers and consumers to use the most cost-effective health care, such as health promotion, health maintenance services, out-patient, and in-home care.
2. Medical societies and hospital associations should adopt voluntary cost containment guidelines.

3. If voluntary efforts fail to contain health care costs, Congress and state legislatures should implement mandatory cost containment measures for medical services.
4. Medical societies should encourage physicians to accept Medicare reimbursement as full payment for services.
5. Congress and state legislatures should create incentives or requirements for physicians to accept Medicare assignments.

IN-HOME, COMMUNITY, AND INSTITUTIONAL CARE
(LONG-TERM CARE)

IA. Issue

Ten to thirty percent of nursing home patients do not belong in institutions. Long-term care must include a continuum of community programs for those who do not require constant care. These services should keep many chronically ill, frail and disabled elderly in the community and supplement the capacity of family or friends to meet their physical and emotional needs.

B. Policy Recommendation

A comprehensive community-based long-term care system should be established which will assure every older person quality care at the most appropriate level. We endorse the inclusion of cultural concerns, be they minority, rural, or urban.

C. Action Recommendations

1. Funding and regulatory agencies should develop and promote a comprehensive long-term care system around the concept of a continuum of care, including (but not limited to):
 - a. Day care - medical, nursing, rehabilitation and social services and activities (as appropriate) for elders who return to their homes at night.
 - b. Respite care - intermittent at-home or institutional care intended to provide temporary relief to caring family members.
 - c. Hospice - palliative care for the terminally ill and bereavement care for their families at home or in institutional settings.
 - d. Out-patient clinics - medical, nursing, and social services provided to ambulatory elders residing in the community.
 - e. Group living arrangements - sheltered and congregate housing intended to foster mutual assistance.
 - f. Support services for independent living - chore, homemaker, transportation, and escort services.
 - g. In-home care - medical, nursing, social services, physical and occupational therapy, and nutrition services provided in the elder's home.
 - h. Residential facilities and other institutional care - nursing homes, domiciliary care, boarding homes.
2. State offices on aging and area agencies on aging should assure coordination of community-based long-term care services and should disseminate information about such services to older persons, health care and social service professionals, and the general public.

IIA. Issue

Poor distribution of services, cumbersome regulations, and third-party reimbursement restrictions make in-home health and home support services inaccessible to many functionally disabled elders and result in unnecessary nursing home placements.

B. Policy Recommendation *

Expanded home health care and in-home services should be available, based upon individual needs, with more flexible eligibility requirements to be established for all federal and state funds and private health plans with

- . reimbursement at local rates.
- . simplified administrative regulations to allow for more direct services.
- . tax incentives to encourage family and local participation.

C. Action Recommendations

1. A full range of home health and in-home services should be developed and should be accessible to rural and urban elders in every community. These should include nursing mental health and social services, physical and occupational therapy, nutrition, homemaker, chore and transportation services.
2. Medicare, Medicaid and private insurance plans should expand coverage for home health and home support services, reimbursing at local rates.
3. Funding and regulatory agencies should simplify administrative regulations concerning home health and in-home services.
4. Congress and state legislature should pass legislation providing tax incentives for families who provide care for dependent elders.

IIIA. Issue

Health care providers, family and friends need special skills, sensitivity and support in caring for functionally disabled elders in their own homes.

B. Policy Recommendation

Development and training (formal and in-service geriatric education) should be provided to professionals, para-professionals, family members and volunteers involved in home support services and in-home health care, giving special attention to ethnic, cultural and rural issues and including information concerning informal family systems and the effects of disabilities and low income on older persons.

C. Action Recommendations

1. Federal, state and local funds should support training programs for professionals and paraprofessionals to enable them to deal effectively with elders of diverse backgrounds in the planning and delivery of home health and support services. Such training should be incorporated in all professional education programs for health care providers - physicians, dentists, nurses, nutritionists, occupational and physical therapists and others.
2. Community colleges, public schools, area agencies on aging, and professional groups should make training available to enable family members and volunteers to provide in-home care for older persons.

IVA. Issue

The role of the physician is critical to preventing unnecessary nursing home placements and making home health services a viable option for disabled elders.

B. Policy Recommendation

The Professional Standards Review Organization (PSRO) should become more active in examining options of home health services prior to nursing home placements.

C. Action Recommendations

1. The PSRO should actively evaluate the feasibility of a home health plan prior to any nursing home placement.
2. The PSRO should provide physician orientation, education and consultation concerning discharge planning and effective utilization of home health care and home support options.

VA. Issue

The hundreds of regulations imposed on long-term care facilities do not address the issue of how a patient is treated in thousands of daily transactions. The emphasis in providing long-term care must be redirected to meeting the psychosocial and physical needs of individuals in community-based and institutional settings.

B. Policy Recommendation

The regulation of continuum of care services by federal, state and local agencies should:

- . be better coordinated.
- . be redirected to measure the effectiveness of services.
- . emphasize the psychosocial needs of individuals.
- . be simpler to administer and implement.

C. Action Recommendations

1. Regulatory agencies should revise long-term care licensure standards to incorporate quality of life criteria to assure the provision of services in a manner that enables persons to use their physical and mental capacities to the fullest; care which respects personal privacy and dignity; and attention to physical, mental and social needs and capacities.
2. Medicare and Medicaid reimbursement requirements should be revised to incorporate quality of life criteria.
3. Federal regulation and reimbursement should continue under a single consolidated administrative agency, the Health Care Financing Administration.

VIA. Issue

Third-party reimbursement for institutional and in-home care excludes critical components of adequate patient care.

B. Policy Recommendations

Financial support should be increased for the following in all long-term care services, including in-home, community and residential care:

- . creative programming.
- . social services and mental/emotional health services.
- . educated and trained staff appropriate to the level of care.
- . an increase in the personal needs allowance for nursing home patients under Medicaid.

C. Action Recommendations

1. All primary care providers should have appropriate formal and/or in-service training and continuous skill upgrading for the level of care they are expected to provide.

2. A career development program, including competitive salaries and benefits, should be available to all primary care providers (e.g., nurses aides, homemakers, home health care providers).
3. Social, mental, and emotional health services should be an integral part of all community-based and institutional programs and should be reimbursed by Medicare, Medicaid and private health care plans.
4. Medicaid should increase the required minimum personal needs allowance of nursing home residents above the current rate of \$25 a month to cover inflated costs of personal items as well as prosthetics and other needs not covered by Medicaid.

MENTAL AND EMOTIONAL HEALTH

IA. Issue

Social, economic and psychological factors contribute to a 15-25% incidence of mental health problems among the elderly, yet few receive mental health services (5% in Colorado).

B. Policy Recommendations

1. Community mental health centers, government agencies, universities and training institutions should provide gerontological education to the general public, professionals, and practitioners concerning the physical, mental, and emotional concomitants of the aging process.
2. Community mental health centers should provide outreach services to older persons as part of their objectives.

C. Action Recommendations

1. Gerontological education should be supported by state and federal funds. Federal and state agencies and universities should work cooperatively to offer programs of continuing education for health and human service professionals in the public and private sectors concerning (a) the physical, mental, and emotional aspects of aging and (b) professional skill development in working with older adults.
2. Community mental health centers should be required to conduct an annual review of clients over age 60 served to determine how well this population is being served and what outreach services should be developed. Particular attention should be given to outreach methods and treatment modalities which are culturally sensitive.
3. Outreach services to older adults should be implemented by every community mental health center. Utilization of mental health service by elders should be monitored with the goal that this population should receive services proportional to each catchment area's elderly population by 1985.
4. Federal funds should support mental health services in local facilities where significant numbers of older persons receive services, such as senior centers, elder housing projects, nutrition sites, and nursing homes.

A. Issue

While older persons in general receive less mental health care than the general population, certain groups of elders are particularly neglected.

B. Policy Recommendation

Specialized approaches to mental and emotional health services should be provided to minority elderly, older persons living in rural areas, the frail and handicapped, poor, and nursing home residents.

C. Action Steps

1. Congress should provide funds for research and demonstration projects on unique and effective outreach and treatment strategies for minority, rural, frail, and handicapped elderly, and nursing home residents.
2. Federally funded mental health programs should evaluate the feasibility of racial quota funding.
3. Medicare, Medicaid, and private insurance plans should be extended to cover full mental health services, including those provided at home and in nursing homes.

IIIA. Issue

Emotional health must be regarded as an integral part of health care for older persons, both preventive and treatment.

B. Policy Recommendation

Congress should provide additional line item funding provisions for preventive measures, treatment and care of mental and emotional illnesses of older persons.

NUTRITION

IA. Issue

Extending nutrition programs to more older Americans will require additional funds and innovative ways of providing services, including nutrition education.

B. Policy Recommendation

1. Nutrition programs for elders should be expanded through the use of more federal and state funds for congregate and home-delivered meal programs.
2. Increased federal funds should be earmarked for rural areas and for new model projects in geriatric nutrition.

IIA. Issue

Both professionals and older persons need sound information about geriatric nutrition.

B. Policy Recommendation

Educational programs which teach geriatric nutrition and cultural awareness should be developed and offered for both elders and professionals.

C. Action Recommendations

1. Develop and implement means for using mass media to reach older adults with sound nutrition information and education.
2. Every Title III nutrition project should integrate ethnic meals with a nutrition education program to broaden participants' appreciation both for new foods and for different cultures and customs.
3. Geriatric nutrition, taught by qualified instructors, should be included in the curricula of all medical and nursing schools.

IIIA. Issue

Unappealing food and inadequate enforcement of nutrition standards contribute to malnutrition among some institutionalized elderly.

B. Policy Recommendation

Standards of nutritional care for institutionalized elderly should be upgraded and enforced.

C. Action Recommendations

1. Nursing home regulations concerning nutritional standards must be enforced to assure that attempts at cost containment in institutions are not accomplished at the expense of quality food service.

PROMOTING THE QUALITY OF LIFE

IA. Issue

Social isolation and loneliness are major deterrents to the quality of life among older adults and are in part the result of the lack of opportunities for participation in age-integrated activities.

B. Policy Recommendation

Comprehensive community programs should be implemented which provide age-integrated support systems.

C. Action Recommendations

1. Community volunteer programs should adopt an intergenerational focus. They should use volunteers from all age groups and target their service activities toward persons of all age groups, mixing the generations in the roles of "helper" and "helpee."
2. Community recreational and educational activities should provide opportunities for intergenerational contact and should not be exclusively age-segregated. Task forces on inter-generational relations might be established to promote these activities in recreational and educational agencies.

IIA. Issue

Lack of understanding of the aging process promotes negative stereotypes of older persons and fears about aging among people of all ages.

B. Policy Recommendation

Life-long education concerning the aging process should be incorporated in formal school curricula and informal education.

C. Action Recommendations

1. Information about aging should be included in all school curricula (elementary through higher education systems) and should receive the same attention as any other phase of the human life cycle.
2. Education and training programs for all allied health professions and human service providers should include significant curriculum on the aging process, including physical, social and psychological aspects. These professions should include but not be limited to medicine, nursing, pharmacy, dentistry, social work, and psychology.
3. National television, radio networks and local stations should be encouraged to eliminate programs and advertisements which perpetuate negative stereotypes of aging and older persons. The same strategies which have been effective in limiting the media's negative portrayals of ethnic minority groups may be useful.

4. The Administration on Aging and the National Institute on Aging should develop a public information campaign, using the mass media, concerning the aging process and the physical, mental and emotional concomitants of aging to deal with misconceptions and resulting stereotypes about aging and older persons.

IIIA. Issue

Health services in the U. S. have emphasized acute medical problems and have rewarded a crisis-oriented approach to health care by funding treatment rather than disease prevention and health promotion.

B. Policy Recommendations

1. Preventive health education should be provided for all practitioners in health-related fields and for older adults themselves.
2. Emphasis on preventive health and health promotion should be incorporated in the delivery of health services.

C. Action Recommendations

1. Medicare, Medicaid, and private health care plans should offer reimbursement for preventive health care and health promotion.
2. Preventive health care and health promotion should be incorporated in the curricula of all medical, dental, nursing, and health professional education programs. This should include the subjects of disease prevention, nutrition, stress management and fitness.
3. Physicians, pharmacists and health professionals should provide information and education about the appropriate use of over-the-counter and prescription medications and their interactions with alcohol in order to prevent drug abuse and drug-alcohol problems.
4. Radio, television, and newspapers should be used to disseminate preventive health information.
5. Exercise and fitness programs should be provided as cooperative efforts of community public health and recreation departments.

HOUSING OPTIONS

IA. Issue

The development of affordable housing for older persons must assure options which will accommodate individual preferences and needs, including means of remaining in their own homes and living in age-integrated communities.

B. Policy Recommendation *

Private and government agencies at all levels should provide additional funds through tax incentives, grants, loans, and volunteer programs for the construction, renovation, and maintenance of adequate and affordable rental, privately owned, and alternative housing, especially taking into account the needs of minority, rural, poor, and displaced elderly, and assuring the availability and accessibility of community services.

C. Action Recommendations

1. Congress should increase federally subsidized housing funds for the elderly and handicapped by 20 percent by 1983. Federal housing programs should be consolidated and coordinated, and funding procedures should be simplified, well-publicized and speeded up.

2. Congress should assure that federal regulations on housing funding are more flexible, allowing for local differences and a mix of options such as residential hotels, group housing, and age-integrated congregate developments.
3. Congress and the states should provide financial incentives to local communities to increase their commitment to public housing by 20 percent by 1982 through tax incentives, assumption of local match by the state, elimination of costly front-end requirements, and other means.
4. Congress and state legislatures should provide funds for the expansion of community support services - home maintenance, health, social and transportation services - which enable older persons to live in their own communities. These services should be incorporated in the design of all congregate housing developments.
5. Congress and state legislatures should exempt moderate amounts of personal savings from income tax and give financial incentives to local financial institutions to increase the funds available for home and congregate housing mortgages, including home equity liquefying plans.
6. Federal, state, and local government should pass protective regulatory legislation and zoning changes which accommodate and assure the rights of residents of shared living arrangements, residential hotels, mobile home parks, and mobile home dwellers outside parks, creating a legal climate which encourages the development of housing alternatives and a housing mix.
7. Agencies and groups involved in housing throughout the nation should coordinate their efforts to increase the availability of a mix of housing for the elderly as recommended above and should develop a coalition to achieve these goals.
8. Programs which provide housing assistance to older persons should offer affordable options in the public and private sectors and should attempt to accommodate individual preferences and needs.

TRANSPORTATION

IA. Issue

The rising cost of transportation discourages volunteer participation in providing transportation services.

B. Policy Recommendation

Incentives should be provided to encourage increased development of volunteerism in providing transportation, assuring the inclusion of minorities and rural citizens.

C. Action Recommendations

1. The federal income tax deduction allowed for the use of personal vehicles in providing volunteer transportation services should be increased equal to the mileage rate allowed for the use of an automobile for business purposes.
2. Programs and agencies should reimburse mileage expenses for volunteers who use their cars for transportation services.
3. Group auto insurance should provide affordable coverage for volunteers in the use of personal autos for transportation services.

IIA. Issue

Transportation is the link to the community and to most services, yet transportation services are unavailable to large numbers of older

persons. Lack of coordination of transportation systems and para-transit programs has resulted in costly duplication and poor distribution of services.

B. Policy Recommendations

1. Specific funding should be allocated with adequate increases in federal, state, and local funding to facilitate creative, realistic alternatives to meet the needs of the transportation disadvantaged, with special consideration given to frail, poor, minority and rural elderly.
2. There should be coordination of efforts and funding for transportation to provide services in all areas of all communities to assure that the needs of older Americans regarding their health and well-being are served and that the special needs of rural citizens, ethnic minorities and handicapped persons are fully met.

C. Action Recommendations

1. The Older Americans Act should be revised to specify transportation as a priority service rather than an access services.
2. In establishing and funding senior programs and services, Congress and the states should include specific assurance of funding for coordinated special transportation to enable elders to participate in these programs.
3. Funding sources for specialized transportation programs, e.g., Administration on Aging, Urban Mass Transit Administration, Health and Human Services, Department of Transportation, should encourage and provide incentives for such programs to pool resources and coordinate efforts to avoid duplicating costly equipment and administrative costs. Funding priorities should be developed for trip purposes, target groups, and days and hours of services.
4. All federal and state departments which fund transportation programs should develop compatible regulations, requirements, and uniform reporting and accountability procedures. They should develop common approaches and coordinate their activities.
5. All specialized transportation services and public and private conveyances should be coordinated to provide maximum community saturation and full access to all community services by all those with special transportation needs. The use of available public and private conveyances should be considered in providing the most flexible services with greatest efficiency and cost effectiveness.
6. Funding regulations should be flexible enough to stimulate creative approaches to the provision of transportation, such as sharing equipment with schools or churches.
7. The Federal Interstate Commerce Commission and Public Utilities Commission should explore incentives for carriers to provide additional transportation services for rural elderly.
8. Support for transportation services should be sought from voluntary, civic, and service organizations, and churches to build local capacity and funding bases for such programs.
9. Transportation services and uniform standards of transportation should be available to all ambulatory nursing home residents to assure access to the community.

LEGAL AND PROTECTIVE SERVICES

IA. Issue

Legislation is needed to protect vulnerable and dependent elders from physical and emotional abuse.

B. Policy Recommendation

Congress should pass legislation to provide financial assistance to states for programs for the prevention, identification and treatment of adult abuse, neglect, and exploitation. Adult protective services legislation should include mandatory immediate reporting; prompt and thorough investigation of reports of abuse; immunity from prosecution for persons reporting; mandatory evaluation and pursuit of guardianship; provision of protective services to those not voluntarily consenting; and adequate funding for implementation of the act.

IIA. Issue

Crime takes an inordinate toll on elderly victims, who are likely to be more physically, financially, and psychologically vulnerable.

B. Policy Recommendation

Congress and the states should pass legislation which will enable law enforcement agencies to develop programs using volunteers and/or paid staff to provide referral assistance and education services to victims of crimes and victim witness training for such victims; require victim restitution as part of such programs; and provide outreach education in crime prevention through law enforcement and other agencies and the media.

IIIA. Issue

A traditional case approach to the provision of mandated legal services under the Older Americans Act is inadequate, particularly in rural areas.

B. Policy Recommendations

1. Legal services - at least legal advice - should be accessible to all older Americans and legal services programs should be expanded.
2. Adequate funding should be made available to train persons performing existing outreach functions at the local level including legal education, identification of problems, and referrals. State and local bar associations should be urged to cooperate in this endeavor.

C. Action Recommendation

1. Area agencies on aging, state offices on aging, national, state and local bar associations, and existing legal services programs should jointly develop telephone consultation services to respond to requests for basic legal information and advice.

ENERGY: DEVELOPMENT, IMPACT AND CONSUMPTION

IA. Issue

The burden of escalating utility costs falls disproportionately on older persons on fixed incomes.

B. Policy Recommendation

Utility rate reform should be implemented to be beneficial and equitable to the residential consumer (e.g., life line rates or inverted block rates).

C. Action Recommendations

1. Congress and the states should enact legislation to establish energy rate structures which reduce costs to residential consumers.
2. Identify or create an umbrella organization which will foment coalition building on the issue of utility rates. Such an organization should coordinate efforts, provide technical assistance, disseminate public information, and initiate political action to achieve rate reform.

IIA. Issue

The social and economic impact of rapid growth and change in energy "boom towns" falls heavily on older people in several ways: (a) Fixed retirement incomes are eroded by inflation which far exceeds that of the overall economy. (b) Excessive demands are placed on limited health, social and municipal services. (c) Limited housing stock and inflated housing costs result in displacement of many elders. (d) Rapid population growth shifts the age distribution and political power from old to young in many formerly small rural communities.

B. Policy Recommendation

The social impact of energy development must be dealt with by allowing impacted communities to share in the distribution of wealth created by mineral and energy development. The fiscal responsibility should be one of industry and federal and state government, based upon local government and grassroots initiatives.

C. Action Recommendations

1. Congress and the states should require that industry assume part of the front end financing of energy development.
2. Extend information about the social costs of energy development on rural areas beyond the local level to the state and federal government.
3. Educate communities about the role of energy impact committees, how they are appointed and to whom they are responsible, and extend their role to impact federal and state decision.
4. A national coalition should be created to advocate goals for impacted communities.
5. Money from the Energy Impact Assistance Fund, Mineral Leasing Fund, and Oil Shale Trust Fund should go directly to local governments for decisions concerning its distribution.

IIIA. Issue

Older Americans have a strong stake in the development of a clear, consistent energy policy for the nation - for their own futures and for the futures of their children and grandchildren.

B. Policy Recommendations

1. Conservation should be the primary focus of an energy policy.
2. The development of domestic energy supplies should be encouraged through corporate and individual incentives without sacrificing the quality of life.
3. All forms of potential energy be developed.

C. Action Recommendations

1. Conservation education should be targeted toward all age groups and should be carried to the public and private sectors through the cooperation of schools, government, and industry.
2. Existing federally-funded home weatherization programs should be extended by (a) relaxing installation guidelines; (b) encouraging volunteer involvement and labor; and (c) developing community energy programs.
3. Encourage the use of renewable energy resources (such as solar energy) by providing small-scale, appropriate technology for individual consumers and communities.
4. Federal and state government should continue to provide incentives for conservation through tax reductions and credits.
5. The federal government should support research and development of all potential renewable energy resources.
6. Develop and support energy cooperatives.

AGING SERVICES NETWORK

IA. Issue

Complex regulations for categorical programs create coordination problems among federal, state and local programs. Rigid federal funding devices and priority service requirements under the Older Americans Act compound these problems, particularly in rural areas, where limited funds are required to be stretched over so many programs that the effectiveness of each is diluted.

B. Policy Recommendation

The federal government should simplify guidelines, eligibility criteria and other regulations to achieve a comprehensive network of aging services and to avoid duplication.

C. Action Recommendations

1. Congress should establish and empower a federal sub-cabinet level Office on Aging to coordinate a comprehensive aging network, placing all aging programs and policies under a single administrative entity.
2. Congress should develop flexible federal funding devices for Older Americans Act programs and the Administration on Aging should eliminate priority services.
3. The Older Americans Act regulations should be simplified and written in comprehensible language.

SENIORS AS A NATIONAL RESOURCE

IA. Issue

Elders must exert more control over their own lives and over the policies and services which affect them. They also have a social responsibility for broader concerns and goals of the society.

B. Policy Recommendation

Older Americans should become more involved in decision-making - policy formulation, program development and implementation - at local, state, and national levels, maximizing the participation of ethnic minority and poor elders.

C. Action Recommendations

1. Elders should join and seek appointment to boards and committees.
Participation in groups which shape policies and programs affecting older persons is particularly critical, but participation in decision-making areas which affect other interests and age groups is also essential.
2. More training should be provided to increase the effectiveness of older persons who serve on boards and committees.
3. Public and private entities should increase the number of appointments of elders on boards, committees, and commissions.
4. The private sector and government should develop incentives and stimulate the creation of paid career and volunteer channels for using the knowledge, skills, and experience of older persons.

IIA. Issue

Negative media stereotypes do not accurately reflect the process of aging which most older people experience, yet both society in general and elders in particular suffer from these misconceptions.

B. Policy Recommendation

1. All Americans should encourage the media to portray older aging and older persons in more positive ways.

C. Action Recommendations

1. Apply economic pressure to alert the private sector to older consumers' power in the market place and their increasing economic power in an aging society.
2. Educate the media concerning aging and elders, and work with them to increase the visibility of elders in the mass media and to eliminate media stereotypes.
3. Encourage the media to increase coverage of events involving older persons and subjects of interest to elders.
4. Government publications should be required to target an age-integrated audience and to depict older persons accurately.

IIIA. Issue

Most Americans - young and old - know little about the aging process. Attention must be directed toward eliminating myths and misconceptions about aging and older Americans.

B. Policy Recommendations

1. An educational campaign should be launched to include appropriate materials on aging and older Americans in the education system.
2. Public affairs and public relations groups should be organized to monitor and stimulate exchange with the public and the media.
3. Intergenerational contacts should be promoted through service clubs, community groups and extended families.

C. Action Recommendations

1. Educational materials about human development and the aging process should be incorporated in school curricula from elementary through adult education, involving older persons as educational resources and role models. (See also page 11.)

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

CONNECTICUT

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

WHITE HOUSE CONFERENCE ON AGING
SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Connecticut STATE COORDINATOR Marin J. Shealy
TOTAL * FORUMS 94 * URBAN 98 * RURAL 2
TOTAL * PARTICIPANTS 6,000 +

ISSUES OF CONCERN (top 10 priorities):

1. Health Costs
2. Social Security System Improvements
3. Transportation
4. Housing Availability
5. Tax Relief
6. Health Care System Improvement
7. Employment
8. Long Term Community Care Expansion
9. Availability and Types of Alternative Living
10. Housing Related Supportive Services

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Health insurance should cover all or some of the following:
day care, home care, chronic long-term care, eyeglasses, drugs,
dentures, dental care, preventive care, custodial care, mental
health care, hearing aids, physical therapy, skilled nursing
facilities, podiatry, physicians' visits, health maintenance
organizations, and non-durables.
2. Transportation services should be expanded and improved.
3. Funding for long term community care services should be increased.
4. Elderly housing units should be expanded, be closer to city centers,
with controls placed on condominium conversions and rent increase.
5. The Social Security payments should be adjusted to reflect the cost
of living (including SSI). Earning limits on eligibility and age
restrictions on income should be removed.
6. Tax relief should be provided for seniors by removing limits on
retirement income (e.g., savings, dividends, rents, and Social
Security).
7. Alternate housing styles should be expanded.
8. There should be more employment opportunities for seniors, with
flextime, more part-time work, job training programs, job
counseling, job banks and pre-retirement education made available.
9. National health insurance is needed.
10. Stereotypes about elders and the aging process should be eliminated,
and a philosophy created which counters the youth-oriented emphasis
in public life and government.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Connecticut 2) Date of Conference March 25, 1981
3) Place of Conference University of Hartford, West Hartford, CT
4) Name of person submitting report Susan P. Holtvedt
5) Title of Person Director, Connecticut White House Conference on Aging

Participation

- 6) Total No. of Participants 600 7) Sex: No of Female 60% approx.
No of Male 40% approx.
8) Ethnicity/Race: 8% Black; 4% Hispanics; 88% Caucasian;
0 Pacific/Asian; 0 American Indian; 0 Other (Please
state approximate % for each)
9) Handicapped 4% (Please state approximate % only) .
10) Age: 150 under 55 450 55 and over

Summary of Issues and Recommendations by Major Topics

ECONOMICS OF AGING

- A. Issue: Health care is a major expense for older Americans and financial assistance is often unavailable after catastrophic illness.
- B. Policy Recommendation: Resolve that there be established a national health insurance plan which involves the private sector and provides for a full range of service options and health care needs, and education to beneficiaries regarding their eligibility and rights to services.
- A. Issue: Many older Americans, particularly women and minorities, are on fixed incomes lower than the average income of Americans and are adversely affected by economic conditions such as inflation.
- B. Policy Recommendation: Resolve that a voluntary presidential commission be adopted to examine and possibly modify existing tax laws in order that elderly Americans will not be unduly penalized or handicapped by the tax structure.

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- A. Issue: Poverty is common and increasing among the elderly and especially among minorities and women.
- B. Policy Recommendation: A minimum standard of living at which the older American can easily secure necessities of life be established and made available to all elderly Americans.

- A. Issue: There are regional variations in the need for and the availability of fuel as well as inequitable eligibility requirements for energy assistance programs.
- B. Policy Recommendation: Resolve that a comprehensive national energy policy be established which addresses improvements in fuel assistance determined on a regional basis, and eligibility requirements based on a liberal means test.

- A. Issue: There is a need for nutritional services for older people on fixed incomes or with incomes below the poverty level, for those elderly in rural areas, and for those in need of special diets or nutrition education, outreach services and home-delivered meals.
- B. Policy Recommendation: Resolve that legislation be amended to ensure access of low-income elderly to nutrition services, to expand services to rural areas, to increase the number of special diet and home-delivered meals and to provide nutrition education and outreach services to bring the truly needy into the program.

- A. Issue: There is a need for affordable housing for older people.
- B. Policy Recommendation: Resolve that controls be placed at least on the rent of subsidized elderly housing, the option of using mobile homes for elderly be exercised, and more specialized housing such as congregate housing and low-income housing be provided.

- A. Issue: Inadequate transportation exists for elderly in rural and urban areas.
- B. Policy Recommendation: Resolve that adequate transportation services be available to all elderly with particular accommodation being made to those with physical handicaps.

- A. Issue: Many elderly need legal services because they are being prevented from obtaining many of the benefits and services to which they are entitled by unduly complex laws and regulations and because they are victims of abuse and exploitation.
- B. Policy Recommendation: Legal representation should be available to all older Americans to ensure their accessibility to benefit programs and services and to prevent and redress exploitation of the elderly. Federal funding should be continued for legal services for those who are unable to obtain private counsel.

PHYSICAL HEALTH

- A. Issue: The elderly population utilizes a disproportionate share of prescription and over-the-counter drug products, and are at higher risk to drug and alcohol use problems.

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- B. Policy Recommendation: Resolve the legislation be enacted to reduce or eliminate the cost of drugs, and to institute programs designed to reduce the misuse of drugs and increase patient awareness of the proper use of prescription and over-the-counter drugs.
- A. Issue: Although there is a significant statistical increase in the elderly onset of alcoholism, there is a lack of services, inadequate third party payment coverage and no federal or state-funded programs geared specifically at impacting this problem.
- B. Policy Recommendation: Resolve that legislation be enacted to provide adequate funding for alcohol prevention education, treatment and rehabilitation services for the elderly.
- A. Issue: While there is an increasing need among the elderly for special services (i.e., dental care, hearing aids, therapy prostheses the cost for these services continue to increase.
- B. Policy Recommendation: Resolve that legislation be enacted to provide Medicare coverage for the above cited special services in the noninstitution setting.
- A. Issue: The Medicare reimbursement system encourages institutionalization.
- B. Policy Recommendation: Resolve that the Medicare reimbursement mechanism allows payment of services without prior institutionalization, and that financial assistance be provided to the family and others who provide care to the elderly at home.
- A. Issue: Although the elderly population is the most rapidly growing segment of the total population, there is not an adequate number of professionals prepared in the field of gerontology as many professional schools do not provide such preparation.
- B. Policy Recommendation: Resolve that there should be legislative support for the development of curricula in Gerontology for all of the professional schools which promotes an interdisciplinary approach.
- A. Issue: Increasing numbers of seniors need access to congregate or home-delivered meal programs while the cost of the meals, transportation to sites and home-delivery is also increasing.
- B. Policy Recommendation: Resolve that funding levels be increased to provide additional congregate and home-delivered meals, to expand meals to seven days per week in areas where necessary, and to include nutritional counseling and education.
- A. Issue: The current educational training of the multidisciplinary health rehabilitation team does not include definitive and indepth training in Geriatrics nor emphasize life-long exercise.

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- B. Policy Recommendation: Resolve that funding be made available to develop and implement curricula focusing on rehabilitation of the elderly, on prevention of secondary complications and on the promotion of life-long sports and exercise.

MENTAL HEALTH

- A. Issue: There is a need for special geriatric mental health multidisciplinary units to effectively serve older people with mental disorders.
- B. Policy Recommendation: Resolve that legislation be enacted to establish community mental health centers within each state that maintain special geriatric mental health service units funded in proportion to the percentage of elderly in the general population.
- A. Issue: The elderly, a growing segment of the population, is subject to special problems which affect their mental health.
- B. Policy Recommendation: Resolve that federal or state funded programs be mandated to provide community education programs to volunteers, families of elder persons, the clergy and to the elderly themselves on the mental health needs of the elderly and the variety of ways in which these needs can be met.
- A. Issue: Older persons comprise the majority of the patients using health care facilities and social services.
- B. Policy Recommendation: Resolve that training of professional and para-professional health care personnel should be mandated to include gerontology and mental health as part of their curriculum.

LONG TERM CARE POLICY

- A. Issue: The need for nutrition programs is not being met as the current level of funding is inadequate and eligibility requirements are restrictive and preclude participation by many who would be served.
- B. Policy Recommendation: Resolve that adequate funding be made available to ensure continuation and expansion of nutrition services.
- A. Issue: There is a need for cost-effective alternatives to institutionalization such as day care centers, homemaker services, and respite care to assist frail elderly who choose to remain in their own homes.
- B. Policy Recommendation: Resolve that legislation be enacted to provide for such services and that adequate funding be made available for implementation.
- A. Issue: Multi-level, community-oriented long-term care institutions could be used to keep elderly out of hospitalization.

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- B. Policy Recommendation: Resolve that the federal and state regulations and reimbursement and licensing procedures seek to foster a more community-oriented approach in all long-term care institutions.
- A. Issue: There are differences in intermediary coverage under Medicare and in the regional Medicare agencies' interpretation of covered levels of care which has led to discriminating policies based on geographic areas.
- B. Policy Recommendation: Resolve that Medicare should have standardized application criteria for determining covered levels of care.
- A. Issue: The proposed 25% reduction in social services in the block grant program, into which Title XX will become incorporated, will reduce home care services for the elderly for which there is a growing need.
- B. Policy Recommendation: Resolve that there be a continued level of funding and services provided under Title XX.
- A. Issue: An option should be provided to older people who are willing to pay for expanded services through increased Medicare premiums in order to meet the cost of long-term care.
- B. Policy Recommendation: Resolve that a new voluntary Part C be added to Title XVIII to help meet the cost of long-term care.
- A. Issue: Current insurance does not cover the catastrophic expense of long-term care needed by an estimated 20% of the elderly age 65 and over.
- B. Policy Recommendation: Resolve that there be created a public-private partnership to develop adequate insurance coverage for long-term care for individuals age 65 and over.
- A. Issue: Federal funding and regulations for elderly persons at risk of institutionalization do not provide for comprehensive assessment of the individual's needs that would link that person to an appropriate use of funds and services.
- B. Policy Recommendation: Resolve that federal funds be awarded to all states for long-term care to include provisions for assessment, coordination, and monitoring so that utilization of both appropriate funding sources and services will assure provision of care at the appropriate level.
- A. Issue: Means must be found to support, rather than supplant, family/informal efforts to care for the elderly, and to make families aware of the availability of formal services.
- B. Policy Recommendation: Resolve that older people and their families need to be made aware of services in the community and how to avail themselves to these services, and that formal service should support informal care by providing for tax incentives and other financial support to care

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givers, support groups for care givers, and for retention of financial benefits to older people living with family, availability of transportation and quality care.

- A. Issue: Regulations, inspections, and training are needed to assure the quality for community and institutional care for the elderly.
- B. Policy Recommendation: Resolve that education, and training in gerontology be mandated for all health care personnel, including physicians.

SOCIAL WELL-BEING

- A. Issue: The elderly are vulnerable to the recent spread of arson and the increase in crimes.
- B. Policy Recommendation: Resolve that legislation be enacted to grant tax credits for the purchase and installation of burglar and fire alarms and other safety devices and the federal grants be provided to state and local agencies to educate the elderly in self-protection and to give special attention to areas where the elderly live and/or congregate.
- A. Issue: We have not fully utilized human resources of the elderly themselves to augment staff shortages.
- B. Policy Recommendation: Resolve that current national volunteer programs in information and referral and outreach continue to be supported by an expansion of volunteer training, tax credits and compensations for expenses incurred by volunteers (i.e., travel and meals).
- A. Issue: There is an increased need for the elderly, particularly minorities, to receive free planning counseling upon retirement from jobs.
- B. Policy Recommendation: Resolve that legislation be enacted to provide federal funding for pre-retirement planning programs to state and public institutions and to grant federal tax credits to businesses and corporations offering pre-retirement planning.
- A. Issue: Continuing life-long education, both formal and informal, provides stimulation, exchanges of information, meaningful social contact, and maintenance of intellectual effort needed to enhance the quality of longer life.
- B. Policy Recommendation: Resolve that future authorizations and appropriations in continuing education specifically require funding proportional to the aging population.
- A. Issue: The social well-being of the growing number of older people should be addressed.
- B. Policy Recommendation: Resolve that the funding be increased for the continuation and expansion of the following services to all persons, regardless of economic status: transportation,

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multi-purpose senior centers, nutrition programs, information and referral services, outreach services, escort services, recreation programs and health services.

CREATING AN AGE INTEGRATED SOCIETY

- A. Issue: The family is not independent of the society of which it is a part and cannot singlehandedly solve the problems of ensuring older people full and dignified lives in a democratic age-integrated society.
- B. Policy Recommendation: Resolve that recommendations and policies affecting the family be viewed within the context of other policies that affect budget priorities (e.g., military, social services).

- A. Issue: Options should be provided to diverse types of families who respond differently to the needs of its members.
- B. Policy Recommendation: Resolve that specific programs and services be available to facilitate family interaction such as low family air fares, insurance coverage for family therapy, assistance to families with handicapped or dying members, creative employment programs for students to serve as respite caregivers, playrooms and private visiting rooms in long-term care settings, and support of behavioral science research and training on intergenerational interaction.

- A. Issue: There is a need for meaningful intergenerational educational opportunities that shape positive images, attitudes, and values regarding the elderly.
- B. Policy Recommendation: Resolve that legislation be enacted to provide financial and other incentives for the systemic inclusion within the school curriculum (from early childhood through college) information, experiences, anticipatory guidance and value orientations relating to the elderly, including the use of elderly as resource persons.

- A. Issue: The media affects and molds public attitudes and images.
- B. Policy Recommendation: Resolve that the media should adequately and without bias portray older persons as a viable working, active, gifted group capable of contributing to the emotional, social, economic growth and betterment of society and that such portrayal should reflect positive interaction and interdependence of family members in the community and the contributions of each age group.

- A. Issue: The significant portion of federal dollars are earmarked for those individuals with greatest quantifiable economic need and are currently awarded via various financial assistance programs to numerous age-differentiated populations with similar economic need common to all generations.

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- B. Policy Recommendation: Resolve that age restrictions be removed from the various welfare programs and that an age-integrated coalition of American needy be recognized as a total population and assistance programs be designated to financially help this group as a whole.
- A. Issue: The rising costs and unavailability of health care is becoming increasingly a problem for all citizens, creating a growing competition for scarce medical resources among the generations.
- B. Policy Recommendation: Resolve that the enactment of a national health care insurance plan provide for health care needs of all citizens.
- A. Issue: High-rise age segregated housing promotes loneliness, depression and insecurity among older people.
- B. Policy Recommendation: Resolve that local or national governments should provide increased incentives for the revitalization of intergenerational neighborhoods that would provide adequate safe affordable housing.
- A. Issue: Workers will be increasingly replaced by automatons, which will reduce the number of workers paying the social security system, causing tensions between younger workers and older retirees.
- B. Policy Recommendation: Resolve that the employer should pay FICA tax to the social security system on each automated unit equal to that which would be paid for the number of employees each unit replaces.
- A. Issue: An increasing number of individuals are interested in employment opportunities which provide greater flexibility than full-time work (such as part-time, job sharing) and more employment opportunities to serve the needs of many different age groups.
- B. Policy Recommendation: Resolve that private industry be given financial incentive to develop more flexible employment opportunities for all age groups.
- A. Issue: A community center should extend its services and activities to everyone and be age-integrated.
- B. Policy Recommendation: Resolve that the label "senior center" should be changed to "community center" or suitably renamed to better identify its purpose and time focus.
- A. Issue: Governmental efforts may be needed to integrate the growing number of older people in the community.
- B. Policy Recommendation: Resolve that the government create boards of elderly integration, comparable to boards of education, in local communities to provide opportunities for productive and meaningful activities for elderly citizens and to oversee their needs for supportive care.
- A. Issue: Reimbursement for Medicare and its ancillary policies

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is a fragmented, traumatic and confusing process for patients and family.

- B. Policy Recommendation: Resolve that a single entry, direct payment system be established for Medicare benefits.
- A. Issue: Reimbursement for Medicare is restrictive and focused on acute rather than chronic care.
- B. Policy Recommendation: Resolve that the three-day in hospital Medicare requirement be waived.
- A. Issue: People over the age of 65 are in need of health education in order to lessen the strains on family caused by health-related issues.
- B. Policy Recommendation: Resolve that community courses should be offered in health, CPR, nutrition, and exercise.
- A. Issue: People are living longer and have more active lives
- B. Policy Recommendation: Resolve that for good physical and mental health, mandatory retirement should be dropped, but employees work performance should be evaluated.

FAMILY, SOCIAL SERVICES AND OTHER SUPPORT SYSTEMS

- A. Issue: Public funding and resources for public education as well as gerontology research and training, are decreasing, eliminating the opportunity for people of all ages to participate in the educational experience.
- B. Policy Recommendation: Resolve that we will seek new ways of coordinating government, educational, religious institutions, private sector, voluntary sector, and the elderly themselves to provide family life education.
- A. Issue: Public funding for elderly services is diminishing and the private sector is assuming a role in providing funding options.
- B. Policy Recommendation: Be it resolved that legislation be enacted to increase creative networking between public and private sectors.
- A. Issue: The elderly and their families face a myriad of confusing fragmented services, with gaps in some services and duplication in others, which is contrary to the coordination mandated under the Older Americans Act.
- B. Policy Recommendation: Resolve that a single point of entry be established in the form of community focal points and that adequate funding be provided to develop and maintain them sufficiently to include coordination and advocacy.
- A. Issue: Minority elderly have needs different from those of the majority of older people, and which require specialized attention. These needs have been ignored by previous White House Conferences on Aging.

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- B. Policy Recommendation: Resolve programs be designed specifically to recognize and compensate for ethnic, social, cultural and financial differences, including bilingual services when needed, and legislation be enacted to guarantee adequate income and employment opportunities for minority elderly.
- A. Issue: Although elderly have decreased mobility and increased specialized needs for transportation (especially to social and health services), federal subsidies for transportation are inadequate and may be reduced in the future.
- B. Policy Recommendation: Resolve that adequate transportation for the elderly be addressed and that sources of funding be specifically programmed to serve this need.

OLDER AMERICANS AS A GROWING NATIONAL RESOURCE

- A. Issue: The problems and potential of older Americans as a growing resource in the United States should be fully recognized.
- B. Policy Recommendation: Resolve that volunteerism by elderly should be increased by enacting legislation for equal reimbursement for travel and per diem expenses of volunteers; dissemination of information about volunteer opportunities; continuation and expansion of funding of successful programs such as R.S.V.P.; encouraging representation by older people in town government, commissions, committees and local service boards; national recognition of volunteer contributions; utilizing volunteer advocates with skills for impacting local, state, and federal government; providing support systems so that low-income, handicapped, minority, and disadvantaged persons have the opportunity to volunteer; and establishing inter-generational volunteer activities.
- A. Issue: There are barriers to the employment of older citizens such as age restrictions, policies of government and the private industry, pension and benefit penalties.
- B. Policy Recommendation: Barriers to the employment of the older persons, such as social security and earning limitations, pension reductions, and union restrictions should be removed, and employers, foundations, and other groups should be educated in ways in which older people can be utilized.
- A. Issue: Government and industry do not make provision for training or suitable jobs for older Americans in today's market.
- B. Policy Recommendation: Industry and government agencies should be encouraged to utilize the expertise of the

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retired employees, create suitable job opportunities with job sharing, flexible hours, good working conditions, and consider using retirees as consultants and teaching resources.

- A. Issue: There are not enough support systems, such as transportation and job placement counseling for elders who wish to work.
- B. Policy Recommendation: Resolve that there be a national policy to encourage local job counseling and placement programs and support systems to help other older persons get to work.
- A. Issue: There is not sufficient job training, job re-training and low-tuition degree programs for older citizens.
- B. Policy Recommendation: Resolve that local adult education programs, technical training schools, community, state, and private colleges should develop low-tuition programs for older citizens to encourage their participation.

HOUSING

- A. Issue: A low vacancy rate exists nationally in all types of housing and the construction of rental housing is practically at a standstill.
- B. Policy Recommendation: Resolve that public funding of all types of elderly housing, including alternate and congregate, be sought, giving equal importance to rent subsidies and new construction using new materials and innovative approaches.
- A. Issue: There is a lack of adequate, suitable, and affordable housing for older Americans, a condition which may not improve because of the high cost and unavailability of suitable land, the high cost of financing and construction and the discouraging and costly administration and regulatory process at all government levels.
- B. Policy Recommendation: Resolve the policies be established to encourage the development of adequate supply of suitable affordable housing through the streamlining of the regulatory process at all government levels, providing incentives for broadening the base of housing options, and increasing opportunities for housing alternatives.
- A. Issue: Minority elderly continue to suffer from the effects of a lifetime of discrimination.
- B. Policy Recommendation: All aspects of federal, state, and local housing policy should work to combat the affects of past and present discrimination.

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- A. Issue: Although the vast majority of older people wish to remain in their present homes and communities, older people have physical and financial difficulties in maintaining their homes because there is an inadequate supply of affordable housing and support services.
- B. Policy Recommendation: Resolve that older people be assisted in maintaining their independence through the provision of home maintenance, personal care and other community supportive services.

RESEARCH

- A. Issue: There is limited participation of elderly in research.
Policy Recommendation: Resolve that there is a need for legislation which mandates that research efforts include greater participation of older people in the formulation, design, and implementation of research.
- A. Issue: There is limited information communicated to the elderly, legislators and other decision-makers about research and research findings.
- B. Policy Recommendation: Resolve that existing mechanisms be strengthened and new mechanisms be developed for the communication, coordination; and dissemination of information between researchers, the elderly, and legislators and other decision-makers at the federal, state, and local levels.
- A. Issue: With declining resources for social programs, research should be a vital component in policy making, particularly, as we are facing an increased number of elderly with needs.
- B. Policy Recommendation: Resolve that research is a vital component in determining needs of elderly, the effectiveness of programs, funding making decisions regarding the initiation, expansion or termination of programs and that such research should distinguish differential needs and program impacts related to ethnic, cultural and demographic characteristics.
- A. Issue: There is a void between geriatric and medical practice and the available basic research findings in aging on which private and governmental social policy is developed.
- B. Policy Recommendation: Resolve that priority be given in the public and private funding of research and training to basic psychological and physiological research, geriatric medical and mental health practices, employment perceptions of various societies of the elderly, long-term care, minority elderly, cultural isolation and informal support systems.

the 1981
White House
Conference
on
Aging

**STATE CONFERENCE REPORT
FROM**

DELAWARE

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

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WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE DELAWARE STATE COORDINATOR Eleanor L. Cain

TOTAL # FORUMS 47 % URBAN 91% % RURAL 9%

TOTAL # PARTICIPANTS 2,630

ISSUES OF CONCERN (top 10 priorities):

1. Economic Security
2. Energy
3. Health
4. Housing
5. Organizational Relationships (i.e., cooperation & efficiency)
6. Quality of Life
7. Safety and Security
8. Seniors as Human Resources
9. Spiritual Well-Being
10. Transportation

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):
(corresponding to numbered issues above)

1. Eliminate taxing of interest after age 65.
2. National energy policy to assure protection of elderly.
3. Development of comprehensive long-term care system emphasizing in-home and community-based services.
4. Congregate housing to provide supportive services.
5. Mandates to provide intervention in cases of elder abuse.
6. Promote independence through expansion of in-home services.
7. Federally subsidized residences should receive crime prevention assistance.
8. Expand volunteer opportunities (i.e., R.S.V.P., Foster Grandparents, Senior Companions).
9. Policies must incorporate spiritual dimension in training of professionals and non-professionals.
10. Increase support of specialized transportation (UMTA sections 3,5, 16 b(2), Title III, Titles XIX and XX).

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Delaware 2) Date of Conference May 1, 1981
3) Place of Conference Dover, Delaware
4) Name of Person Submitting Report Jeffrey Quinzer
5) Title of Person Senior Planner, Delaware Division of Aging

Participation

- 6) Total No. of Participants 230 7) Sex: No. of Female 163
No. of Male 67
8) Ethnicity/Race: 25% Black; 0 Hispanics; 75% Caucasian;
0 Pacific/Asian; 0 American Indian; 0 Other (Please
state approximate % for each)
9) Handicapped 5% (Please state approximate % only)
10) Age: 20% Under 55 80% 55 and over

SUMMARY OF ISSUES AND RECOMMENDATIONS BY MAJOR TOPICS

ECONOMIC SECURITY - Elimination of taxes on interest after age 65 and inflation control.

ENERGY - Protection against rising energy costs.

HEALTH - Comprehensive Long-Term Care system; expanded in-home services.

HOUSING - Supportive services in congregate housing.

ORGANIZATIONAL RELATIONSHIPS - Elder abuse intervention measures (duplicated under Quality of Life)

QUALITY OF LIFE - Expanded in-home services; educational opportunities.

SAFETY & SECURITY - Crime prevention assistance.

SENIORS AS RESOURCES - Expanded opportunities in programs such as R.S.V.P., Foster Grandparents and Senior Companions.

SPIRITUAL WELL-BEING - Incorporation of the spiritual dimension of aging in education, training and research.

TRANSPORTATION - Increased support of specialized transportation.

DELAWARE

ECONOMIC SECURITY

A. Issue

1. Inflation is especially hard on those living on fixed incomes.

B. Policy Recommendations

1. That the taxing of interest be eliminated after age 65 and that tax forms be simplified.
2. That Social Security income be increased in lieu of other benefit programs (i.e., fuel assistance).
3. That pension plans be strengthened with regard to vesting and portability.
4. That all levels of government work toward the control of inflation.

A. Issue

1. Some programs, due to economic penalties, limit the choices open to older persons.

B. Policy Recommendations

1. That the earnings limitation on Social Security benefits be lifted.
2. That disincentives for families who care for older relatives be removed (i.e., reduction in S.S.I. benefits, etc.).

ENERGY

A. Issue

1. The elderly as a group are hit particularly hard by rising energy costs.

B. Policy Recommendations

1. That a national energy policy assure that the elderly and other vulnerable groups are not adversely affected by possible price increases or rationing plans.
2. That funds be earmarked for applied research on the medical, social and economic impact of rising energy costs on the vulnerable elderly.

DELAWARE .

ENERGY
(Continued)

A. Issue

1. Despite energy assistance programs, many elderly who need assistance do not receive benefits.

B. Policy Recommendation

1. That energy assistance money be included directly into Social Security Checks.

A. Issue

1. Rising energy costs cut deeply into the budgets of programs serving the elderly, reducing the amount available for services.

B. Policy Recommendation

1. That appropriations for federal and state service programs for the elderly should be adjusted to reflect continuing increases in energy costs.

HEALTH

A. Issue

1. The Long Term Care "system" is presently fragmented and geared toward institutional care.

B. Policy Recommendation

1. Encourage the development of a comprehensive long term care program to examine alternatives to institutionalization and develop a broader range of in-home and community-based services, to include a comprehensive pre-admission screening and continuous care assessment leading to effective case management.

A. Issue

1. Medicare places too much emphasis on institutional care and not enough on in-home services and preventive care.

B. Policy Recommendations

1. That Medicare include coverage for home care, diagnostic and preventive services and out-of-hospital drugs and medications.

DELAWARE

HEALTH
(Continued)

B. Policy Recommendations (con't)

2. That Medicare coverage include services provided by nurse practitioners, physician's assistants and trained paraprofessionals.

A. Issue

1. Despite Medicare/Medicaid, older persons continue to suffer under the burden of spiraling health care costs.

B. Policy Recommendations

1. That the Medicare program be evolved into a national health care plan for all ages with special emphasis on the needs of the elderly.
2. That Medicare provide coverage for dental, eye and hearing care (including hearing aids), as well as for prosthetic devices and podiatry.
3. That more effective monitoring of third party payment costs and procedures be encouraged as a cost containment measure.

A. Issue

1. Because they do not qualify for income-eligible programs, middle income older persons are hit particularly hard by rising health care costs.

B. Policy Recommendation

1. That a sliding scale of graduated payments be established in income-eligible programs for those up through the middle income levels who do not qualify for full benefits.

A. Issue

1. There are not enough health care professionals specially trained in gerontology and geriatrics while projections indicate an increasing demand for these specialties in the coming decades.

B. Policy Recommendation

1. That new or reallocated funds be used to support medical education and the training of health care professionals in geriatric and gerontological specialties.

DELAWARE
HEALTH
(Continued)

A. Issue

1. An increasing number of persons in institutions are victims of Alzheimer's Disease.

B. Policy Recommendation

1. That a national research initiative on Alzheimer's Disease be undertaken with funding equivalent to that for cancer or heart disease research.

A. Issue

1. Despite the success of the Title III-C nutrition programs, more can be done in the area of nutrition for older persons.

B. Policy Recommendations

1. That the congregate meals program be expanded and include sufficient funding for Saturday and Sunday openings at nutrition sites.
2. That the food stamp program include simplified eligibility and certification of older persons and place increased emphasis on outreach efforts.

A. Issue

1. Older Americans do not receive "their fair share" of federal funds in programs other than the Older Americans Act.

B. Policy Recommendation

1. That the ceiling on Title XX funds be raised to reflect increased inflation costs and that these funds be monitored to assure older persons of an equitable share of the funds.

HOUSING

A. Issue

1. At present, congregate housing does little to help an older person maintain independence or avoid institutionalization.

B. Policy Recommendations

1. That federal emphasis be placed upon congregate housing facilities to develop and provide supportive services.

DELAWARE

HOUSING
(Continued)

B. Policy Recommendations (continued)

2. That barrier-free requirements for public housing be enforced and that funds be provided for renovation and alteration of older units that are not barrier-free.

A. Issue

1. No incentives exist for a relative to care for an older person at home.

B. Policy Recommendation

1. That incentives (i.e., tax breaks, deductions for expenses of making necessary renovations, etc.) be provided to families who maintain an older relative in their household.

A. Issue

1. There is a need for more subsidized housing for older persons.

B. Policy Recommendation

1. That federal housing programs include an adequate mix of interest subsidies, rental assistance and quality public housing for the elderly.

QUALITY OF LIFE

A. Issue

1. There are insufficient quality care alternatives to institutionalization.

B. Policy Recommendation

1. That, to promote maximum independence and quality of life, increased attention and funding be accorded comprehensive in-home services, including the development of mandated national standards for those services.

A. Issue

1. The quality of life of older persons is still adversely affected by age discrimination.

DELAWARE

QUALITY OF LIFE
(Continued)

B. Policy Recommendation

1. That the Age Discrimination Act of 1975 be vigorously enforced.

A. Issue

1. There are no national standards to assure uniformity and quality in the services affecting so many older persons.

B. Policy Recommendation

1. That funds be provided to develop and ensure monitoring and enforcement of national standards for quality services.

A. Issue

1. Many older persons suffer from various forms of abuse and neglect.

B. Policy Recommendation

1. That states be mandated to provide intervention measures in cases of elder abuse.

A. Issue

1. The system of community focal points specified in the Older Americans Act has never materialized.

B. Policy Recommendation

1. That the Older Americans Act identify senior centers even more clearly as community focal points for the delivery of comprehensive services and that a separate authorization of funds for this purpose be reinstated to the Act.

SAFETY AND SECURITY

A. Issue

1. Too many older persons living in subsidized housing become prisoners in their own apartments because of fear of crime.

DELAWARE

SAFETY AND SECURITY
(Continued)

B. Policy Recommendation

1. That all federally subsidized resident facilities for older persons be provided direct funding for crime prevention assistance.

A. Issue

1. Older persons who are victims of crime tend to suffer more hardships than persons in other age groups.

B. Policy Recommendation

1. That federal and state legislative measures and initiatives to assist victims of crime recognize the special needs of the older victim (i.e., special physical, social, and economic needs).

SENIORS AS HUMAN RESOURCES

A. Issue

1. There are not enough opportunities for older persons to contribute the benefits of their wisdom and experience.

B. Policy Recommendation

1. That opportunities for older persons to serve their communities (such as Foster Grandparents, Retired Senior Volunteers, and Senior Companions) be expanded and strengthened.

SPIRITUAL WELL-BEING

A. Issue

1. The spiritual dimension is overlooked in policies directed toward older Americans.

B. Policy Recommendations

1. Policies must incorporate the spiritual dimension in the training of professionals and non-professionals in aging and in the planning, implementation and evaluation of programs, facilities and resources aimed toward older Americans.

DELAWARE

SPIRITUAL WELL-BEING

B. Policy Recommendations (continued)

2. That research in the quality of life, health and life satisfaction include spiritual components.

A. Issue

1. Policy makers fail to deal with the underlying ethical values implicit in legislation.

B. Policy Recommendation

1. That, in matters affecting older persons, policy makers should identify and include in any legislation and regulations the relevant ethical values and their implications.

TRANSPORTATION

A. Issue

1. The federal government does not give enough support to the specialized transportation needed by older Americans.

B. Policy Recommendations

1. That the federal government increase its support of specialized transportation services through its UMTA section 3, 5, and 16 b(2); Older Americans Act Title III and Social Security Titles XIX and XX.

• U.S.G.P.O. 720-019/1302-4582

JQ:b
5/8/81

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT
FROM
FLORIDA

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

WHITE HOUSE CONFERENCE ON AGING
SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Florida STATE COORDINATOR John L. Stokesberry

TOTAL # FORUMS 124 % URBAN NBD* % RURAL NBD*

TOTAL # PARTICIPANTS 5,890

ISSUES OF CONCERN (top 10 priorities):

1. Physical and Mental Health
2. Economic Security
3. Transportation
4. Social Well Being
5. Age Integration
6. Elderly as a Resource
7. Minority Problems
8. Political Action

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Enact some form of National Health Insurance.
2. Increase the cost of living for benefits.
3. Provide more transportation for the elderly.
4. Provide more information and referral services to the elderly.
5. Make greater use of young volunteers.
6. Make better use of the talents and expertise of older people.
7. Pay greater attention to the needs of the elderly people in inner cities.
8. Promote greater political action by and on behalf of the older population.

* Not Broken Down geographically. Florida's Conference was held before the WHCOA report guidelines were finalized.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Florida 2) Date of Conference September 16-19,
1980
3) Place of Conference Orlando, Florida
4) Name of person submitting report John Lowther
5) Title of Person Planner and Evaluator

Participation

- 6) Total No. of Participants 473 7) Sex: No of Female 219
No of Male 254
8) Ethnicity/Race: NBD* Black; NBD* Hispanics; NBD* Caucasian;
NBD* Pacific/Asian; NBD* American Indian; NBD* Other (Please
state approximate % for each)
9) Handicapped NBD*. (Please state approximate % only)
10) Age: NBD* under 55 NBD* 55 and over

Summary of Issues and Recommendations by Major Topics

FLORIDA

HEALTH

A. Issue

1. Health Care Costs and Access.

B. Policy Recommendations

1. Recommend that more persons be maintained in the community through home health care and other auxiliary services, particularly Community Care for the Elderly.
2. Recommend that a program of national health insurance be promoted.

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FLORIDA

HEALTH

A. Issue

1. Long Term Care.

B. Policy Recommendations

1. Recommend that a continuum of services and levels of care for long term care be developed, coordinated and adequately funded.

A. Issue

1. Counseling and Mental Health.

B. Policy Recommendations

1. Recommend a more holistic approach to medical care that will include mental/physical health care and training of professionals in the holistic concept.

A. Issue

1. Nutrition.

B. Policy Recommendations

1. Recommend a lifelong nutrition program.

A. Issue

1. Wellness and Prevention.

B. Policy Recommendations

1. Recommend the development of state and national public policies to promote health education and lifelong living concepts.

EDUCATION

A. Issue

1. Consumer Services.

FLORIDA

EDUCATION

B. Policy Recommendations

1. Recommend the establishment of county consumer affairs offices for local input and action.
2. Recommend the funding and expansion of consumer education programs for seniors, utilizing senior centers and nutrition sites when possible.

A. Issue

1. Modifications of Public Attitude.

B. Policy Recommendations

1. Recommend the formulation and implementation of a national initiative toward positive media images of the elderly.

A. Issue

1. Lifelong Learning.

B. Policy Recommendations

1. Recommend the establishment of programs for lifelong learning needed from infancy to old age (life-span education).

A. Issue

1. Recreation and Leisure.

B. Policy Recommendations

1. Recommend a program to motivate seniors, including those with physical handicaps, to become involved in recreation and leisure activities.

A. Issue

1. Research and Education/Training of persons in the field of Aging.

B. Policy Recommendations

1. Recommend utilization of elderly as consultants, resource people.

FLORIDA

SUPPORTIVE SERVICES

A. Issue

1. Community participation.

B. Policy Recommendations

1. Recommend program to persuade commercial community to continue employment of people, to have an enlightened retirement program and a concern for the quality of life of all ages.

A. Issue

1. Employment/Economic Security.

B. Policy Recommendations

1. Recommend the establishment of a universal, mandatory pension plan.
2. Recommend the elimination of restrictions on earnings for Social Security recipients; regardless of age.

A. Issue

1. Housing.

B. Policy Recommendations

1. Recommend the support of third party funding for Adult Congregate Living Facilities.

A. Issue

1. Service Delivery System.

B. Policy Recommendations

1. Recommend the expansion of home delivered services through the cooperation and coordination of existing resources, such as the Community Care for the Elderly Act, Older Americans Act, volunteer efforts and use of a fee schedule.

A. Issue

1. Transportation.

FLORIDA

SUPPORTIVE SERVICES

3. Policy Recommendations

1. Recommend the elimination of all restrictive legislative barriers that prevent the consolidation of transportation services.

* U.S.G.P.O. 720-019/1302-458*

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

GEORGIA

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WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Georgia STATE COORDINATOR Troy A. Bledsoe

TOTAL # FORUMS 170 % URBAN 63 % RURAL 37

TOTAL # PARTICIPANTS 5828

ISSUES OF CONCERN (top 10 priorities):

- Access to transportation
- Escalating taxes
- Availability of and access to social services
- Availability of affordable and better equipped housing
- Availability of and access to appropriate health care; health care cost
- Escalating cost of energy
- Social Security benefits
- Employment opportunities
- Home health and day care services

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

- Expand and improve transportation services
- Provide tax breaks. This includes taxes on pensions and part-time work.
- Establish and improve senior centers and social programs where needed.
- Provide low-cost housing. Increase the amount and variety of housing.
- Assist with the costs of prescriptions, including dentures, eye glasses and hearing aides.
- Continue, improve, extend food stamps and SSI programs.
- Assist with the cost of energy.
- Encourage longer work life; eliminate or raise earning limits on social security; increase benefits.
- Expand employment opportunities.
- Promote and expand home health and day care services.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Georgia 2) Date of Conference March 2-5, 1981
3) Place of Conference Georgia World Congress Center - Atlanta
4) Name of person submitting report Troy A. Bledsoe
5) Title of Person Director, Aging Section, Division of Human Development

Participation

- 6) Total No. of Participants 643 7) Sex: No of Female 483
No of Male 160
8) Ethnicity/Race: 35% Black; 0 Hispanics; 65% Caucasian;
0 Pacific/Asian; 0 American Indian; 0 Other (Please
state approximate % for each)
9) Handicapped 0 (Please state approximate % only)
10) Age: 40% under 55 60% 55 and over

Summary of Issues and Recommendations by Major Topics

ECONOMIC SECURITY

A. Issue

1. Inflation is the number one problem facing elders today. The primary source of retirement income for older persons is social security. This source of income must be protected against inflation.

B. Policy Recommendations

1. Resolve that retirement age for Social Security coverage not be changed.
2. Resolve that there be no earnings penalty for social security recipients who work.
3. Resolve that social security income not be taxed.
4. Resolve that Federal employees participate in Social Security.

GEORGIA

A. Issue

1. Studies show that most older workers can work as effectively as younger workers. As inflation continues to erode the purchasing power of retirees, many persons may have to work out of economic necessity.

B. Policy Recommendations

1. Resolve that policies be changed to encourage occupational changes rather than retirement.
2. Resolve that retirement policies be optional, the criteria being based on a person's ability to do the work, not on age.
3. Resolve that workers be "vested" in pension plans immediately upon employment, and that they have a right to transfer these funds if they change jobs.

A. Issue

1. Programs for employing and training older workers have been inadequate. There is a need to further develop programs which provide meaningful training for older workers and incentives for hiring older workers.

B. Policy Recommendations

1. Resolve that targeted jobs tax credit incentives include 55+ workers as one of targeted groups.
2. Resolve that older persons have equal access to publicly-funded training programs.
3. Resolve that the private sector will be encouraged to provide alternative employment work arrangements for senior citizens (i.e., flexitime, job sharing, permanent part-time) rather than forced retirement.

PHYSICAL AND MENTAL HEALTH

A. Issue

1. Approximately 85% of non-institutionalized elderly suffer one or more chronic conditions requiring medical services. The delivery of services is limited due to cost, access, and personnel trained in gerontology and geriatric medicine.

B. Policy Recommendations

1. Resolve that measures be taken to contain health care cost.
2. Resolve that a comprehensive, coordinated, accessible system of health care utilizing professional and paraprofessional staff and the elderly be developed.

GEORGIA

3. Resolve that educational programs for health care professionals and paraprofessionals about the aging process and the special needs of older persons be further developed.
4. Resolve that professional societies include geriatrics in meetings and that these societies ensure geriatric experience in training programs at their respective schools.
5. Resolve that Medicare and Medicaid be expanded to include preventive and restorative care for eyes, ears, and teeth.

A. Issue

1. Approximately 4% of the elderly population require institutionalization. Staff who work with geriatric patients often have inadequate training in geriatric care.

B. Policy Recommendation

1. Resolve that minimum standards of training for staff of long-term care facilities be determined, developed, and enforced.

SOCIAL SUPPORT SYSTEMS

A. Issue

1. There exists a need for a community-based, coordinated service delivery system. Comprehensiveness and coordination of services which take into account the physical, social, and health needs is essential to maintain an older person in the community. No one agency can provide all the services older people need. Therefore, services are fragmented. This fragmentation makes it difficult for older people to locate and use services that are available.

B. Policy Recommendations

1. Resolve that Federal policy emphasize and reflect community-based care rather than institutional care and safeguard funding for such care.
2. Resolve that the Federal government expand the development of multipurpose senior centers to provide older people with immediate access to a full range of services.
3. Resolve that Federal guidelines be developed regarding senior centers, but that the State and local community be involved in the development of any such guidelines.

A. Issue

1. The family is the single most important aspect in determining and providing in-home care for the elderly. A National Health Center survey indicates that 80 to 90 percent of the care received by

GEORGIA

older persons is supported by the family with in-home services provided by a female spouse or female adult children. Older persons, like most people, need another human to talk with, to confide in. When a confidant is removed from a person's sphere, and if not replaced, indicators suggest this as a reason for failing health, and emotional disability. Frequently, lay ministers and religious groups supplement this need for a responsive ear.

B. Policy Recommendations

1. Resolve that personal care reimbursements, tax credits or tax deductions for family or family-like relationships in a caring situation for older persons be established.
2. Resolve that the reductions in Social Security Insurance checks which occur when a person moves in with another, or the reduction in SSI checks experienced in the same situation, be eliminated.
3. Resolve that a sliding fee scale for support services to help adult children who work and want to keep their parents at home in a caring situation be established.

A. Issue

1. Home care has not been accepted as a total partner in the continuum of our nation's health care system. Even though home care can be a cost-effective method which can avoid or delay nursing home entry, there appears to be governmental apprehension regarding the expansion of the home care services.

B. Policy Recommendations

1. Resolve that a re-evaluation of requirements which state that only certified in-home agencies be permitted to supply services be made.
2. Resolve that coordination or combination of existing social and health Titles III, XVIII, XIX, and XX for more comprehensive services and greater flexibility be mandated.

A. Issue

1. Seniors have traditional legal problems shared by all citizens. For those with an increasing awareness and the accompanying ability to articulate, the help is available, but for others, needs for legal outreach and education are imperative so that they might have proper case representation and support.

B. Policy Recommendation

1. Resolve that funding for legal services be continued.

A. Issue

1. Studies show that many of the health problems of the elderly are related to nutrition. Many of these problems come with a change in

GEORGIA

life style brought on by the aging process as it related to society's ability to provide for its aged. Equally important is education and the fact that food habits are not necessarily compatible with food needs.

B. Policy Recommendations

1. Resolve that more funds be provided for the expansion of nutrition programs and support services for elderly persons.
2. Resolve that income sources be upgraded so that elderly persons can afford nutritional food.
3. Resolve that a shared "In-Home Meals Program" be developed which would enable older persons to cook and visit. This would provide incentives, offset the high cost of food purchases, prevent psychological illnesses induced by loneliness, as well as conserve energy fuels.
4. Resolve that nutrition programs include more than one meal per day, and include more days per week during which the meals are provided.
5. Resolve that the food stamp program be maintained and improved so that stamps for nutritional foods are targeted for primary expenditures.
6. Resolve that equal tax credit be made available to volunteers offering support services to the elderly, just as business tax credit is available for those who travel in the jobs.
7. Resolve that additional funding be made available for modified/therapeutic diets.
8. Resolve that training and funding for an increased number of homemakers be made available for the homebound.

OLDER AMERICANS AS A GROWING NATIONAL RESOURCE

A. Issue

1. There is a need for more and better trained elderly volunteers since the increase in volunteerism will be among older Americans.

B. Policy Recommendations

1. Resolve that reasonable liability insurance for all elderly volunteers on State or Federal programs be made available.
2. Resolve that opportunities for training of elderly volunteers at minimal or no cost to the trainee be made available; and that skill books of elderly volunteers are compiled, disseminated and maintained.
3. Resolve that the appropriate agency document the number, use and value of elderly volunteers to agencies, insitutions and business

GEORGIA

with actual savings described; and that they recognize and strengthen National Volunteer Programs.

A. Issue

1. There is a need for the elderly to understand and participate in the areas of citizenship and advocacy in order to effectively impact government.

B. Policy Recommendations

1. Resolve that each state design, sponsor and fund a "Silver-Haired Legislature" as a voice for the interests of senior citizens, which convenes on a regular (preferably annual) basis.
2. Resolve that all local, State and Federal Agencies on Aging appoint a proportional number of senior citizens for advisory boards, committees, commissions, and other groups dealing with problems and interests of the elderly.
3. Resolve that the State Unit on Aging develop and maintain a "communication-information network" with responsibilities in helping elderly consumers participate in monitoring and reviewing agencies, rules, policies and programs related to the Aged; informing senior citizens concerning their rights in voting, petitioning, campaigning, speaking at public hearings and forming political caucuses; demonstrating how senior citizens may assume paraprofessional or layman roles as advocates for peers (i.e., women, poor, minorities); and encouraging organizations and agencies of older Americans to form coalitions to better serve the elderly.

A. Issue

1. There is a need for the elderly to be better informed and active in pursuing training and education.

B. Policy Recommendations

1. Resolve that the Area Agencies on Aging be authorized and funded to develop and offer programs for second careers, job retention, cultural enjoyment, basic education and even normal life changes (especially minorities and women).
2. Resolve that tax deductions be allowed for both the elderly who instruct and the elderly who learn.
3. Resolve that incentives to vocational schools, colleges and universities through scholarships, grants, and tuition credits be provided to change admission procedures, revise courses taught, add continuing education courses, etc., to meet the needs of elderly students.

A. Issue

1. There is a nationwide need to recognize the value, cost-effectiveness and unique aspects of employing the elderly.

GEORGIA

B. Policy Recommendations

1. Resolve that the appropriate agency determine and disseminate to the public and private sector the numbers, value, and cost-effectiveness of elderly employees.
2. Resolve that tax write-off incentives be encouraged for business and industry to employ the elderly.
3. Resolve that local, State and Federal Agencies on Aging and other organizations plan for and more wisely use the elderly professionals whether as employees or volunteers.

CREATING AN AGE-INTEGRATED SOCIETY

A. Issue

1. Youth oriented society is still a reality and ageism does exist. The Age-Discrimination Act is not enforced and State Codes do not comply.

B. Policy Recommendations

1. Resolve that a mechanism be developed to enforce the Age-Discrimination Act.
2. Resolve that community education programs be further developed to overcome negative stereotypes regarding the Aged and Handicapped. Utilize all forms of media.
3. Resolve that mechanism that promote intergenerational programming be developed.

A. Issue

1. Various boards abuse "minority" requirements by doubling up classifications, i.e., one person representing rural, low-income, black, female, thereby limiting significant minority impact.

B. Policy Recommendation

1. Resolve that minority participation on health and service provider boards be increased at all levels - local, state, national - with a limitation on the number of persons meeting more than one "minority" classification.

A. Issue

1. The minority older population is increasing at a tremendous rate. Further study and resources are needed.

B. Policy Recommendation

1. Resolve that Federally funded gerontological centers in minority communities and institutions be expanded.

A. Issue

1. The definition of a rural community as 2,500 residents or less is limiting and inadequate.

B. Policy Recommendation

1. Resolve that the term rural be redefined according to density of population.

A. Issue

1. The cost for delivery of services to elderly in rural areas is much higher per person than for elderly in urban areas.

B. Policy Recommendation

1. Resolve that Federal and State monies be allocated at higher levels with the understanding that the cost of service delivery is higher in rural areas.

A. Issue

1. Inadequate attention is given to the rural elderly in the National Housing Policy.

B. Policy Recommendation

1. Resolve that the program and appropriations for Farmers Home Administration specifically will be broadened to meet the housing needs of the rural elderly.

ENVIRONMENTAL SYSTEMS

A. Issue

1. The needs in housing differ for the elderly population from that of the general population. There is no distinction yet between buildings for the elderly and regular apartments. Current funding for new concepts in alternative housing arrangements is too rigid, allowing only already-accepted concepts in housing to be considered for funding.

B. Policy Recommendation

1. Resolve that funds be made available for new ideas and concepts in housing for the elderly; that consideration be given to the design and development of arrangements which take into account their physical and social needs.

A. Issue

1. Most housing facilities provide only shelter for elderly residents. Services which are essential to maintain the elderly in their homes

and communities are not easily accessible.

B. Policy Recommendation

1. Resolve that emphasis will be placed on providing easily accessible supportive services in conjunction with housing.

A. Issue

1. The exclusion of middle-income elders from subsidized housing places them in a predicament when they are unable to maintain their homes due to rising costs or to pay high rental costs. Added to this is the problem of housing conversion and a tight rental market.

B. Policy Recommendation

1. Resolve that middle-income elderly be considered for newly-constructed subsidized housing on a sliding pay scale.

A. Issue

1. Coordination is considered to be an important method in maximizing the utilization of transportation resources. Many local agencies do not coordinate transportation because of conflicting rules and regulations.

B. Policy Recommendation

1. Resolve that State and Federal restrictions that prevent coordination of transportation programs be removed; that coordination of transportation systems, programs, and providers receiving public funds at the local, state and federal level be required.

A. Issue

1. The trend toward cutbacks of government sponsored services suggests a potential need for more volunteers. However, the cost of insurance and fuel is often prohibitive.

B. Policy Recommendation

1. Resolve that voluntary organizations which take upon themselves to help with transporting the elderly receive assistance from local, state or federal governments by developing a mechanism for insurance companies to provide inexpensive insurance coverage for those drivers who transport the elderly at no financial gain for themselves, by providing grants to cover the cost of liability insurance; and by allowing volunteer drivers to deduct from their taxes the full cost of the service instead of the per/mile deductions now available.

GEORGIA

RESEARCH

A. Issue

1. The complexity of the process of aging is reflected by the extreme diversity of topics appropriate for research and the interrelative nature of various aspects of aging. There is a need, therefore, to continue to produce the knowledge required to deal with the problems of aging and to improve the quality of life.

B. Policy Recommendations

1. Resolve that continued emphasis be given to the study of organic brain syndrome, focusing on causes, differential diagnosis, prevention, and treatment approaches.
2. Resolve that further research be conducted to identify variables that help people to stay health in old age.
3. Resolve that National research be conducted to determine qualitative effectiveness of existing services to the elderly including education and training programs. The enabling and disabling aspects should be identified.
4. Resolve that emphasis will be placed on collaborative research between the National Institute on Health and private organizations, particularly in the areas of arthritis, hearing, and vision.
5. Resolve that Federal support will continue for research in viable alternatives to long-term care and in-home health care in rural and urban areas.
6. Resolve that criteria, other than age, for voluntary and involuntary retirement be researched and developed.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT
FROM

HAWAII

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

WHITE HOUSE CONFERENCE ON AGING
SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Hawaii STATE COORDINATOR Mrs. Shimeji Kanazawa

TOTAL # FORUMS 121 % URBAN 47.9 % RURAL 52.1 %

TOTAL # PARTICIPANTS 4,861

ISSUES OF CONCERN (top 10 priorities):

- 1) Access and Coordination of Services
- 2) Health Promotion and Maintenance
- 3) Employment
- 4) Health Services
- 5) Housing
- 6) Legal Services
- 7) Volunteer Services, Peer and Intergenerational Support
- 8) Mental Health
- 9) Retirement Income/Economic Well-Being
- 10) Long-Term Care

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

Community forum participants primarily identified issues of concern as indicated above. Any recommendations emanating from these forums were submitted to the appropriate issue committees at the Governor's Statewide Conference. These were prioritized by the delegates at that time.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Hawaii 2) Date of Conference December 4-5, 1980
- 3) Place of Conference State Capitol, Honolulu, Hawaii
- 4) Name of Person Submitting Report George R. Ariyoshi
- 5) Title of Person Governor

Participation

- 6) Total No. of Participants 195 7) Sex: No. of Female 108, 55.4%
No. of Male 87, 44.6%
- 8) Ethnicity/Race: 2, 1.0% Black; 0 Hispanics;
73, 37.4% Caucasian; 116, 59.5% Pacific Asian;
0 American Indian; 4, 2.1% Other
- 9) Handicapped 1.02%
- 10) Age: 55, 28.2% under 55 140, 71.8% 55 and over

ACCESS AND COORDINATION OF SERVICES - URBAN AND RURAL

A. Issue

1. There is need for greater coordination of services for the elderly, particularly regarding (1) quality service, outreach, uniform intake, assessment, recordkeeping; (2) case management and case coordination; and (3) comprehensive staff and volunteer training.

B. Policy Recommendations Resolve That:

1. One statewide lead agency (State Unit on Aging) be designated to administer public funds of all programs for the elderly in the State.¹

¹Forty-two of the 195 delegates voted against this recommendation and submitted a minority report (the Minority Report in full is included in the State Conference Proceedings).

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B. Policy Recommendations Resolve That: (Cont.)

2. One local county agency (Area Agency on Aging) be designated to define the establishment of senior centers and/or community focal points in neighborhoods.
3. Facilitation of access and coordination of services through increased PUBLIC AWARENESS initiatives which support positive images of aging. This can be accomplished through formalized educational programs, use of the mass media, meeting non-English language requirements and participation of all levels of government in these programs for the elderly.

A. Issue

1. There is need for greater accessibility to services through transportation and provision of needed gap services.

B. Policy Recommendations Resolve That:

1. Increased federal funding to support rural transportation programs, alternative means of transportation to support the Handi-Van System, and support of HR 6417, Section 223 permitting local options in transportation.
2. Increased availability of funds for expansion of both congregate and home-delivered meals, with special emphasis on the development of 7-day-a-week service, use of therapeutic diets and the inclusion of these therapeutic meal costs in medical insurance reimbursement.
3. Reallocation and increased funding for services (vs. administrative functions) to be focused on: services to the gap group, tele-senior service, 24-hour hot-line, services to homebound and handicapped, and use of inter-generational services to the benefit of the elderly.

HEALTH PROMOTION AND MAINTENANCE

A. Issue

1. There are barriers to receiving adequate mental, medical, dental and related health care which include the maintenance of good health through dental and audio care, health and professional education, and the utilization of other community resources.

B. Policy Recommendations Resolve That:

1. Effective health education programs for the promotion and maintenance of health for individuals, groups,

B. Policy Recommendations Resolve That: (Cont.)

families, volunteers, churches and the community at large be developed and provided. Programs should include:

- (a) nutrition education, (b) repetitive reinforcement of health education, (c) distribution of information about diseases, etc., and (d) increased mental health education about normal vs. abnormal aging.
2. Future manpower needs in gerontology be assessed; certification and licensing standards for gerontological health care personnel be established; and necessary education and training to meet these standards be provided.
3. Comprehensive medical coverage of health services, with provision for home care, for patient education, alternative health care services, eye glasses, hearing aids, physical examinations, aural rehabilitation, dental care be provided, and income criteria for Medicaid assistance be liberalized.
4. Health programs be developed with more emphasis on self-care and self-help to promote the independence of the rural elderly.
5. Comprehensive health screening (for diseases, hearing, vision, dental) be extended to isolated and homebound rural, as well as urban, elderly.
6. Coordination be improved, with increased information and referral about health services and resources; consolidation of information on health education; and linkages of services between government and private agencies, particularly in the rural areas.

EMPLOYMENT

A. Issue

1. The current retirement policies and practices are outmoded and inconsistent.

B. Policy Recommendations Resolve That:

1. Negative attitudes of employers, the general public, the media, and seniors themselves towards the continued or new employment of older persons be counteracted through a vigorous educational and public relations campaign to emphasize the employability, skills, and other resources found in our older population.
2. Support systems to encourage and increase the return or retention of older persons to and in productive activities including paid employment, volunteer roles, and

B. Policy Recommendations Resolve That: (Cont.)

self employment be developed and implemented. Support systems include:

- a. Increased development of flexible work arrangements such as flexitime, part-time, and job sharing;
 - b. Increased access to and availability of information on full and part-time jobs and their requirements;
 - c. Creation of an employment service for seniors;
 - d. Expanded counseling, coaching, training, and re-training services to match jobs to seniors' interests, needs, and desires and to help older workers continue employment;
 - e. Strengthened advocacy for the employment of older persons and elimination of age discrimination, with Aging Network agencies in the lead in hiring of older workers for staff positions;
 - f. Organized efforts, both public and private, to mobilize the talents and experience of seniors in the community interest;
 - g. Increased availability of pre-retirement planning programs to all persons to include training and information on future employment and other options;
 - h. Increased incentives to both private and public sectors for hiring older persons.
3. Barriers to employment faced by older persons seeking new or continued employment be eliminated or reduced. Barriers which should be eliminated include:
- a. Disincentives to continued earnings mandated by existing social security, medicaid, housing, food stamps, and other laws and regulations;
 - b. Low income eligibility requirements for subsidized employment that prevent "gap group" participation;
 - c. Transportation and architectural barriers that prevent older persons from reentering the labor market;
 - d. Bilingual/bicultural barriers that prevent older immigrants from seeking and obtaining employment;
 - e. Educational barriers that discourage older persons from returning to school to prepare for future employment and the needs of modern technology;
 - f. Educational, written, and physical requirements of employers that prevent some older persons from obtaining employment;
 - g. Citizenship requirements that may prevent older immigrants from obtaining employment;
 - h. Age discrimination and retirement laws which exclude persons over 70 from protection against job discrimination;
 - i. Protective features in such laws, regulations and programs as worker's compensation, health insurance and pension plans that discourage the hiring and retention of older persons because of benefit costs;

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B. Policy Recommendations Resolve That: (Cont.)

- j. Declining number of jobs and increasing competition that discourage older persons from seeking jobs.

HEALTH SERVICES

A. Issue

1. There is the problem of soaring health costs and inadequate health insurance coverage.

B. Policy Recommendations Resolve That:

1. Economic barriers to needed health services be eliminated by:
 - a. Improving and expanding Medicare B-Plan to include coverage of dental, hearing, vision, mental health, and drug services;
 - b. Encouraging providers to adjust their fees to Medicare allowable charges (to accept Medicare assignment);
 - c. Addressing "gap group" problems;
 - d. Re-evaluating Medicaid eligibility and benefits;
 - e. Keeping the Medicare deductions with one's ability to pay; e.g., establishing special rates on medicare, surgery, etc., for persons on fixed income.
2. Geographical scarcity of resources in rural areas be eliminated by locating facilities and qualified staff in key areas.
3. Affordable home support health services be developed in rural and urban areas to increase the following:
 - a. Rehabilitative services in the home;
 - b. More home care education for families;
 - c. Respite care for families;
 - d. More public health nurses;
 - e. Encouraging physician visits to the home;
 - f. Training of aides and volunteers from the community to provide services;
 - g. Group homes.
4. A system for quality assurance of all physician services, especially for surgery be established with an emphasis on cost containment.
5. Preventive services be increased to improve personal health; e.g., developing or increasing screening and diagnostic tests and counseling to overcome psychological obstacles in going to dentists and the doctors.
6. Non-institutional services be supported; e.g., home care, group homes, meals on wheels, chore services and health

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B. Policy Recommendations Resolve That: (Cont.)

- education and that these services be funded with public and private insurances.
7. All federal, state and local laws and regulations affecting the delivery of health care services which impact on the cost and quality of care, especially in areas of hospital cost containment, national health insurance and medicare/medicaid fraud investigations be re-examined.

C. Action Recommendations for #2 Above Resolve That:

1. Mobile health care units (mobile clinic services) be established;
2. Services by public health nurses be increased;
3. Aides and volunteers from the community be trained to provide services;
4. Usable, affordable, separate, coordinated, low cost transportation to health services including consultation be established and increased;
5. Incentives for both public and private day care, care homes, boarding homes, and hospice programs be developed;
6. "Meals on Wheels" programs be increased.

HOUSING

A. Issue

1. Adequate housing at affordable costs and with varied features to meet the needs of the elderly is badly needed in urban and rural areas.

B. Policy Recommendations Resolve That:

1. More experimental housing by federal and state agencies, such as congregate housing, using ocean liners, shared living arrangements, intermediate housing for emergencies, and systematic/affordable fix-it services for the elderly (especially for substandard housing and adaptations for disabilities) should be initiated. Zoning codes should be amended to accommodate HUD's regulations for Independent Group Residences (licensed by the State), and allowing mobile homes, and granny flats, yet protecting agricultural land. All levels of government should provide funding for more services to keep elderly at home, such as telephone reassurance, friendly visitors, postal alert, adult day care, day hospitals, day health centers, homemaker and chore services, respite

B. Policy Recommendations Resolve That: (Cont.)

- assistance. HUD should establish full congregate services in public housing.
2. Support services should be provided to the urban/rural elderly for maintaining independent living via encouraging families to care for elderly in their homes; tax incentives, such as decreased property taxes for elderly homeowners; stipends and respite services to persons supplying constant care for the elderly; transportation; subsidy assistance to meet home insurance premiums; property tax relief by freezing tax assessments; tax credits to homeowners of elderly housing for maintenance and repairs (based on income).
 3. Current tax structure be modified to encourage private development of elderly housing; to discourage foreign speculation; to control inflation in housing; to encourage private and public developer cooperation in changing code requirements to reduce costs to consumers and expedite construction; to encourage landowners to offer land for public housing; and to extend depreciation on units rented to elderly.
 4. The state and federal governments should provide both land and building of ample rental housing for the rural and urban elderly. Units should be planned and designed jointly with consumers to assure meeting of their needs as to location, safety, security, local style and customs, and access to resources (such as water, power, clinics, day care, recreation and shopping).
 5. A Statewide Clearinghouse of housing information for the elderly should be sponsored by the Departments of Housing and Urban Development (HUD) and Health and Human Resources (HHS), with an essential component of the clearinghouse being community education on senior housing issues such as exemptions, entitlements, insurance, reverse annuity mortgages, etc. (An information booklet must be produced and distributed annually).
 6. Tenant rights must be safeguarded when homes are sold, converted or demolished. Therefore a moratorium on condominium conversion must be enacted by the State Legislature in 1981 until laws can be developed and enacted to give tenants first rights to buy as individuals or groups, combined with programs that ensure ability to buy, ensure adequate relocation to comparable-cost housing and freeze rents until adequately relocated.

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LEGAL SERVICES

A. Issue

1. There is a need to prevent crimes against the elderly, lessen the community crime rates and meet the safety and other specific needs for legal and protective services.

B. Policy Recommendations Resolve That:

1. More extensive research and public education on crime and abuse of the elderly in Hawaii be conducted; information on protection of the elderly be made available to concerned individuals, groups and government officials.
2. Comprehensive services be developed to provide support for all elderly victims of abuse, neglect, and exploitation while legal action against the perpetrators is being taken; the victims be assisted to return to a safe and normal existence in the mainstream of life.
3. Legislation be developed at all levels of government designed to address the issue of abuse of the elderly; a single statewide agency be established to deal with this issue; and adequate funding be provided for the establishment of this agency and enough monies to guarantee services within the legal, social, medical, financial and housing areas.

VOLUNTEER SERVICES, PEER AND INTERGENERATIONAL SUPPORT

A. Issue

1. There is a need to recognize that the Older American is a valuable untapped resource of life skills, wisdom, expertise, as well as a need for effective and accessible, public and private volunteer programs which utilize these resources to the benefit of society.

B. Policy Recommendations Resolve That:

1. A comprehensive survey of existing volunteer programs and a concomitant needs assessment be conducted at the state level to:
 - a. Identify existing programs which provide volunteer opportunities or services for Older Americans;
 - b. Identify gap areas so that existing programs may be expanded or new programs developed to meet unanswered needs;

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B. Policy Recommendations Resolve That: (Cont.)

- c. Facilitate the establishment of a central clearing-house for Information and Referral regarding volunteer opportunities and services.
2. Public and private agencies be requested to give priority funding to programs which provide training and make use of natural support systems (i.e., peer, intergenerational and family).
3. Government at all levels be requested to give incentives through the tax structure for volunteers and that agencies using volunteers compensate them for mileage and meals.
4. A national policy be adopted and all social legislation reflect that Older Americans are a valuable national resource in solving community problems through their volunteer efforts.

C. Action Recommendation for #1 Above:

1. Resolve that the State Unit on Aging coordinate all public and private volunteer programs.

MENTAL HEALTH

A. Issue

1. There is a need to address the special mental health concerns of multi-ethnic communities such as that of Hawaii.

B. Policy Recommendations Resolve That:

1. A clear policy for legislation and financing for training and re-training of gerontological providers in mental health with special emphasis on providing opportunities and intensive specialized training for the active elderly to serve meaningfully in the community as professionals and paraprofessionals with confidence, skill and enthusiasm be established.
2. A national policy with appropriations for the development of alternative and innovative approaches and delivery of mental health services such as non-Western counseling, decentralized mental health facilities and the use of culturally sensitive gerontological providers, including paraprofessionals be adopted.
3. Policies, legislation and financing which provide for ongoing and comprehensive assessment of current mental health needs and services at the community level and

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B. Policy Recommendations Resolve That: (Cont.)

which provide the planning and provision of services be immediately responsive to recommendations that arise from these assessments be adopted.

RETIREMENT INCOME/ECONOMIC WELL-BEING

A. Issue

1. There is a need for retirement and economic plans to combat the effects of inflation on fixed income, and for programs to insure satisfactory retirement life-styles.

B. Policy Recommendations Resolve That:

1. Current Social Security regulations to more adequately serve current and future needs of the elderly be modified by:
 - a. Making Social Security actuarially sound, using general federal tax funds;
 - b. Extending benefits to dependent widows/widowers, between the ages of 50 to 60;
 - c. Extending FICA deductions to all wage and self-employed income regardless of amount;
 - d. Ensuring that current age eligibility for retirement benefits be maintained;
 - e. Extending Social Security credit to homemakers during periods of unemployment;
 - f. Changing eligibility for disability payments from the present 20/40 rule to "fully insured" status at onset of disability; and
 - g. Mandating universal coverage with adequate protection for wage earners affected by changeover.
2. Decent standard of living for all elderly be maintained by:
 - a. Adopting a single standard for poverty on all federal and state programs;
 - b. State supplementing the SSI at a higher level;
 - c. Providing additional incentives and tax relief at both state and federal levels on items such as savings and investment income;
 - d. Advocating for favorable tax adjustments in retirement income.
3. Congress and the Executive Branch develop and implement rigorous policies to:
 - a. Continue to control and restrain inflation in both the short and long-term;

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B. Policy Recommendations Resolve That: (Cont.)

- b. Protect Social Security and other benefit supports from the effects of inflation through the use of cost-of-living adjustments which are not less favorable than current adjustments.
- 4. Support services as a definitive means of maintaining economic stability among the elderly be ensured by recommendations at the state level to:
 - a. Establish lower utility rates per unit for lower consumption;
 - b. Increase excise tax credits;
 - c. Establish a ceiling on increased property taxes due to increased property valuation;
 - d. Eliminate excise tax on food, drugs, prosthetic devices and indirect services.

LONG-TERM CARE

A. Issue

- 1. There is the need to determine the locus for responsibility for the long-term care needs of the elderly as well as the approaches to improving the quality and delivery of long-term care services.

B. Policy Recommendations Resolve That:

- 1. Federal/state/local laws and regulations affecting the operation of long-term care programs and facilities impacting on the quality of care and costs be re-examined.
- 2. A comprehensive system of home-based and institutional care which can be cost analyzed; and a system of individual case management by a multi-disciplinary team which evaluates and prescribes appropriate support services and placement for the elderly and their families be developed.
- 3. All methods of reimbursement be investigated to enhance the provision of a continuum of care with particular attention paid to non-institutional services including provisions for reimbursement to both public and private sector agencies to reward efficiency and cover gaps in the present system with the goal of affordable insurance for long-term care.

the 1981
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Conference
on
Aging

STATE CONFERENCE REPORT

FROM

IDAHO

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WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE IDAHO STATE COORDINATOR ROSE BOWMAN
TOTAL # FORUMS 42 % URBAN 6 % RURAL 36
TOTAL # PARTICIPANTS 1,542

ISSUES OF CONCERN (top 10 priorities):

1. Transportation/Shopping, Non-Medical, Mass Transit/Planning Process
2. In-home Services
3. Health Care/Quality, Counseling, Costs, Financing (includes medicine-drugs)
4. Nutrition/Food Costs
5. Utility Costs
6. Housing
7. Taxes/Income
8. Educational & Recreational Opportunities (mostly recreational activities)
9. Outreach
10. Social Security

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Planning is needed in transportation since -- Idaho has a shortage of public transportation, and the transportation funded Federally has regulations hindering coordination/utilization and these regulations should be relaxed, i.e., for handicapped accessibility/duplicative agency regulations.
2. Idaho should implement and maintain Statewide In-Home Services
3. Financing mechanisms to cover all aspects of health care for seniors should be developed, i.e., for adult day care/homemaker services and include reimbursement for nursing homes giving medically skilled day care, and utilize Title III, Older Americans Act and Title XX of Social Security Act, Medicare should pay 80% of costs.
4. Seniors should be helped in maintaining their health through assistance in improving and maintaining the nutritional adequacy of their diets and lowering food costs.
5. Statewide effort should be made in planning for low-income elderly who cannot afford the high cost of utilities.
6. The need for low-income, limited care housing should be met by changing legislation to increase funding, and by developing new programs that promote congregate housing.
7. Statewide planning to combat "inflation" and its effect on Seniors should include those in low-income levels as well as impact of high taxes on fixed income persons.
8. A concerted effort should be made to make recreational and educational activities available at a reasonable cost to senior citizens.
9. Many seniors are unaware of aging programs and efforts to maintain and enlarge Outreach services should be encouraged.
10. Some formula should be found to partially reduce automatic social security increases for persons of high income so more adequate income could be available for needy.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Idaho 2) Date of Conference April 10-11, 1981
3) Place of Conference Red Lion-Riverside Convention Center, Boise, Idaho
4) Name of person submitting report Rose Bowman
5) Title of Person State Coordinator

Participation

- 6) Total No. of Participants 499 7) Sex: No of Female 342 (68.5%)
No of Male 157 (31%)
8) Ethnicity/Race: 4 (.80%) Black; 5 (1%) Hispanics; 486 (97.3%) Caucasian;
3 (.60%) Pacific/Asian; 1 (.20%) American Indian; Other (Please
state approximate % for each)
9) Handicapped 11 (2.2%) (Please state approximate % only)
10) Age: 56 under 55 (11.2%) 433 55 and over (86.8%)

Summary of Issues and Recommendations by Major Topics

FAMILY, SOCIAL SERVICES, AND OTHER SUPPORT SYSTEMS/SOCIAL AND HEALTH ASPECTS OF LONG TERM CARE/GOVERNMENTAL STRUCTURES

A. Issue

1. There is a need to provide total care for nursing home patients.

B. Policy Recommendations

1. Nursing home law and regulation be amended to provide more balanced care to treat the whole person and provide medical, emotional, and support services to meet their individual needs.

A. Issue

1. There is a need to encourage family members to assist/give support for the care of their elderly.

B. Policy Recommendations

1. The Social Security Act Regulations and other applicable statutes be amended to allow such contributions and provide for family support incentives and not jeopardize any benefits for which the client may be eligible.

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A. Issue

1. There is a need for more long-term alternative residential-living for the elderly.

B. Policy Recommendations

1. In-home, community based, and alternative residential settings should be available throughout the United States to assist elderly citizens in remaining independent as long as possible.

A. Issue

1. There is a need for low-income elderly to have better access to legal services.

B. Policy Recommendations

1. Support of the continued funding of the Legal Services Corporation and Idaho Legal Services, Inc. and do hereby recognize the significant contribution made by Idaho Legal Aid toward equal justice under the law.

PHYSICAL ENVIRONMENT/HOUSING/TRANSPORTATION

A. Issue

1. There is a severe need for low-income and limited care housing for the elderly.

B. Policy Recommendations

1. We urge to assist the functioning of State Housing Financing Agencies by removing the Uhlman Legislation, increasing the amount of funding for Section 8 Rental Assistance payments (this would include both the new construction and existing Section 8 programs), and developing additional services and programs that would promote the development of congregate/and limited care housing programs.

A. Issue

1. There is a need for more public transportation and less restrictive Federal regulation.

B. Policy Recommendation

1. Relax restrictive regulations on Federally assisted transportation systems to include:
 - (a) Relax duplicative agency regulations that hinder efforts to coordinate transportation, financial, and material assets; and
 - (b) Relax handicapped accessibility (504) regulations that require costly, unnecessary equipment on vehicles.

A. Issue

1. There is a need to utilize the most cost efficient transportation for elderly in rural areas.

B. Policy Recommendations

1. Encourage voluntarism by reimbursing vehicle costs incurred in the performance of volunteers' duties.

OLDER AMERICANS AS A GROWING NATIONAL RESOURCE/
SPECIAL ISSUES FACING MINORITIES

A. Issue

1. There is a need for some revision of Older American Act Regulations.

B. Policy Recommendations

1. That the Older American Act Regulations include:
 - That Veterans' needs be given high priority in planning by State, and Area Agency Offices,
 - That Title VI include provisions that guarantee the ethnicity of older Indians and be funded at a level to insure that these guarantees be met on the basis of their own local census,
 - Removal of the ceiling on outside income to be earned without penalty by Social Security recipients,
 - That strong consideration be given to minority appointments to future White House Conferences on Aging,
 - Older Americans Act funds and opportunities for education be distributed equitably by States,
 - Complete control be given to local levels for coordinating and administering Older Americans Act programs, and
 - Assurances be made that the proposed Block Grant System contain guarantees in the form of guidelines that address the needs of America's severe low-income population.

A. Issue

1. There is a need to encourage older persons to continue involvement in various types of productive activities.

B. Policy Recommendations

1. That public and private employers encourage older persons to continue productive involvement in paid, self-employed, or volunteer activities; to abandon existing private and public personnel policies that discriminate against older Americans, and that pay and hours be adjusted to fit the needs of older Americans.
2. That knowledgeable retired persons be used in pre-retirement counseling and planning programs in the public and private sectors.

A. Issue

1. There is a need for adequate Social Security payments to the truly needy.

B. Policy Recommendations

1. That some formula be found for partially reducing the automatic Social Security increases for persons of high income in order that more adequate income be available for the truly needy.

OLDER AMERICANS IN A CHANGING ECONOMY/RETIREMENT INCOME

A. Issue

1. There is a need to aid the elderly against inflation/age discrimination in employment/lack of job availability and to support their need to contribute.

B. Policy Recommendations

1. Urge to provide needed legislation and/or maintenance of funding to:
 - a) Title V of the Older Americans Act to maintain employment opportunities,
 - b) Appropriate legislation to protect the rights of those who suffer age discrimination and problems related to age discrimination,
 - c) Return to the original intent of the Social Security Act of 1935, to help provide income maintenance to retiring individuals who have paid into the system, and to include spouse,
 - d) Needed legislation for annual tax-free interest on savings with \$1,000 for individuals and \$2,000 for anyone 65 years of age or older.

PHYSICAL AND MENTAL HEALTH

A. Issue

1. There is a need to develop financing mechanisms for programs that assist the elderly in their physical and mental health problems.

B. Policy Recommendations

1. Support the development of financing mechanisms for the full range of adult day care and for homemaker services. Such funding mechanisms should consider the variety of needs of older persons for various levels of adult day care. Financing should address reimbursement to nursing homes for medically skilled, adult day health care as well as funding under Title III of the Older Americans Act and Title XX of the Social Security Act for social service adult day care. Adult Day Care must include planned activities and adequate, trained staff.
2. Medicare should pay 80% of current costs. Glasses, hearing aids, dentures, medications (drugs) and mental health should be covered by Medicare on a sliding fee schedule based upon monthly income.

RESEARCH

A. Issue

1. There is a need for continuous support of both social/medical research in the field of aging.

B. Policy Recommendations

1. Support research into the needs and attitudes specific to the elderly living in rural areas.
2. Support continued research into methods of improving and expanding the delivery of health, social services, long term care and other services at the local level.
3. Support continued basic research in the bio-medical areas of Cellular Biology and Neuro-Chemistry.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

ILLINOIS

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

WHITE HOUSE CONFERENCE ON AGING
SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE: Illinois STATE COORDINATOR: Ms. Peg Blaser
TOTAL # FORUMS: 601 % URBAN 64 % RURAL 36
TOTAL # PARTICIPANTS: 23,464

ISSUES OF CONCERN (Top 10 Priorities):

1. SOCIAL WELL-BEING: The issue of social well-being, the most frequently mentioned area (26.2% of all forum content). Problems of home help and need for subsidized housing were particularly emphasized.
2. ECONOMIC SECURITY: The second most frequently mentioned area (25.9% of all forum content, an overall need for greater security and income adequacy dominated people's concerns. The need for more employment opportunities was also stressed.
3. PHYSICAL AND MENTAL HEALTH: Twenty-five percent of all forum content addressed this area, with health care costs the greatest problem identified and health maintenance issues a second major concern.
4. TRANSPORTATION: Nine percent of forum content related to older people's general opinion that transportation, both rural and urban, was inadequate.
5. OLDER PEOPLE AS A NATIONAL RESOURCE: Four percent of forum content stressed that older people do not have sufficient opportunity to exercise work skills.
6. MINORITY PROBLEMS: Failure to meet the needs of rural elderly was emphasized in 2% of forum content.
7. AGE INTEGRATION: The need for pre-retirement education and failure to involve religious organizations sufficiently in meeting needs of the elderly were brought out in 2.1% of the forums.
8. THE NEED FOR BETTER KNOWLEDGE: About 1% of forum content addressed gaps in research about the elderly, particularly new knowledge about work and income.
9. POLITICAL ACTION: About 1% of forum content was concerned about the need for older people to exercise a stronger political voice.

RECOMMENDATIONS MADE BY THE PARTICIPANTS

1. Medical costs should be reduced (24.8% of forum content).
2. Social supports and housing should be improved (23.7% of forum content).
3. Social Security benefits should be protected (20.6% of forum content).
4. Transportation must be improved (10.2% of forum content).
5. Legal aid and revenue-sharing should be increased (10.2%).
6. Employment opportunities should be increased (5.5%).
7. More support should be given to churches (2.5%).
8. The conditions of rural elderly should be improved (1.7%).
9. Older people should have more political power (0.5%).

1981 STATE OF ILLINOIS
STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Illinois 2) Date of Conference May 27-28, 1981
3) Place of Conference University of Illinois, Urbana, Illinois
4) Name of Person Submitting Report Peg R. Blaser
5) Title of Person Director, Illinois Department on Aging

Participation

- 6) Total No. of Participants 1809 7) Sex: Number of Female 1329
Number of Male 480
8) Ethnicity/Race: 24% Black; .07% Hispanics: 67% Caucasian;
.06% Pacific/Asian; .07% American Indian; 7% Other (Please
state approximate % for each)
9) Handicapped 6% (Please state approximate % only)
10) Age: 14% under 55 86% 55 and over

Family, Social, and Other Systems of Care, and Social Services - Home Care, con't.

A. Issue

1. Elderly people have been victims of neglect, abuse, and exploitation. Insufficient attention has been given to this problem by Federal, State and local governments.

B. Policy Recommendations

1. Resolve that legislation and appropriations should be approved which will provide assistance to States in developing protective and preventive services for older persons, and training for both professional providers and families of older persons.

HEALTH, MEDICAL, AND LONG-TERM CARE

A. Issue

1. Eighty percent of the elderly are victims of chronic illness. Current health care policy is disease-oriented, rather than focused on prevention of illness. Eligibility determination for Medicare is a quagmire; Medicare and Medicaid forms are incomprehensible; and the point system produces inequities in the delivery of care in institutionalized elderly. Medicare does not have sufficient coverage either of medical needs or of aging persons under age 65.

B. Policy Recommendations

1. Resolve that Congress adopt a national health service.
2. Resolve that current Medicare coverage should be extended to include payment for both health and mental health services, preventive services, and health maintenance services--including screening, nutrition, and education services. Coverage should also be widened to include dental care, appliances needed in the home, pharmaceuticals, and additional home health services. Current Medicare cuts affecting physical therapy in the home, pharmaceuticals, and first day of hospitalization should not be implemented.
3. Resolve that the Medicare system should support alternatives to institutionalization, such as adult day care, health maintenance organizations, extension of home health care, and paramedical systems in medically underserved areas.

Health, con't.

A. Issue

1. Although most elderly persons will require health care services at some point, a local network of health care services has not been adequately developed which allows the well elderly, as well as the infirm, to find appropriate combinations of services required to enhance physical, emotional, and spiritual well-being.

B. Policy Recommendation

1. Resolve that local health care networks be developed and funded which include adequate transportation to and from health services; a system of community workers able to provide home-delivered services; and programs for health maintenance and disease prevention.

A. Issue

1. The elderly, their health care providers, and legislators who make health care policy lack sufficient understanding of alternative health care resources which can meet the needs of aged persons.

B. Policy Recommendation

1. Resolve that there should be a comprehensive information and referral service to enable individuals to obtain knowledge and help in receiving needed health care services.
2. Resolve that health care providers and legislators involved in health care policy development be provided educational programs which will facilitate their understanding of health care needs in the elderly population.

THE NEED FOR BETTER KNOWLEDGE ABOUT THE PHYSICAL, SOCIAL,
AND MEDICAL REALITY OF GROWING OLD

A. Issue

1. Funding has been inadequate for research on basic and applied aspects of aging.

B. Policy Recommendation

1. Resolve that funding be increased for high-quality basic, applied, and policy research within the field of aging, including support for biomedical, psycho-social, economic, and humanistic aspects of aging, and the linkages among them.

The Need for Better Knowledge, con't.

A. Issue

1. Better mechanisms are needed for effective dissemination of research findings and knowledge about the aging process to both the general public and specialists in aging.

B. Policy Recommendation

1. Resolve that support should be particularly targetted on research which analyzes alternative ways of educating and communicating the basic core of knowledge about the aging process to those who work in the field and to the general public, especially older persons.

A. Issue

1. Policy decisions on the social security system and health services have not been sufficiently informed by research findings on factors which affect employment, economic status, and health after age 55.

B. Policy Recommendation

1. Resolve that research should be support on the conditions under which people retire between the ages of 55 and 70, and their situation after retirement — particularly in terms of nature of employment, economic status, and health.

OLDER AMERICANS AS A GROWING STATE AND NATIONAL RESOURCE

A. Issue

1. The personal initiative of older people should receive more reinforcement from national policies.

B. Policy Recommendation

1. Resolve that national policy should encourage the personal initiative and involvement of older Americans in a broad range of community activities, particularly programs of self-help and volunteer service, especially those that enable sharing of skills and experience of age with other generations.

Older Americans As a Growing State and National Resource, con't.

A. Issue

1. Greater opportunities are needed for a flexible mix of work, learning, and leisure across the entire lifespan.

B. Policy Recommendation

1. National policy should insure opportunities for education, work, and leisure across the full lifespan in such proportions and at such times as to meet the needs of the individual as well as the demands of society and to accommodate the need for individual life styles by the old as well as the young.

A. Issue

1. Older people are underutilized in meeting contemporary problem which face local communities.

B. Policy Recommendation

1. National policy should mobilize the resources represented by older Americans to assist in resolution of the many problems that confront us as a people and as neighbors in our own communities.

TRANSPORTATION AND HOUSING

A. Issue

1. Local transportation programs are today faced with rapidly escalating costs accompanied by increasing cutbacks in state and federal support. Increases in red tape prohibit efficient use of those state and federal funds which are available.

B. Policy Recommendation

1. Resolve that the level of federal and state funds should be increased for use in a flexible manner to provide for more transportation services and safer transportation services to meet the needs of the elderly and handicapped. This includes funds for passenger railroad services such as AMTRACK and other mass transportation systems, as well as intrastate and interstate cooperative transportation.
2. Resolve that regulations to govern special transportation services, including driver's standards, should be developed at the federal, state, and local level, to increase transportation safety.
3. Resolve that all restrictions should be lifted that prohibit the use of federal and state transportation grant program funds for maintenance and other operating expenses.

Transportation and Housing, con't.

A. Issue

1. All types of costs are escalating in operating transportation systems, including driver's wages and insurance. The expense to volunteers has been so high that they can no longer contribute to the programs.

B. Policy Recommendation

1. Resolve that more federal and state support for new, lower-cost insurance programs must be provided. This includes such programs as group insurance for volunteers.
2. Resolve that government support for the establishment of supportive programs which would reduce costs of insurance -- such as driver training programs and vehicle inspection programs -- should be increased.

A. Issue

1. Red tape prohibits efficient use of state and federal funds. Transportation equipment is now being run by overlapping mass transit operators, such as social service agencies and school districts. Means for coordinating these programs are obstructed by federal regulations.

B. Policy Recommendation

1. Resolve that no new restrictions should be imposed either by statute or administrative regulation which discourage efforts to coordinate vehicle use.

A. Issue

1. Transportation is increasingly costly to older passengers.

B. Policy Recommendation

1. Resolve that Congress should support availability of mass transportation at low cost to all who need it.

A. Issue

1. There is an insufficient supply of federally subsidized housing programs for the elderly.

B. Policy Recommendation

1. Resolve that funding levels for all housing programs be increased, including significantly increased subsidization of new and existing rental building units for older persons with low incomes.
2. Resolve that federal assistance be provided for wider options in congregate housing programs.

Transportation and Housing, con't.

A. Issue

1. Existing housing is not being appropriately zoned for maximum use by single families, which places the elderly at a disadvantage.

B. Policy Recommendation

1. Resolve that the use of existing housing should be maximized by providing appropriate zoning changes in order to create better use of single family 3-4-5 bedroom homes.

A. Issue

1. Elderly homeowners have difficulty maintaining their independent living arrangements because of increasing property taxes, utility costs, and labor costs for maintenance.

B. Policy Recommendation

1. Resolve that federal, state, and local government should provide assistance to elderly homeowners, including expansion of circuitbreaker rebates to higher income levels; utility and energy assistance; maintenance and repair services at low cost; reduction of tax adjustments to current real estate values at time of retirement; and freezing of property taxes at the time of homeowner retirement at age 65.

A. Issue

1. Speculation in converting of existing rental housing units to condominiums has adversely affected the elderly.

B. Policy Recommendation

1. Resolve that an elderly condominium owner's bill of rights must be enacted, entitling the elderly to make decision affecting rules, assessments, and management. A limit of 35-40% of existing rental housing units in any municipality should be converted into condominiums.

ECONOMIC SECURITY

A. Issue

1. Older citizens have given years of work and years of social security contributions. They deserve society's support in return. However, benefit and eligibility reductions are currently being proposed, because the system is experiencing financial troubles.

B. Policy Recommendation

1. Resolve that social security benefits should be protected, using general tax revenues to finance the system if necessary.

A. Issue

1. The social security system is losing the confidence of both young and old, because many of the changes made over the years have gone beyond their original objectives and have often allowed unintended benefits to be paid to many who are not in true need -- for example, through "double dipping."

B. Policy Recommendation

1. Resolve that the social security system should be carefully examined and improved. It should be returned to its basic purpose and thereby reinstall the public's confidence in the system and its solvency.

A. Issue

1. Social programs are not receiving enough priority. National strength is built by programs for people. Proposed large military expenditures, for example, increase inflation and do not strengthen the country.

B. Policy Recommendation

1. Resolve that social programs and social security receive greater priority in Congressional expenditures.

Economic Security, con't.

A. Issue

1. Poor people are in danger of losing their safety net with current proposed reductions in social security, health care, social services, and employment programs. The elderly poor have the least margin of security, are being squeezed by inflation, and are highly vulnerable to all the proposed cuts in social programs. A small part of our population — especially minorities and women who have worked at low salary — are bearing the brunt of present economies.

B. Policy Recommendation

1. Resolve that programs such as Medicaid, Title V Senior Employment, CETA, and SSI targetting on the poor should be maintained at least at present levels.

A. Issue

1. Rising tax rates have imposed a heavy economic burden on older persons.

B. Policy Recommendation

1. Resolve that the income tax exemption ceiling should be raised for persons age 65 or over.
2. Resolve that state taxes on food and medicine should be eliminated.
3. Resolve that interest on savings of the elderly should not be taxed.
4. Resolve that the earnings test in social security should be eliminated.
5. Resolve that the tax on public and private pension plans should be eliminated.
6. Resolve that social security income should not be counted in state circuitbreaker applications.

A. Issue

1. Older workers require government-subsidized work opportunities, but these are currently being reduced.

B. Policy Recommendation

1. Resolve that older workers should have community-based employment programs which involve the resources of government at all levels and the private sector.

Economic Security, con't.

2. Resolve that government and industry policies should be created which encourage employment of the elderly. Through tax incentives, industry should be encouraged to provide part-time, flex-time, or sheltered workshop opportunities for older workers.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT
FROM
INDIANA

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WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

Maurice E. Endwright

STATE Indiana STATE COORDINATOR _____

TOTAL # FORUMS 116 % URBAN 85 % RURAL 15

TOTAL # PARTICIPANTS 4693

ISSUES OF CONCERN (top 10 priorities):

1. Employment
2. Social Security
3. Taxes
4. Physical and Mental Health
5. Housing
6. Crime
7. Transportation
8. Education
9. Medical Research
10. Leisure Opportunities

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Rescind restriction of earnings after age 65 or before 72.
2. Re-evaluate the Social Security system to protect those who contributed.
3. Provide tax benefits to companies who train and hire the elderly.
4. Determine the feasibility of funding preventive health care clinics for the elderly.
5. Provide more extensive federal housing subsidies for the elderly.
6. Fund education to prevent consumer fraud, crime and fund victim assistance programs.
7. Provide funds for rural transportation networks and allow half fares, to seniors, for Amtrak passenger trains.
8. Improve professional preparation in gerontology and geriatrics.
9. Encourage and fund biomedical research in the aging process.
10. Strengthen the multi-purpose senior center concept and include leisure activities.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Indiana 2) Date of Conference October 20-22, 1980
3) Place of Conference Merrillville Holiday Inn
4) Name of person submitting report Joyce A. Smidley
5) Title of Person Administrator, Special Services Department

Participation

- 6) Total No. of Participants 1361 7) Sex: No of Female 775
No of Male 586
8) Ethnicity/Race: 29% Black; 2% Hispanics; 68,999% Caucasian;
_____ Pacific/Asian; .001% American Indian; _____ Other (Please
state approximate % for each)
9) Handicapped 1.4% (Please state approximate % only)
10) Age: 335 under 55 1026 55 and over

Summary of Issues and Recommendations by Major Topics

INDIANA

ECONOMIC SECURITY

A. Issue

1. Many elderly persons are unable to maintain a healthful existence because of inflation, national tax policies and requirements of federal programs which restrict quick response.

B. Policy Recommendations

1. Resolve that Congress curb inflation, eliminate restrictions of federal programs which prohibit Americans from maintaining a dignified standard of living; employment opportunities be expanded; encourage broader private pension plans; institute tax relief for the elderly; monitor food stamp programs more closely; raise poverty level income ceilings; eliminate reduction of SSI benefits when the recipient shares a household with other than spouse; raise SSI benefit levels; issue twice yearly a price index which represents the purchasing patterns of the elderly so cost of living increases more fairly reflect the effects of inflation on the elderly.

A. Issue

1. Many older people have useful skills and are able to work beyond retirement age.

B. Policy Recommendations

1. Resolve that a set age for retirement or restriction of earnings be eliminated; vigorously enforce the Age Discrimination in Employment Act; implement counseling, vocational education, job training and placement for older workers; enforce CETA regulations requiring sponsors to provide levels of service proportionate to the percentage of older Americans; Congress provide additional funding for the Senior Community Employment Program; all agencies take action to see that more older workers are employed in programs providing services to the elderly.

A. Issue

1. Many elderly persons depend solely on Social Security benefits for subsistence and existence.

INDIANA

B. Policy Recommendations

1. Subject the Social Security System to re-evaluation; no system revision should reduce or tax benefits to the elderly.

PHYSICAL AND MENTAL HEALTH

A. Issue

1. Lack of acceptable alternative services often makes inappropriate institutionalization the only choice for the elderly and present federal funding emphasizes remedial rather than preventive health care.

B. Policy Recommendations

1. The government should establish a national policy on long-term care for the elderly which identifies as the role of national health security; pass legislation guaranteeing standards of care to nursing home residents; Medicare determine feasibility of funding preventive health care clinics; provide vocational training for unemployment persons to function as home health care aids; establish Well Elderly Clinics; amend laws to give an appropriate agency authority to act on behalf of the abused elderly; post hospital care be a part of Medicare; support the funding of the Mental Health Systems Act.

A. Issue

1. The vast majority of persons age 65 and over require some type of corrective lenses or aids stronger than regular glasses including low vision aids.

B. Policy Recommendations

1. In order to meet the total visual demands facing senior citizens optometric care under Medicare be made available.

A. Issue

1. Many older Americans in need of Title XX services are not welfare recipients and those services under Title XX restrictions are not available to many.

INDIANA

B. Policy Recommendations

1. The 1981 White House Conference is encouraged to support the removal of the severe restrictions of the percentages of Supplemental Security Income/Medicaid recipients for the elderly Title XX program services.

A. Issue

1. Large numbers of senior citizens are not being served by the nutrition program because of current funding levels.

B. Policy Recommendations

1. Be it resolved that additional federal funding be allocated to expand the total nutrition program.

A. Issue

1. The incidence of mental illness and emotional distress is greater for older adults, especially those in nursing homes, and few mental health professionals have formal gerontology training which may seriously affect the quantity and quality of mental health services for older adults and their families.

B. Policy Recommendations

1. Education programs develop an awareness of the normal and abnormal physiological and psychological changes of ages and develop resources to enhance mental and social well-being with education programs which stress the positive aspects of late life and aging.

A. Issue

1. Many older persons are investing in retirement homes which provide full care, on the premises for later years. The financial failure of such homes leaves residents with no home or health care provisions and often lack of adequate finances to secure alternatives.

INDIANA

B. Policy Recommendations

1. Lifetime investments by older Americans should be protected by:
 - a. Institutional bonding covering resident buy-in amounts
 - or
 - b. A federally established deposit insurance program similar to bond deposit guarantee under FDIC.

INDIVIDUAL AND SOCIAL WELL BEING

A. Issue

1. Many older persons do not have adequate transportation because they cannot afford a car, are unable to drive because of physical infirmities or public transportation is unavailable.

B. Policy Recommendations

1. Be it resolved that the U. S. Congress provide sufficient funds for transportation for the elderly; that discounts be provided for public transportation; legislation be provided for funds for rural and small town transportation; that all senior citizens be privileged to use Amtrak passenger trains at half fares without restrictions on reservations and accommodations and that the U. S. Government be urged to provide funds and expertise to formulate a system coordinating resources of all transportation provides.

A. Issue

1. Meaningful experiences in extended leisure are important to the quality of life for older persons, and social or economic deprivation may make desirable recreation, social educational and cultural experiences less available to the elderly.

INDIANA

B. Policy Recommendations

1. Resolve the following recommendations be made to Congress:
 - recreation programs be supported which foster wellness; physical and mental
 - the multi-purpose senior center concept be strengthened
 - developers of nursing homes and retirement estates provide internal and external activities compatible with the needs of the clientele.

A. Issue

1. Older Americans are increasingly subject to crimes both within and outside their residences.

B. Policy Recommendations

1. Congress should pass the Victims of Crime Act to subsidize states which operate programs to compensate victims of crimes.

OLDER AMERICANS AS A GROWING NATIONAL RESOURCE

A. Issue

1. The talents and skills developed by older Americans should be employed by our nation to help solve problems and fill needs but older persons are often excluded from service because of transportation, fixed incomes, lack of employment or volunteer opportunities or lack of information about existing opportunities.

B. Policy Recommendations

1. Resolve that the U. S. Government appropriate funds to encourage the re-entry of such persons into the work/volunteer force and with a portion of those funds address the problems of transportation, compensation, reimbursement, employer incentives and information dissemination.

INDIANA

A. Issue

1. The deterioration of the Federal Trade Commission would have an adverse effect on all consumers and especially on senior citizens.

B. Policy Recommendations

1. The Federal Trade Commission should be fully supported by the United States Congress and should be made aware of senior citizens displeasure at the attempted emasculation of the Commission.

A. Issue

1. The failure to utilize the knowledge of the politically experienced older Americans and the failure to help up-grade the knowledge of the politically inexperienced older Americans represents a waste of invaluable national resources.

B. Policy Recommendations

1. The Congress of the United States direct and encourage state and federal agencies serving older Americans to establish broad programs of political education for older Americans, utilizing in these programs support from state educational agencies, state colleges, and universities, professional associations, political parties and special interest groups.

PREPARING FOR AN INCREASING NUMBER OF OLDER AMERICANS CREATING AN AGE INTEGRATED SOCIETY

A. Issue

1. Lack of appropriate educational background for personnel serving the aging can be costly in terms of both financial and human welfare.

INDIANA

B. Policy Recommendations

1. Legislation, through funding appropriations, encourage appropriate institutions of higher education to implement, improve, or expand professional preparation for career opportunities in gerontology and geriatrics and that education, research and continuing education opportunities be supported by appropriate funding allocations for the benefit of the aging and aged. Furthermore an improved system of evaluating desired personal qualities, interests and education be devised for recruitment, selection, supervision and evaluation of those who serve the elderly and that efforts be made to develop descriptions of job types and levels in the field of aging and to move forward matching preparatory education and training more closely to those employment descriptions.

A. Issue

1. The numbers and percentage of elderly are increasing, and will rise from a current 11% of the U.S. population to around 20% by 2030, with the group over age 75 numbering as many as are over age 65 today.
2. The elderly (particularly the over 75 age group) are heavy consumers of medical care services and medical care requires a distinct body of knowledge and skills, since presentation of disease is often distinct and its management varies with the social and economic environment.
3. In 1975, an A.M.A. survey revealed that 75% of practicing U.S. physicians feel that M.D.'s need special training in geriatrics and despite the impressive amounts of money spent for medical services for the elderly, there are few geriatric specialists. The A.M.A.'s 1977 survey found that only 715 physicians (or 0.2% of all physicians) considered geriatrics to be a primary or secondary or even tertiary speciality, as of June, 1979, only 61 medical schools offered courses - primarily electives, not required courses - in geriatrics or gerontology, with 63 schools offering no courses at all.
4. There is a great need for further research on aging related diseases such as senile dementia, osteoporosis and prostate disease, and existing research monies are inadequate to the tasks ahead.

INDIANA

B. Policy Recommendations

1. Be it resolved that the Federal Government urge all schools for physicians' assistants, to incorporate training in geriatrics and gerontology in their curriculum and have a visible geriatrics unit, center or other identifiable entity; that universities and medical schools be contacted and urged to increase basic and clinical research in geriatrics; that directors and boards of the nation's hospitals and medical societies be contacted and requested to ensure that geriatric medicine is fully covered in the continuing medical education courses which they sponsor.

A. Issue

1. Many disabilities, mental and physical, can be prevented with proper education and monies spent in prevention of illness could considerably decrease funds needed for rehabilitation.

B. Policy Recommendations

1. Medical dental and other health sciences should be encouraged to increase attention to the promotion of proper health care and the prevention of illness as well as to rehabilitation and maintenance in the field of aging and programs which interpret the challenges of the aging process be made available to all age groups via the media.

A. Issue

1. The quality of life should be given high priority in planning for people in their later years and more programs needed to emphasize participation in the humanities and the arts.

B. Policy Recommendations

1. The 1981 White House Conference on Aging should recommend to Congress that the visual and performing arts be included and financially supported as a vital creative opportunity for all older citizens.

INDIANA

RESEARCH

A. Issue

1. Broadly based research on the aging process should be encouraged and funded at more substantial federal and state levels with funds being stabilized over longer periods of time to insure continuity of research.

B. Policy Recommendations

1. Appropriate research should be funded to develop future career, clinical and research personnel in the field of aging and that greater emphasis be placed on research and education dealing with physical fitness, health maintenance and preventive medicine as well as acute illness.

SPIRITUAL WELL-BEING

A. Issue

1. Resolution on the importance of spiritual well-being in the lives of the elderly.

B. Policy Recommendations

1. All religious bodies should be encouraged to provide leadership in raising consciousness of the spiritual well-being of older Americans that those bodies be encouraged to make funding for this program one of their major priorities.

A. Issue

1. Older persons wish to face the end of their lives without fear of excruciating pain and the utilization of life support systems but often do not have sufficient medical or legal support to so designate their wish to die normally.

INDIANA

B. Policy Recommendations

1. Be it resolved that more study and discussion be made available to persons who wish to face their own deaths realistically; and that any person in his or her right mind be allowed to sign a statement giving them the privilege of dying naturally without the use of life extending support.

A. Issue

1. Intergenerational programming

B. Policy Recommendations

1. It is recommended that funds be made available to train persons in developing intergenerational programs so that communities can be aware of the need for communication, work, plan and possible resources of both young and old.

* U.S.G.P.O. 720-019/1302-4597

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT
FROM
IOWA

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

WHITE HOUSE CONFERENCE ON AGING
SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE IOWA STATE COORDINATOR Glenn R. Bowles
TOTAL # FORUMS 142 URBAN % 56 RURAL % 44
TOTAL # PARTICIPANTS 5,120

ISSUES OF CONCERN (top 10 priorities):

1. Education and Information
2. Housing
3. Transportation
4. Social Security
5. Institutional Health Care
6. Elderly as a Resource
7. Income and Employment
8. Supportive Services
9. Retirement, Insurance and Pensions
10. Organizational Structure

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Education and Information: To expand public information to the elderly on programs. Develop education opportunities to enhance opportunities for employment and/or volunteer service.
2. Housing: Encourage more housing for elderly and handicapped which will include facilities to maintain a person in a home setting.
3. Transportation: Continue transportation for seven day service and improve rural systems.
4. Social Security: Create a solid financial base for the social security program and continue twice a year cost of living increases.
5. Institutional Care: Reevaluate the nursing home structure to provide appropriate care to the resident. Provide more rights to the older resident. Closer regulation of facilities and control of medical costs.
6. Elderly as a Resource: Encourage greater use of seniors to work in aging programs as part-time employees and volunteers. Create opportunities for the elderly to serve the handicapped and youth.
7. Income and Employment: Expand opportunities for elderly to work at worthwhile jobs. Eliminate age restrictions on retirement and employment. Reduce costs of medical care and prescriptions.

8. Supportive Services: Improve and expand all in-home and chore services. Provide adult day care facilities in communities where there is a large elderly population.

9. Retirement, Insurance and Pensions: Assure older retirees that they can live with dignity during their remaining days without fear of lost purchasing power or lost security from ineffective retirement and pension programs and insurance programs which do not provide financial assistance to pay medical and care costs.

10. Organizational Structure: Eliminate duplication of programs and elderly service. Create one agency to handle all age funded programs.

ENCE R

Identifying Data

- 1) State Iowa 2) Date of Conference April 12-15, 1981
3) Place of Conference Marriott Hotel, Des Moines, Iowa
4) Name of person submitting report Glenn R. Bowles
5) Title of Person State Coordinator

Participation

- 6) Total No. of Participants 714 7) Sex: No of Female 386
328
No of Male 45.9%
- 8) Ethnicity/Race: 3.8% Black; 0.5% Hispanics; 95.2% Caucasian;
0.0% Pacific/Asian; 0.5% American Indian; 0.0% Other (Please
state approximate % for each)
- 9) Handicapped 1.0% (Please state approximate % only)
- 10) Age: 29.7% under 55 70.3% 55 and over

Summary of Issues and Recommendations by Major Topics
(see attached)

IOWA WHITE HOUSE CONFERENCE REPORT

INSTITUTIONALIZED HEALTH CARE

A. Issue

1. Social, rehabilitative and continuing care for elderly is inadequate, unorganized and poorly designed.

B. Policy Recommendations

1. Resolve that the federal government provide funds in the form of grants, contracts, fellowships and reimbursement mechanisms to meet these needs.
2. Resolve that minimum standards for social and rehabilitative services in long-term care facilities be established.

A. Issue

1. Limited equal access to quality care exists because of the lack of appropriate and adequate funding to institutional health care.

B. Policy Recommendations

1. Resolve that a greater amount of federal funds be made available for expansion to the full spectrum of institutional health care services, and
2. That categorical funding continue as opposed to block grants.
3. Resolve that payments and regulations are not reduced by private supplementation, and
4. That personal need allowance be increased immediately and adjusted on an annual basis.

A. Issue

1. Medicare pays for services rendered only in skilled care facilities.
2. Alternatives for care in the long-term care continuum are lacking.

B. Policy Recommendations

1. Resolve that the WHCOA support a change in Medicare reimbursement for skilled service providers, and
2. That incentives for efficiency, cost containment and provider participation be included in the payment formula.

A. Issue

1. Hospitalization may not be mandated necessary by the physician prior to admission to a skilled facility.

B. Policy Recommendation

1. Resolve that three-day mandatory hospitalization requirement prior to admission to a skilled facility be abolished.

IOWA WHITE HOUSE CONFERENCE REPORT

A. Issue

1. There is a need in rural settings for more health care providers and more appropriate therapy and support services.

B. Policy Recommendations

1. Resolve that local government units develop multi-disciplinary health care assessment teams to provide appropriate referrals, and
2. that training in multi-disciplinary team dynamics and function be provided as necessary.

SOCIAL SECURITY

A. Issue

1. Should retirement age for full benefits be raised to age 68?

B. Policy Recommendations

1. Resolve that workers have the option to retire with full benefits at age 65, and
2. that deficits incurred by the Social Security Administration be compensated from the general revenue funds.

A. Issue

1. There is a need for financial stability of the Social Security program.

B. Policy Recommendations

1. Resolved that the base on which Social Security tax is assessed be removed.
2. Resolved that a ceiling be placed on the top amount of Social Security payments, and
3. that shortcomings in the Social Security program be paid from general revenues.

A. Issue

1. All Older Americans are in need of guaranteed retirement, survivorship, and disability income.

B. Policy Recommendations

1. Resolve that universal social security coverage be mandatory for all wage earners and self-employed persons, and
2. that all new wage earners of other mandatory retirement systems become part of the universal coverage within 24 months of enactment of the universal system.

IOWA WHITE HOUSE CONFERENCE REPORT

ORGANIZATIONAL STRUCTURE

A. Issue

1. There is a need for development of an effective, comprehensive interagency delivery system.

B. Policy Recommendation

1. Resolve that a structure shall emerge based on the broadest comprehensive local-level planning involving all organizations providing services to the elderly, and supported by mandated cooperative and coordinated planning at the federal, state, and local levels.

A. Issue

1. There is a need for definitive national policy on aging, and
2. A need for comprehensive service integration at all levels of government.

B. Policy Recommendation

1. Resolve that a permanent Inter-Agency Human Resources Council be established to serve as a focal point for policy development, program planning and implementation.

C. Action Recommendations

1. Resolve that such council consist of the Assistant Secretary or Commissioner of the following departments: DOL, CSA, DOE, FHA, HUD, AOA, Federal Highway Administration, UMTA, ACTION, and all other related departments.
2. Resolve that parallel structures be established at the regional, state, and local levels.
3. Resolve that the Human Resources Council shall be accountable to the Congress of the United States and shall submit annual reports.

A. Issue

1. Competition among agencies at the state and local level results in deterioration of cooperation among agencies and may lead to elimination of needed services.

B. Policy Recommendations

1. Resolve that highest priority for funding be given to persons with basic physiological needs.
2. Resolve that greater consistency among federal programs and agencies be sought in the use of definitions, regulations, eligibility requirements, and reporting, and
3. Resolve that funding regulations allow for the uniqueness of state and local delivery systems.

IOWA WHITE HOUSE CONFERENCE REPORT

HOUSING

A. Issue

1. "Heat and Eat" continues as a critical issue for low income elderly.

B. Policy Recommendations

1. Resolve that federal funds be made available for energy conservation and development of alternative energy sources.
2. Resolve that administration of these funds include equitable distribution and increased awareness of program availability.

C. Action Recommendation

1. Resolve that all levels of government, private industry, and volunteers be challenged to support energy conservation through commitment of resources (human and financial) to solve the problem.

A. Issue

1. Congress has established confusing and varied housing programs and services administered by a wide range of agencies creating much confusion about housing programs throughout the United States.

B. Policy Recommendation

1. Resolve that Congress enact legislation creating a single housing agency to develop a uniform national housing policy for the elderly.

A. Issue

1. There is a need to address the impact of the high rate of inflation on the housing services for elderly persons, and
2. there is a need to fill the housing gap existing between independent living and nursing homes.

B. Policy Recommendation

1. Resolve that both public and private sectors be encouraged to provide more diversified housing including group homes, family homes, domiciliary living, elderly annex apartments, and other creative housing strategies.

RETIREMENT: INSURANCE AND PENSIONS

A. Issue

1. There is a need for insured credit for workers throughout all periods of employment.

IOWA WHITE HOUSE CONFERENCE REPORT

B. Policy Recommendation

1. Resolved that the federal government should establish a maximum vesting requirement of 5 years; provide the ability to obtain credit for total years of services insuring portability of credit; provide means whereby retirement cost of living increases are linked to inflation; and provide tax incentives for annual investment in retirement plans.

A. Issue

1. There is a need for preretirement planning.

B. Policy Recommendation

1. Resolve that the federal government encourage continuous financial planning through education; provide individual and employer incentives for long-range savings; and encourage employers to emphasize options of long-term benefits.

A. Issue

1. Inflationary impact on the value of resources by which elderly must live is detrimental to their wellbeing.

B. Policy Recommendations

1. Resolve that all citizens support administration efforts to reduce and control inflation.
2. Resolve that the federal government provide tax incentives to encourage individual savings.

C. Action Recommendation

1. Resolve that the government revise the CPI to reflect true, basic living costs of all consumers.

TRANSPORTATION

A. Issue

1. There is a need for coordinated and consolidated funding and regulation of transportation services.

B. Policy Recommendations

1. Resolve that federal agencies be required to coordinate and consolidate channels of funding through specific block grant programs to local governmental bodies.
2. Resolve that strong local commitment to transportation services be established by advocacy and grass roots needs.
3. Resolve that local public and private nonprofit agencies coordinate capital and operational assets.

IOWA WHITE HOUSE CONFERENCE REPORT

A. Issue

1. There is a need for adequate, coordinated, and effective public transportation services to fit the various types of users and different types of services.

B. Policy Recommendations

1. Resolved that both fixed route and demand responsive services continue to be provided.
2. Resolved that users and government at all levels should support public transportation services.
3. Resolved that public transportation be supplemented by volunteer services.

A. Issue

1. There is a need for greater clarity, less complex regulations, and greater local control of transportation systems.

B. Policy Recommendation

1. Resolved Congress enact "understandable" transportation laws clearly defining "intent", fund programs through grants to states, and insure local control of transportation systems.

HEALTH CARE OF NONINSTITUTIONALIZED

A. Issue

1. There is a need for home-based care enabling elderly to continue living independently, and a need for simplification of the bureaucratic "jungle" of regulations.

B. Policy Recommendations

1. Resolve that state and federal governments make a major effort to redirect health care funding so that a significant increase for home-based care is available.
2. Resolve that incentives be offered all carriers to emphasize home-based care.

C. Action Recommendation

1. Resolve that states initiate planning for long term care services with major emphasis on home-based care.

A. Issue

1. There is a need for education and training of professionals and paraprofessionals in the principles of gerontology and delivery of noninstitutional services that address the "whole person concept" of physical, mental, social, spiritual and emotional needs of the elderly.

IOWA WHITE HOUSE CONFERENCE REPORT

B. Policy Recommendations

1. Resolve that minimum requirements for accreditation of gerontological curricula be established.
2. Resolve that states establish minimum requirements and funding for the education and training in gerontology of paraprofessionals serving the elderly, and require course work in gerontology in the continuing education of professionals and paraprofessionals.

A. Issue

1. There is a need for adult day care, home care services, and education for the promotion of health of elderly individuals remaining in their homes.

B. Policy Recommendations

1. Resolve that existing funding programs of home-care and adult day care be expanded (Titles XVIII, XIX, XX).
2. Resolve that the need for education to promote health and prevent illness be recognized.

ELDERLY AS A RESOURCE

A. Issue

1. Some Americans have educational, social and other basic needs that could be met by the skills of older Americans.

B. Policy Recommendation

1. Resolve the establishment of skills banks at the local level for coordination of skills with needs.

C. Action Recommendation

1. Resolve that communication of opportunities be initiated at all levels to utilize fully Older Americans as a resource.

A. Issue

1. There exists a problem of stereotypic notions of aging in America.

B. Policy Recommendation

1. Resolve that a continuing process of intergenerational education by all possible means be established.

A. Issue

1. Skills of older persons are underutilized in America.

IOWA WHITE HOUSE CONFERENCE REPORT

B. Policy Recommendation

1. Resolve that legislation and regulations be revised or eliminated that deter or prevent older persons from using their skills either in the competitive labor field or as volunteers.

EDUCATION AND INFORMATION

A. Issue

1. There is a need for developing knowledge of, and sensitivity to, both the physical and mental needs of elderly persons by those having close contact with the aging.

B. Policy Recommendation

1. Resolve that special training courses dealing with the special needs of the elderly be available to professionals, volunteers and all segments of society working with the aging.

A. Issue

1. There is a need to inform the aging about programs dealing with health care, housing, coordination of services, financial planning, and the structure of the aging network.

B. Policy Recommendation

1. Resolve that the aging network develop a partnership with service providers, assess the educational needs, identify existing resources, and inform the aging about these educational opportunities.

A. Issue

1. The problems of cost ineffectiveness and lack of accountability stems from a lack of coordination and communication, and a fragmentation and duplication of services.

B. Policy Recommendation

1. Resolve that all governmental agencies serving the aged be mandated to initiate cooperative planning, information, and service delivery activities affixing negative sanctions for noncompliance.

A. Issue

1. Misconceptions regarding aging and its processes are perpetuated by the mass media.

IOWA WHITE HOUSE CONFERENCE REPORT

B. Policy recommendation

1. Resolve that the aging network work with and through the mass media and educational institutions to dispell preconceived and preprogrammed conceptions of aging.

EMPLOYMENT

A. Issue

1. Despite the "Age Discrimination Employment Act", discrimination of age in employment continues.

B. Policy Recommendations

1. Resolve that more stringent monitoring of The Age Discrimination Act be pursued with a federal government development of affirmative action plans.
2. Resolve that mandatory retirement be eliminated for all workers with job performance the criteria used for job retention or termination.
3. Resolve that employers provide the same opportunities for training to older employees as for other employees.

A. Issue

1. There continues to exist unsubstantiated myths regarding physical and mental capabilities of the elderly contributing to discrimination and disparity in employment of the aging.

B. Policy Recommendations

1. Resolve that the federal government require dissemination of information to educate employers and the public as to the worth and value of older workers; and
2. Resolve that special counseling, training, and placement services be implemented for older persons entering or reentering the work force.

A. Issue

1. Job opportunities are restricted because of inadequate job training for those needing required skills.

B. Policy Recommendation

1. Resolve that the federal government promote and implement counseling and training programs for older Americans to enable them to contribute to our society and to lead purposeful lives.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT
FROM
KANSAS

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STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State of Kansas 2) Date of Conference May 19-21, 1981
3) Place of Conference Salina, Kansas
4) Name of person submitting report Charlotte Edelman
5) Title of Person State Coordinator

Participation

- 6) Total No. of Participants 1150 7) Sex: No of Female 806 --75.5%
No of Male 258 -- 25.5%
8) Ethnicity/Race: 12% Black; 7% Hispanics; 75% Caucasian;
0% Pacific/Asian; 6% American Indian; Other (Please
state approximate % for each)
9) Handicapped 4% (Please state approximate % only)
10) Age: 25% under 55 75% 55 and over

Summary of Issues and Recommendations by Major Topics

WHITE HOUSE CONFERENCE ON AGING
SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE of Kansas STATE COORDINATOR Charlotte Edelman
110-
TOTAL # OF FORUMS Report based on 97 URBAN 62% RURAL 38%
TOTAL # OF PARTICIPANTS 2,972

ISSUES OF CONCERN (top 10 priorities):

1. Physical and Mental Health.
2. Economic security.
3. Transportation - rural.
4. Health care costs - cost containment.
5. Minority - rural.
6. Social well being - social supports.
7. Alternatives to institutionalization - community based care.
8. Social supports for home-health maintenance.
9. Retirement income - Social Security.
10. Employment - opportunities, mandatory retirement.

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Increase the number and variety of subsidized and low cost housing units available.
2. Provide support services to help older adults avoid institutionalization including home repair and maintenance assistance; information and referral services, especially as concerns benefits available.
3. Expand work opportunities for older people including the development of part-time and shared opportunities. Provide for the training and assistance needed to gain access for work opportunities.
4. Stabilize and maintain Social Security by separating Social Security retirement financing from other programs such as disability, Medicare, etc.
5. Provide energy assistance through partial payment of energy bills, provision of "life line" rates, promotion of conservation through home repair and weatherization.
6. Develop and expand programs that provide for maintenance and promotion of good health including nutrition programs, both congregate and home delivered, health clinics, exercise clinics.

7. To contain health care costs, Medicare/Medicaid should provide for the cost of prescriptions, eye glasses, hearing aids, etc. Out-patient services should also be covered to reduce in-hospital costs.
8. Home-health care and day care programs should be promoted and expanded to prevent premature institutionalization.
9. Rural transportation needs must be addressed with a comprehensive program to meet the needs. Rural rental housing and home repair programs need to be continued and expanded.
10. Transportation services to provide access to needed goods and services should be supported through Federal subsidies and other funding sources. A reimbursement mechanism needs to be developed for volunteer drivers providing transportation for the elderly.

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Summary of Issues and Recommendations by Major Topics

PHYSICAL AND MENTAL HEALTH

- A. A major health issue facing the elderly is the rising cost of health care. A major portion of the cost for health care is for nursing homes. Community-based long-term care support services can provide the means for older adults to remain in their own homes maintaining the maximum possible independence, and receive good health care at less cost.
 - 1) Government programs should designate funds specifically for the health care of the elderly that will provide a full continuum of care including social as well as medical and psychological needs.
 - 2) Regulations, such as the 3-day-prior hospitalization requirement for medical reimbursement for home health services, be eliminated as an unnecessary barrier for adequate health care services.
 - 3) Alternative health care/home health care programs should be encouraged and supported through Medicare and Medicaid and private insurance reimbursement mechanisms.
 - 4) Provision and support of In-Home services to the elderly should be based upon assessment of need rather than income or age criteria. The "near poor" should not be denied access to programs because they do not qualify under "means tests" that now exist.
- B. Government programs should recognize that it is advantageous for the frail elderly to be cared for by community members instead of being institutionalized.
 - 1) Tax incentives be developed for families to care for elderly family members at home.
 - 2) Change public assistance eligibility standards for 60+ individuals residing with others to be based upon individual rather than household income.
 - 3) Adult day care programs should be supported and regulations pertaining to day care be kept at a minimum.
- C. Supportive services are essential to provide for preventive maintenance for the large number of elderly who experience limitations in carrying out their normal activities due to chronic conditions.
 - 1) Eliminate barriers to the coordination of existing transportation systems for use of programs for the aged.
 - 2) Continue funding of programs providing support services such as transportation, educational programs, outreach, meals-on-wheels, health screening, etc.
- D. The low-income status of the elderly is often qualitatively different from that of many other welfare recipients.
 - 1) A special and separate food stamps program be established to provide support to Older Americans with appropriate eligibility criteria.

KANSAS

- 2) Access to nutrition programs, congregate and home-delivered, be maintained at the same level to provide adequate nutrition for the low-income elderly.
- E. It is difficult to develop and implement a comprehensive program of community long-term care because of the fragmented nature of funding for these various programs, differing eligibility criteria, different sets of rules/regulations.
- 1) Each state be required to institute "pre-assessment" screening program to prevent premature institutionalization or improper placement in an institution.
 - 2) Home health care providers should be required to demonstrate that home health care services are used only as a necessary alternative to premature institutionalization as a cost-containment measure.
 - 3) Access to services be centralized under a designated umbrella agency to ease access to programs and services and to avoid duplication. This agency would be responsible for coordinating services as well as providing accurate information and referral.
- F. There is a recognized need for increased gerontological education of both professional and para-professional staff in long-term care homes. There is also recognition, that salaries paid to unlicensed nursing personnel are neither commensurate with the tasks and responsibilities required of them, nor sufficient to maintain a reasonable continuity of staff.
- 1) The recruitment and pre-employment training of potential aides and/or orderlies be encouraged nationwide.
 - 2) Training be defined as a minimum of one hundred twenty (120) hours, and the curriculum be specified as that presently being offered as basic nurses' aide training in the nation's vocational technical schools.
 - 3) Support be provided for a comprehensive nurses' aide curriculum to be developed and offered by adequately trained teaching staff at educational institutions throughout the country - both secondary and post-secondary.
 - 4) Training be required as a pre-employment requirement. A target date be set in each state beyond which the holding of a certificate signifying completion of a basic nurses' aide training course will be required for employment as an aide or an orderly.
 - 5) An alternative proposal, would require that nurses' aides take concurrent certification training during the first ninety (90) days of employment.
- G. There is general lack of public information concerning mental health and aging. Although 15 to 25 percent of Older Americans over age 65 experience significant symptoms of mental illness, less than 2% of all mental health care dollars are allocated to the elderly.
- 1) Legislation be enacted for the development of a comprehensive system of mental health services for the elderly.

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- This program would include prevention, appropriate treatment, follow-up and community support activities.
- 2) Adequate funding be made available to support a comprehensive system of services to meet the mental health needs of the elderly and insuring that economic factors will not impede the older persons access to services.
 - 3) Training for professionals in the mental health fields be required to include, as a regular part of the training experience, the diagnosis and treatment of a full range of mental health problems of the elderly.
 - 4) Funding be available through federal sources to provide for those outreach and support services that promote good mental health.
- H. Positive self concept and the opportunity to be a productive member of society contribute to good mental health. Adequate income is also basic to mental health.
- 1) Governmental policies and programs should create and sustain diverse and continuing gainful work opportunities for the elderly in both the public and private sectors.
 - 2) The federal government should promote and support optional retirement policies and innovative programs of phased retirement and job sharing by older adults, as a benefit to the economy as well as to promote good mental health.
 - 3) As an advocate for aging persons the Administration on Aging should promote a positive image of aging and provide opportunities for knowledgeable, effective older persons to interact with younger people.
- I. Many physicians are unaware of the extent of drug and alcohol problems of the elderly. Pharmacists are seldom consulted by older people as to possible interactions between their medications and alcohol.
- 1) The National Institute on Alcohol Abuse and Alcoholism the National Institute for Drug Abuse in conjunction with the Administration on Aging should promote continuing education - training programs for physicians and pharmacists to better enable them to serve their older clients.
 - 2) Aging service providers should also be encouraged to be knowledgeable about substance abuse in older adults. Support for training should be made available to the aging network.
 - 3) "Truth in Advertising" should be strictly enforced by the Federal Communication Commission and the Federal Drug Administration for all drug companies' advertising products targeted for the elderly.
 - 4) Physicians and pharmacists should be encouraged to prescribe/dispense generic drugs when the generic equivalent to the brand name drug is available.
- J. The terminally ill family member creates great stress within the family system. The depletion of family resources, both financial and emotional, can be considerable. Hospice services can be a beneficial health measure for families of those who are terminally ill, as well as for the patient.

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- 1) Federal funding should be allocated to support research to document the cost-effectiveness of Hospice care as compared to traditional institutionalized health care for the dying and their families.
- 2) Private health insurance companies should recognize the value of quality professional services provided by Hospice programs and provide reimbursement for services.
- 3) Funding for hospice programs be made available through state and/or federal programs to provide access for those unable to pay for the service.
- 4) Effective educational courses on death and dying should be developed as a joint project by Administration on Aging and the Department of Education to provide a quality program to schools and the aging network.

SOCIAL WELL BEING

- A. Social services available to the elderly tend to be fragmented, and poorly coordinated. Barriers exist to prevent access to needed supportive services.
 - 1) The focus of aging programs should be on consolidating social services to provide a continuum of care approach to community based and in-home services.
 - 2) Access to supportive services needs to be centralized to avoid duplication of services and records, and to assure an accurate source of information and referral.
- B. In order to provide for the well-being of older adults who need social services to avoid premature institutionalization, innovative programs need to be developed.
 - 1) Housing policy should support the development of more alternative living arrangements in addition to congregate and independent living. There should be no penalties for older people sharing living facilities by reducing other benefits to which they are entitled.
 - 2) Tax incentives that provide support for families caring for elderly household members should be developed.
 - 3) The range of services eligible for Medicare/Medicaid reimbursement be expanded to include various forms of community based health care, preventive health care, and excluded items such as eye glasses, hearing aids, etc.
- C. Transportation is a serious problem for many Older Americans who must rely upon public transportation or upon friends and neighbors to obtain needed goods and services.
 - 1) Funding subsidies to public transportation systems must be continued at current levels and expanded in the future to meet growing needs.
 - 2) Various agencies providing transportation funding be required to remove barriers which prevent coordination of services.
 - 3) Consolidation of program funding and regulations to provide comprehensive transportation services be required.

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- D. Rural elderly are faced with even greater transportation problems than urban elderly. Most rural elderly do not own automobiles and have no access to public transportation.
- 1) Rural transportation should be established as a national priority with adequate funding to meet the needs of the rural elderly population.
 - 2) Excessive and inappropriate rules and regulations applied to rural transportation programs and systems be eliminated or waived.
 - 3) Emphasis should continue to be placed on planning, funding and implementing transportation systems that accommodate the physical and social needs of older people.
 - 4) Eliminate barriers preventing the maximum utilization and coordination of existing and future specialized transportation systems and vehicles, i.e., school buses, RSVP buses.
 - 5) Provide a mechanism whereby volunteer drivers with private vehicles can be reimbursed for providing transportation to the elderly without supplanting existing informal networks.
- E. The availability of appropriate, low-cost housing for older adults on limited incomes is seriously lacking.
- 1) The aggregate number of housing units available for Older Americans on limited incomes needs to be substantially increased through HUD funding.
 - 2) The HUD Section 202 program should remain the primary vehicle for influencing the supply of housing and should be expanded.
 - 3) Section 8 funds for rental subsidies should continue to be available and the program should expand to meet the needs of a growing elderly population.
- F. Housing standards of many low income elderly are inadequate, especially in rural areas. Many elderly live in older structures, either their own home or rental property.
- 1) Increased government loan programs are needed to bring housing units occupied by elderly individuals up to appropriate building code standards.
 - 2) Federal programs to support weatherization and repair of houses occupied by low income adults should be continued.
- G. Individuals living in public low-cost housing will face a substantial hardship if the percentage of income allotted for rent is increased.
- 1) The maximum amount of one's income required for rent payment in public housing facilities should remain at the current rate of twenty-five percent (25%).
- H. The point system now used to determine 515 Rural Rent Housing eligibility is discriminatory toward the elderly.
- 1) All housing regulations should be non-discriminatory toward the elderly.
 - 2) 515 Regulations should be amended to assure rural elderly equal opportunity for low-cost housing.

- I. Support services are essential to provide adequate housing.
 - 1) Sufficient funds should be appropriated to the congregate housing service program under the Housing & Development Act.
 - 2) HUD and AoA sponsored programs should be required to coordinate to provide necessary support services under the Housing and Community Development Act.
- J. Older adults are limited to the types of living arrangements available to them.
 - 1) Alternative living arrangements need to be developed that are intermediate between independent and congregate institutional living.
 - 2) Funding for research and development, and for demonstration projects is recommended to develop cost-effective alternatives.
- K. Older adults are discriminated against in hiring practices by private and public agencies. Vocational training and re-training programs often exclude the older adult.
 - 1) All federally funded educational and training programs be designed to offer equal opportunity to older adults.
 - 2) Financial and other assistance be available to older adults desiring vocational training or re-training to maintain their self sufficiency.
- L. The Age Discrimination in Employment Act should be strengthened.
 - 1) Remove the upper age limit contained in the law.
 - 2) Provide more effective and efficient procedures for processing age discrimination complaints.
 - 3) Provide additional resources and personnel to process complaints.
- M. The at-risk impaired or isolated older adult is particularly vulnerable to abuse, neglect and/or exploitation.
 - 1) Congress should pass a statute protecting all adults from abuse, neglect and/or exploitation.
 - 2) This law would include the requirements for prompt investigation of all complaints.
 - 3) The complainant would be protected from civil liability.
 - 4) Responsibility for investigation of complaints be to a designated agency which would provide qualified staff to conduct investigations and present findings to the appropriate court.
- N. Identification of elderly abuse is a serious problem. The incidence of abuse of the elderly is increasing due in part to the growing number of impaired older adults and the stress upon families and service providers.
 - 1) Existing legislation needs to be supported and new legislation enacted that will enable various federal, state and local governmental entities, as well as private community based organizations, to take an active role identifying, investigating, and resolving cases of elderly abuse in both institutional and non-institutional settings.

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ECONOMIC SECURITY

- A. The current major source of income for older adults is transfer income. The main source of income and transfer income for older persons is the Social Security Program; almost 90 percent of the population 65+ receives social security benefits. Increases in social security are not related to actual increases in living costs experienced by individual recipients.
- 1) Cost of living increases in social security should be a fixed dollar amount to result in a larger percentage increase to low income beneficiaries. This will require a revision of the present "COLA" system.
- B. Social security taxes are an ever increasing burden for the worker and are still inadequate as a retirement income.
- 1) FICA taxes and benefits should be based on Gross National Product instead of the income of the worker.
 - 2) Any changes in present social security provisions or benefits should be implemented gradually over a period of time to insure the stability of the system.
 - 3) The income earning level ceiling should be abolished.
 - 4) Social security benefits should be unchanged and the integrity of the system should be maintained by transferring all non-retirement programs to other revenue sources to insure that the main purpose will be to insure sufficient retirement income.
 - 5) Raise the resource level for Supplemental Security Income eligibility above the current \$1500.
- C. Retirement income based upon capital income from savings and investments has been subject to a penalizing tax structure and erosion of value due to inflation.
- 1) The first \$5,000 of interest and dividend income should be exempt from federal and state taxes.
 - 2) Legislation be enacted to make facts available on all types of savings and how taxes affect them--"truth in savings."
 - 3) Legislation be enacted to raise the \$5,500 ceiling for non-taxable income.
- D. Older Americans are particularly vulnerable to consumer fraud and questionable sales tactics.
- 1) Legislation aimed at curbing questionable business practices of door-to-door and telephone sales be enacted to afford greater protection to elderly consumers.
 - 2) Federal funding should be provided for dissemination of information concerning laws applying to legal consumer rights and avenues of restitution.
 - 3) Continue funding for legal services for the elderly to prevent fraud and deceptive practices.
 4. Consumer information and assistance should be mandated as part of Information and Referral programs of Area Agencies on Aging.
- E. Many people are not aware of programs that are available, or benefits to which they are entitled, or special programs for which they are eligible.

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- 1) Public agencies must make every effort to inform the public of all programs that are publicly supported.
 - 2) Legislation should require public information about social programs and benefits to be appropriate in both form and content.
- F. Tax and insurance forms are difficult to read and hard to understand.
- 1) Legislation should be enacted to require all tax and insurance forms be revised to be written in plain language that can be easily read by the layman.
 - 2) These forms should be printed in type large enough to be easily read by older adults in colors that are clearly visible.
- G. The rising costs of energy are a serious problem for Older Americans, especially those with low or moderate incomes who have had to cut back on basic medical and food needs to meet energy costs.
- 1) Legislation be enacted to avail "life-line" rates to all elderly low income citizens in all states where no such law currently exists.
 - 2) Elderly households may be subject to unjust income eligibility guidelines based upon one or two party incomes. These unrealistic income eligibility guidelines need to be modified to provide access to energy cost assistance programs.
 - 3) Legislation be enacted to provide funding for conservation programs such as weatherization of older homes to assist the conservation efforts of low income elderly.
 - 4) More incentives should be provided to promote energy conservation. These incentives should be in the form of tax credits, grants, special assistance programs.

POLITICAL ACTION

- A. The Older Americans Act has and should continue to provide cost effective services and programs to contribute to the well-being of older persons.
- 1) A proportionate share of the proposed block grant to states should be designated for services to the elderly and administered by the Administration on Aging. A breakdown into specific programs and services is recommended.
 - 2) Income requirements should continue to be disallowed as an eligibility criteria for participation in programs funded under the Older Americans Act.
 - 3) The age eligibility criteria for nutrition services should be withdrawn and replaced with the same language used for social services - "to serve older persons."
 - 4) The United States Department of Agriculture reimbursement presently supporting nutrition programs at a designated rate per meal should continue at the same rate. Consolidation of these funds into a block grant to Administration on Aging to be distributed by formula would create hardships and reduce services to those in need.

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- 5) Title III-C₁ and III-C₂ appropriations should have a built-in cost-of-living factor to allow funding adjustments for inflation to ensure continuation of services at current levels.
 - 6) If funds for Older Americans Act are reduced, the cut-backs should be made at the upper administrative level rather than from program/services funds.
 - 7) The allocation of nutrition program funds should be left to the discretion of the local community rather than designated by federal guidelines.
- B. The advocacy role of the Administration on Aging should be continued and expanded to effectively address the needs of the elderly population.
- C. Legislation to maintain and strengthen the Social Security system is essential for the economic security of older adults.
- 1) Social Security programs should be restricted to provide aid to elderly and disabled only.
 - 2) Other programs, now covered, should be transferred to other funding bases.

AGE INTEGRATED SOCIETY

- A. Information regarding the needs of the elderly and programs that serve those needs must be effectively publicized to both the elderly and to their families.
- 1) All programs that serve the elderly, directly or indirectly, should demonstrate in their public information and publicity, high levels of sensitivity to the special needs of the elderly, to the language and ethnic backgrounds of the elderly, and to the family structures of various cultural and ethnic sub-groups.
 - 2) Public service announcements targeted toward older persons and their families to provide information about available programs and services should be made available during peak viewing and listening hours.
- B. The image of aging presented by the media is frequently negative and unrealistic.
- 1) Programs such as the Gray Panthers Media Watch need to be funded and publicized.
 - 2) The Aging Network needs to educate, inform and advocate for older adults in matters relating to the media to assure accurate information and depiction of older adults.
 - 3) Broadcast and print media should be targeted by Administration on Aging for educational programs to arouse sensitivity to problems/needs/strengths of Older Americans.
- C. Health care problems increase with age as chronic impairments and generally decreasing physical capacity begin to be experienced. The aging, comprising only 11% of the population, purchase 25% of all prescription drugs annually. The media encourages the use of drugs; drug advertising is sometimes misleading.

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- 1) The Federal Drug Administration and Federal Communications Commission should establish rigid regulatory rules regarding the use of the media to promote drug use including the following requirements for all drug advertising:
 - a) all common side effects and precautions must be stated;
 - b) warning must be given as to possible interaction effects with other commonly prescribed drugs for this age group;
 - c) information concerning non-drug alternatives to solve the depicted problems must be included where appropriate.
- D. Virtually all aspects of society are affected by the manner in which individuals of different ages relate to one another. Intergenerational relationships can expose people to a total view of life with a gain in knowledge of the past, an enlarged perspective of the present, insight into the future and a sense of life as an ongoing process, with aging as a basic component.
 - 1) School systems across the nation should be encouraged to incorporate intergenerational concepts throughout the public school curriculum.
 - 2) Intergenerational programs utilizing older adults as resources be funded in non-institutional settings such as public schools and day care centers.
 - 3) Administration on Aging should publish a directory of intergenerational programs that have been developed with federal or local funding to provide information and guidance to those wishing to develop an intergenerational program.

ELDERLY AS RESOURCES

- A. Older persons represent a national resource and contribute to the nation in a significant manner as potential employees, as volunteers, as advocates, as consumers, as transmitters of their heritage and life experience. Social service programs, including those under the Older Americans Act, could not function without volunteers.
 - 1) The federal government continue to take lead responsibility for creating and funding volunteer programs for Older Americans. State and local efforts should focus on recruiting, training, and placing volunteers in positions.
 - 2) Expand existing volunteer programs to include a broader base of participation by rescinding income restrictions.
 - 3) Financial reimbursement for out-of-pocket expenses, particularly transportation costs, should be provided to older volunteers at all program levels.

RURAL ISSUES

- A. All citizens should have an equal right to governmental assistance and/or programs that contribute to maintaining an adequate quality of life, recognizing that the per unit costs of such programs will vary due to place of residence, geographic distance, population density.

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- 1) All program funding formulas should contain a service unit cost factor for use in allocating funds to assure equal access for rural elderly.
 - 2) The role of Area Agencies should eventually evolve to be advisory, providing technical assistance and support to local county and community councils who will control programs.
 - 3) Income eligibility levels of government sponsored employment programs should be raised so that elderly whose incomes just exceed poverty guidelines may qualify for employment.
- B. Rural housing concerns center on a shortage of rental units and lack of funding for maintenance and repair of homeowners' residences.
- 1) The aggregate number of housing units for Older Americans on limited incomes need to be substantially increased.
 - 2) Legislation should be enacted to modify the point system used to determine 515 Rural Rent Housing eligibility; it discriminates against the elderly.
 - 3) Programs that promote energy conservation through weatherization and provide for home maintenance and repair should be continued and increased.
- C. Rural nutrition programs provide an important health maintenance and social support function in rural areas. The per capita overhead cost in small rural programs is high due to several factors including rising energy costs.
- 1) Buildings which house rural nutrition programs and other senior activities should be allowed to gradually comply with 504 regulations to avoid undue financial burdens or restriction of services/programs.
 - 2) Legislation should be enacted to provide a tax credit for volunteer time and expense to those volunteers who supply transportation for homebound and congregate rural nutrition program participants.
- D. Transportation is insufficient and inadequate to meet the needs of rural elderly for access to goods and services.
- 1) Rural transportation should be established as a national priority, with adequate funding, to develop a comprehensive, coordinated rural transportation system.
 - 2) Regulatory barriers that prevent maximum utilization of existing vehicles and resources should be eliminated to promote cooperation and coordination of existing transportation systems/programs.

MINORITY ISSUES

- A. Elderly ethnic minorities have a number of factors in common besides being older adults and members of minority groups. They have traditionally experienced educational and economic inequities and limited opportunities for upward mobility. Economic well-being and financial security are the major concerns of minority elderly.

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- 1) State and federal programs need to provide minimum economic and financial security for older minorities to the same extent that it is provided for non-minority elderly.
 - 2) The federal government should channel, through local sponsors, money and resources into training programs to prepare aged minority members for an appropriate level of employment or re-employment.
 - 3) Promote the full employment of minorities in the aging network, particularly in subcontractual agreements.
- B. Cultural factors, including language, religion, family structure, and values, must be considered in the planning and delivery of services to the elderly.
- 1) Service providers should be required to demonstrate that cultural factors have been considered as a major criteria in approving programs in the aging network.
 - 2) Money should be allocated to colleges, universities, and qualified consultants to provide quality training of outreach workers related to the minority aging network, including bilingual skills.
 - 3) The federal government should provide funding and direction to enable appropriate research effort regarding minority culture, spiritual well-being, religious base and ethical convictions, and the implications of these for policy development and implementation.
 - 4) The minimum age requirement for establishing eligibility for Older Indians to receive services under Section 602(A)(1) Title VI, Older Americans Act be established as age 55. Tribal statistical data be the primary guideline for the establishment of age requirements for Indian elderly participation in programs for aged.
- C. Programs designed to provide a safe environment for minority older adults living in high risk areas are essential.
- 1) Minority elderly crime prevention programs including prioritized police protection and increased street lighting, should be continued and have as high a priority for implementation as local and federal mandates regarding 504 handicap regulations and other class protective services.
 - 2) The federal government should develop a comprehensive program of elderly crime prevention and legal services.
- D. Older women are caught between the built-in inequities of the social security system and the proposed reduction of existing benefits. Women have been subject to the same inequities as other minorities.
- 1) To maintain the financial integrity of the social security system, transfer student, disabled, and other non-aging programs to other federal revenue sources.
 - 2) Enforce existing and proposed programs which protect women, including affirmative action, proposed legislation correcting inequities in public pension programs.
 - 3) Educational institutions need to provide flexible programs for education and training of older women including expansion

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of existing programs to provide the emotional and financial assistance necessary for survival.

GERONTOLOGICAL RESEARCH/EDUCATION

- A. Gerontological education on many levels is essential if we are to have available, as a nation, a sufficiently large pool of trained people to provide the programmatic and service functions required by an ever growing older population.
 - 1) Institutions of post-secondary and higher education should be required to include geriatric and gerontology training and research as an integral component of programs for all medical, health related, and social service professionals.
 - 2) Administration on Aging and the Department of Education should support the development and implementation of gerontology education programs in public schools as part of vocational and general education curricula.
 - 3) In-service and continuing education programs should be required to include geriatric or gerontological components for those professionals who provide service to older adults.
 - 4) Administration on Aging should continue to support gerontology training programs at institutions of higher education.
- B. Older adults are a part of the learning society, and should have opportunities to take advantage of educational programs on all levels.
 - 1) Colleges and universities should be required to offer reduced tuition to older adults enrolling in college classes for credit and for continuing education.
 - 2) Assure the federal loan and financial aid programs for educational purposes be available to older adults enrolling in college courses for credit and/or continuing education.
 - 3) Provide for the design and implementation of age and culturally appropriate training and re-training programs for older adults seeking work opportunities.
 - 4) Senior centers and nutrition programs should include a mandated educational program for older adults.
- C. Older adults are often handicapped in communication and learning situations due to physical decrements associated with age such as vision, hearing, fine motor coordination.
 - 1) Funds should be made available to allow older persons access to the technology available to help overcome barriers to learning - tape recorders, calculators, hearing aids, glasses, telephone amplifiers, talking books, etc.
- D. There is a recognized need in the long-term care provider system for increased geriatric and gerontological education and training.
 - 1) A basic standardized program of nurses' aide training be implemented nationwide and made available in secondary and vocational-technical schools, community college and other post-secondary institutions.

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- 2) Each state be encouraged to pass legislation implementing a comprehensive recruitment and employment training program for adult care home aides.
- E. There is an established need for research that contributes to a better quality of life for older adults, and contributes to general knowledge about the aging process and longevity.
- 1) Administration on Aging funds for research be maintained and research supports to institutions of higher education be continued at no less than the current level.
 - 2) The National Cancer Institute be directed to create programs of clinical research specifically directed to the elderly.
 - 3) Research be directed to focus on reducing or eliminating pathological, physical and social conditions that lead to premature aging and dependency.
 - 4) Funding be directed to local and national research projects with the intent of determining whether service programs for the elderly should be age-integrated or age-segregated.
 - 5) Research emphasis on all national institutes should include geriatric and gerontological research.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT
FROM
KENTUCKY

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

WHITE HOUSE CONFERENCE ON AGING
SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Kentucky STATE COORDINATOR Fannie B. Dorsey

TOTAL # FORUMS 204 % URBAN 65 % RURAL 35

TOTAL # PARTICIPANTS 7,507

ISSUES OF CONCERN

1. Forgotten Elderly
2. Older Persons as a Natural Resource
3. Stereotypes
4. Retirement
5. Social Service Delivery Systems
6. Employment
7. Economic Well Being
8. Continuum of Care
9. Community Based Services
10. Housing

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Kentucky 2) Date of Conference May 19-21, 1981
3) Place of Conference Kentucky State University, Frankfort KY
4) Name of Person Submitting Report Fannie B. Dorsey
5) Title of Person State Coordinator

Participation

- 6) Total No. of Participants 383 7) Sex: Number of Female 282
Number of Male 101
8) Ethnicity/Race: 20% Black; Hispanics; 79% Caucasian;
 Pacific/Asian; American Indian; 1% Other (Please
state approximate % for each)
9) Handicapped 4% (Please state approximate % only)
10) Age: 16% under 55 84% 55 and over

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FORGOTTEN ELDERLY

Issue

Attempting to survive in our society today are a substantial number of elderly people who are in need of help yet are neglected and forgotten. These people are the socially and physically isolated; the home-bound sick and disabled; those lacking in coping, communications and adjusting skills; those whose incomes are too little or too much to be found or qualified for public services; and those who are not utilized by society yet who are skilled, talented and potentially productive.

Recommendations

1. Public transportation should be accessible in its routes, schedules and equipment and at a reasonable cost.
2. In-home services are needed to decrease isolation of frail, home-bound elderly. Give in-home health services high priority.
3. Re-train elderly to do something within their capabilities.
4. Provide counseling services through local community organizations and through volunteers involved in outreach work and home visitations.
5. Have counselors negotiate for the elderly with the medical professionals regarding payment of medical bills.
6. Organize volunteer local citizens, church groups, and the elderly to study models, to prioritize, and to coordinate efforts to supplement (not replace) support services by family and friends.
7. Educate people to problem of social isolation through help of peer groups in own nationality; groups to recognize problems of the isolated and recognize differences.
8. Educate society and the elderly for a better understanding of the abilities and skills of elderly persons. Emphasize the advantages of using their knowledge, experience and wisdom.
9. Design a community-based system for matching skills, people and needs, i.e., community job banks.
10. Community projects - make directory of people who can help; a group to make contact with isolated elderly.

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OLDER PERSONS AS A NATURAL RESOURCE

Issues

Identifying the skills of older persons and relating those to community need; a basic need for continued growth of the individual; pre-retirement planning; communication; and transportation.

Recommendations

1. Plans for a skill bank of older persons be developed and implemented in such a way that elderly persons may extend their usefulness and maintain their integrity by sharing their skills as optional volunteers or for part-time employment thus allowing elderly to maintain an active role; and to expand, nationwide, the existing stipend programs for the elderly.
2. Expansion of the continuing education program to enhance the position of older people as a natural resource thus preventing the older person from falling behind in their communications with their peers, relating to all age groups, recognizing the changing world we're living, and enriching coming generations with the knowledge and experience we've acquired in our life.
3. Pre-retirement planning be made available throughout the country; that both private and public employers be encouraged to accept responsibility for this as a part of their responsibility to their employees. Also, retired people and retirement organizations be utilized in pre-retirement planning programs.
4. It is imperative that older persons be more vocal in presenting a platform and organizing public opinion to demand that television, radio, and newspapers and magazines present the image of the older person in such a manner as to command respect.
5. Adequate transportation be provided the elderly to meet their basic and social needs in order to allow them to fulfill their potentialities as natural resources.

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RETIREMENT

Issues

The issues relating to retirement are: current changes; social security penalties; compulsory early retirement; job discrimination; and tax free interest and dividends.

Recommendations

1. Make no changes in the current policy regarding the COLA as to time (July 1) and method of computation.
2. Congress search Social Security regulations to identify and correct inequalities in Social Security based on sex and marital status and study other ways to make the system solvent.
3. Congress study the implications of withholding Social Security tax from earnings in excess of \$29,000 and implement such a system if it would improve the financial base of Social Security.
4. Benefits to non-eligible widows, disabled people and others be increased.
5. Social services, Medicaid and Medicare be paid out of the general fund instead of social security.
6. Post-retirement earnings limitations be eliminated.
7. Congress compensate private industry to develop employment opportunities utilizing retired persons.
8. The mandatory retirement age be 70 years old and re-evaluate the age guidelines used to determine benefits.
9. Aggressive action should be taken to eliminate all job and salary discrimination for minorities, women and middle-aged widows and divorcees.
10. Increase Supplemental Security Income to at least the national poverty level to make up for past discrimination in employment to minorities, women, and middle-aged widows and divorcees.
11. There should be an exemption of \$5,000 on interest and dividends after age 65.

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SOCIAL SERVICE DELIVERY SYSTEMS

Issues

The issues relating to social service delivery systems are: limited access to services; "red tape" causes obstructions in service delivery (federal); funds are insufficient, services are inadequate; and some programs cancel each other out.

Recommendations

1. The federal government must continue to be committed to services for senior citizens.
2. The federal government should remove restrictions on the Older Americans Act that require 50% of allocations be spent on specified services; permit local advisory councils to make these determinations.
3. The Older Americans Act should be funded for a period of five (5) years.
4. The federal government should give additional authority to an elected representative advisory council to coordinate and monitor spending and service delivery as they affect the elderly.
5. Legislation should be enacted that will establish a comprehensive national health care plan which includes long-term care.
6. Legislation should be enacted to provide capital, operation and administration funds for transportation to all essential services for the elderly.
7. Recertification of senior citizens for federal programs should be eliminated.

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HOUSING

Issues

The issues relating to housing are: increasing expenses related to income; transportation; health; bureaucracy; awareness; recrimination; financing; and safety/security.

Recommendations

1. Examine the overall impact of inflation on the cost of housing and explore incentives for older people to remain independent in their own living situation.
2. Alternatives in transportation to assure freedom of choice in housing must include the older person's interest in self reliance. One approach would be the teaching of mobility curricula. Another would be the combination of existing community-based transportation programs to serve all people through the removal of regulations which now prohibit flexibility in utilization of resources.
3. Public and private health support systems must be established as well as be responsive to older individual's desire to remain independent in their housing as long as possible. A rethinking of the present health care system must include fundamental goals such as prevention, detection, in-home services and innovative service delivery systems that ensure independence.
4. Restrictive and overlapping regulations must be lifted to assure the development of resources and expansion of alternatives to fit all older Americans' preferences with regard to the affordability and feasibility of rehabilitation and new construction.
5. More education and awareness programs are necessary to help older people realize their existing and potential housing resources.
6. Incentives are needed to encourage innovative financing procedures to allow for feasible conversion, rehabilitation, home-sharing, new construction, ownership or leasing of housing. Obviously, incentives must include energy conservation and cost control measures.
7. The safety and security of housing must be a high priority in choosing the location and design of any housing alternative.

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EMPLOYMENT

Issues

The issues relating to employment are: training for jobs; availability of jobs; funding of jobs; income guidelines for job programs; private industry jobs; and retirement planning.

Recommendations

1. Eliminate and/or increase the income guidelines for the employment eligibility of federal programs.
2. Urge business and industry to develop new retirement procedures for senior workers, i.e., graduated retirement (a situation in which an older worker trains a younger worker for a task) or shared employment (a situation in which two employees share a position and both work part-time).
3. Encourage ALL businesses to provide pension or retirement programs for ALL employees.
4. Maintain existing and support additional federal employment programs for the elderly.
5. Enforcement of age discrimination act.
6. Encourage private enterprise to hire older persons through incentives, including tax breaks.
7. Maintain and expand displaced homemaker program.

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ECONOMIC WELL BEING

Issues

The issues relating to economic well being are: changes in social security system; part-time and full-time employment for older persons; changes in income tax laws; improvement in health and home care benefits; and planning for retirement.

Recommendations

1. Provide incentives for industry to provide retirement plans. The government should educate people early in life to prepare for their own needs.
2. Continue to endorse and support Title V of the Older Americans Act with an increased level of funding. Workers will then give returns to the government via Social Security and taxes while maintaining higher individual levels of income. Earning limitations on persons on Social Security should be eliminated thus allowing persons who wish to be able to work full or part-time.
3. First \$6,000 in pension should be tax exempt from both federal and state taxes on a yearly basis. \$5,000 of interest and dividend earned income should be tax exempt on a yearly basis. The tax system should be restructured in order to make taxation more equitable.
4. The government could train and hire elderly to work in home care situations for other elderly. Extensive volunteer training programs could also be used to improve the home care personnel shortage. Funds to purchase glasses, hearing aids, and dentures should be included in Medicare program.
5. The government should seek ways to provide incentives to encourage private enterprise to provide financial, health and leisure pursuit planning. Local service agencies need to make available more detailed information about benefits elderly persons can receive. The government agencies should simplify procedures for filing forms and the forms themselves in regard to benefits.

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CONTINUUM OF CARE

Issues

The issues relating to continuum of care are: care in home; residential care; health; and education.

Recommendations

1. The 1981 White House Conference on Aging encourage senior citizens to monitor, advocate and be leaders in providing for the care needs of the elderly and further that all levels of the care system provide education in self care, wellness and prevention and what to expect from care.
2. Governments adopt a policy of shared responsibility for in-home care that includes: primary responsibility for care rests with the individual and for those incapable of providing for themselves there is a shared responsibility including increasing incentives for family care; in-home and support services by such devices as tax incentives and removing administrative disincentives such as SSI reduction for living with family members; and priority be established for cost effective in-home care.
3. Governments adopt a policy of reimbursing care based on patient needs including a single level of care concept (combining skilled-intermediate care), and develop cost effective, person oriented alternatives to medical institutional care distinguishing between medical social care and basic needs (food, clothing, shelter).
4. All states adopt requirements in continuing education in gerontology as a condition for active licensure for all physicians, nurses, pharmacists and social workers; and encourage education in gerontology for all persons in direct patient care.
5. The federal government encourage all states to require all insurance companies offering health insurance to also offer mental health coverage. This would assist mental health centers to expand their services to the elderly.

KENTUCKY

COMMUNITY BASED SERVICES

Issues

The issues relating to community based services are: inadequate supply of in-home services; inadequate and decreasing funding at all levels; lack of support of community based services by public funding sources; lack of communication and coordination between agencies; insufficient use of the media; relaxed enforcement of rules and regulations; inadequate training of state and volunteers; and stereotyping.

Recommendations

1. Expansion of in-home services to prevent the institutionalization of the elderly as long as possible.
2. Public funding sources continue and strengthen the responsibility for providing the base funding for core services.
3. Recognition be given to the role of the essential caregiver. There are inconsistencies in the lack of financial reward of the essential caregiver who remains in the home and gives needed care to the incapacitated individual who otherwise would be in a long-term care facility. Tax incentives should be further developed in order to encourage the private sector to expand upon basic services being offered.
4. The White House Conference on Aging should seek the development of guidelines that will prevent overlapping, increase efficiency of services, thereby saving money.
5. Increase use of the media to explain available services to the elderly.
6. On-going training programs be developed for service providers (staff and volunteers) to enable them to provide more competent services to the elderly.
7. More publicity and consideration be given to the well being of senior citizens. Commercials and literature should refrain from portraying older citizens as liabilities instead of assets, thus making it possible for them to continue to serve in the mainstream of society.

KENTUCKY

STEREOTYPES

Issues

The issues relating to stereotypes are: aging and deterioration are inevitable so medicate older persons to keep them quiet and comfortable; all old people are doddering and senile; all old people are non-productive and have nothing to offer society; all old people need help; and all old people are the same.

Recommendations

1. Medical schools to provide geriatric training and continuing education for new and existing health care providers. Pharmacists, druggists, sales representatives, physicians, health care extenders need continuing education on pharmacology as related to the aging process.
2. Educate the public about the positive aging process.
3. Conduct a study of positive and negative attitudes toward older persons portrayed by the mass media.
4. Campaign to improve image of older persons in advertising.
5. Introduce more realistic concept of the elderly in schools through textbooks and personal contact with older persons.
6. Age discrimination laws should be enforced.
7. Continue support for existing volunteer programs.
8. Special recognition for contributions of older people.
9. Investigate liability insurance for volunteers to be paid by the agency.
10. Encourage programs that emphasize self help.
11. Encourage job banks.
12. Provide financial support for business ventures for older persons.
13. Seek greater input from older persons about programs involving themselves.
14. Inclusion of young persons in aging conferences, workshops, meetings in observation/participation to educate youth of individuality of older persons.
15. Encourage programming which allows individuality - freedom of choice (i.e., provide alternatives to age-segregated housing).

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

LOUISIANA

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE LOUISIANA STATE COORDINATOR MRS. THELMA HOLDEN

TOTAL # FORUMS 181 % URBAN 66% % RURAL 34%

TOTAL # PARTICIPANTS 8,406

ISSUES OF CONCERN (top 10 priorities):

1. The establishment and maintenance of independence
2. Economic well-being
3. Adequate housing
4. Accessible, reasonable health care and health care costs
5. Social Services provision through comprehensive, coordinated systems
6. In-home care vs. inappropriate institutionalization
7. Ensuring adequate services in rural areas
8. Employment and forced retirement
9. Adequate transportation facilities
10. Support systems for extended families

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Increase both direct and indirect income, including that of service provision, while reducing/controlling "fixed" and necessary expenses.
2. Provide adequate low-cost housing, and eliminate the necessity for "economic" institutionalization; ensure that only permanent health problems treatable only in institutions produce permanent institutionalization.
3. Establish and maintain independent living for the elderly as the highest priority in the system; eliminate programs which do not measurably contribute to the attainment of this goal; re-design programs and implement those which contribute to this goal; and ensure accessibility to required supportive services.
4. Address the special problems of the rural aging: access, housing, nutrition, and other aspects of life for those who are both isolated and physically less mobile.
5. Provide Home Health Care and homemaker services to assist the elderly to maintain themselves in their own homes, as well as other supports for this purpose.
6. Provide tax and other incentives and supports to enable families to care for their aging and often physically handicapped family members.
7. Provide accessible, low-cost health care through mobil units and other such innovative services
8. Develop and provide incentives, both tax and otherwise, for massive volunteer programs at the local level.
9. Develop a comprehensive, coordinated service delivery system.
10. Eliminate forced retirement; assist the elderly to develop resources for employment and for personal satisfaction.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State LOUISIANA 2) Date of Conference April 3, 1981
3) Place of Conference Baton Rouge, Louisiana
4) Name of person submitting report Mrs. Thelma Holden
5) Title of Person State Coordinator

Participation

- 6) Total No. of Participants 170 7) Sex: No of Female 92
No of Male 78
8) Ethnicity/Race: 19% Black; Hispanics; 79% Caucasian;
 Pacific/Asian; 1% American Indian; 1% Other (Please
French
state approximate % for each)
9) Handicapped 5% (Please state approximate % only)
10) Age: 20% under 55 80% 55 and over

Summary of Issues and Recommendations by Major Topics

LOUISIANA

FAMILY, SOCIAL SERVICES, AND OTHER SUPPORT SYSTEMS

A. Issue

1. In terms of cost-effectiveness and humane action, the family can often serve more effectively than governmental bodies and institutions to provide support for the elderly.

B. Policy Recommendations

1. Develop support systems which tend to enable the family to consolidate, rather than disintegrate, and provide its own support to its elderly members.
2. Re-structure those programs which force family disintegration as part of the price for life-supportive medical services/care.
3. Provide program funds for home alterations and necessary repairs which will enable families to care for their elderly as the elderly become more physically impaired.
4. Provide tax incentives which will make it possible for families to afford the extra costs of caring for physically or mentally impaired elderly in their own homes, within their own families, when these families would otherwise be financially unable to do so.
5. Provide social education to assist the entire family to deal with the problems of the aging members in the home.
6. Develop and make provision for alternate housing options for the elderly which will allow them to share and develop their own "family constellation" and support systems, thus each contributing to and providing services for each other.

C. Action Recommendations

1. Increase Medicaid In-Home Care, and make provision for increased Title XX Homemaker Services to avoid institutionalization.
2. Provide HUD monies for home alterations and rehabilitation to families for elderly members.
3. Provide HUD monies for "group" homes and other housing options, such as congregate housing, designed to provide support and prevent institutionalization.

A. Issue

2. Facilitate and develop private, individual action to reduce direct governmental involvement with support services in order to reduce federal spending while increasing quality

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of services.

B. Policy Recommendations

1. Provide incentives for volunteer action at local level, and develop information services to coordinate such volunteer action.

C. Action Recommendations

1. Establish tax deduction for contributions of services to meet the needs of the elderly who qualify on income, through an established program.
2. Develop and maintain local registries of services to be bartered and/or shared.
3. Establish service provision between those who receive unemployment, Welfare, or other benefits, and who are able to work, and those who are unable to help themselves.

A. Issue

3. Program monies must be used in the most cost-effective way to provide services to the elderly.

B. Policy Recommendations

1. Use non-profit providers to stretch funds.
2. Encourage sliding scale payments or contributions from those who receive services.
3. Encourage Senior Centers to develop community resources.
4. Provide multi-year funding to ensure adequate and consistent services, with escalation clauses to cover inflation increase

GOVERNMENTAL STRUCTURES FOR THE AGING

A. Issue

1. There is a need for a comprehensive, coordinated delivery system to ensure cost-effective service delivery.

B. Policy Recommendations

1. All programs and funding for the elderly should be coordinated and distributed through the state Office of Elderly Affairs.

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2. Secure non-profit service providers and volunteers.
3. Designate a portion of block grant funds for elderly.
4. Develop a comprehensive, coordinated service-delivery system with multi-purpose community centers.
5. Establish a uniform guideline/policy manual for all services.

HOUSING, TRANSPORTATION AND PHYSICAL ENVIRONMENT

A. Issue

1. There is a need for development of housing options directed to the establishment and maintenance of independence for the elderly, which will avoid the high costs and negative aspects of untimely institutionalization, and for "family-atmosphere" housing.

B. Policy Recommendations

1. Provide funds for repair/rehabilitation/upkeep.
2. Provide more congregate housing, boarding houses, shared-living homes, and other creative options.
3. Ensure that designs for housing are conducive to the environment, established in neighborhoods rather than segregated; build smaller units in more locations, rather than large units in one place. Avoid warehousing.
4. Provide funds for in-home services for elderly.
5. Fund more elderly housing, in which the rent shall not exceed 25% of the income.
6. Establish and enforce licensing standards for quality, safe, and sanitary boarding homes and adult foster homes.

A. Issue

2. There is a need for a utilities policy.

B. Policy Recommendations

1. Ensure that no low-income elderly person shall have utilities cut off for non-payment between 12-1 and 3-31.
2. Provide funding for utilities payments through local CSAs and COAs.

LOUISIANA

A. Issue

3. Adequate transportation is necessary to sustain independence where otherwise possible.

B. Policy Recommendations

1. Rural transportation systems must be provided, and in order than this is possible, the requirement for local matching funds for rural transportation should be eliminated.
2. Provide clearly marked specially-equipped-for-elderly buses with trained personnel in both rural and urban systems.
3. Adjust traffic light change-time to compensate for elderly mobility delays.

A. Issue

1. The quality of life and physical environment as well as service provision can be positively altered through volunteer effort, and this should be encouraged.

B. Policy Recommendations

1. Develop an organized volunteer program on local levels, with incentives for participation.
2. Give tax deductions for contributions of services.
3. Work out a liability system for volunteers.
4. Provide a communications network on available services.

OLDER AMERICANS AS A GROWING NATURAL RESOURCE

A. Issue

1. Older Americans can be utilized as a growing natural resource to re-distribute the burden of responsibility for service and other provision not only to the elderly, but to all ages.

B. Policy Recommendations

1. Re-focus priorities to developing local, private, individual action and independence.
2. Develop a coordinated volunteer system of the registry type, locally, and use for bartering services as well as to help those who cannot help themselves.
3. Provide tax deductions for contributions of services.

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4. Provide supportive transportation to help elderly volunteers and those who could provide services.
 5. Provide liability insurance or coverage for volunteers as an incentive; self-insure federal programs.
 6. Use media to educate the public about the services needed and provided through volunteers, including the elderly.
- A. Issue
1. There is a need for elderly individuals to continue working to attain economic independence and self-support.
- B. Policy Recommendations
1. Use media to undo negative stereotyping of the elderly.
 2. Educate employers as to the potential of the elderly.
- C. Action Recommendation
1. Eliminate mandatory retirement.
 2. Provide employer's insurance at reasonable rates for elderly.

OLDER AMERICANS IN A CHANGING ECONOMY

- A. Issue
1. Older Americans are faced with ever-rising costs impossible to meet on fixed incomes, and are losing the ability to maintain their independence.
- B. Policy Recommendations
1. Put more money into employment programs for the elderly.
 2. Eliminate mandatory retirement.
 3. Maintain Social Security minimum income and continue Cost of Living increases.
 4. Increase minimum income to a more realistic level.
 5. Provide adequate housing at a reasonable rate, not to exceed 25% of the income.
 6. Provide funds for housing repairs to prevent institutionalization.

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7. Provide a comprehensive, coordinated delivery system to extend services without duplication, and maximize options for the elderly.
8. Provide tax and other incentives for volunteers to assist in extending elderly income.
9. To defray cost of food, use food banks to distribute surplus food to the elderly and needy.
10. Self-insure all federal programs for volunteer liability.

A. Issue

2. Health care costs represent a growing, major expense which frequently results in institutionalization, which in turn is a great expense in terms of federal programs.

B. Policy Recommendations

1. Provide more home health care.
2. Allocate Title XIX funds to home care and extend to necessary items to maintain independence.
3. Institute policy to favor generic drug prescription, or reduce prices to elderly.
4. Increase homemaker funding.

A. Issue

3. The problems of transportation impact unfavorably.

B. Policy Recommendations

1. Provide a comprehensive, coordinated rural transportation system.
2. Provide mobile operations units to reach elderly with services.

PHYSICAL AND MENTAL HEALTH

A. Issue

1. Physical and mental health can best be maintained by keeping the elderly in their own homes, when possible, or in living arrangements as close as possible to homes.

B. Policy Recommendations

1. Provide additional funds for home health care and mobile units, as well as for homemakers.

LOUISIANA

2. Provide funds for intermediate housing between private homes and long-term care.
3. Provide funds for congregate and other such housing options.
4. Adapt 202 Housing guidelines to cover congregate housing
5. Build housing to develop family style living, with elderly complexes near nursing homes to encourage cultural maintenance for all.
6. Upgrade nursing homes.

A. Issue

2. Health care programs must be structured in the best interests of the geriatric population.

B. Policy Recommendations

1. Re-structure reimbursement of physicians to include geriatric preventative measures, paramedical personnel, physical therapists, occupational therapists and others in non-institutional surroundings such as the home.
2. Do more geriatric training and research, especially on medications for the elderly.
3. Develop a national health service corp, made up of young graduate physicians who have finished a year or two of internship and are committed to serve in rural or physician-deprived areas as a requirement of financial assistance for training.
3. Develop volunteer participation and provide tax incentives for services to elderly.
4. Develop and teach a curriculum from kindergarten to 12th grade on personal health care and responsibility to prevent health care costs.
5. Provide funding for geriatric mobile health care units.
6. Provide adequate transportation.
7. Utilize cultural/social aspects of nutrition and other programs to assist with mental health as well as physical health and mobility.

LOUISIANA

RESEARCH ON AGING

A. Issue

1. Research should be of two basic types: studies concerned with aging and chronic illnesses, both physical and mental; and studies concerned with the improvement of services; and every effort should be made to ensure that research is purposeful and meaningful on the basis of perceived needs, with the intent to develop means to meet those needs. There is a need for relevant research.

B. Policy Recommendations

1. Research should be done on social/economic needs prior to eliminating programs.
2. Research should be employed to determine the most effective and cost-efficient means of meeting those needs.
3. Research is needed on long-term care, elderly abuse, home care, housing, mental/spiritual health, and their inter-relationships, in order to determine optimum means of service provision and care for the elderly.
4. Research that has been done or is now in process should be coordinated, and use made of cross-national data in solving the problems of the elderly.
5. Previous research on family communication should be implemented.
6. Research should be done to develop options for the elderly in terms of life styles and service provision.

RETIREMENT INCOME

A. Issue

1. Retirement income often determines the extent of independence and contentment of the elderly, and because of inflation, living on the fixed income has become more difficult for the elderly.

B. Policy Recommendations

1. Participation in retirement plans should be mandatory in every kind of employment.
2. Provide for another means to keep Social Security solvent by diverting funds from other government areas or cut out "give-away" programs.

LOUISIANA

3. Eliminate mandatory retirement.
4. Encourage development of supplementary income for retirees.
5. Provide incentives for jobs for elderly individuals.
6. Provide larger income tax exemptions for retirees who now pay income tax on retirement income.
7. Exempt part of interest income from taxation.
8. Provide cost-of-living adjustments in retirement income systems.
9. Provide transportation and training for the elderly to assist them in working for supplemental income.
10. Encourage development of skills and talents.
11. Provide educational programs designed to prepare young people for retirement and income changes; assist them to plan for retirement while they are young.

SOCIAL AND HEALTH ASPECTS OF LONG-TERM CARE

A. Issue

1. It has been proven that it is cost-effective to avoid institutional care; that keeping older persons in their own homes maintains their physical and psychological well-being; that Medicaid monies have been disproportionately given to nursing homes.

B. Policy Recommendations

1. Develop a community based system of services for long-term care, including functional assessment, case management, and brokering or channeling proper services, including institutionalization when necessary, to the client and family.
2. Provide supportive services in congregate housing.
3. Encourage residents, families, and administrators to participate jointly without reprisals in policy development and decision-making regarding long-term care.

LOUISIANA

4. Redirect Medicaid money to provide more Home Based Care.
5. Institute regulations for quality care in boarding homes.
6. Re-evaluate nursing home standards for the purpose of up-grading humane services without sacrificing custodial care.
7. Change state Medicaid plans to allow for payment of Homemaker/home health care services, day care for adults, and respite care.
8. Allocate a specific percentage of Title XX state funds for the elderly, according to their percentage in the population.
9. Require state Comprehensive Health Planning & Development Administrations to include goals and objectives in the state plans to deal with long-term care service support system development.
10. Require state Medicaid agencies to require a functional assessment to include physical, mental, activities of daily living, economic status, and socialization of an older person prior to reimbursement to a nursing home or community service provider.
11. Reduce the duplication of federal guidelines which agencies must address.

• U.S.G.P.O. 720-019/1302-4590

the 1981
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on
Aging

STATE CONFERENCE REPORT

FROM

MAINE

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WHITE HOUSE CONFERENCE ON AGING
SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE MAINE STATE COORDINATOR Bill McKeagney
TOTAL # FORUMS 22 % URBAN 25 % RURAL 75
TOTAL # PARTICIPANTS 1556

ISSUES OF CONCERN (top 10 priorities):

1. Income and benefit programs
2. Health care and health insurance
3. Transportation
4. Home/community services
5. Housing
6. Information
7. Elderly, adult abuse
8. Employment
9. Energy costs and assistance
10. Crime prevention

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Income and Benefit Programs
 - a. Eliminate income taxes on pensions
 - b. Income maintenance programs' guidelenes should be raised and benefits indexed to keep up with inflation
 - c. Reform property tax system by increasing income taxes and reducing reliance on property taxes which are regressive
2. Health Care and Health Insurance
 - a. Increase health screening
 - b. Increase coverage for eyeglasses, hearing aides, dentures and low-cost drug program
 - c. Medigap insurance information needs to be widely distributed.
3. Transportation
 - a. Elderly should be given priority under Sec.18 and state funding
 - b. Public transportation systems needed to supplement elderly transportation systems
 - c. Free transportation should be available for volunteers
 - d. Increased funding needed for elderly transportation
4. Home Services
 - a. Increased Medicaid funding for community-based services
 - b. Increase financial incentives for families/spouses caring for elderly
 - c. Respite care should be available throughout Maine and funded
 - d. More homemaker services needed.

(SEE CONTINUATION SHEET)

MAINE

SUMMARY OF COMMUNITY FORUM ACTIVITY

CONTINUATION SHEET

Recommendations:

5. Housing
 - a. Increase funds for home repair and chore services
 - b. More congregate housing should be developed
 - c. More housing for middle income should be developed
 - d. Reverse mortgages, as feasible, should be available
 - e. Home sharing programs need to be developed
6. Information
 - a. Use senior centers as access centers for information
 - b. Promote more toll-free numbers for elderly services, etc.
 - c. Increase outreach staff
 - d. Need one person in each community to provide information to elderly residents.
7. Elderly Abuse/Adult Abuse
 - a. Enact mandatory reporting law in Maine
 - b. Increase funding for Adult Protective Services in Maine
 - c. Reduce unnecessary drugs for elderly in institutions
 - d. Treatment records for institutionalized elderly should be available to relatives
 - e. Increase educational programs for families with elderly relatives in nursing and boarding homes.
8. Employment
 - a. Older worker specialists for each job service need to be better utilized
 - b. social service agencies should hire more elderly
 - c. FICA payments made by workers 65 and over should be reduced because they won't get back what they contribute.
9. Energy
 - a. Weatherization program needs increased funding to reduce energy consumption
 - b. The home energy assistance program should be increased to keep up with inflationary increases in heating costs.
10. Crime Prevention
 - a. Police should educate elderly citizens in ways to protect themselves against muggers, home robbery etc.
 - b. Increased consumer information is needed in area of insurance and car repairs to protect elderly against consumer fraud.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Maine 2) Date of Conference October 7, 8, 19
3) Place of Conference Augusta
4) Name of person submitting report Trish Riley
5) Title of Person Director

Participation

- 6) Total No. of Participants 400 7) Sex: No of Female 240
No of Male 160
8) Ethnicity/Race: 2 Black; 0 Hispanics; 396 Caucasian;
0 Pacific/Asian; 2 American Indian; 0 Other (Please
state approximate % for each)
9) Handicapped 10 (Please state approximate % only)
10) Age: 25 under 55 375 55 and over

Summary of Issues and Recommendations by Major Topics

PLEASE SEE ATTACHED

MAINE

INFORMATION PROBLEMS

A. Issue

1. There is a need for more person-to-person information networks for the elderly.

B. Policy Recommendations

1. Be it resolved that area agencies on aging recruit volunteers to serve as elder advocates in every community in the state to disseminate this information.
2. Be it further resolved that the legislature appropriate \$30,000 to such agencies through the Bureau of Maine's Elderly to reimburse travel costs of volunteers providing such service.
3. Be it resolved that there shall be employed by the municipality/State community workers based on the elderly population, available twenty-four hours a day to assist with immediate needs and advocate for needed services.

A. Issue

1. There is a need for more information for the elderly to be provided through the media.

B. Policy Recommendations

1. Be it resolved that the Bureau of Maine's Elderly support each area agency on aging by providing a publicity person whose responsibility it will be to make a more effective use of these media in helping keep more older people informed of current service programs.

A. Issue

1. Older persons, who pay local taxes for schools, need more education opportunities.

B. Policy Recommendations

1. Be it resolved that the Department of Education and the Aging Network form an "education/aging" consortium to look at and develop opportunities for cooperative efforts between local educational institutions and area agencies on aging in helping older persons help themselves.

A. Issue

1. The elderly population is growing faster than other seg-

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ments of the population and more information is needed about elderly needs.

B. Policy Recommendations

1. Be it resolved that courses in gerontology be required in medical, mental health, business and social service curricula leading to degrees in these fields.

EMPLOYMENT, RETIREMENT AND INCOME

A. Issue

1. State of Maine should expand the hiring of the elderly.

B. Policy Recommendations

1. Be it resolved that special desks be established in the Maine Manpower Offices staffed by an employee who is trained in the special employment needs of older workers and whose responsibilities should include seeking out older workers and working with employers to educate them about the advantages of hiring older workers.

2. Be it further resolved that the state develop means to create flexible manpower policies including flex and expanded part-time positions and displaced homemaker programs.

A. Issue

1. There are unfair personnel rules in Maine State Government affecting the elderly.

B. Policy Recommendations

1. Be it resolved that the State Personnel Rule Chapter 8, Section 4A be abolished.

A. Issue

1. Elderly should not receive reduced benefits because of cost of living increases.

B. Policy Recommendations

1. Be it resolved that eligibility for any public benefit program shall not be terminated or benefits reduced because of a cost of living increase in any other public

MAINE

and private benefit programs.

A. Issue

1. The incomes of elderly in the Maine State Retirement System cannot keep up with inflation.

B. Policy Recommendations

1. Be it resolved that the incoming legislature rectify this problem and adjust the percentage to reflect the inequities over this period of time and develop adequate legislation for future adjustments.
2. Be it further resolved that a study be conducted comparing the advantages and disadvantages of the Social Security system as opposed to the State Retirement system.

A. Issue

1. The elderly provide valuable volunteer work in this State.

B. Policy Recommendations

1. Be it resolved that the 1980 Blaine House Conference on Aging recognizes the value of older citizens who do volunteer work in their community as providers of service. Be it further resolved that the Bureau of Maine's Elderly place major emphasis on elderly as servers and not only as persons served.

A. Issue

1. There is inconsistency and confusion over different income eligibility requirements for services and benefits.

B. Policy Recommendations

1. Be it resolved that one standardized eligibility level be established to apply to all federally and state funded programs and benefits.
2. Be it resolved that the Maine Committee on Aging and the Bureau of Maine's Elderly advocate that eligibility for all programs based on income established by the State be based on a sliding eligibility scale to assure that individuals ineligible for benefit programs are not completely cut off from benefits but would be eligible to receive decreasing benefits according to the income eligibility scale.
3. Be it further resolved that the Blaine House Conference

MAINE

on Aging communicate to the White House Conference on Aging that eligibility for all programs based on income established by the federal government be based on a sliding eligibility scale to assure that individuals ineligible for benefit programs are not completely cut off from benefits but would be eligible to receive decreasing benefits according to the income eligibility scale.

A. Issue

1. Supplemental Security Income (SSI) regulations should not inhibit the elderly from leaving institutions for temporary periods.

B. Policy Recommendations

1. Be it resolved that there shall be no reduction in SSI or other benefits when a person leaving a long term care institution makes his residence with another person for a temporary period.

A. Issue

1. Property taxes in Maine have increased and represent a heavy financial responsibility borne by elderly homeowners especially since these taxes are regressive in character.

B. Policy Recommendations

1. Be it resolved that the Governor and legislature not take actions which will directly or indirectly result in increasing the regressive local property taxes.
2. Be it further resolved that the Governor be requested to amend his budget and continue at least the current level of state support for the General Assistance Program in the local towns.

A. Issue

1. There is a need for more access to information concerning Social Security benefits.

B. Policy Recommendations

1. Be it resolved that the Maine Committee on Aging bring pressure on the General Services Administration for toll free telephone service to the Social Security Administration offices.

MAINE
TRANSPORTATION

A. Issue

1. Transportation services are not sufficient to meet elderly's need for access to services.

B. Policy Recommendations

1. Be it resolved that the Maine Committee on Aging introduce legislation to transfer the elderly's share of Title XX funding from the Bureau of Resource Development to the Bureau of Maine's Elderly to be provided to the area agencies on aging to provide or assure the provision of expanded services to the elderly including transportation services.

A. Issue

1. Specific Public Utility Commission regulations prevent transportation programs serving the elderly from receiving donations without incurring additional regulation the providers are unable to meet.

B. Policy Recommendations

1. Be it resolved that Chapter 91, §1501 of the Public Utilities Commission regulations be amended to remove publicly subsidized transportation programs from the jurisdiction of the Public Utilities Commission.

A. Issue

1. Transportation services to the most needy elderly should be expanded in Maine.

B. Policy Recommendations

1. Be it resolved that a concerted interdepartmental effort be made to address transportation needs and that the legislature provide increased appropriations to improve transportation with emphasis on the priority usage by the most needy elderly.
2. Be it resolved that the Bureau of Maine's Elderly and the area agencies on aging encourage the increased use of private vehicles to provide transportation to the elderly by seeking out and assigning funds to pay volunteers on a per mile or other basis and to cover additional insurance requirements.

MAINE
HOUSING

A. Issue

1. Maine's elderly desire to remain in their own homes and need financial assistance to do so.

B. Policy Recommendations

1. Be it resolved that the Bureau of Maine's Elderly and the Maine State Housing Authority conduct a study and make a report by October 1981 or sooner to the older citizens of Maine concerning the options regarding Home Equity Utilization. Such a report will also contain recommendations for required statutory or regulatory changes to facilitate the use of such options.
2. Be it resolved that a shared homes program be developed and implemented by the State of Maine and, if necessary, funding for such a program shall come from reallocation of existing housing resources.
3. Be it further resolved that the Blaine House Conference urges the Maine State Housing Authority, the Farmers Home Administration, the Department of Housing and Urban Development and the Bureau of Maine's Elderly to support and encourage and work with local communities to implement such a concept.
4. Be it resolved that the Blaine House Conference on Aging call for a study by the Maine Committee on Aging of the possibility of freezing or placing a cap on taxes on the primary residence of the elderly.
5. Be it resolved that the Maine Committee on Aging seek legislation in the 110th Maine Legislature to index annually the Elderly Householders Tax and Rent Refund Program's income and eligibility guidelines to the Social Security increases.
- b. Be it resolved that a sliding scale be attached to the eligibility standard for the Elderly Householders Tax and Rent Refund Program to affect those people whose income is between \$5,000 and \$6,000 for single persons and between \$6,000 and \$7,000 for households of two or more while maintaining the \$400 maximum standard payment.

MAINE

VICTIMIZATION

A. Issue

1. The victimization of elderly persons is wide-spread and a serious problem.

B. Policy Recommendations

1. Be it resolved that the Blaine House Conference on Aging recommends that prosecutors and judges seek and impose maximum allowable penalties for crimes and consumer frauds perpetrated against the elderly.

A. Issue

1. Elderly need more information about medical insurance options to protect them from misinformation in this complex field.

B. Policy Recommendations

1. Be it resolved that the Bureau of Insurance undertake a complete analysis of Medicare supplement insurance policies and be it further resolved that the Bureau of Insurance provide the analysis and training to area agency on aging staff so that the area agencies on aging could provide Medicare supplement insurance counseling services for older people to assist them to become informed consumers relating to purchase of health insurance.

A. Issue

1. Elderly abuse is a serious problem in all areas of society.

B. Policy Recommendations

1. Be it resolved that a mass media campaign and education program be conducted cooperatively by the Maine Department of Human Services, the Maine Committee on Aging, the five area agencies on aging, the Maine Criminal Justice Academy and other appropriate agencies to educate and inform the public about this problem, and raise public awareness.
2. Be it resolved that the Maine Committee on Aging introduce legislation in the 110th Maine Legislature to enact a mandatory elderly abuse reporting law which mandates that professionals including medical or osteopathic physicians, hospital staff, medical examiners, physician's assistants, certified nurses aides, social workers, members of the clergy, dentists, chiropractors, podiatrists, registered or licensed practical nurses, boarding/nursing home Om-

MAINE

budsmen, Christian Science practitioners, mental health professionals, administrators of nursing/foster homes while acting in their professional capacity must report suspected abuse, neglect and/or exploitation of the elderly; allows that any person may make a report of elderly abuse if that person knows or has reasonable cause to suspect that an elderly person has been or is likely to be abused, neglected and/or exploited.

3. Be it further resolved that the 110th Maine Legislature appropriate sufficient funds as recommended by the Maine Committee on Aging to provide supportive community services to victims and their families, including respite care, counseling, temporary emergency housing, homemakers, home health, meals, transportation and other services needed by the individual.
4. Be it further resolved that the 110th Legislature appropriate sufficient funding for Adult Protective Services to enable them to provide protective and supportive services to abused elders, particularly increases in Adult Protective Services staff.
5. Be it further resolved that there be a mass media campaign about this law when passed.
6. Be it resolved that the 1980 Blaine House Conference on Aging recommends that advocacy by the Maine Committee on Aging to help elderly tenants in the State of Maine should include but not be limited to:
 - 1) a reasonable notice prior to rent increases;
 - 2) placing limits on unreasonable profit in rents;
 - 3) issues relating to heating in rental units statewide;
 - 4) elimination of security deposits for the elderly.
7. Be it resolved that the Governor reconsider his budget proposal to reflect an appropriate effort to meet the very real and legitimate needs of abused and neglected children but not to do so at the expense of other people in equally legitimate need.
8. Be it further resolved that the Blaine House Conference urge all people of good will to work candidly and constructively to meet legitimate and pressing needs of people of all ages in Maine, including both the young and the old.

MAINE

REMAINING AT HOME

A. Issue

1. Families or persons caring for the elderly should receive financial and social incentives.

B. Policy Recommendations

1. Be it resolved that at the federal and state levels the income tax laws and regulations be modified to allow for income tax credits and/or special tax exemptions and that special property tax exemptions be considered for those families and/or significant others providing essential support care for dependent older relatives or friends.
2. Be it resolved that homemaker and home health agencies receive funding to provide in-home respite care services; that some boarding care facilities and intermediate care facilities be reimbursed for keeping an extra bed or two for respite care services; that some adult foster homes be reimbursed to provide respite care services; and that a few individuals be licensed to rotate among group homes and transitional living facilities, in order to provide respite care to operators of these facilities.

A. Issue

1. Too little funds from the Medicaid budget are allocated to services needed to keep elderly in their homes and out of skilled and intermediate care facilities.

B. Policy Recommendations

1. Be it resolved that the Maine Committee on Aging introduce legislation requiring the Department of Human Services to spend at least 10% of the combined Federal-State Medicaid budget for skilled nursing and intermediate care, or an equivalent amount thereof, for community or home based care services.
2. Be it further resolved that those Maine citizens classified as being in need of nursing home care and being eligible for Medicaid coverage in such homes be eligible for the same range of health and social support services in the least restrictive community setting.
3. Be it further resolved that, if the Maine Legislature does not implement by June 30, 1981 such a measure, a statewide referendum petition drive be implemented to place the issue before the citizens of Maine in the fall of 1981.

MAINE

A. Issue

1. Transfer of assets to family members upon an elderly person's admission to a nursing home to enable the resident to qualify for Medicaid coverage is a serious problem. Such actions reduce the amount of Medicaid funds available for in-home services.

B. Policy Recommendations

1. Be it resolved that Maine's Congressional delegation be contacted immediately and urged to finalize federal legislation to deny Medicaid eligibility for a specified amount of time to individuals who apply for admission to intermediate care and skilled nursing facilities and who have disposed of significant assets in order to establish eligibility, excluding a person's primary residence from eligibility consideration.
2. Be it further resolved that legislation be submitted to the 110th Maine Legislature to prohibit the transfer of assets for a specified amount of time to individuals who apply for admission to Maine intermediate care and skilled nursing facilities and who have disposed of significant assets in order to establish eligibility; excluding a person's primary residence from eligibility considerations.

A. Issue

1. Some Supplemental Security Income rules reduce benefits to needy elderly and need to be changed.

B. Policy Recommendations

1. Be it resolved that the limitations on individual and family assets be increased in proportion to the increase in the cost of living since 1974 and indexed annually thereafter.
2. Be it further resolved that this Blaine House Conference on Aging direct our delegates to the White House Conference on Aging to support resolutions calling on the federal government to change the rules on deeming, disregard, and in-kind support and maintenance so that benefit levels are not reduced due to the modest income of an ineligible spouse; due to the stricter eligibility standard for an eligible couple or due to the support received by an elderly person who resides in another's household as an alternative to institutionalized care.

MAINE

LONG TERM CARE

A. Issue

1. Philosophy statement of the Blaine House Conference on Aging of 1980's Long Term Care Workshop.

Older people are unique individuals with varied needs for service and those needs which are being met are now being addressed by primarily institutional-based services. Older people wish to remain in their own homes and retain control of their own lives.

B. Policy Recommendations

1. Be it resolved that the Blaine House Conference on Aging of 1980 affirms the right of older people to partake of needed services as they see fit in the least restrictive environment possible.
2. Be it further resolved that this basic individual right to partake of needed services in the least restrictive environment be the foundation of all programs for all older people, stressing the quality of the individual's life and working towards a broader range of community-based services.

A. Issue

1. The recent report of the Governor's Long Term Care Task Force is a comprehensive effort to address the multiple issues which impact on the lives of all Maine citizens.

B. Policy Recommendations

1. Be it resolved that the Maine Committee on Aging endorse and work toward passage of as many recommendations as possible of the Long Term Care Task Force proposals that would benefit the older citizens of Maine and support the general philosophy of that report.

In particular, the Blaine House Conference on Aging of 1980 endorses the thrust of the Task Force recommendations pertaining to optional services and urges that the list of services be expanded to include the following preventive and supportive services:

- . homemaker
- . maintenance health care
- . mental health
- . respite care

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- .podiatry
 - .optometry and ophthalmology
 - .dental care
 - .day care
 - .audiolaryngology
 - .dental care
 - .day care
 - .audiolaryngology
 - .after care
2. Be it further resolved that these optional services be made available to non-Medicaid eligible clients through a sliding fee scale structure.
 3. Be it resolved that the recommendations of the Governor's Long Term Care Task Force for a new level of care within the long term care system of Maine, intermediate care/boarding care, for the frail elderly be implemented and that there be federal monies appropriated to help fund that program. Reimbursement for care needs to meet the needs of people living within this type of care facility.

A. Issue

1. There is a need for innovative community-based alternatives in housing for the elderly.

B. Policy Recommendations

1. Be it resolved that the legislature appropriate seed money to be administered by a citizens group, appointed by the Governor and made up primarily of older people, to encourage, fund and evaluate a variety of informal community-based innovative and creative residential solutions to housing problems for the elderly, including but not limited to:
 - .renovating existing homes to use as facilities for shared living
 - .setting up a clearinghouse for roommate or housemate information
 - .cooperatively owned homes
 - .private guest homes
 - .intergenerational living arrangements.
2. Be it further resolved that there should be incentives in the form of subsidies and/or tax credits to families who provide in-home care to elderly family members.

A. Issue

1. There is inadequate funding for community or home-based care services.

MAINE

B. Policy Recommendations

1. Be it resolved that the 110th Maine Legislature require the Department of Human Services to spend 10% of the combined federal/state Medicaid budget or an equivalent amount thereof for community or home based care services.
2. Be it resolved that the roles and responsibilities of the Bureau of Maine's Elderly be strengthened in long term care service development and that Older Americans Act funding including Titles III and V, as well as a proportional share of Title XX funds and Title XIX funding utilized for long term care services, be brought under the control of the Bureau of Maine's Elderly with the intent of redistributing public funds to assure to older people support in remaining in their own homes.

A. Issue

1. Case management for elderly services is a valuable means of directing services to those in greatest need.

B. Policy Recommendations

1. Be it resolved that the Blaine House Conference on Aging of 1980 supports the development of a case management system for Maine residents.

A. Issue

1. Medigap insurance policies must be adopted to improve coverage of medical expenses for the elderly.

B. Policy Recommendations

1. Be it resolved that the 1980 Blaine House Conference on Aging supports the intent of the proposed legislation submitted by the Bureau of Insurance to establish minimum standards for Medicare supplement insurance policies and be it further resolved that this conference urge that the regulations promulgated by the Bureau of Insurance include at least the following standards:
 - 1) adequacy of coverage standards relating to the gaps in coverage under Medicare Part A and Part B;
 - 2) that private insurance policies be written in simplified language and in a form which can be easily understood by purchasers;
 - 3) that policies do not limit or preclude liability under the policy for a period longer than six months because of a health condition existing before the policy is effective;

MAINE

- 4) contains a prominently displayed "no less cancellation clause" enabling the insured to return the policy within thirty days of receipt of the policy of the certificate issues thereunder;
- 5) contains a written statement for prospective purchasers of information relating to the:
 - a) policy's premium, coverage in relation to the coverage and exclusions under Medicare and renewability provisions; and
 - b) the identification of the insurer and its agents;
- 6) that standard definitions of terms including the terms hospital, skilled nursing facility, intermediate care facility, convalescent home, and custodial care home be used in all Medicare supplement policies.

A. Issue

1. Residents' rights for elderly residing in long term care facilities should be strengthened.

B. Policy Recommendations

1. Be it resolved that the 1980 Blaine House Conference on Aging support legislation in the 110th Legislature for a Residents Rights bill which sets forth rights for residents of long term care institutionalized and residential settings, other than correctional facilities.

A. Issue

1. Quality care is an essential part of a long term care system and improvements are always needed.

B. Policy Recommendations

1. Be it resolved that the 1980 Blaine House Conference on Aging recommends that Governor Brennan appoint a commission to study the long term care reimbursement system and to make recommendations for changes that would promote and provide incentives for quality care at a reasonable cost. This commission would consist of representatives of the Department of Human Services, Bureau of Maine's Elderly, Maine Committee on Aging, Maine Legislature, the nursing home industry, financial experts, and consumers of long term care services.

MAINE
ENERGY

A. Issue

1. Recipients of Supplemental Security Income (SSI) not residing in institutional settings should be automatically assisted in the Home Energy Assistance Program.

B. Policy Recommendations

1. Be it resolved that the 1981-82 Home Energy Assistance Program and future energy assistance programs provide automatically issued two-party checks to recipients of SSI, excluding those who live in nursing and boarding homes, adult foster homes and public subsidized housing, in Maine to assure that they receive the assistance needed without having to apply each year.

A. Issue

1. Congressional appropriation delay for the Home Energy Assistance Program impede assistance to recipients.

B. Policy Recommendations

1. Be it resolved that the Congress be made aware that action on the energy assistance appropriations must be made as early as possible and at least prior to September 1 in future years so that energy assistance can flow to people in need in a timely manner.

A. Issue

1. Dental health problems of the elderly are widespread and are not sufficiently addressed by state and federal programs.

B. Policy Recommendations

1. Be it resolved that the Blaine House Conference on Aging in Maine communicate to the White House Conference on Aging that there should be a priority to change the Medicare regulations to include dental health coverage for older persons receiving Medicare.

A. Issue

1. The Low Cost Drug Program in Maine excludes medications for arthritis.

MAINE

B. Policy Recommendations

1. Be it resolved that the Maine Committee on Aging seek legislation to amend the Low Cost Drug Program to cover drugs for arthritis.

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STATE CONFERENCE REPORT
FROM
MARYLAND

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Maryland STATE COORDINATOR Matthew Tayback, Sc.D.

TOTAL # FORUMS 179 % URBAN 75 % RURAL 25

TOTAL # PARTICIPANTS 6,828

ISSUES OF CONCERN (top 10 priorities):

1. Crime
2. Employment/Retirement
3. Health
4. Housing
5. Income/Economic Security
6. Long Term Care
7. Quality of Life
8. Research
9. Transportation
10. Women

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Crime: Provide better and increased police protection (e.g. extra foot patrols where there are large concentrations of older people).
2. Employment/Retirement: Provide more part-time or full time employment programs for the elderly.
3. Health: Expand Medicare to cover dentures, prescriptions, eye glasses, and hearing aids.
4. Housing: Provide more senior housing.
5. Income/Economic Security: Reduce the cost of utilities to the elderly or provide more assistance in paying for these utilities.
6. Long Term Care: Provide for comprehensive long term care home support services, including housekeeping, chore services, etc.
7. Quality of Life: Expand the size and number of senior centers.
8. Research: Undertake research concerning inter-generational living.

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9. Transportation: Make free or affordable transportation available for the elderly.

10. Women: Lower the Social Security eligibility age for widows to 55.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Maryland 2) Date of Conference November 17, 1980
3) Place of Conference Baltimore Convention Center, Baltimore, Maryland
4) Name of person submitting report Matthew Tayback, Sc.D.
5) Title of Person State Coordinator

Participation

- 6) Total No. of Participants 1100 7) Sex: No of Female 770
No of Male 330
8) Ethnicity/Race: 25% Black; 0.5% Hispanics; 74% Caucasian;
0.5% Pacific/Asian; 0% American Indian; 0% Other (Please
state approximate % for each)
9) Handicapped 1% (Please state approximate % only)
10) Age: 220 under 55 880 55 and over

Summary of Issues and Recommendations by Major Topics

CRIME

A. Issue

1. Crime is a major obstacle to secure living for America's elderly. What steps can be taken to reduce those forms of crime peculiar to senior citizens?

B. Policy Recommendations

1. Lower the age from 18 to 16 for juveniles to be tried as adults in criminal court.
2. Enact a federal law requiring that all states have victims' assistance programs that can meet the immediate needs of the victim.
3. Enlarge local police services to include the philosophy of primary care for the victim. As an outgrowth of this, special training should be provided, and police should be more visible in the community.

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4. Enact a law giving the court the authority to make parents of juvenile offenders responsible for up to \$10,000 monetary restitution and/or make those parents responsible for overseeing work or community service ordered by the court for the offenders.
5. Enact federal law HR 7551 - The Prevention, Identification, and Treatment of Adult Abuse Act - or a similar version of the bill. States should develop a working definition of abuse in order to define the legal responsibility to report, investigate, treat abuse, and determine what criminal charges apply.

EMPLOYMENT/RETIREMENT

A. Issue

1. There is a need for more equitable and innovative employment policies for older people. What steps can be taken to encourage the development of these policies?

B. Policy Recommendations

1. Encourage public and private sector employers to extend the working life of older people by developing innovative employment options (e.g., job sharing, flexible scheduling, flexible retirement, redesign of jobs, reassignment and transfers at employee request, training opportunities throughout the work cycle). Introduce these and other options through demonstration programs sponsored by industry and government without loss of pension and Social Security benefits to which workers would be entitled.
2. Remove arbitrary restrictions on the employment of older workers by:
 - abolishing mandatory retirement in the public and private sector;
 - using only functional criteria in assessing the performance of all employees, including older workers;
 - ensuring that, if the age for receipt of Social Security benefits is raised (not recommended by this workshop), there should be appropriate legislation to protect vulnerable older workers and to provide for adjustment of the age at which private pension benefits are provided.
3. Revise affirmative action policies to include middle aged and older workers where possible. As a consequence of these affirmative action policies, older workers should be employed in the administration of programs designed for older people.

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4. Promote the effectiveness of older workers among employers. The federal government and the Office on Aging should inform and enlighten employers and older workers themselves regarding their capabilities.

HEALTH

A. Issue

1. Can Medicare be a more sufficient program to protect the health of the elderly and to ensure the elderly against excessive health costs?

B. Policy Recommendations

1. Revise Medicare and Medicaid reimbursement policies to include evaluation, provision, and training in the use of prosthetic devices such as hearing aids, dentures, etc.
2. Remove required hospitalization (three days) prior to home placement or initiation of home care services.
3. Medicare and Medicaid coverage should be assured for psychiatric treatment as long as needed.

A. Issue

1. Are there strategies for the prevention of disability and the promotion of health for the elderly?

B. Policy Recommendations

1. Make provision for informal support systems and recognition of families who provide care for the elderly via tax credits and respite care.
2. Arrange for national and state attention to and emphasis on adequate nutrition for the older person by:
 - a. Provision of adequate resources for nutrition programs (e.g., food stamps, SSI, gleaners and surplus food, adequate Title III funding).
 - b. Provision of nutrition education to both consumers and providers, including information about the reaction of medicine, alcohol, drugs, and nutrition through:
 - 1) Education programs for consumers on caloric density and proper nutrition including labeling, good consumer purchasing, food preparation and vitamin inter-relationships;

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- 2) Amendment of existing programs to provide for dental needs of the elderly including mobile dental units and dental services for nursing homes. This should be supported by improved funding to local health agencies.
- 3) Education for public providers as listed under Public Law 93-641.
3. Give national attention to adequate mental health programs and services for the older person by:
 - a. Increasing Medicare benefits for mental health services.
 - b. Developing prevention, treatment, rehabilitation, and addiction services specifically designed for the aging, infirm, and disabled.
 - c. Giving attention to the needs of the de-institutionalization process so that persons are not discharged without suitable follow-up; local health and social services should be aided in the development of community support services including more mental health services.
 - d. Encouraging Maryland community hospitals to provide facilities for holding and observing elderly persons who are acutely mentally ill.
 - e. Addressing the special mental health problems of elderly men (as evidenced by the high suicide rate).
4. Increase competency of health care professionals in recognizing and managing psychiatric conditions in the elderly.
5. Provide health education and consumer awareness in the areas of normal and pathological aging processes, physical fitness, home health care and abuse (e.g., chemical, emotional, physical).
6. Address the physical rehabilitation policy for the infirm and disabled elderly.
7. Enact National Health Insurance to be administered by the Federal Government with participation of health care providers from the private sector. Total health needs of the community should be covered with catastrophic care to be a secondary consideration.

A. Issue

1. Can national policy be modified in connection with the care of the terminally ill?

B. Policy Recommendation

1. Support the concept that death with dignity is the right of each elderly person. Involve the aging network in hospice type terminal care and the development of living wills.

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HOUSING

A. Issue

1. The shortage of adequate and affordable housing options continues to be a major problem affecting the elderly.

B. Policy Recommendations

1. Expand the amount of decent and diverse housing for all elderly (e.g., rental, homeowner, group and shared, congregate, sheltered).
2. Assist homeownership by: (1) enacting property tax relief; (2) freezing the real estate tax assessment and rate until property is sold; and (d) providing low-interest loans for home maintenance, repair and winterization.
3. Provide incentives and services so that homeowners will be able and willing to use their homes for shared housing. Legislation should be developed to include appropriation and quality accountability to make shared housing acceptable under local codes and ordinances.
4. Establish assistance for the elderly affected by condominium conversions. Include:
 - a. Protection for renters;
 - b. Relocation services;
 - c. Affordable financing;
 - d. Incentives for non-resident investors to lease to elderly residents.
5. Protect older Americans living in state chartered non-profit housing cooperatives by furnishing a simplified financial statement to purchasers prior to settlement. Duplicates should be filed with the Maryland Office on Aging and the State Department of Assessment and taxation.
6. Review design features of new elderly housing. Include fewer efficiencies, more mid-rise and low-rise housing, site amenities, and a re-examination of HUD's minimum property standards relative to elderly housing (e.g., lower maintenance cost, energy efficiency, and supportive services in all new developments).

INCOME/ECONOMIC SECURITY

A. Issue

1. How can the short term and long term financial integrity of the Social Security program be insured?

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B. Policy Recommendations

1. Change the special maximum Social Security Retirement benefit by increasing the maximum credited years from 30 to 35. As a result, such benefits could be increased 25 percent.
2. Retain the present Social Security earnings test, but make the test for those age 65 and over the test for all beneficiaries, including those receiving benefits between ages 62 to 65.
3. Delete the "Fair Share" and "Income in Kind" provisions in the SSI program in determining continuing eligibility, especially when a member of the family dies and remaining benefits are cut. In addition, include the deletion of the "one third" provision in those instances where an elderly SSI beneficiary is living in the household of a relative.
4. Support maintenance and extension of cost-of-living adjustments in Social Security and pensions. Exempt the first \$10,000 annual income of elderly from State and Federal taxes. Index the amount of exemption for dividends and interest and State and Federal tax laws. Allow I.R.A. accounts even where pensions exist.
5. Adopt a universal program of Social Security and universal coverage under Social Security for all workers in the labor force. This universal program should:
 - a. Safeguard the prior rights of Federal, State, and local government workers;
 - b. Prevent "windfall" benefits;
 - c. Pay proportionate benefits to those covered and permit supplemental pension plans to be developed for all workers including governmental employees.

A. Issue

1. As a supplement to the Social Security program, what Federal and local economic support for low-income elderly is equitable?

B. Policy Recommendations

1. Provide tax credits (or Federal/State support) for those caring for elderly relatives either in the home of the older person or in the caregiver's home.
2. Maintain the food stamp program. A cash-out proposal should not be implemented.
3. Support Federal controls on petroleum and natural gas. In addition, encourage other methods to protect the price elderly consumers pay for energy, such as an inverted rate structure for public utilities. Conservation, more adequate fuel assistance, and better outreach are needed.

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4. Standardize income eligibility requirements for all benefit programs for the elderly. Increase the income level for eligibility for these programs and index them for inflation. More aggressive efforts are needed to inform the elderly of benefit programs to which they are entitled.

LONG TERM CARE

A. Issue

1. What changes are required in national and local policy to afford the frail and disabled elderly a reasonable choice of support systems?

B. Policy Recommendations

1. Expand community support services especially family support, day care, respite care, and in-home care services.
2. Provide a full range of coordinated community based services to the dependent elderly (include Foster Homes, Home Health Care, Group Homes, Respite Care and Day Care). In-home services and other community based supports are viable alternatives to inappropriate institutional care and should be covered by public reimbursement.
3. Improve nursing home care by coordinating regulatory activities, defining quality of care, and developing a faster process for enforcing regulations and moving patients from inadequate facilities.
4. Establish a geriatric evaluation and screening service mandated to screen anyone applying for long term care services financed by state or federal monies. The evaluation team would determine which service is most appropriate for an individual.
5. Encourage the development of hospices as a technique of dealing with terminal illness. Incorporate hospices into the entire existing spectrum of services. Funding should be received from multiple sources.
6. Establish a geriatric curriculum in all professional health care schools that would include a required practicum in a long term care setting.
7. Encourage adult education and secondary educational schools to provide a nursing assistance curriculum which would result in an educational certificate of achievement. This curriculum might enhance the potential for career advancement.
8. Have the Federal government fund geriatric "chairs" in medical schools. Establish chronic hospital "chairs" and geriatric departments in major hospitals.

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9. Develop methods of attracting adults and young people to careers in serving the elderly.

QUALITY OF LIFE

A. Issue

1. How can the 25 million elderly Americans participate in the mainstream of the economic and intellectual life of the nation?

B. Policy Recommendations

1. Expand Medicare and Medicaid to cover hospice care, in-home health care, and respite care to families.
2. Raise eligibility proportionately when Social Security is raised.
3. Strengthen senior centers as designated community focal points to support a coordinated effort between service providers, centers, and clubs. In addition, increase the availability of delivered services.
4. Provide care services in all areas such as chore services, escort services, respite care, day care, and personal care to enable older persons to remain in their own homes.
5. Provide funding to increase and assure barrier-free accessibility to buildings and services for the handicapped (e.g., escort services, transportation).
6. Develop and expand inter-generational programs so that each age group can contribute ideas to benefit one another, and develop education through the schools and mass media to enhance the image of the aging process.
7. Provide Federal funds to support education of the public through the media (e.g., visual, verbal communication) to change stereotypes of old age.
8. Continue training and education programs such as: (1) consumer opportunities to minority groups; (2) images of aging to the general public; and (3) sensitivity to providers of care.
9. Establish and further develop a clearinghouse for programs and services for seniors (with emphasis on the lonely and isolated) by strengthening outreach.
10. Give the same credit to volunteers for reimbursable expenses as is given to business personnel or provide a stipend to volunteers who do not qualify for income tax credit.

MARYLAND

RESEARCH

A. Issue

1. What research dealing with the problems of aging from the aspects of biological, medical, psychological, and social services needs to be conducted and disseminated to personnel working in the field of aging?

B. Policy Recommendations

1. Conduct research into the theoretical process of aging and develop better measures of aging than chronological age to assess physiologic, psychologic, and functional status.
2. Assess the factors affecting mental well-being in aging, specifically focusing on the roles of isolation, loneliness, depression, and the need for affection. In addition, the acceptance and rejection of aging by individuals and the impact of these attitudes on mental health well-being need to be studied.
3. Examine the development of stereotypes. Give specific attention to the role of schools and the media in either reflecting or helping to foster attitudes, i.e., how society perceives the aged and how individuals perceive themselves as they age.
4. Undertake research concerning the effects on caretakers of caring for the functionally disabled elderly (e.g., families or institutional personnel). Determine how to attract caregivers, methods of support, rewards, and ways to prevent the physical and mental strain that some caregivers experience.
5. Develop mechanisms for evaluating the effectiveness, responsiveness and availability of programs involved in the network of aging services. These should include institutional, community, and family services.

TRANSPORTATION

A. Issue

1. What practical measures can be created to provide mobility for the elderly in order to preserve independent living for the well and maximum function for the disabled elderly?

B. Policy Recommendations

1. Earmark funds in the 1981 Amendments to the Older Americans Act specifically for transportation, i.e., transportation should be a priority service.

MARYLAND

2. Coordinate all vehicles in a local jurisdiction and initiate a time-sharing program.
3. Give priority in funding special rural, urban and suburban transportation services to those programs which coordinate all the local special needs. Give special preliminary grants to those services which attempt such coordinated transportation services.
4. Purchase smaller, less costly means of transportation (e.g., vans) for the ambulatory elderly in public, private, and voluntary organizations.
5. Encourage the Federal government to develop designs and recommendations for vans which would accommodate the physical needs of the elderly.
6. Provide for improved bus services by including bus shelters, better scheduling, more frequent services (especially on weekends), less transferring (more direct routes), better security, and training bus drivers to be more accountable for the specialized needs of the elderly and handicapped.
7. Give consideration to elderly pedestrians by providing traffic controls (lights and walk signs) which allow sufficient time for crossing. Also, install benches at appropriate intervals as rest stops.
8. Require the Federal government to develop an insurance program for volunteer drivers.
9. Amend the 504 regulations to permit local options.
10. Require that applicant developers for Federally subsidized and/or financed housing projects for the elderly provide: (1) accessibility to all types of transportation; and (2) transportation resources such as buses or vans in their project plans.

WOMEN

A. Issue

1. How can the nation address itself to the unique problems of older women, i.e., widowhood, limited mobility, severe economic pressure?

B. Policy Recommendations

1. Provide a higher quality of life for women through education, better support systems, life-time employment opportunities, and retraining for non-traditional jobs. More part-time jobs and flexible work schedules are needed.

MARYLAND

2. Establish private pension systems that treat spouses equally and are comparable in provisions to the Social Security System. Homemakers should be allowed to establish IRA accounts in their own names.
3. Meet the health needs of women by emphasizing medical and psychiatric needs of females in research and in the training of doctors and other health providers.
4. Reform Social Security to:
 - a. Provide for earnings sharing, including an Inheritance Clause;
 - b. Increase the amount a beneficiary can earn without affecting his/her Social Security benefits;
 - c. Shorten from ten years to five years the duration of the marriage requirement for divorced persons;
 - d. Give women full wage credit for full-time homemaking for eligibility to benefits (including disability and age benefits);
 - e. Reduce the age limit for Medicare to age 62.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

MASSACHUSETTS

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Massachusetts STATE COORDINATOR Thomas H.D. Mahoney, Ph.D.

TOTAL # FORUMS 171* % URBAN 79% % RURAL 21%

TOTAL # PARTICIPANTS 8600*

ISSUES OF CONCERN (top 10 priorities):

Health - physical, mental, long term care
Housing
Transportation
Economic Security - income, taxes
Formal Supports - social services, nutrition
Employment/Retirement
Informal Supports - volunteers, family
Energy
Personal Safety - crime
Education

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. A comprehensive national health system should be established.
2. Coverage provided under Medicare should be expanded.
3. Funding for more preventative health programs should be provided.
4. The number of subsidized housing units for low and moderate income elders should be increased.
5. More programs to assist elder homeowners should be developed.
6. Additional housing alternatives, i.e. congregate housing, should be created.
7. Both public and specialized transportation services should be increased and improved in urban and rural areas.
8. The earnings test for Social Security recipients should be eliminated.
9. Mandatory retirement should be eliminated.
10. Employment opportunities for older workers, including part-time and full-time jobs in both the public and private sector, should be created.

* includes 10 Massachusetts Regional Conferences with 2000 participants

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

1. State Massachusetts
2. Date of Conference May 19, 1981
3. Place of Conference University of Massachusetts, Harbor Campus, Boston
4. Name of person submitting report Thomas H. D. Mahoney, Ph.D.
5. Title of Person Secretary of Elder Affairs

Participation

6. Total No. of Participants 450
7. Sex: No. of Females 290
No. of Males 160
8. Ethnicity/Race: 6% Black; 1% Hispanics; 91% Caucasian;
1% Pacific/Asian; 1% American Indian; - Other
(Please state approximate % for each.)
9. Handicapped 5% (Please state approximate % only.)
10. Age: 225 under 55 225 55 and over

Summary of Issues and Recommendations

ENERGY

A. Issue

1. Sharp energy-related price increases are having a serious impact on the economic and social well-being of older persons.

B. Policy Recommendations

1. A permanent, 12-month, coordinated and integrated energy assistance program shall be administered by one federal agency, one state agency and one local agency. This program shall have built-in incentives for conservation, offering weatherization and fuel assistance to low income people.
2. There shall be an increase in economic and/or tax incentives to tenants, homeowners and municipalities by government and private sector for conservation and alternative energy sources.
3. All medical expenses shall be deducted in calculating income eligibility for energy assistance programs.

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ECONOMIC SECURITY - INCOME

A. Issue

1. There is a need to establish policies which end the fragmentation and gaps in the current retirement income system in the United States.

B. Policy Recommendations

1. A Federal retirement income goal shall be established which enables individuals to protect their pre-retirement standards of living through a combination of Social Security, employee pensions, and individual savings, and which helps to guarantee a minimum floor of protection above the poverty level.
2. Social Security coverage shall be gradually expanded to all workers in order to avoid gaps in protection caused by the current fragmented income security system.
3. Policies shall be established which provide tax credits for qualified employers to establish pensions for middle- and lower-wage workers.
4. Standards shall be established which encourage liberalization of pension vesting provisions, better survivors' coverage, and integration provisions that enable low-wage workers to accrue higher benefits in addition to Social Security.
5. Tax policies shall be established which encourage retirement savings to supplement Social Security and any private pension plans.

A. Issue

1. There is a need to provide economic security for older people in order to keep them out of poverty.

B. Policy Recommendations

1. Federal SSI benefits shall be increased to prevent poverty among recipients; ceilings on resources and assets which are used to determine SSI eligibility shall be increased; the one-third benefit reduction for SSI recipients who live with others shall be liberalized so that more families can care for their older relatives; part or all of the SSI and Social Security cost-of-living increases shall be disregarded when determining eligibility of other programs.
2. Social Security retirement benefits shall be improved so that at least long-term, low-wage workers and survivors can receive incomes above the poverty level.
3. Tax policies shall be promoted which grant relief to the elderly and to those with low and fixed incomes.

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A. Issue

1. There is a need to improve the weaknesses in the current Social Security system with respect to benefits and financing.

B. Policy Recommendations

1. Policies shall be established which strengthen Social Security's short- and long-term financing, such as the use of general revenues or flexibility to transfer money between the different Social Security trust funds.
2. Better economic protection shall be provided for disabled or chronically unemployed older workers before any increase in the minimum age for full Social Security retirement benefits.
3. The Social Security earning test shall be removed.

A. Issue

1. There is a need to protect retirement income against the erosion caused by inflation.

B. Policy Recommendations

1. Cost-of-living adjustments in SSI and Social Security benefits shall be continued in order to protect the value of benefits against price increases (with consideration given to the possible substitution of a wage index or an elderly CPI).
2. A Federal mechanism shall be adopted which enables private pension plans to provide automatic cost-of-living adjustments.

A. Issue

1. There is a need to redistribute Federal resources for the benefit of older people.

B. Policy Recommendation

1. The additional funds needed to improve Federal retirement benefit programs and to compensate for tax dollars lost by liberalizing incentives to save for retirement shall be obtained by a redistribution of Federal resources from military expenditures to social welfare expenditures and a closure of existing loopholes in the Federal tax laws.

RETIREMENT

A. Issue

1. There is a need to change current retirement policies and practices.

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B. Policy Recommendations

1. A new national policy for retirement shall be established which encourages public and private employment sectors to eliminate mandatory retirement at any specific chronological age.
2. The Social Security Retirement Test shall be eliminated.
3. Provision shall be made for full maintenance of accrual features of public and private pension plans at any age. A uniform full vesting period of one year shall become part of the retirement income policy in both the private and public sector and a mechanism for portability of cumulative pension credits for total transferability to each new employer.
4. The multiple laws governing employment and retirement policies shall be continually studied to eliminate contradiction or duplication.
5. The Life Long Learning Act shall be fully funded.

EMPLOYMENT

A. Issue

1. There exists a general lack of awareness and understanding about older workers among employers, employees, government, labor, civic and educational groups which are barriers to a successful policy and program for older worker employment.

B. Policy Recommendations

1. A conscientious effort shall be made to identify, understand and correct misleading and inaccurate myths, stereotypes and other attitudes about older workers, as well as barriers, whether internal or external, labor or management, self imposed or regulatory.
2. A program shall be implemented which fosters an accurate and positive image of the older worker and is directed at the public and private employer; other workers, both younger and older; labor and trade organizations; civic and educational groups.

A. Issue

1. There is a need to increase employment opportunities for older workers.

B. Policy Recommendations

1. Governmental agencies responsible for the administration and enforcement of anti-age discrimination laws and regulations shall enforce them in an active and vigorous manner, and shall provide the necessary resources and support to handle those responsibilities effectively.
2. Provisions shall be made for skill training, development, and updating throughout the work cycle to accommodate the continual and rapid changes in technology so that worker skills remain current.

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3. A commitment shall be made to the identification and implementation of various new alternatives and innovative work patterns which meet both employer and older worker needs.
4. Existing job placement systems and programs shall be reviewed and evaluated to determine those which are most effective in placing older workers.
5. A complete and thorough review and analysis shall be made of all legislation, regulations and programs designed to benefit older persons in order to determine if, when and how they may conflict with and/or cancel each other.

EDUCATION - LIFELONG LEARNING

A. Issue

1. There is a need to eliminate ageism and stereotypes about older people at all levels of society and to change public attitudes and opinions about aging.

B. Policy Recommendations

1. An awareness of ageism and sensitivity to the particular needs of older people shall be included in the training of professionals who serve older people including architects, physicians and health practitioners, lawyers, clergy, psychologists, librarians, social workers, teachers, etc. The training of health professionals shall include at least as much attention to geriatrics as to pediatrics.
2. All public and private industry which plays a role in shaping public opinion and attitudes (motion pictures, publishing, broadcasting, advertising, etc.) shall establish industry-wide codes aimed at eliminating ageism. Such codes shall include standards which insure that all age groups, particularly the elderly, are fairly portrayed and represented in the media.
3. All agencies and institutions which play a role in education for any persons, including the handicapped, shall design and implement programs which increase intergenerational understanding. Opportunities for intergenerational cooperation and exchange shall be provided by such organizations as schools, colleges, libraries, churches, service organizations and the media.

A. Issue

1. Opportunities for lifelong learning need to be developed, which give particular attention to older people and the process of development and aging throughout life.

B. Policy Recommendations

1. Elementary, secondary and post-secondary education, including the arts and humanities, shall include aging in

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the curriculum as a basis for helping individuals adjust to changes throughout life. Education about health and nutrition shall be more specifically and completely incorporated into public education beginning with kindergarten, in order to provide for a greater potential for healthier later years.

2. Educational programs for and about elders and aging shall be flexible to accommodate the constant changes taking place in society, as well as in technological developments.
3. As all individuals are entitled to educational opportunities at whatever point in life and in whatever manner they choose, subsidies to sponsor these programs shall be sought and made available through federal, state, business and private foundation sources.
4. If matching funds are required for government-assisted programs, the lifelong contributions of elders to society shall be considered as appropriate matching compensation.
5. Special provisions shall be made to deliver educational programs to older adults from various cultural, social and ethnic groups; at various socio-economic and educational levels; and other "hidden populations", such as handicapped and homebound who are generally isolated from the mainstream of community services.
6. The elderly shall be included in the planning, administering and staffing of all programs which affect their lives.
7. Funding shall be provided for experimentation and research, for ongoing education programs with a demonstrated record of success, and for innovative methods for disseminating information.

INFORMAL SUPPORTS: FAMILY, RELIGIOUS ORGANIZATIONS, VOLUNTEERS

A. Issue

1. There is a need to recognize the importance of informal support systems which assist elders with their physical, emotional and social needs and help to maintain them in their own homes and communities.

B. Policy Recommendations

1. Current public policy shall focus on the informal support system as the basic support network and shall develop public policy to assist this informal system to function effectively. Government shall encourage informal programs and service organizations to establish family support groups to assist and educate the individual elder and their family who may need emotional support and respite services.
2. Federal and local tax policy as well as Federal and local regulations such as zoning shall be examined to determine whether or not they support informal networks.
3. Spiritual needs are legitimate needs of elder citizens, and the Federal Government shall encourage both the informal and formal systems to work more closely in meeting those needs. Religious bodies in particular shall accept the responsibility to present positive images of aging and to communicate them through all means at their disposal.

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FORMAL SUPPORTS: SOCIAL SERVICES, LEGAL SERVICES, NUTRITION

A. Issue

1. There is a continuing need for additional and expanded social services in order to reduce fragmentation and gaps in the current service delivery system so as to enable elders to remain in their own homes as long as possible.

B. Policy Recommendations

1. A commitment shall be made at the Federal and State levels for the expansion and continued funding of Titles 18, 19 and 20 of the Social Security Act with concurrent development of standards for service delivery.
2. Service delivery networks shall be streamlined in order to minimize duplication and enhance coordination of services.
3. Coordination shall be promoted and fostered between the formal and informal support systems, with a reimbursement mechanism and/or tax credits developed to financially support the informal support network.
4. Adequate funds to support research which sets the direction for social policy and service planning shall be made available, particularly in the area of preventative health, with emphasis on the special needs of aged women and minorities.
5. A sliding fee scale shall be implemented for those persons who are able to contribute to the cost of services.
6. The minimum age of eligibility for Medicare shall be maintained at age 65.

A. Issue

1. There is a need to expand the current nutrition program.

B. Policy Recommendations

1. The congregate and home delivered meals programs shall be expanded to allow flexibility between the two programs to meet the needs of elders, and the funding of supportive services shall be returned to the nutrition program.
2. Nutrition programs shall provide for the reimbursement of transporting persons and home-delivered meals.
3. The nutrition program shall be made available seven days a week.
4. Nutrition education shall be promoted through the mass media and as an integral part of the nutrition program.

A. Issue

1. Legal services are an essential component of any effective system of delivering social services to elders.

B. Policy Recommendations

1. To assure effective legal services for the elderly, Congress shall reauthorize the Older Americans Act, including the priority for legal services and the Legal Services Corpor-

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ation Act, at the fullest funding level. Recognizing the particular difficulties of elders in dealing with local, state and federal governmental agencies, we strongly oppose any restrictions in the Older Americans Act or regulations on the free right of elders to have legal representation against governmental agencies, either as individuals or as members of a class.

2. To assure the effective provision of legal services to the elderly, existing efforts shall be maintained and new efforts initiated expanding the cooperation of the Title III-b Senior Citizens Law Projects, the Legal Services Corporation, the private bar, law schools, para-legals, non-lawyers, and support systems, such as those provided by the Administration on Aging and the Legal Services Corporation.
3. Publicly-funded legal services for the elderly shall provide legal advice and representation to individuals and group by attorneys, para-legals (and law students as allowed by law); community education; the training of staff para-legals, law students and community "aging network" staff; and legislative advocacy, as allowed by law.
4. The private bar, working cooperatively with existing publicly-funded programs, shall expand its commitment to the elderly by participating in reduced fee or pro bono referral panels, presenting community legal education programs, providing legislative advocacy for bills affecting the elderly, or co-counseling with publicly-funded programs during complex litigation.
5. Law schools shall increase their efforts to establish courses of study and clinical programs dealing specifically with the legal problems of the elderly, such as governmental benefits and entitlements and protective services.

HOUSING - LIVING ARRANGEMENTS

A. Issue

1. There is a need to continue and increase government subsidy of housing programs of rental assistance and new construction.

B. Policy Recommendations

1. There shall be an increase in the amount of subsidies either for existing housing (with increased rent levels) or for new construction which shall be determined by the Administration on Aging, the Area Agencies on Aging and the local aging network.
2. The "Brooke Amendment" shall be upheld; persons in subsidized units shall pay no more than twenty-five (25%) of their adjusted monthly income for housing.

A. Issue

1. There is a need to increase public information and training programs for elders on housing issues and programs.

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B. Policy Recommendations

1. Incentives shall be provided on a national, state and local level to stimulate private and public groups, agencies and departments to develop housing alternatives and to remove barriers to these alternatives; i.e. mobile homes, accessory apartments.
2. Support and incentives shall be provided to communities to adjust existing zoning laws to allow unrelated elders to share homes and to allow greater densities in land development.
3. Incentives shall be provided to private and non-profit corporations encouraging them to develop additional rental units for elders.
4. Additional congregate housing units which combine shelter with necessary services shall be developed.

A. Issue

1. There is a need to assist elderly homeowners.

B. Policy Recommendations

1. Current tax abatement programs/law shall be expanded, enabling more elderly homeowners to remain in their homes.
2. A clearinghouse/resource directory aimed at the dissemination of information to assist older homeowners, i.e., contractor names, financial assistance, shall be developed.

TRANSPORTATION

A. Issue

1. There is currently insufficient and/or inadequate, affordable transportation services in urban, suburban and rural areas to meet the travel needs of elders.

B. Policy Recommendations

1. The Federal Government shall continue to provide financial capital and operating assistance for public and specialized transportation services in urban and rural areas.
2. Improvements shall be made to make public and specialized transportation services more available and responsive to the needs of elders and mobility-impaired people, so that they may be used by more people or used with greater ease. Such improvements may include better routing and scheduling, the removal of architectural barriers, the provision of intensive awareness and sensitivity training of drivers, and increased security and safe vehicle design.
3. In order to help meet the transportation needs of elders, particularly those in rural areas, the supply of existing transportation shall be increased and/or new programs developed. Such programs need not be restricted to elderly persons.

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4. It shall be national policy that consideration be given to utilizing all the resources of the public and private sectors in addressing the transportation problems of elderly and other mobility-impaired people.
5. Improvements shall be made to facilitate pedestrian travel by providing curbcuts, benches, lighting, pedestrian-controlled lights, and shelters at bus and train stops.
6. Title III(c) of the Older Americans Act funding shall be provided to allow for both the transportation of clients to meal sites and the transportation of home-delivered meals.

A. Issue

1. There is a need to create greater awareness concerning the importance of transportation services for elderly and mobility-impaired people and to exchange both technical and consumer-oriented information concerning such services.

B. Policy Recommendations

1. Regional information and referral services shall be established so that individuals, agencies, and transportation providers can easily determine the existence of local transportation services which would meet their needs.
2. In order to increase and improve transportation services, a national and regional advocacy network shall be established to promote awareness of the need for service and to identify the needs of transportation providers and facilitate the exchange of technical information among them.

A. Issue

1. A lack of coordination on the federal, state, and local levels has resulted in inefficient use of resources.

B. Policy Recommendations

1. A single federal agency shall be given sole responsibility and authority to develop and fund specialized transportation services through regional and coordinated service providers at the local level to meet the needs of elderly and mobility-impaired persons, regardless of age and income level. Into this agency shall flow all the monies which have been spent on transportation under separate categorical programs.
2. Those aspects of coordinated transportation programs which have been effective in increasing efficiency and reducing the cost of services shall be encouraged, and definitive plans for such coordination shall be required for approval of applications for federal funding.
3. In order to ease the cash flow difficulties and reporting requirements of specialized transportation operators, the consolidation of federal funding sources shall result in a more timely payment process as well as a standardized billing and accounting procedure.

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PERSONAL SAFETY - ABUSE; CRIME

A. Issue

1. There is a need to examine the problem of elder abuse and to develop effective remedies for abused elders.

B. Policy Recommendations

1. The Federal Government shall continue its support of research on the problem of elder abuse and intervention strategies.
2. A comprehensive protective service system shall be established that will allow intervention in life-threatening situations while still protecting the rights of those involved.
3. Programs and policies shall be developed that would foster independence on the part of the elderly and reduce vulnerability to abuse, as well as, teach people to deal with their dependency.
4. Education programs shall be established which help people to develop skills in communications, family relations and understanding the problems of aging.
5. The Legal Service Corporation shall continue to receive adequate funding so that it may continue to provide services to the elderly.

A. Issue

1. Elders have serious concerns for their personal safety due to the rising crime rate.

B. Policy Recommendations

1. Individuals 16 years of age or older who are found guilty of assault or breaking and entering against the elderly shall receive mandatory minimum sentences.
2. Support systems shall be provided for elderly victims of crime to help them understand the criminal justice system and negotiate it.
3. The scope and nature of consumer fraud shall be investigated and public education programs for the benefit of the elderly shall be developed.
4. More neighborhood/community anti-crime programs shall be initiated.
5. The inefficiencies in the present criminal justice system shall be reduced and the trial procedure shall be speeded up.
6. The mutual education of law enforcement and social service agencies shall be encouraged to improve services to the elderly.

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INSTITUTIONAL HEALTH: ACUTE AND PRIMARY CARE

A. Issue

1. There is a need for comprehensive health coverage/insurance which goes beyond the present Medicare system.

B. Policy Recommendations

1. A national health system is the top priority, but until such time as it is established, the following fiscal reforms are recommended:
 - a. The present Medicare system shall be extended to include mental health care, dental care, eyeglasses, foot care, home visits, more medications, hearing aids and other out-of-hospital expenses; and shall be geared to more preventative, out-of-hospital, ambulatory care than to fee-for-service, inpatient care.
 - b. A comprehensive system of federally-funded "catastrophic illness" insurance shall be inaugurated so that older adults and their families not be bankrupted by a medical emergency.
 - c. Medicaid and Medicare reimbursements shall become larger, prompter and more geared to preventative, out-of-hospital or ambulatory care than to retroactive, fee-for-service, inpatient care.

A. Issue

1. There is a need to train primary care givers and allied health professionals about the psychosocial and health care needs of elders.

B. Policy Recommendations

1. More courses shall be developed in gerontology/geriatrics and shall be mandated for physicians, nurses, mental health workers and all allied health professionals prior to internships and in continuing education programs.
2. Questions on geriatrics/gerontology shall be included in the National Medical Board Examinations and other examinations for licensure and board certification.

A. Issue

1. There is a need for more research in all aspects of the aging process.

B. Policy Recommendations

1. Greater research in aging shall be fostered through increased and stable federal funding with special emphasis on financial incentives to participating institutions.

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INSTITUTIONAL HEALTH CARE - LONG TERM CARE

A. Issue

1. There is a need to consider a coordinated and comprehensive approach to long-term care which encompasses the medical, social, psychological and spiritual needs of the frail elderly population.

B. Policy Recommendations

1. Long term care facilities shall be a major component of a community system of acute and long-term care which includes a holistic emphasis and offers medical, educational and psychosocial programs in view of enhancing the quality of life of its residents.
2. Linkages shall be established between long-term care facilities and community resources including:
 - a. ambulatory health care services, adult day health services, mental health services, respite care, hospice care, etc.;
 - b. training sites for the various health professionals;
 - c. research opportunities while safeguarding patient/resident rights and privacy.
3. Nursing homes shall be reimbursed for pastoral services if they are to meet the spiritual needs of their residents.

A. Issue

1. Medicaid discrimination is prevalent in the long-term care delivery system.

B. Policy Recommendations

1. Medicaid discrimination shall be eliminated and the "two-class system" (private-pay vs. Medicaid) shall be abolished through the establishment of an equitable reimbursement system, i.e., one that gives equal access to applicants for long-term care.
2. The certificate of need policy for nursing homes shall include a provision for Medicaid intake which considers the needs of the Medicaid population of the locality.

HEALTH: NON-INSTITUTIONAL CARE

A. Issue

1. There is a need to assure the elderly of comprehensive health care services.

B. Policy Recommendation

1. A national health service shall be established that provides for basic health care needs regardless of age. All

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forms of medical care delivery and health insurance systems shall be invited to participate in the development of a national health service. Until a national health service is established, the present medicare system shall be extended to cover on a reasonable co-insurance basis: dental care; eye glasses; foot care; home visits, including social services and mental health; prescription drugs; hearing aids and other out-of-hospital expenses.

A. Issue

1. There is a need to re-direct health care services for older persons from the institutional, acute care setting to a community-based setting emphasizing the preventative, chronic care and maintenance needs of older persons.

B. Policy Recommendations

1. Integrated home-based services shall be strengthened and expanded by revising Medicare and Medicaid legislation to include health promotion, mental health services, social services, preventative services, restorative services, on-going health maintenance services and physician-mediated services.
2. There shall be greater utilization of nurse practitioners and physician assistants and third party payments shall be available for their services.
3. The number of adult day health programs for frail elders shall be expanded through public and private reimbursements.
4. Respite care in ones own home or another setting/facility shall be authorized and funded through private and public funding mechanisms.
5. More individuals who choose to die at home shall be provided necessary support for themselves and their families, such as hospice care, home care, friendly visitors and respite care as needed.

A. Issue

1. There is a need to increase preventative health services and health-related information available to older persons.

B. Policy Recommendations

1. Health education and promotion concerning health problems, including adverse reactions to drugs, shall be disseminated as widely as possible.
2. Publicly-funded recreational facilities and equipment shall be available to and accessible to persons 60 years and over.
3. Pharmaceutical companies shall be required to prepare and disseminate in bold-face type, concise statements regarding the use, action, and special guidelines for administration of consumer-purchased prescription and over-the-counter drugs.

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A. Issue

1. There is a need to continue research in aging.

B. Policy Recommendations

1. Research on the aging process shall include studies on successful aging including health habits and responsibilities for one's own health.
2. There shall be substantial increases in funding for basic bio-medical, clinical, behavioral and interdisciplinary research on aging.

★ U. S. GOVERNMENT PRINTING OFFICE : 1981-720-019/6941

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT
FROM
MICHIGAN

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

WHITE HOUSE CONFERENCE ON AGING
SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Michigan STATE COORDINATOR Roxanna O'Connor
TOTAL # FORUMS 500 % URBAN 60 % RURAL 40
TOTAL # PARTICIPANTS 13,500

ISSUES OF CONCERN (top 10 priorities):

- 1) Income Maintenance/Economic Security
- 2) Health/Home Care
- 3) Housing/Housing Costs and Availability
- 4) Medicare/Medicaid
- 5) Transportation/Lack of Public Transportation
- 6) Taxation/Property Taxes
- 7) Energy/Utility Concerns/High Cost of Home Heating
- 8) Health Insurance
- 9) Nutrition
- 10) Crime Prevention

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

- 1) Reduce the negative affect of inflation on retirement incomes.
- 2) Control sky rocketing health costs, provide alternatives to institutionalization and the need for home health care.
- 3) Need for affordable housing including programs to maintain older persons in their homes.
- 4) Need to reduce Medicare/Medicaid fraud, increase physician participation and include coverage for preventive services.
- 5) Increase availability of affordable, accessible public transportation.
- 6) Need to reduce property taxes by reducing school taxes.
- 7) Need for permanent energy assistance program and protection from utility service shut-offs.
- 8) Need to improve health insurance coverage.
- 9) Need for expanded home delivered and congregate meals program and nutrition education.
- 10) Increase crime prevention programs and improve police protection.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Michigan 2) Date of Conference 4/29/81
3) Place of Conference Dearborn, Michigan
4) Name of person submitting report Roxanna O'Connor
5) Title of Person State Coordinator

Participation

- 6) Total No. of Participants 490 7) Sex: No of Female 270
No of Male 220
8) Ethnicity/Race: 20% Black; 1% Hispanics; 77% Caucasian;
1% Pacific/Asian; 1% American Indian; -0- Other (Please
state approximate % for each)
9) Handicapped 1% (Please state approximate % only)
10) Age: 125 under 55 365 55 and over

Summary of Issues and Recommendations by Major Topics

Disclaimer

Please note that this Summary is not inclusive of all the resolutions adopted at the State Conference, nor does it retain the exact wording for those listed. Any deletions or modifications were made to clarify and shorten the report while retaining the major ideas and recommendations.

ECONOMIC SECURITY

Issue

There is a need for public and private mechanisms working together to enable the individual to meet his or her basic needs for food, shelter, and health care. One major obstacle to attaining this goal is inflation. Beyond inflation other major areas were identified as key elements in the goal of economic security. Social Security benefits are essential to dealing with loss of earnings due to worker disability, death or retirement. Supplemental Security Income and food stamps are needed to give special consideration to the plight of the elderly poor. Private pensions do not cover the majority of retired workers and are unequal in availability and quality of coverage. Incentives for saving for retirement are inadequate; and the burden of taxation falls heavily on many retired persons.

Policy recommendations: Social Security, SSI, Pensions, Taxation, Income Maintenance, Preretirement Planning, Savings, Funding Mechanisms, Medicaid

1. All regularly employed persons not presently covered, including elected officials, be covered by social security as soon as it can be done in an orderly and equitable fashion.
2. Medicare be financed by general revenues rather than by the payroll tax.
3. The tax rate schedule of Old Age Disability and Survivor's Insurance (OASDI) be raised sufficiently to finance current and expected obligations.
4. That there be no increase in age of eligibility for receiving retirement benefits under social security.
5. That each spouse receive credit for half the couple's combined earnings during the marriage regardless of the portion earned by each.
6. To make the Social Security system more secure, the following package of legislation be enacted:
 - (a) Maintain Cost of Living Allowances (COLAs) for social security;
 - (b) Permit workers paying taxes to social security to deduct their payments from their taxable income;

- (c) Raise to \$100,000 the salaries and wages subject to social security taxation, but "cap" social security benefits at a lower level.
7. That an annual year-to-date statement be provided to each recipient.
 8. That the SSI benefit reduction rate in unearned income be lowered from 100 percent to 50 percent in order to increase the number of people eligible for SSI who are presently at the poverty threshold.
 9. The application and ongoing eligibility process be as simple as possible to reduce administrative costs and eliminate procedural barriers.
 10. That the SSI benefit level should cover the basic needs of recipients and there should continue to be an annual cost of living adjustment using the same formula as used in computing social security payment schedules.
 11. Pension plans, whether public or private, should be portable so that benefits are not lost as a result of transfer to another job.
 12. That all pension plans established for the employees of states and the political subdivisions provide for the maintenance of the purchasing power of the original pension.
 13. That disability veterans compensation become a separate entity and that no other pension, federal or private, be reduced by it.
 14. The first \$1,000.00 of interest and dividend income should be excluded from taxation (\$2,000.00 for married couples filing jointly).
 15. That one simplified form be developed for the establishment of eligibility for senior citizens for all income programs.
 16. That pre-retirement planning by management and labor should be encouraged.
 17. That Individual Retirement Accounts (IRAs) should be available to all persons. The contribution ceiling should be raised from \$1,500.00 to \$2,500.00 and indexed to inflation. The current maximum of 15 percent of income attributable for IRAs should also be increased.
 18. That the U.S. Government issue a new series of government bonds with the following characteristics:
 - (a) Available in denominations of \$100, \$500, \$1,000, \$5,000.
 - (b) Interest and principal would be indexed to changes in the price level as measured by changes in the Consumer Price Index.
 - (c) Interest payments caused by inflation would be non-taxable, and capital gains in the face value of the bond caused by inflation would be non-taxable.

- (d) The bonds would pay, in addition to the inflation-indexed interest described above, three percent (3%) interest which would be taxable.
 - (e) Persons would be limited in the amount of bonds they could purchase to \$5,000 (or less) per year. (This amount might also be indexed to inflation.)
 - (f) Bonds would be held for at least two years and could be purchased anytime before or during retirement and redeemed any time during retirement. Interest would be paid annually.
- 19. That the federal government retain the current funding mechanisms for human service programs.
 - 20. That personal expense allowances for Medicaid recipients in nursing homes should be increased.

SHELTER

Issue

The housing objective as stated in the Older Americans Act of 1965 is "to assist our older people to secure equal opportunity to the full and free enjoyment of suitable housing, independently selected, located and designed with reference to special needs and available at reasonable cost to older persons."

Attention must be paid to the fact that the homes of the elderly are more than shelter. The adequacy of their housing environment is a key ingredient in their overall health and life satisfaction. Older people must be allowed to exercise freedom of choice in where they reside. A continuum of appropriate housing types with a variety of services must be available to them to choose from, including the option of remaining in their own homes. They should not be excluded from needed housing and service programs. Older Americans, just as all other citizens, have a responsibility to actively participate in decisions affecting their lives, i.e., housing alternatives.

Policy recommendations: Housing Goals, Incentive Programs, Home Repair, Congregate Housing, Energy Assistance, Condominium Conversion

1. That the public sector guarantee the provision of four million additional units of subsidized shelter during the decade of the 1980's, including 1.2 million units reserved for the elderly.
2. That the Congress enact legislation to require that the Department of Housing and Urban Development (HUD) and the Farmer's Home Administration (FmHA) meet the service needs of residents of government-assisted housing, with the Administration on Aging (AoA) having lead responsibility for planning and coordination of the services.
3. Section 8 subsidies be maintained so that eligible tenants pay no more than 25 percent of income for rent.
4. All managers of housing for the elderly be certified and that the certification process include a requirement for gerontological training.
5. Adequate housing policy include support services to allow seniors to remain in their preferred living situation.
6. That legislation be enacted so as to enhance the involvement of the private sector through incentive programs to develop independent or congregate shelter for the elderly.
7. That legislation be enacted to establish a more reasonable and effective incentive to meet established social priorities, such as those regarding fair housing opportunities for all persons and the subsidized shelter needs of families and the elderly.
8. That low-income and minority elderly be given the highest priority in subsidized housing.
9. That all rent subsidized housing (HUD, FmHA, MSHDA) give priority to those areas with little or no subsidized housing.
10. That federal military spending should be reduced so that more funds are available for the housing needs of older Americans.
11. That elderly homeowners have access to needed rehabilitation on their homes which would make them safe and energy efficient. Several methods should be investigated to finance this.
 - (a) Grants to low-income elderly and a sliding cost scale to others based on income and resources.
 - (b) A low-interest deferred payment loan secured on the property until the home is sold or the occupants pass away.
 - (c) Reverse annuity mortgages may be utilized in some instances.

12. Tax credits be provided for renovations made to accommodate those with physical limitations.
13. Incentives be provided for landlords to weatherize, maintain, and improve properties with adequate safeguards that insure low-income tenants will not be displaced.
14. Private industry be given incentives to train minority groups in housing rehabilitation programs.
15. All Section 8 existing housing units be equipped with smoke detectors, have proper fire-fighting equipment, and be in conformity with all local codes.
16. That government provide incentives in the development, construction and organization of congregate housing.
17. That successful congregate housing services demonstration programs be made into permanent programs with adequate funding.
18. Congress enact a requirement that the Department of Housing and Urban Development (HUD) and Farmers' Home Administration (FmHA) meet the need for congregate housing, with AoA having the lead responsibility for planning and coordination of services.
19. Congress enact a requirement that the HUD, FmHA, and the AoA coordinate funding for congregate housing services with housing subsidy programs.
20. If the private market does not adequately meet the need for congregate housing, the government should solicit the non-profit sector to build and operate such housing.
21. That home heating assistance and home weatherization programs for low-income and elderly households be continued and expanded and coordinated.
22. The goal of all housing policy be that all dwellings be made energy efficient and that incentives, such as property tax abatement, income tax credits, low-cost loans, and use of alternative energy resources be made available.
23. That federal guidelines protect older adults during the process of condominium conversion, and provide a reasonable period of time in which to seek suitable housing and that these guidelines provide for lifetime or long-term leases.

SOCIAL WELL-BEING

Issue

Social well-being is the assurance to all individuals of the five basic necessities of life: economic security, health, housing, nutrition, and socialization.

The social well-being of older persons, like the population in total, is largely determined by the ability of the individual and his social environment to adapt to change. This implies an obligation on the part of the person, as well as on the part of the social structure, to recognize change as a normal process of life. It also implies an obligation to construct options which will allow individuals to pursue a life style consistent with demonstrated needs.

The concept of integrated services in the community to support independent living is a priority among organizations which represent and serve older Americans. Their goal is to deliver services to older individuals so they may take care of themselves and not be unnecessarily institutionalized. This includes bringing services to individuals in their homes and in the community such as homemaking and other preventive services.

Policy recommendations: In-Home Services, Social Services, Family, Transportation, Adult Protective Services, Crime

1. That the Department of Health and Human Services develop:
 - (a) an overall policy mandating states to coordinate the various home-based services for older persons, allowing states enough flexibility to set up a system specifically suited to the needs of each state.
 - (b) That all aging service programs target services to the special needs of those older persons 60 and over who require in-home services and for those in greatest social and economic need.
2. That federal and state funding for senior centers should continue and be increased, particularly in geographic areas where low-income seniors reside.
3. That all health, education and welfare forms be coordinated so that basic information such as name, social security number, birthdate, and address be located so as to be imprinted by an identification card.

4. That free legal services to the low-income elderly be maintained as a vital service and expanded where the need is the greatest.
5. That the appropriation of additional funds be channeled through the Older Americans Act to enable the provision for continued and increased services to seniors.
6. That government at all levels strive to meet the most critical needs of those whose race, national origin, or economic circumstances pose barriers to needs being served.
7. That a federal tax credit for the cost of support services be made available to family and friends who provide necessary support services to older citizens.
8. That adult day care services be available for families or significant others who care for dependent elderly.
9. That community organizations --churches, synagogues, temples, civic and social groups, public and private agencies -- coordinate to concern themselves with the social well-being of older person for the purpose of relieving isolation, encouraging social interaction, and providing other services pertinent to the needs of the elderly.
10. That government and service providers insure equal access and opportunity to services and financial benefits, particularly for those elderly whose race, sex, economic condition or geographic location poses barriers to such benefits. Specifically:
 - a) bi-lingual outreach;
 - b) increased monitoring of public and private service providers;
 - c) increased participation of older women and minorities at decision-making levels.
11. That counseling services be made available for all seniors in insurance, housing, taxes, legal matters, and other social areas, without cost.
12. That senior centers be given priority so that their potential can be more fully utilized for the provision of services.
13. That the mobility of the elderly and handicapped, and the general population as well, be increased by assuring the availability and accessibility of affordable public and private supported transportation.
14. That Section 16(b)(2) of the Federal Urban Mass Transportation Act be amended to include private non-profit corporations and associations.

15. That transit authorities coordinate their operations with all levels of governmental authority to provide cost effective transportation services.
16. That the Federal Government endorse the concept of adult protective services and outline the key components of such a program in order to provide a model to states in the development of localized services.
17. That all levels of government vigorously enforce existing consumer protection laws.
18. That existing consumer protection agencies be staffed and directed towards enforcement of the law.
19. That regulations be promulgated providing better and more usable point of purchase information in the areas of food and medicine.
20. That all language contained in statutes which serve to limit or reduce an individual's civil rights which cites age in and of itself as a reason for impairment, physical or mental incapacity, or incompetence be amended or repealed.
21. That action be taken to implement and enforce the provisions of the Age Discrimination Act of 1972 as amended.
22. That action at the national level be taken to maximize elderly independence in coping with crime, the threat of crime, and the consequences of crime. The action must include the following:
 - (a) Emphasize community-based programs which are sensitive to the particular needs of the community;
 - (b) Total education programs should be initiated at the community level;
 - (c) Increased emphasis on victim assistance;
 - (d) Mandatory crime victim information systems with uniform reporting requirements.

OLDER AMERICANS AS A GROWING NATIONAL RESOURCE

Issue

This country has in no way taken advantage of all that its older persons have to offer, and it has also failed to recognize the availability and invaluable worth of its older citizens--truly one of its greatest resources. This nation can surely derive many gains by allowing its older persons to remain in the labor

force or by providing adequate opportunities for them to do such things as volunteer, inform, teach and advocate. Everyone involved can obtain tremendous benefits through the increased participation of older persons and from full utilization of their untapped talents.

Policy recommendations: Employment, Volunteerism, Education

1. That the federal government take all necessary steps to enforce the Age Discrimination in Employment Act (ADEA) and begin a public information campaign to inform employers and employees of their rights under the ADEA.
2. That the Congress and the President amend the Social Security Act to rescind the mandated earnings limit for Social Security beneficiaries.
3. That older persons be encouraged to work without penalty imposed on their social security income.
4. Amend the Social Security Act to abolish the mandatory retirement age.
5. That traits which make older workers "superior" performers be researched, documented, and widely publicized.
6. That employment growth areas of the near future, which are particularly suited to the employment traits characteristic of the older worker, be identified, documented, and publicized.
7. As an example to all employers, government take positive steps to appoint older workers to positions which utilize their talents.
8. As an example to all employers, government demonstrate the concepts of flexible hours and/or flex-place of employment, and job sharing as a means of attaining or retaining older workers.
9. That community skills banks of older persons be developed and that employment roles be assigned to best match the abilities and talents of the older persons to the given task and the needs of the community.
10. That funding of Title V Senior Community Service Employment Program and CETA II-B be increased.
11. That sufficient funds be allocated to cover the expenses of volunteering, making it possible for larger numbers of older persons to volunteer.
12. That training programs for senior volunteers be developed and/or expanded at the community level to promote volunteer growth.
13. That maximum effort be given to recruiting men to serve in volunteer assignments.

14. That community programs inform all potential users of volunteer services so that the talents of the older volunteer may be utilized.
15. That all communities, including the private sector, develop and expand volunteer opportunities for older persons.
16. That teacher certification programs include teaching techniques and programs to enhance the skills of certified teachers in meeting the needs of the older student.
17. That education for second careers, for skill development, for creative use of time, consumer education, education for physical fitness, for "volunteers" should be funded, publicized, coordinated and encouraged.

MENTAL AND PHYSICAL HEALTH

Issue

All older persons, regardless of financial status, must be assured access to a comprehensive health care system funded through public, voluntary and private means. To achieve this requires a coordinated network of preventive care, acute care and maintenance services which must encompass both home care and institutional care.

Because the elderly are especially vulnerable to the effects of non-medical factors on their health health services must be organized within the context of supportive environmental and social services and with the active participation of family members. The federal government should provide tax incentives which encourage private support of health care. A comprehensive program of education for all health care and related service providers must be developed.

Policy recommendations: Long-Term Care, Community Support, Family Incentives, Health Care, Mental Health, Drugs and Alcohol, Medicare, Medicaid, Insurance

1. That the federal government encourage the states to develop a program of comprehensive long-term care (CLTC) through the use of block grants at least equal to present funding. Such grants would cover the services and

replace the funding arrangements for components of CLTC under Titles XVIII, XIX, and XX of the Social Security Act; Titles III-B, III-C, and IV-B of the Older Americans Act. The rules and regulations governing these services under the Social Security Act and the Older Americans Act should be modified to assure that block grants keep requirements to a minimum and are based on a formula which is adequate to meet the goal of CLTC.

2. That one central state agency be designated to design and implement a CLTC system. Federal funds for CLTC would be funneled into this agency for distribution to local agencies authorized to deliver such services within the guidelines established for such a program.
3. The delivery of all CLTC services be arranged through one agency in each local area.
4. The scope of CLTC services cover a range of services delivered in a residence or in an institutional setting.
5. Priority be established for advancing the recruitment, training, and use of broadly versatile, non-professional home aides to perform supportive services.
6. The aging network continue its efforts and strong support of a flexible, coordinated care continuum which addresses the needs of older persons in a way which preserves their rights, dignity, resources and relationships.
7. That priority be placed on home care and community support services.
8. That tax incentives be designed to assist children and relatives to maintain older persons in their own homes or in the homes of relatives.
9. That the Congress maintain the funding for the Long Term Care Ombudsman Project at its present level.
10. That a national health service be established.
11. That community-based health planning be continued with federal funding in order to reduce health care costs and provide for appropriate utilization of health facilities.
12. That the needs and wishes of the individuals, rather than the diagnosis and treatment of disease as an end in itself, be determining factors in decisions regarding care.
13. That the allocation of health care resources for restorative, rehabilitative, and maintenance services for the chronically ill and handicapped elderly be given priority.

14. That regulations, practices, and traditions of the licensed health professions be reviewed to identify and remove unnecessary and artificial restrictions on the optimum utilization of each profession.
15. Endorsement of this effort be solicited from state and national professional accrediting associations.
16. Third-party payers, including Medicare, modify their reimbursement practices consistent with this approach.
17. Older people be educated on the importance of proper diet to good physical health and provided with information about their changing nutritional needs.
18. Emphasis be placed on providing mechanisms for expanding the food purchasing power of low-income older people, such as food stamps, shopping assistance and food cooperatives.
19. Vision, hearing and dental health education and care be made available to all older persons.
20. Studies be undertaken to determine the appropriate funding mechanisms for these services and a means to incorporate them into comprehensive health care coverage for the elderly.
21. That consideration of the special needs of the hearing impaired population be included in all federally-funded programs while pursuing a comprehensive attack on hearing loss and its consequences among older Americans.
22. That hospice programs be established and further study be undertaken to determine the appropriate funding mechanisms for such programs.
23. That the Mental Health Systems Act of 1980 be implemented and that the Congress be urged to fund fully and specifically these services for the elderly.
24. That immediate steps be taken to expand the level of effort to develop adequate and appropriate public mental health services for older adults, particularly at the community level and in nursing homes and adult foster care placement.
25. The development of effective mental health service delivery models for the elderly population should be a high priority.
26. That facilities and funding should be provided for those whose problems have not yet reached such severity as to require hospitalization.
27. That funds be made available to educate the staff of human service agencies and facilities, health professionals and elderly consumers, so that coun-

- selling and treatment services are provided to meet the needs of older people with drug and alcohol problems.
28. That the growth of multi-purpose senior centers be vigorously promoted by educators, planners, service networks, professional groups, and seniors for the maintenance of physical and mental health.
 29. The scope of coverage of Medicare be expanded to include:
 - (a) home health services which are not predicated on skilled nursing criteria;
 - (b) both chronic and rehabilitative institutional long-term care (without unrelated access barriers such as prior hospitalization) until such time as a comprehensive long-term care system is implemented;
 - (c) more extensive outpatient mental health services with Community Mental Health Centers recognized as qualified Medicare providers when services are rendered under the supervision of mental health professionals.
 30. Beneficiaries' "out-of-pocket" liability for services be reduced by
 - (a) developing, in conjunction with fee setting, incentives and/or requirements which assure participation by enough providers so that all older persons have access to providers who accept assignment as full payment for services;
 - (b) establishing an annual combined limit on cost-sharing for Parts A and B of \$2,000, to be indexed by the annual change in the Consumer Price Index;
 - (c) calculating hospital benefits on a calendar year basis, eliminating the concept of "lifetime reserve days"; covering up to 150 days a year with cost-sharing limited to the initial deductible for the first 50 days, 10 percent of that deductible for each of the next 50 days, and 5 percent for each third 50 days.
 31. That Congress enact legislation to:
 - (a) establish minimum standards and requirements for medi-gap insurance to provide for strengthened disclosure requirements, comprehensive coverage, standardization and clarity of policy language and that 75 percent of premiums will be paid out as benefits.
 - (b) require all health insurance carriers to provide for comprehensive home health coverage.

- (c) ban dread disease and other substandard policies, and the unscrupulous selling tactics which have been associated with them.
32. That action be taken to determine the proper, equal and reasonable charges used by Medicare and that the "approved amounts" should be equal statewide as is the premium.
 33. That Congress mandate doctors and nursing homes to accept Medicaid patients.
 34. That funds be made available for physical and mental health education and promotion at the state and local level.
 35. That curricula for professionals in all health-related disciplines include requirements for training in the field of gerontology.
 36. That licensure/certification requirements for the various professionals be modified to incorporate gerontology educational requirements.

CREATING AN AGE-INTEGRATED SOCIETY

Issue

The goal of an age-integrated society is the removal of age as a factor to gaining access to resources and available opportunities, resulting in enhanced relationships between generations. Fundamental to eliminating this barrier are several values which, although interrelated, express distinct concepts. These are: 1) Maximize the potential of each human being; 2) Create a community of generations; 3) Encourage lifelong learning; and 4) Promote enlightened self-interest.

Policy recommendations: Social and Institutional Barriers, Attitudinal and Cultural Barriers, Economic Barriers

1. Strategies be developed to overcome institutional and agency barriers to services for all groups.
2. State and federal funding for the Foster Grandparent Program (FGP) be expanded to permit older persons to provide high quality, low-cost childrens' day care services in their communities.
3. The Foster Grandparent Program be revised to permit senior citizens who would be otherwise ineligible to serve because of income criteria, to be foster grandparents by waiving the stipend.

4. Professional education and required refresher courses be strengthened to incorporate gerontological content.
5. Public and private agencies receiving public funds, and mandated to serve all ages, be required to employ personnel with qualifications and experience in gerontology.
6. Incentives be provided at the federal, state and local levels to equip literate seniors to teach others in the fundamentals of reading, writing and mathematics.
7. Policymakers work with telecommunications experts and senior advocacy groups to promote the utilization of telecommunications resources to overcome age-stereotyping.
8. A mechanism be developed to monitor the media with regard to negative stereotyping of the elderly.
9. The older population and the national senior advocacy groups be made aware of the reality of discrimination now existing in communication media.
10. The educational system and those professional societies serving the system must integrate aging issues throughout the curriculum, as well as classroom experiences, from the earliest years to graduate and professional education.
11. Specific measures be pursued to combat "turfism" in programs serving special populations.
12. Social Security benefits, private and public pensions, as well as survivors' benefits be examined to assure that all seniors have an adequate income.
13. The federal, state and local governments in concert with the private sector should accomplish the following by 1985:
 - (a) Develop and test age-neutral job performance rating tools and personal functional capacity measures.
 - (b) Gather and make available information to employers and the general public concerning the skills, experience and productivity of middle-aged and older workers.

RESEARCH

Issue

There is a severe shortage of social research data in the field of gerontology. The lack of quantifiable, reliable and valid social research data has made it difficult for both policy makers and program planners to direct services to that specific segment of the older population who have need of them. The methodologies called for in the following resolutions stress the critical importance of: correct assessment techniques, appropriate minority sampling in surveys, and the appropriate use of minority professionals in design.

Policy recommendations:

1. That a national ad hoc committee be established, preferably within the National Institute on Aging, for the purpose of developing a master plan for research on the impact of minority status and ethnicity on the adaptation to old age.
2. That federal and state policy decisions regarding innovative service interventions should be based upon results derived from the use of longitudinal, evaluative experiments designed to measure their reliability and validity.
3. That precise and reasonable monitoring systems should be developed by federal and state governments to measure the implementation of service interventions.
4. Research should be directed at the contribution of the primary physician and of the health care team to the care of the elderly.
5. That research be undertaken at the community, state and national levels for the purpose of determining appropriate and beneficial models of mental health support systems which would be most responsive to the needs of the elderly.
6. That the National Institute on Alcohol Abuse and Alcoholism, the National Institute of Drug Abuse, the National Institute of Mental Health, the Administration on Aging, the National Institute on Aging, and other concerned agencies place a high priority on research activities dealing with detection, treatment, and prevention of alcohol and drug problems among older Americans.

7. That research be done on a long-term care reimbursement system that reflects the medical/health and social services model which will also determine the professional levels needed for care assessment.
8. The general authority granted by the Public Health Service Act be retained as the sole basis for National Institutes of Health appropriations.
9. A President's Council for the Health Sciences be established by the Congress, its primary function to provide for the continuing examination of the performance and planning of National Institutes of Health programs.
10. It is recommended that specific techniques be established for effectively differentiating between senility and reversible brain syndrome.
11. That investigation be done on the following:
 - a. The incidence and extent of abuse of the older population as research subjects.
 - b. The feasibility of instituting protective policies for the older persons in the event that abuse is identified.
 - c. The legal and social implications of a guardian or consent giver for research participation of older persons who may be incapable of making such decision.
12. That federal and state governments should make every effort to reassess the housing needs of the elderly and rural local governments' abilities to meet these needs by means of surveys, then proceed to plan for the future housing needs.
13. That the federal and state governments initiate research which would document the most effective rehabilitation design for independent living programs for the elderly.
14. That federal and state governments, in coordination with the regional commissions on aging, should make every possible effort to determine the most effective medium which can be used to inform the elderly of the availability of the various assistance programs.
15. That the social and psychological antecedents of leisure behavior of the aged be determined.
16. That research be conducted on the area of abuse of the elderly.
17. That research be designed that brings about awareness of the diverse needs of those experiencing aloneness.
18. That the meaning of aging in various age groups of the American society be explored with the purpose of changing perspectives to improve the quality of living for the aged.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT
FROM

MINNESOTA

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WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Minnesota STATE COORDINATOR Gerald Bloedow

TOTAL # FORUMS 263 % URBAN 35% % RURAL 65%

TOTAL # PARTICIPANTS 11,478

ISSUES OF CONCERN (top 10 priorities):

1. Health care costs
2. Preventive health care
3. Inflation
4. Social Security
5. Long term care
6. Housing
7. Employment
8. Transportation
9. Social services
10. Age-integration

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Health care should be made more affordable for older people through expanding Medicare coverage.
2. The nutrition program for the elderly should receive continued and expanded funding.
3. The federal government should bring inflation under control and all citizens should do their part to curb spending.
4. Social security financing should be strengthened.
5. Alternatives to institutional care should be expanded, including incentives for families to take care of family members.
6. More housing for the low and middle-income elderly, especially housing that incorporates some supportive services, should be developed.
7. There should be no mandatory retirement age.
8. There should be increased transportation opportunities for older people living in rural areas.
9. Formal support systems for older people need to be better coordinated. Information and referral also needs to be increased.
10. Intergenerational programs and education about aging should be increased.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Minnesota 2) Date of Conference May 27-28, 1981
3) Place of Conference St. Cloud State University, St. Cloud, MN
4) Name of person submitting report Katherine Sehlin
5) Title of Person Minnesota Chair, White House Conference on Aging
Planning

Participation

- 6) Total No. of Participants 1100 7) Sex: No of Female 700
No of Male 400
8) Ethnicity/Race: 3% Black; 1% Hispanics; 92% Caucasian;
 Pacific/Asian; 4% American Indian; Other (Please
state approximate % for each)
9) Handicapped 5% (Please state approximate % only)
10) Age: 250 under 55 850 55 and over

Summary of Issues and Recommendations by Major Topics

PHYSICAL AND SOCIAL ENVIRONMENTS

1. Government at all levels should provide additional funds to be used in the construction, renovation, barrier modification/retrofitting and maintenance of appropriate, adequate and affordable housing for the elderly.
2. Housing policy should continue to give priority to the needs of low-income elderly.
3. Housing policy should stimulate the development of more alternative congregate housing arrangements such as "share-a-home" programs and apartment complexes with optional supportive physical and social programs.
4. Housing policy should give increased attention to the needs for alternative housing of middle and upper-income elderly through, for example, greater use of sliding-scale subsidization in housing.

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5. Housing for the elderly should be distributed on a modified per capita basis which takes into account the special circumstances of rural areas.
6. Housing for the elderly should be located in proximity to community resources and be integrated with the larger service delivery system of the community.
7. Housing for the elderly should be designed and constructed so that it continues to be adaptable and supportive as residents grow older and decline in ability to negotiate their environment.
8. To maintain independence and delay unwanted relocation, the range and availability of supportive products/services such as in-home services, day care, respite care and emergency communication systems (e.g. health, fire and burglar) should be sharply expanded and the role of the informal support network recognized and rewarded by tax credit incentives.
9. Incentives for alternative energy systems, energy assistance, and weatherization programs should be continued and expanded as need increases.
10. There should be reasonable and consistent standards of eligibility for programs and services for the elderly--including subsidized housing.

INCOME

1. Social Security financing should be strengthened to alleviate all fears that payments will not be received. This has been of serious concern to recipients each June for the past several years. Planning must be done on a long range basis to prevent the same problems from coming up year after year.
2. Disability and Medicare financing should be transferred in part to general revenues which will allow the Social Security tax rate to be left at its current level. By eliminating items not relevant to retirement, funds for the Social Security retirement program will be strengthened.
3. Equal Social Security benefits should be provided to women and men - both workers and survivors - to reflect the changing position of women in the work force.
4. Retirement income payments, both Social Security and pensions, should be indexed to the cost of living in a manner that will assist the retired population to maintain a decent standard of living with special provision for those receiving a low Social Security payment.

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5. If Social Security benefits to student survivors age 18 and older are reduced, other methods of assistance should be provided, especially to those with low incomes.
6. Incentives should be increased to encourage greater personal savings for retirement in addition to Social Security. A sizeable portion of interest income until retirement when the retiree's tax bracket will be lower should either be exempted from taxation or taxation should be deferred.
7. Private and public pension plans should be changed to recognize the increased mobility of the working force. The plans should include early vesting, portability, and should not exclude the lower income employee.
8. Private and public pension plans that do not include a widow's or widower's annuity should be eliminated. Widows' or widowers' annuities should be mandatory.
9. A method of replenishing the drain on Social Security funds during periods of high unemployment and a method of controlling inflation should be developed.
10. Retirement income for all Americans above a basic guaranteed minimum should be commensurate with pre-retirement earnings and should be provided from at least three sources including: Social Security, pension plans, and savings.

RESEARCH IN AGING

1. Recommendation: To include a sound research/evaluation/dissemination component in all government funded programs for the aging; to encourage such a component in privately sponsored programs; to require the determination of the effectiveness of federal and state laws regarding the aging; and to encourage the technological development and increased evaluation of consumer products benefiting the aging.
2. Recommendation: To study the causes, effects and treatments of dementia occurring across the lifespan using biomedical, psychological and other appropriate techniques.
3. Recommendation: To study varieties of grouped housing arrangements and their advantages and disadvantages in local communities in comparison with the advantages and disadvantages for older people maintaining their own homes.

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4. Recommendation: To identify optimal means for effective dissemination of research findings to targeted groups such as the handicapped, including the involvement of aging persons in such dissemination; education of researchers concerning ways to present their work in formats which non-researchers can understand and use; education of policy-makers and others to enable them to become intelligent interpreters of research findings; and the development of standards by which all interested persons can determine whether research for policy purposes has been adequately conducted.
5. Recommendation: To evaluate the economic and functional feasibility of establishing and utilizing innovative health providers, home health and emergency care services; and to study procedures and feasibility of hospice care, at the patient's own home or in a special facility or unit, as a service extension of long-term care facilities.
6. Recommendation: To determine the adequacy of the focus, organization category, location, number, and type of professional organizations and personnel that provide mental health services and legal services specifically designed for older adults in Minnesota.
7. Recommendation: To study the economic, societal and personal consequences of retirements that begin at various ages including demographic projection of dependency ratio changes; the causes and consequences of permanent and seasonal migration; the feasibility of public and private income maintenance during lengthening periods of life expectancy; incentives for older persons to continue working; and roles, contributions, and needs of older persons in their families and communities.
8. Recommendation: Investigate the admission criteria, the staffing patterns, the registered nurse's role, the degree of family involvement, and the possibility of over-medication that exists in long-term care facilities to determine whether the placement of older adults in such facilities is in their own best interest.
9. Recommendation: To involve older people themselves in doing research on programs in their local areas (both rural and urban), and in developing innovative strategies for coordination of services.
10. Recommendation: To study the unique needs and develop special programs for each of the following; the rural elderly, the racial minority elderly, and the handicapped elderly.

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TRANSPORTATION

1. Coordination. We recommend that the U.S. Department of Transportation take specific action to remove legal, technical and programming impediments to coordination among all federal agencies that provide funding for transportation. We also recommend that the U.S. Department of Transportation make a financial commitment to each state to support projects that purpose to coordinate services, especially through brokerage.
2. Insurance. A task force should be formed to plan for adequate, responsible insurance for volunteer drivers of transportation programs nationwide. Members would be appointed by the President and include individuals from the transportation industry, insurance industry, Administration on Aging, Senate and House Committees, federal agencies, and consumers.
3. Rural Area Service. Special emphasis and continuing commitment should be placed upon planning, funding, and implementation of transportation programs in rural areas. We feel that until recently, commitment to rural transportation programs has been minimal.
4. Categorical Matching Grants. We recommend that the federal government make categorical grants to the states to insure a continuing and stable means of funding to further the concept of public transportation.
5. Public and Private Funding Incentives. There should be recognition and support for informal support systems such as family, friends and neighbors, with tax breaks and realistic reimbursement to volunteer providers. Moreover, we recommend that statewide studies be set up to help determine possible ways to make public transportation services self-sufficient; for example, the concept of user fees.
6. Franchise Requirements. We recommend that the Congress, along with the U.S. Department of Transportation, work toward removing legal and regulatory impediments that could place special transportation operators in a position of possible competition with franchise operators.
7. Medium-sized Cities. We recommend that medium-sized cities and suburbs consider coordination of their transportation services with existing paratransit systems in nearby areas such as counties or parishes. They should also expand their volunteer programs or networks to provide a mix of services to meet transportation needs.

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8. Flexibility and Sensitivity. To run a transportation program, providers as well as users should be sensitive to community needs. Users should be made aware through educational programs that flexibility on their part is essential if maximum benefit is to be derived from available transportation routes and schedules.
9. Informed and Educated Citizenry. We recommend that the public, especially the elderly and handicapped, be informed and educated through increased publicity about the location and availability of existing transportation programs. In addition, users of paratransit systems should be aware of the actual costs of providing public transportation services.
10. Use of Railway Systems. We feel there is an increased transportation need that could be met by a railway system. We therefore recommend that existing railway systems be encouraged to improve and expand their operations.

EMPLOYMENT & VOLUNTEERISM

1. Mandatory retirement should be abolished without penalizing those who retire at earlier ages. Based on workers' abilities and desires to perform required tasks, agreements between employers and employees should be periodically reviewed. Eligibility for Social Security and pension benefits should remain as at present with no loss of retirement benefits for older workers who return to employment. Para-professionals who work for federal, state, or public projects should be included in the Social Security system and upon retirement receive their earned Social Security and pension income.
2. Employers in both the public and private sector should use the abilities, resources and dependability of older workers innovatively; incentives such as tax benefits should encourage such utilization. Innovative approaches such as part-time, shared jobs, flextime, and seasonal work should be encouraged with pro-rated wage scale and fringe benefits.
3. Employment counseling, training, and placement of older persons must receive more attention from private and especially public agencies. Employment counselors who specialize in helping older people should be funded, recruited, trained and held accountable in all public employment agencies. Retraining for new careers and the updating of old skills should be offered.

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4. Current laws that prohibit earning additional money through gainful employment perpetuate the poverty cycle by discouraging elderly low-income citizens. Government-sponsored employment opportunities should be made available to more people, both young and old. New ventures, especially in community service jobs, should be inaugurated based on community needs. Both public and private funding should be made available to identify isolated, employable elderly, develop accessible job banks for the rural elderly, and develop appropriate job-related rural transportation systems.
5. The federal government should continue to take major responsibility for funding and support of volunteer programs. State and local governments, in partnership with the private sector, should assume increasing responsibility, including the recruiting, training and placement of volunteers according to local needs.
6. All levels of the working population should be allowed to enter voluntary activities during regular work time.
7. Public and private agencies should make concrete efforts to involve older volunteers in community planning and decision-making, as well as in social action programs.
8. Financial compensation for expenses as well as less tangible rewards should be given to older volunteers in recognition of the importance of their contributions.
9. Volunteer opportunities in the human service area should be expanded with special care taken so that no employee is replaced by a volunteer.
10. Pre-retirement preparation, information and counseling should be made more readily available to all age groups (concentrating on the middle-aged and older persons), emphasizing the potential rewards of volunteering.

FAMILY, SOCIAL SERVICE AND SUPPORT SYSTEMS

Supportive services should be provided through a combination of the informal system consisting of family, friends, neighbors, and ethnic and religious groups; and the formal system consisting of private and public agencies, institutions, and organizations. Such services must be available and accessible to all in need.

1. Social services should be better planned and coordinated to provide a continuum of care from independence to interdependence to dependence.

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2. The need for services and priorities must be established by the local community. The state and federal governments should take initiative in setting minimum standards and providing funding to meet those standards.
3. Policies, programs, and financial incentives should be developed to help families who provide care for their elderly through financial assistance, training, supplementary services, and emotional support.
4. The whole person approach is important in assessing need. The individual should be involved in the process and the level of care must be acceptable to him/her.
5. Availability and accessibility of options, choices and alternatives are particularly important for the elderly. Special consideration should be given to the rural and minority elderly.
6. Opportunities for and recruitment of minorities including ethnic, racial, handicapped, and disabled are essential in the process of policy-making, program development, and service delivery.
7. Training should be available for older persons to help other older persons in such areas as peer counseling, outreach, advocacy, information and referral.
8. Medicare and Medicaid regulations must be expanded to include preventive, protective, supportive, maintenance, and treatment services by providing more options for both community and institutional care.
9. Community information and referral services should be comprehensive in approach and should dispense information about crime prevention, consumer fraud, employment, retirement options, and legal aid as well as health and social services.
10. The need for counseling and/or protective services and shelter homes for the abused, neglected, exploited, mentally ill, mentally retarded and chemically dependent elderly should be addressed.

LONG TERM CARE

1. Community and family supports should be developed and encouraged to allow older people to live in their homes for as long as is feasible.

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2. Current and future regulations regarding long term care should be analyzed to determine whether they are effective. Rules that are duplicative, ineffective, insufficient or not cost-effective should be changed or eliminated.
3. Assessment systems should be implemented within long term care facilities to insure quality of life for residents through delivery of programs and services. Residents should be included in all decision-making involving their own care.
4. The personal needs allowance provided to medicaid recipients in nursing homes should be structured to accurately take care of the needs of individuals.
5. Providers of institutionalized and community based long term care should be reimbursed according to the costs of meeting the actual needs of individual residents or persons, and a careful examination of the need for level of care distinctions (Board and Care, Intermediate Care Facility, Skilled Nursing Facility) should be initiated.
6. More Medicaid, Medicare and other funds should be directed toward support of non-institutionalized long term care.
7. Case management for residents and clients of long term care should reflect the needs of the whole person. There is a need for more appropriate placement of individuals along the continuum of long term care services and programs.
8. The needs of many ethnic groups, such as American Indians, are often overlooked when the members are dispersed throughout many different long term care facilities. When feasible, in areas of high concentration of a particular ethnic group, efforts should be made to develop long term care facilities, programs, and staff training responsive to their cultural needs.
9. Discrimination due to residents' and clients' financial status should be prohibited in access to long term care services and in the admittance to and discharge from Medicare and Medicaid certified facilities.
10. Home care agencies should be regulated and monitored to protect the recipient of the services.

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CREATING AN AGE INTEGRATED SOCIETY

1. The rigid life-span boxes of youth, adulthood and old age with the apparent corresponding functions of education, work and leisure have led to oppressive ageist behaviors in our society. Therefore we direct that national, state and local efforts help us achieve lifestyles in which education, work and leisure are life-long endeavors and integrated patterns for all people at whatever age they may be.
2. Policies which pit one age group against another in dividing up national, state, and local resources should be eliminated.
3. To alleviate fears and misconceptions about aging, educational institutions should implement curriculum (early childhood - post secondary) which provides education on understanding the aging process.
4. Intergenerational programs (such as housing, cooperative community services, day care, social action organizations, and advocacy programs) which bring together all ages for a common endeavor should be supported philosophically and financially at all levels in the public and private sectors.
5. A major study to determine the impact of television programming and advertising on age discrimination and ageism should be initiated, supported, and publicized through appropriate governmental bodies, such as the U.S. Commission of Civil Rights.
6. The use of special age categories to enfranchise or disenfranchise an individual or groups from a service or benefit should be continually evaluated to avoid ageist patterns of setting policy.
7. Flexible and satisfying work patterns and opportunities for leisure periods must be available throughout the life-span on an age-integrated basis.
8. Policies should be developed which support positive interaction and accord between age groups.
9. Discussions on options and setting of policies should have input from individuals and representatives of diverse age groups.
10. The rights to good health care, satisfying employment, education, financial security, unexploited human life and accessibility to all facilities should be guaranteed for all ages.

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HEALTH SERVICES

1. We recommend a multi-disciplinary approach to health care services using professional, para-professional and peer support groups in assuming responsibility for community health needs.
2. We recommend the development of a comprehensive, coordinated system of health services involving assessment, prevention, treatment, maintenance, rehabilitation and follow-up for all people as well as a program of short and long-term care for the physically, mentally, and psychosocially dysfunctional aged. Both programs should be developed, legislated, and financed with government help.
3. We recommend that educational programs be developed which will address aging as a natural stage of human development and increase the awareness of the value of contributions by older persons. Students of the medical and allied health professions should be educated and encouraged in the area of special needs of the older population.
4. It is recommended that balanced financial support be continued and increased in biomedical, psychosocial and nutritional research as related to the aging process. Existing and newly developed services should be used to maintain the independence of older people in the community.
5. We recommend that local communities and families be encouraged through incentives to take on more responsibilities for planning, funding, and delivering health care so that the desirable level of services will be attained.
6. Medicare and Medicaid should be expanded to include preventive and restorative care in the area of dentistry, podiatry, nursing services, audiology, chiropractic, ophthalmology and dietician services. Medicare and Medicaid participants should have the option to have reimbursements paid on a per capita basis to HMOs or other comprehensive health providers.
7. We recommend that community planners locate health care facilities and distribute health services so that they are conveniently accessible and appropriate in regard to distance, time and individual needs.
8. We recommend that government and private agencies, in cooperation with support groups, develop programs to help older persons and their families meet the normal stresses of aging and mental health problems such as depression, organic brain dysfunction and chemical dependency.

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9. We recommend that health care professionals take responsibility for studying and developing a system which takes corrective action for the problems of drug cost, use, abuse and non-use among older persons.
10. We recommend that government-funded services be monitored and coordinated by the consumers and providers involved to insure that needed services reach the targeted population.
11. We recommend that the government maintain its role as a provider to the elderly of financial support, food and energy resources and other necessary services.
12. Given that an adequate diet is crucial to the maintenance of good health, we recommend that funds for proper nutrition and health education be a primary focus of health services for the elderly.
13. We propose that all Medicare health care providers be required by law to accept the usual and customary fee schedule as payment in full for all services rendered to eligible individuals. The Medicare fee schedules should be adjusted on an annual basis using the U.S. Department of Labor and Consumer Price Index.
14. We recommend that communication be researched in all areas (e.g., consumer, health care, psychosocial, the media) that apply to the aged and their specific needs.
15. We recommend that households that care for their family members not be penalized through the reduction of already limited income and services and not be denied available related services or reimbursements.

All of Minnesota's recommendations for the White House Conference on Aging are made on the assumption that this nation should offer each elderly person the opportunity to exercise his/her right to live independent, productive, dignified lives within their families and communities and that these rights should be assured and protected in the Older Americans Act and all other national legislation and policies.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

MISSISSIPPI

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WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Mississippi STATE COORDINATOR Dr. David B. Wilson

TOTAL # FORUMS 121 % URBAN 15 % RURAL 85

TOTAL # PARTICIPANTS 5690

ISSUES OF CONCERN (top 10 priorities):

1. The impact of inflation on older persons living on fixed incomes.
2. Availability of health and health maintenance services.
3. The overriding need and desire of older persons to remain in their own homes.
4. The special health needs of the rural elderly.
5. The leadership role of the State Council on Aging.
6. Institutionalized care and long term care arrangements.
7. Coordinated elderly service delivery systems.
8. Public Education about the aging process.
9. Pre-retirement planning and education.
10. Training of professionals in the special needs of the elderly.

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. That cost of living increases in Social Security, Veterans Administration and other retirement benefits be reviewed and adjusted to make them adequate for a person to remain independent.
2. That more employment opportunities linked with vocational training and counseling be available to prepare older adults to remain employed or re-enter the job market.
3. That elderly in-home services to improve and maintain health be developed and/or expanded.
4. That Medicare and Medicaid be evaluated and redefined to eliminate waste and fraud and to serve more elderly health needs.
5. That Mobile Health Units with rural transportation services linked to them be made a standard service of the public health system.
6. That social support systems be developed to foster the ability of frail elderly to maintain themselves in their own homes.
7. That the informal social support systems in communities be strengthened through the leadership of the State Council on Aging.
8. That the Ombudsman Program be expanded and enhanced.
9. That public education programs and advocacy efforts concentrate on eradicating stereo-types of older adults.
10. That professionals working in the field of aging services receive more training to improve their sensitivity to the special needs of the elderly.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Mississippi 2) Date of Conference May 18-20, 1981
- 3) Place of Conference Jackson, Mississippi
- 4) Name of Person Submitting Report David B. Wilson
- 5) Title of Person White House Conference on Aging Coordinator

Participation

- 6) Total No. of Participants 307 7) Sex: Number of Female 170
Number of Male 137
- 8) Ethnicity/Race: 43% 132 Black; 0 Hispanics; 57% 174 Caucasian;
0 Pacific/Asian; 0 American Indian; 1 Other (Please
state approximate % for each)
- 9) Handicapped .02 (Please state approximate % only)
- 10) Age: 103 under 55 204 55 and over

Summary of Issues and Recommendations

EDUCATION, TRAINING OPPORTUNITIES & RESEARCH

I Issue

The general public lacks basic information on the aging process.

Recommendations

1. Develop and implement a media campaign (radio & television) aimed at educating the general public about the aging process.
2. Request that all agencies including voluntary incorporate more information on aging in present programs.
3. Continuation of community forums and workshops.
4. Encourage high schools, vocational schools, junior colleges and institutions of higher learning to incorporate continuing education in gerontology.
5. Encourage pre-retirement counseling through industries and community groups.

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6. Continuation of such programs as RSVP and foster grandparents.
7. Use of older adults as teachers in educational programs as consultants in media campaigns, and peer instructors for pre-retirement programs.

II. Issue

There is a need for additional training and education for older adults aimed at productive employment.

Recommendations

1. Recommend that senior citizens pay reduced fees for educational programs offered by the State on an as need basis. Also offer such programs at no cost on a space available basis.
2. Development of educational and training programs relating to the elderly by Educational Television.

III. Issue

Professionals working with older Americans need more information in gerontology.

Recommendations

1. Utilization of consultants with information on international programs.
2. Encourage development of comprehensive resource manuals relating to aging.
3. Institutions of learning do assessments of present resources and projected needs.
4. The institutions of higher learning develop a coordinated curriculum in gerontology.

IV. Issue

There is a need for older Americans to be involved in the political process.

Recommendations

1. That the Council on Aging assert the advocacy role in requesting the Governor's appointment of a Blue Ribbon Commission on Aging.
2. Encourage the Council on Aging to continue activities related to problems of older Mississippians which require action by the Legislature and disseminate aging related legislative information to the districts.
3. Make the voter registration process more accessible to older citizens, particularly those in nursing homes by amending the Mississippi Statute.
4. Assistance for senior citizens on how best to communicate with local, state and federal officials.

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5. Continuance of the Voters Rights Act and application to all parts of the Country.

V. Issue

There is a need to establish a centralized mechanism for education and research.

Recommendations

1. Encourage institutions of higher learning to become involved in Aging research.
2. That a consortium and Center on Aging be established by legislative mandate.
3. That more state and federal funding be made available for research in gerontology.

VI. Issue

There is a need for a counseling service for older adults utilizing trained peers as the counselors.

Recommendations

1. Development of counseling network utilizing older adults as counselors for other older adults.

ECONOMIC SECURITY

I. Issue

Current financial penalties on income earned after retirement and restrictions attached to Social Security Benefits discourage productive employment by older adults.

Recommendations

1. Support legislation such as Senator Claude Pepper's bill to exempt tax on the interest of retirees' savings.
2. Social Security regulations should be reviewed and adjusted to prevent cost of living increases in benefits from decreasing VA benefits, Medicaid eligibility and other benefit programs.
3. Retirees should not be required to pay Social Security tax on income earned after retirement.

II. Issue

There are concerns about the survival of the Social Security Program.

Recommendations

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1. Continued efforts should be made to improve the Social Security Program and assure its continuation.
2. There should be increased death benefits under Social Security.
3. Social Security should continue in a non-taxable category.

III. Issue

There are inadequate job opportunities for retired Individuals.

Recommendations

1. We should encourage job sharing among older adults.
2. A pilot program should be established to integrate both young and old people into Job Corps.
3. We should encourage production and marketing of unique crafts by older people.
4. We should establish job centers to maintain an informal, local jobs needed list at sites such as senior centers.
5. We should encourage part-time work opportunities for retirees through private enterprise.

IV. Issue

Retirement preparation knowledge is inadequate.

Recommendations

1. A retirement program should be developed for all segments of the population. Knowledge of how to access this program should be incorporated into the existing formal education system; i.e. elementary, secondary, and higher education.

V. Issue

The Federal Administration is unaware of the plight of the average older American.

Recommendations

1. Congress and the Executive Branch of the Government should be under the same restrictions and laws as the general public with respect to retirement benefits.
2. Older people should be given more consideration for Cabinet and Commissioner appointments at the federal level.

SOCIAL SUPPORT SYSTEMS

I. Issue

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A need for more accessible transportation for the elderly with emphasis on efforts to provide for those living in rural areas.

Recommendations

1. Resolve that Local, State, and Federal Governments together provide funds to perform a systematic analysis of transportation needs and problems of older citizens.
2. That there be developed a statewide transportation system in rural areas.

II. Issue

A need for more cooperation and coordination between human service agencies (public and private) for more effective and efficient delivery of services to the elderly.

Recommendations

1. That human service agencies serving the elderly develop a system for coordinated service delivery.

III. Issue

Allowing older people the opportunity to volunteer their skills and services.

Recommendations

1. That legislation be enacted to provide transportation or some travel reimbursement and employment credit for volunteer work.

IV. Issue

The sky-rocketing price of utilities impacts heavily on the elderly persons' resources and lifestyle.

Recommendations

1. That federal legislation provide for fixed or reduced utility rates for elderly households on fixed incomes.

V. Issue

The growing concern about elderly abuse and the increase of crime against the aged within and outside of the family.

Recommendations

1. That Federal, State, and Local Government in cooperation with churches, neighborhood organizations, voluntary agencies and local police departments, provide protective services as well as rehabilitation services for offenders.

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VI. Issue

The elderly are the victims of many scams and legal injustices and are, in many cases, unable to afford private lawyers.

Recommendations

1. Resolve that free or low cost legal services be provided for those older adults unable to pay the cost for such services.

VII. Issue

The need for increased recreational physical fitness opportunities for the elderly.

Recommendations

1. Resolve that state, local and federal provisions be made to meet the recreational needs of the elderly.

ALTERNATE LIVING ARRANGEMENTS

I. Issue

The need for a Long Term Care Channeling Project.

Recommendations

1. That the State proceed with its original plan to implement a channeling project.
2. That the State seek funding for and designate an agency to coordinate a demonstration Long Term Care Program.

II. Issue

The need for boarding homes housing the elderly to be licensed and located in regulated facilities.

Recommendations

1. That the State fund a pilot project to ascertain cost effectiveness, quality of service, and problems encountered in boarding homes.
2. That barriers to the use of Medicaid funds for boarding homes be removed by Federal Legislation.
3. That the State develop necessary legislation to license boarding homes.

III. Issue

The need for revised local zoning ordinances regulating elderly and handicapped group homes and the education of the

MISSISSIPPI

general public about their contributions to the communities.

Recommendations

1. That zoning ordinances be revised for group homes for the elderly and handicapped in order to allow them to live in single-family areas, rather than in semi-industrialized sites.
2. That general public and local communities be educated about the contributions group homes make to the community.

IV. Issue

The need for more elderly day care centers and increased resources to support their operation.

Recommendations

1. That the availability of day care centers for the elderly be increased.
2. That state support of day care centers be increased.

V. Issue

The need for the development of more elderly congregate housing facilities supported by the State.

Recommendations

1. That the development of congregate housing be increased.
2. That this venture be less dependent upon federal monies for development and support.
3. That funding for congregate housing be sought from the private sector.
4. That the State fund a demonstration project.

VI. Issue

The need for the foster care concept to be developed.

Recommendations

1. That federal and state authorities explore the foster care concept.
2. That the concept of "adopt-a-grandparent" be thoroughly explored.

VII. Issue

More readily available and coordinated service information.

Recommendations

1. That the established local focal points for information

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- regarding services for the elderly provided by the State and private agencies be publicized.
2. That the Governor facilitate coordinated efforts of state agencies in providing services to and securing funds for the elderly.
 3. That the current list of members of the Council on Aging and how they may be contacted for information be made more readily available.

VIII. Issue

The need for more research in the area of long term care and improved services in nursing homes.

Recommendations

1. That more research be conducted in the areas of resident care in long-term care institutions.
2. To improve nursing home services to meet the psychosocial needs of the elderly especially in rural communities.
3. Utilize more volunteers in nursing home operations.
4. That the public be educated about the resource potential of nursing home residents and the positive impact it can have on the community.

IX. Issue

The need for hospice initiatives when dealing with terminally ill older people.

Recommendations

1. That the hospice concept be incorporated in the care of the dying individual, whether in a nursing home, hospital, or in-home care.

X. Issue

The need to support initiatives that keep older people in a natural home environment.

Recommendations

1. That more emphasis be placed on maintenance of the elderly in their own home.
2. That Medicare and Medicaid guidelines be changed to cover more in home maintenance and preventative care.
3. That tax breaks be available for families who keep an elderly relative in their home.
4. That the "Share-a-Home" concept be studied with possible implementation within the State.

HEALTH

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I. Issue

Health professionals need better preparation to address the health problems of the aged. (especially rehabilitation and disability assessment).

Recommendations

1. That health care education institutions should remove the problem through changes in curriculum, clinical experiences, and continuing education.
2. That research efforts directed toward rehabilitation and disability assessment of older adults be expanded.

II. Issue

Alternatives to institutional care provided in the least restrictive environment.

Recommendations

1. That foster homes, home health services, day care centers, boarding homes, congregate living arrangements, sitters for the work shift be explored.
2. Where appropriate, that licensure and inspection be effected by state agencies.
3. That the use of tax credits and other incentives for families to keep elders at home be explored as an alternative to institutional care.

III. Issue

Merging of health care and social programs for more efficient and appropriate utilization of resources.

Recommendations

1. That legislative committees on aging be created to deal with needed reorganization of the myriad of services currently available.

IV. Issue

The need for more services that focus on health maintenance for older adults.

Recommendations

1. That older people be educated and motivated to take care of their own state of health.
2. That nutrition sites expand their nutrition education programs.
3. That health care providers place more emphasis on preventative care.

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V. Issue

The need for older adults to have the freedom to exercise individual initiatives in choosing living arrangements, health care providers and dying with dignity.

Recommendations

1. That there be state and federal provisions for appropriate legislation to assure that older people have freedom in planning and managing their lives.

VI. Issue

Improper utilization of drugs and alcohol exists among older adults.

Recommendations

1. That health professionals help to implement programs to educate older adults in proper use of drugs and alcohol.
2. That states restrict media advertising for drugs and alcohol.

VII. Issue

There is a need to put an end to the disengagement of the older people from society.

Recommendations

1. That efforts be made to develop an age integrated society by Mississippi's citizens, elected public officials, program administrators and the clergy.

VIII. Issue

The need to enact legislation that eliminates the regulatory authority that allows private health insurance to terminate at age 65.

Recommendations

That there be a re-evaluation and re-consideration of this policy by the federal government.

IX. Issue

A need for dental care for older adults to be covered by Medicare and Medicaid.

Recommendations

1. That legislation be enacted which would allow older adults dental care and fluoridation under Medicare and Medicaid.

the 1981
White House
Conference
on
Aging

**STATE CONFERENCE REPORT
FROM**

MISSOURI

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State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

Missouri State
White House
Conference
on Aging

Conference Proceedings
Issues and Policy Recommendations

WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Missouri STATE COORDINATOR Stuart F. Murphy
TOTAL # FORUMS 347 % URBAN 36 % RURAL 64
TOTAL # PARTICIPANTS 14,968

ISSUES OF CONCERN (top 10 priorities):

- A. PHYSICAL AND MENTAL HEALTH
 - 1. Home Health & Day Care (Alternatives to Institutionalization)
 - 2. Health Maintenance & Promotion
 - 3. Health Care Costs (Cost Containment, Insurance)
 - 4. Long Term Care (Regulation, Cost)
- B. ECONOMIC SECURITY
 - 5. Employment
 - 6. Retirement Income (Social Security, Pensions)
 - 7. Energy Costs
- C. SOCIAL WELL BEING
 - 8. Housing
 - 9. Social Environment
- D. TRANSPORTATION
 - 10. General Transportation

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

- A. ECONOMIC SECURITY
 - 1. Expand Retraining and Continuing Education Programs.
 - 2. Assistance in Paying Energy Bills.
 - 3. End Mandatory Retirement and Age Barriers.
- B. PHYSICAL AND MENTAL HEALTH
 - 4. Promote and Expand Home Health Care.
 - 5. Expand and Finance Day Care Centers.
 - 6. Nutritional Education and Programs.
- C. SOCIAL WELL BEING
 - 7. Government Increase and Subsidize Housing.
 - 8. Home Support Services to Avoid Institutionalization.
 - 9. Social Environment-Senior Centers, Social Activities.
- D. TRANSPORTATION
 - 10. Government Help Solve Transportation Problems, Finance Solutions for Health Access.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Missouri 2) Date of Conference May 11-13, 1981
3) Place of Conference Ramada Inn, Columbia, Missouri
4) Name of person submitting report Stuart F. Murphy
5) Title of Person State Coordinator

Participation

- 6) Total No. of Participants 140 7) Sex: No of Female 92
No of Male 48
8) Ethnicity/Race: 10% Black; 0% Hispanics; 89% Caucasian;
0% Pacific/Asian; 1% American Indian; 0% Other (Please
state approximate % for each)
9) Handicapped 1% (Please state approximate % only)
10) Age: 3% under 55 97% 55 and over

Summary of Issues and Recommendations by Major Topics

PHYSICAL AND MENTAL HEALTH

A. Issue

1. There is a lack of coordination in the Health Care System.

B. Policy Recommendations

1. Resolve that provisions be made to fill in the gaps in health care financing and resolve that adequate and effective health care financing will require a coordinated effort by individuals, their employers, and our government.

A. Issue

1. There is a general view expressed by the public which equates being an older person with being sick.

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B. Policy Recommendations

1. Resolve that a comprehensive public education program be developed, and resolve that schools preparing health professionals provide curriculum with specific education concerning the characteristics and needs of older adults.

A. Issue

1. There exists a health care system identified by its failure to address the needs and rights of the "whole person".

B. Policy Recommendations

1. Resolve that an adequately funded public and private health care system for the elderly be established which promotes maximum functioning of the individual through a continuum of care concept characterized by the appropriate level of quality care at the proper time.

A. Issue

1. Many older persons are needlessly institutionalized at high cost due to a lack of viable in-home or community based long term care services.

B. Policy Recommendations

1. Resolve that an equally funded nationwide effort be established that would provide a broader range of in-home and community based alternatives to institutionalization which would incorporate a comprehensive preadmission screening and assessment mechanism with a single entry point incorporating claims review and payment functions.
2. Further resolve that day care services for older adults be developed and expanded, and the concept and practice of inter-generational living and shared housing be explored.

A. Issue

1. The availability of in-home services could permit one to continue independent living in one's home.

B. Policy Recommendations

1. Resolve that the DHHS be mandated to develop a national policy relating to the provision of those services which support the alternatives to institutionalization and that DHHS develop a national policy relating to the implementation of local volunteer programs to deliver in-home services.

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A. Issue

1. There is a lack of flexibility in the existing regulations which denies the frail elderly access to non-institutional living situations and the financial burden of cost for the provider of service in alternative settings become prohibitive.

B. Policy Recommendations

1. Resolve that existing funding mechanisms be expanded to stabilize patient income enabling the long-term ill access to alternatives to institutionalization and; tax credits and/or direct financial aid be provided as incentives for those taking care of older adults in non-institutional settings.

A. Issue

1. The physical and mental well being of all citizens has a close relationship to nutrition, food, and companionship.

B. Policy Recommendations

1. Resolve that nutrition opportunities both in congregate and in-home settings be continued and/or expanded to areas where they are nonexistent.

A. Issue

1. The cost of health care has been rising at an alarming rate for all Americans.

B. Policy Recommendations

1. Resolve that health care costs be contained by revising health care regulations and insurance regulations that have a direct bearing on these costs, monitor insurance companies to insure adequate coverage and cost effective rates and that insurance policies be written in unambiguous and intelligible language.

A. Issue

1. The physical and mental health of the older American has improved over the past decade, yet there is a dire need for further improvements.

B. Policy Recommendations

1. Resolve that further research in physical and mental health, nutrition, education in the use or misuse of

MISSOURI

drugs in geriatric care, and the continuing education of the health care providers in the overall treatment of the Older American be considered as an optimum program for the benefit of the older individual.

ECONOMIC SECURITY

A. Issue

1. A significant problem besetting retired persons is the burden of sustaining an adequate standard of living with limited financial resources which becomes even more difficult during an inflationary period.

B. Policy Recommendations

1. Resolve that the Federal Government provide a percentage of the training funds to train/retrain persons of 60 years of age or older without consideration to income and that in hiring, preference be given the elderly by removing all legal barriers and by providing positive economic incentives to train and employ older workers.
2. Further resolve that the earnings of Social Security participants not be restricted and income benefits be maintained at no less than the present benefit level.
3. Further resolve that in addition to Social Security, private pensions and retirement savings programs be encouraged by permitting higher contributions to HR-10's and IRA's and workers covered by qualified pension plans be allowed an income tax reduction for their own contributions to pension plans. Government requirements for ERISA should be simplified so as to encourage small businesses to provide these programs.
4. Further resolve that interest income to persons 65 and older be tax exempt.
5. Further resolve that there be indexing of all retirement systems to the Consumer Price Index cost of living increases and be protected from offsetting reductions and that legislation be enacted to increase Social Security benefits to meet the increased cost of living.
6. Further resolve that Congress be encouraged to work toward making Social Security actuarially sound, including increasing retirement age.

MISSOURI

A. Issue

1. A serious problem exists in providing an adequate income for the retired in our changing economy and the present government and private programs are inadequate to meet the needs that exist.

B. Policy Recommendations

1. Resolve that a national policy on an adequate minimum income be developed which would include Social Security and other governmental programs as well as private pensions, and other private sources, to meet the needs of the retired in our society.

SOCIAL SERVICES AND OTHER SUPPORT SERVICES

A. Issue

1. Coordination of funding for transportation, housing, and the physical environment is inadequately and inefficiently administered.

B. Policy Recommendations

1. Resolve that coordination of funding for transportation, housing, and the physical environment be maintained at a sound funding level; and that the funding be equitably distributed to the States; and that all providers of these services be brought together in an initial planning stage and that there be sufficient representations of the elderly on these planning commissions.

A. Issue

1. Not enough funds are available to provide the social and support services needed for an independent life.

B. Policy Recommendations

1. Resolve that more funds be made available for these services by objectively evaluating participant needs and encouraging contributions on the basis of one's income or lack of income.

A. Issue

1. Among the significant problems besetting older adults, both rural and urban, in maintaining an independent life are lack of adequate housing, in-home services, transportation, socialization, etc.

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B. Policy Recommendations

1. Resolve that while taking into account programs already available, research should be done in order to assist the elderly individual to maintain his/her independence and dignity and to establish the most effective ways to meet their needs.

POLITICAL ACTION

A. Issue

1. Older Americans have proved that they have much to offer that can improve the quality of life in our cities, states, and nation.

B. Policy Recommendations

1. Resolve that volunteerism among the elderly be recognized as a practical solution to problems; that Older American Volunteers receive the status of providers of services rather than recipients, and that the various volunteer-opportunity projects within the Area Agencies on Aging be expanded and supported at the local, state, and national levels.

A. Issue

1. There are presently a large number of agencies, organizations, and units of federal, state, and local governments serving older Americans.

B. Policy Recommendations

1. Resolve that there is a need to strengthen the planning and coordination and to clarify the roles of federal, state, and local units of government by encouraging coalitions of organizations serving older Americans, by clearly defining responsibilities of each unit of government in relation to planning and service provision.

A. Issue

1. Programs for older Americans are fragmented and uncoordinated in their administration.

B. Policy Recommendations

1. Resolve that a cabinet Department of Aging be established at both the national and state levels of government and that these departments coordinate all programs and services for older Americans and thereby reduce the duplication of programs and services.

MISSOURI

MINORITY ISSUES

A. Issue

1. It has become evident that minorities have not been treated equally under the law and that minorities have been deprived of many services that are legitimately theirs.

B. Policy Recommendations

1. Resolve the development and adoption of a "Bill of Rights" for Older Americans; and that an adequate system of legal services be provided and maintained; and that coalitions be initiated to advocate for the rights of minority aged and that adequate support be provided to insure the enforcement of all civil and human rights laws.

A. Issue

1. The patterns of discrimination prevented many of the elderly minorities the option to provide for their retirement years.

B. Policy Recommendations

1. Resolve that specific measures, programs, and services be enacted to insure a minimum standard of living for all elderly.

A. Issue

1. The Voting Rights Act of 1964 is being considered for reauthorization by the United States Congress.

B. Policy Recommendations

1. Resolve that concerted efforts be exerted by the WHCoA to support the reenactment of the Voting Rights Act.

A. Issue

1. There is not equal minority representation on most boards within the government structures that provide services to older Americans.

B. Policy Recommendations

1. Resolve that representation be increased by raising the sensitivity levels of those planning programs and services, increasing advocacy by older minority persons in planning and management of such programs and employing the older minority Americans at policy making levels of government.

MISSOURI

LONG TERM CARE

A. Issue

1. Health Care costs are rapidly rising, interpretations of inspectors vary, and the public has developed a negative attitude toward nursing homes.

B. Policy Recommendations

1. Resolve that nursing home mandated rules and regulations be reviewed and simplified to reduce paperwork and the varying interpretations of inspectors.
2. Further resolve that a nursing home Ombudsman program be maintained through federal legislation which would improve awareness and attitudes of the public and the residents.

A. Issue

1. Older adults living in long term care institutions (hospitals, nursing homes, domicillaries, etc.) are experiencing problems that can be helped, and there are a multitude and confusion of possible governmental and private agencies in the community that may be contacted by these people.

B. Policy Recommendations

1. Resolve that the Area Agencies on Aging be mandated to enhance their visibility in this regard by establishing a hotline, utilizing all appropriate publicity to advertise this service.

A. Issue

1. Older adults living in long term care institutions are often unable to leave these facilities to get to needed community based services because of their physical incapacity, lack of public transportation, and inadequate funds for fee based conveyances.

B. Policy Recommendations

1. Resolve that public transportation services already in place be enhanced and expanded and greater flexibility in those services be funded so that institutionalized older adults may get to appointments in the community and so that emergency situations can be covered beyond the use of expensive private ambulances.

MISSOURI

OLDER AMERICANS AS A GROWING NATIONAL RESOURCE

A. Issue

1. There exists a wealth of untapped resources for life enrichment and involvement among older Americans and there is a growing need for sharing talents, skills, experiences and knowledge with their peers and the community.

B. Policy Recommendations

1. Resolve that the Commissioner of Aging assume the responsibility for the implementation of a program of life long learning.

A. Issue

1. There is a lack of adequate communication of the results of current research in the field of aging and society's progress and growth is dependent on increasing knowledge through research.

B. Policy Recommendations

1. Resolve that efforts be made toward securing continued funding of research and that the findings of such research be widely distributed in understandable lay terms.

A. Issue

1. Older Americans constitute a vast untapped resource of talents and skills that can be utilized in the job market.

B. Policy Recommendations

1. Resolve that the Administration on Aging implement the following programs for the older worker:
 - a. job sharing programs with flex time arrangements;
 - b. work opportunities to be done primarily in the home;
 - c. develop manpower pools of older workers;
 - d. create job clinics and job fairs;
 - e. encourage employers to offer flexible retirement programs.

MISSOURI

A. Issue

1. The Missouri State WHCoA compliments the 1961 and 1971 White House Conferences on Aging for their pioneering efforts in the development of our growing corp of responsible leaders at the national, state, and area level; and resolves that the increase of our older American population would dictate the need for developing new approaches.

B. Policy Recommendations

1. Resolve that the executive and legislative branches review the unfinished recommendations from the two previous White House Conferences on Aging for unfinished recommendations related to resource leaders, and take appropriate action to fulfill the needs expressed in 1961 and 1971.
2. Further resolve that all departments of federal, state, and local related administrations on aging such as the Department of Labor, Commissioner on Aging, Counselor on Aging to the President, assume their responsibilities to complete the intention of the 1981 White House Conference on Aging.

MAILGRAM SENT TO THE MISSOURI CONGRESSIONAL DELEGATION

THE 1981 MISSOURI WHITE HOUSE CONFERENCE ON AGING FOUND THAT:

WHEREAS the Social Security system is considered by many Americans as security in their retirement years and is in fact the only source of income for many,

NOW THEREFORE BE IT RESOLVED THAT the Missouri State White House Conference on Aging which is now in session opposes the Administration's proposed cuts in the Social Security Act affecting the elderly.

BE IT FURTHER RESOLVED THAT the Missouri State White House Conference on Aging expresses its concern through mailgrams to the Missouri Congressional Delegation and to the President's Office in Washington, D.C.

Dated at Columbia, Missouri this 13th day of May 1981.

The Delegates to the Missouri State White House Conference on Aging.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT
FROM
MONTANA

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WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Montana STATE COORDINATOR Holly Luck

TOTAL # FORUMS 132 % URBAN 3% RURAL 97%

TOTAL # PARTICIPANTS 4917

ISSUES OF CONCERN (top 10 priorities):

1. Health Care and Health Care Cost
2. In-Home Services
3. Economic and Income Protection
4. Nutrition
5. Transportation
6. Inflation
7. Native American Minority Report

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

1. State Montana 2. Date of Conference 4/11/81
3. Place of conference Bozeman, Montana
4. Name of person submitting report Holly Luck
5. Title of person Chief, Aging Service Bureau, Social & Rehabilitation Services

Participation

6. Total No. of Participants 190 7. Sex: No of Female 111
No. of Male 79
8. Ethnicity/Race: 1% Black; Hispanics: 88% Caucasian;
 Pacific /Asian: 11% American Indian: Other
(Please state approximate % for each)
9. Handicapped 1% (Please state approximate % only)
10. Age: 31 under 55 159 55 and over

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HEALTH CARE AND HEALTH CARE COST

1. Issue

There is a need to ensure adequate health care and to contain health care cost for the elderly.

2. Recommendations

- a. Continue the Federal Medicaid and Medicare programs with needed improvements. Such improvements should include an in-depth evaluation of current health delivery systems and funding mechanisms with a view toward providing a continuum of health care services for our elderly, including services presently covered as well as expanded home care, mental health, hospice, and adult day-care services.
- b. Establish a national health insurance program.
- c. Increase home health, homemaker, home chore, and home-delivered meals to enable the elderly to remain in their homes and to retain their independence for as long as possible.
- d. Establish quality preventive health care clinics utilizing physician assistants and nursing personnel, to be managed under local control and to focus on preventive health education with adequate federal and state funding.
- e. Develop and encourage different regulations for hospitals and nursing homes for rural areas, towns, small cities and metropolitan areas.
- f. Develop a national advertising campaign designed to increase public awareness of free health care services, e.g., blood pressure clinics.

IN-HOME SERVICES

1. Issue

There is a need to facilitate in-home services to allow the elderly to remain independent in their own home or locality as long as possible.

2. Recommendations

- a. Provide comprehensive in-home services, including housing, health care, food and nutrition programs, transportation, and other services which meet needs for daily living.

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- b. Expand awareness of in-home services by increasing education, outreach, and local group and individual efforts through public media, community groups, and person-to-person contacts.
- c. Allocate financial resources for in-home services more equitably in rural areas.
- d. Initiate policy at all private and public levels to strengthen support systems for independent living for the in-home elderly and rehabilitative services for the institutionalized elderly.
- e. Particularly encourage older people to assist older persons (via churches, civic organizations, information and referral, outreach networks, and volunteers) to share their expertise and knowledge with seniors, thereby giving them additional information and services while giving the older persons themselves a sense of purpose.

ECONOMIC AND INCOME PROTECTION

1. Issue

There is a need to provide economic and income protection for the elderly.

2. Recommendations

- a. Return social security to its original intent, deleting all ancillary programs and exempting the first \$1,000 of interest and dividends from taxation.
- b. Whereas, the current inflation rate makes it difficult for the elderly to maintain a decent standard of living, Congress should take legislative action to protect the purchasing power and value of personal income for the elderly.
- c. Whereas, duplication of services and federal departments not needed are contributing to the inflation rate, Congress should take legislative action to review and delete departments that are outdated, duplicative, and/or not needed.
- d. Equalize social security for women, irrespective of age or marital status.
- e. Whereas, older Americans find it difficult to obtain employment, Congress should raise the earning ceiling on social security recipients and should develop a program to encourage employers to hire the elderly.

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- f. Adjust the inflation index for social security and related programs.

NUTRITION

1. Issue

There is a need to ensure adequate nutrition for the elderly.

2. Recommendations

- a. Develop a seven days a week congregate and home-delivered meals program.
- b. Aging network should promote training and technical assistance to nutrition service providers regarding purchase of food, equipment, budgeting, and improved menu planning for special diets.
- c. Promote more outreach and information and referral services to publicize, via public media, churches, civic organizations, individuals, and so on, those nutrition services currently available to older persons.
- d. De-emphasize the notion that nutrition programs are for the socially and economically needy, so that those who can afford to contribute more will also be encouraged to participate.
- e. Develop a national advertising campaign to educate senior citizens on generic foods, food substitutes, adequate nutrition, and services available.
- f. Ensure local control of nutrition programs.

TRANSPORTATION

1. Issue

There is a need to ensure adequate transportation for the elderly.

2. Recommendations

- a. Take necessary legislative action at state and/or national level to eliminate liability of volunteer workers transporting elderly people.

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- b. Increase federal and state funding by direct subsidies to rural elderly programs inadequately served by public transportation.
- c. Establish a network transportation system which includes rail and air service to adequately meet the needs of senior citizens in town and within the state.
- e. Develop a publicity program with radio, television stations, and newspapers to obtain a list of volunteers who would offer rides or other services to the elderly. These needs and volunteer services should be coordinated at the senior citizen centers.
- e. State Department of Transportation should set standards for the design of equipment, taking into account the safety, comfort, and convenience of all elderly, especially the handicapped elderly.

INFLATION

1. Issue

There is a need for action at the local, state, and federal levels which will fight inflationary factors that are hurting the elderly.

2. Recommendations

- a. Take congressional action calling for appropriate and uniform roll-back e.g., spending, wage and price control, and interest rates, of all phases of government and private enterprise.
- b. Encourage state and federal programs which utilize the older person's talents and expertise in assisting people of all ages with inflation fighting practices.
- c. Increase the total community's awareness of costly inflationary practices, and initiate programs which are cost effective.

NATIVE AMERICAN MINORITY REPORT

1. Issue

Special considerations are called for in meeting the needs of Native American elderly.

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2. Recommendations (on-reservation Indians)

- a. Funding of elderly programs can be improved by increasing funds under Title VI, equitable funding at state level, direct funding (bypass State Bureau) from AoA, and special training and technical assistance for elderly Native American programs.
- b. Special consideration must be made for Native American populations concerning problems of isolation and abuse of its elderly. This can be accomplished by increased funding for transportation programs, increased representation by the elderly in positions of authority, elimination of the SSI being tied to other income, increased funding for more outreach workers, and increased funding for HUD and congregate housing.
- c. Special consideration must be made for the Native American population concerning in-home services for the elderly. This can be accomplished by increased employment of able elderly for in-home services, increased funding for housing improvements and maintenance, increased funding for more homemaker services, and telephone service provided for all homes.
- d. Special consideration must be made for Native American populations concerning legal services for the elderly. This can be accomplished by increased funding for legal services, establishment of a legal services representative for each reservation, establishment of an ombudsman position for each reservation, and by provision of home consultation on legal matters.
- e. Health service for Native American elderly can be improved by increasing transportation and ambulance service, improving services from IHS and BIA, providing specific funding for hospital health care, and hiring more experienced doctors (use fewer interns).
- f. Nutrition programs for Native American elderly can be improved on by direct and increased funding for nutritional programs (includes IHS and BIA). Fund senior citizens centers on reservations, increase food stamp allocation, and provide for full-time nutritional service on each reservation.

3. Recommendations (off-reservation Indians)

- a. Special consideration must be given to providing specialists (who understand Indian problems) to deal with problems of loneliness and social problems such as alcoholism among off-reservation Native Americans.

MONTANA

- b. Provide and increase services and funding in health services, especially in-home services.
- c. Provide financial relief from high energy costs for off-reservation Indians, based on need.
- d. Due to the unavailability of public transportation in Montana, there is a need for low-cost transportation services for elderly Indians so that they can reach essential services.

* U.S.G.P.O. 720-019/1302-4595

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT
FROM

NEBRASKA

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

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State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.



STATE OF NEBRASKA

CHARLES THONE
GOVERNOR

WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Nebraska STATE COORDINATOR C. Bruce Davis
TOTAL # FORUMS 143 % URBAN 33 % RURAL 67
TOTAL # PARTICIPANTS 4,504

ISSUES OF CONCERN:

TRANSPORTATION: Should be expanded in rural areas especially, with local option to determine the kind of system.

MEDICARE/MEDICAID: Reform should include payment of dental, optometry and podiatry services, hearing aids, and physicals.

SOCIAL SECURITY: Cost-of-living increases should be maintained, and earnings limitations should be eliminated for recipients.

EXTENDED HEALTH CARE--COMMUNITY AND IN-HOME SERVICES: Should receive increased funding as a cost effective alternative to institutionalization. Tax incentives need to be initiated to encourage families to be primary care providers.

INFLATIONARY ENERGY COSTS: Conservation and weatherization programs should be promoted, along with continuance of funding for energy assistance.

LONG-TERM HEALTH CARE--NURSING HOMES: Health care providers need more geriatric training. Cash allowances to patients should be increased and their rights upheld.

MANDATORY RETIREMENT: Should be eliminated in the public and private sectors. Employment opportunities, full and part-time, should be increased for the elderly.

SOCIAL/RECREATIONAL FACILITIES: Senior centers should be expanded to provide more comprehensive services, nutrition sites should provide weekend and holiday services, and volunteer programs should have increased funding.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Nebraska 2) Date of Conference April 27, 28
3) Place of Conference Omaha, Nebraska
4) Name of person submitting report C. Bruce Davis
5) Title of Person State Coordinator

Participation

- 6) Total No. of Participants 875 7) Sex: No of Female 517
No of Male 358
8) Ethnicity/Race: 1.5% Black; .8% Hispanics; 96.7% Caucasian;
 Pacific/Asian; 1% American Indian; Other (Please
state approximate % for each)
9) Handicapped 8% (Please state approximate % only)
10) Age: 15% under 55 85% 55 and over

Summary of Issues and Recommendations by Major Topics

RURAL & URBAN TRANSPORTATION

A. Issue

1. One of the most urgent needs of the older Nebraskan is adequate transportation. Often it is too costly, the scheduling inappropriate, or it is just inaccessible for the older individual. In many rural areas in Nebraska no form of public transportation exists. Recent testimony has been recorded indicating that some rural, elderly, Nebraska women have to travel over 100 miles to receive any medical attention.

B. Policy Recommendations

1. Transportation needs (especially for rural areas) should be established as a national policy.
2. Funding sources should be continued for senior transportation systems and increased whenever possible.

NEBRASKA

3. Propose grants to demonstrate better usage of existing community resources for transportation for the elderly-- i.e., use of school busses on off times.
4. All federal funds for transportation services for the elderly should allow local option as to the type and extent of service implemented.

C. Action Recommendations

1. "Park and ride" facilities would enable seniors in urban areas to avoid driving their vehicles in heavy traffic.'
2. More programs should be made available for weekend and evening transportation services.
3. Mobile medical units could handily serve the medical needs of isolated rural elderly.
4. Make available reduced insurance rates to organizations or individuals to cover volunteer drivers.

HEALTH CARE FOR THE ELDERLY

A. Issue

1. Maintaining good health is an important factor in the quality of life of the elder citizen. The state of one's health affects interpersonal relationships, employment, recreational opportunities, and all other facets of life. Included under the over-all umbrella of Health Care are topics such as: Access, Preventative, Cost Containment, Continuum of Care, and Medicaid/Medicare Reimbursement.

B. Policy Recommendations

1. Reforms under Medicare/Medicaid should include payment of essential items such as dental work, eyeglasses and exams, podiatry services, and physical exams for early detection of ailments.
2. Redirect Medicare insurance coverages to more non-institutional alternatives.
3. Medicare and Medicaid reimbursement policies should allow and encourage in-home services to the elderly versus institutionalization.
4. Initiate an additional coverage (i.e., Part D) under Medicare to protect a well spouse from financial disaster due to a catastrophic, long-term illness.

NEBRASKA

5. Initiate some national policy to encourage medical practioners to serve the rural areas of our states.
6. Establish within the Medicaid system, financial incentives to encourage family members to care for their elderly at home.
7. Redirect more of the federal dollars for health care costs toward programs designed to prevent institutionalization (i.e., early detection, prevention, nutrition education, health clinics, etc.)

C. Action Recommendations

1. Discharge planning by hospitals is crucial to proper placement of the individual. They should aid him in becoming more knowledgeable concerning services in place enabling him to maintain a high level of independence.
2. In many cases, greater utilization of in-home nurses could prevent higher costs due to improper and unnecessary institutionalization.
3. The availability of Health Maintenance Clinics in areas with a high concentration of elderly persons could aid in the detection and treatment of diseases before they become catastrophic in nature and costs become prohibitive.
4. More complete coordination is needed in communities to ensure integrated health care plans for older persons.
5. More awareness on the part of the medical community is needed as to the special problems of the geriatric patient.
6. Day Service Centers with medical components could aid in keeping many seniors at a higher level of independence.

SOCIAL SECURITY

A. Issue

1. For the older population retirement often signals a series of losses. One of the losses most felt by many retirees is the reduction of income. Over the past four decades the Social Security System has been an effective method of supplementing the income of many seniors. However,

NEBRASKA

with more and more being demanded of the system, and with fewer contributors projected (or with a dip in our economy), there are serious concerns as to whether the commitments to future retirees can be met under present circumstances. It is recognized by everyone that changes in the system must occur, but unanimity is lacking as to the direction and intensity of these changes.

B. Policy Recommendations

1. The "cost of living" increases in Social Security benefits should be continued as presently being funded.
2. Congress should authorize borrowing between trust funds in order to solve "cash flow" problems.
3. Consideration should be given to the combining of the trust funds.
4. If needed to keep it solvent, Congress should consider adding up to 1/3 of the funds for disbursement under the Social Security system from general revenues.
5. No additional benefit areas should be legislated under the Social Security program.
6. Congress should consider dropping college student benefits for those ages 18-22 under the Social Security program.
7. There should be no earnings limitations for those receiving Social Security benefits that would prohibit them from continuing to draw their full amount.
8. The "earnings test" for those under 65, who are receiving survivor's benefits, should be made the same as for those 65 and older.

EMPLOYMENT/MANDATORY RETIREMENT

A. Issue

1. The elderly population of the State of Nebraska is a proud group who would much prefer to work whenever possible to maintain their independence. However, a great number of inhibitors must be removed to encourage more active participation of seniors in the job market.

B. Policy Recommendations

1. Elimination of a mandatory retirement age for public and

NEBRASKA

private employees.

2. Abolish the earnings limitations in the payment of Social Security benefits.
3. The ADEA (Age Discrimination and Employment Act) should be much more strongly enforced.

C. Action Recommendations

1. Industry and government alike should reexamine alternative work schedules to encourage the use of the older worker.
2. Provide financial incentives to businesses to hire or retain older workers.
3. Take a closer look at performance evaluations that may tend to discriminate against the older worker.
4. Expand job training and counseling for older workers.
5. Take a new look at pension and benefit policies with the view in mind of encouraging the older worker to stay on the job.
6. Promote public awareness of the potential worth and capabilities of older, productive employees.
7. Abolish certain wage limitations that prevent the older worker from working for less if he so chooses, or wants to volunteer his services without compensation.

HOUSING: SECURITY, ENERGY & ALTERNATIVES

A. Issue

1. The need for housing alternatives for the elderly that are safe and energy efficient are in great demand in Nebraska, especially in some rural parts of the state. Too many elderly are subjected to high utility costs and crime victimization by living in inadequate housing.

B. Policy Recommendations

1. A national policy needs to be established that would require all families seeking utility assistance to have an "energy audit" conducted on their place of residence.
2. More efficient and orderly distribution of funds should

NEBRASKA

be made available to elderly homeowners for weatherization.

3. Establish a national policy that would encourage utility companies to carry out effective energy conservation plans in order to reduce energy demands.
4. Develop and require "life cycle costing" of all facilities requesting government funds, taking into account initial construction, operation, maintenance, and interest costs. Those potential facilities failing to qualify under this system should be denied funds until deficiencies in their plans are corrected to provide more cost effective structures.
5. Utilize crime prevention specialists as consultants to elderly housing planners so that more secure housing arrangements can be built.
6. Provide experimental tax incentives for both private contractors and seniors themselves to build safe and efficient housing options.

C. Action Recommendations

1. Encourage states and local communities to evaluate their own housing needs and options through education programs.
2. Provide some safeguards for the ruthless eviction of elderly tenants because of condominium conversions.
3. Provide low-cost renovation funding to upgrade sub-standard elderly housing arrangements.
4. Promote moderate rental increases for elderly housing properties that are within the budget capabilities of seniors.
5. Promote crime prevention education among seniors to reduce their chances of being victimized.

SPECIAL ISSUES: MINORITY ELDERLY, VOLUNTEERISM,
PERCEPTION OF SENIORS, IMPAIRED ELDERLY

A. Issue

1. A variety of issues were discussed in the "Special Issues" workshop at our state conference. This was an open forum to address issues not specifically focused upon in the other 12 workshop sessions. Policy statements emerged around four primary issues: the minority elderly, senior

NEBRASKA

volunteerism, perceptions of being older, and the impaired elderly.

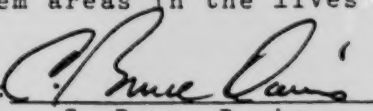
B. Policy Recommendations

1. Since we now have a "senior" as President, it is recommended that a national policy be established promoting a higher level of recognition and deeper appreciation of what our senior citizens have done for our nation, and the contributions they continue to make toward our economy and culture.
2. The advocacy role of seniors for their own needs must be recognized and encouraged, and their input can guide the professional gerontologists in developing and implementing programs and services for seniors.
3. The continued contribution of volunteerism among seniors should be acknowledged and support increased for these valued services through Action (RSVP, FGP, SCP).
4. There is a need for a greater understanding of the unique problems facing all members of the minorities represented in our state, including the Black, American Indian, and Hispanic populations in Nebraska.
5. The hearing-impaired elderly are in need of special services to maintain their independence and role in society. Unique services needed include trained interpreters, education programs in signing, special communication tools for daily necessities, and housing arrangements that allow community and fellowship among the deaf elderly.

C. Action Recommendations

1. Media campaigns should be encouraged to change the national image of growing older.
2. More programs need to be targeted to the impaired elderly to help them reduce their dependence on others and to, therefore, reduce the possibility of expensive institutionalization.
3. More "captioned" television programs for the hearing-impaired elderly are needed.
4. Greater use of our "senior centers" are necessary to aid in attacking these distinctive problem areas in the lives of seniors.

Respectfully Submitted,
May 29, 1981


C. Bruce Davis

* U.S.G.P.O. 720-019/1302-4599

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

NEVADA

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WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE NEVADA STATE COORDINATOR John B. McSweeney

TOTAL # FORUMS 16 % URBAN 25% % RURAL 75%

TOTAL # PARTICIPANTS approx. 1,000

ISSUES OF CONCERN (top 10 priorities):

1. Economic Security
2. Physical and Mental Health
3. Transportation
4. Housing
5. Crimes Against the Elderly
6. Employment

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

See Attached.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State NEVADA 2) Date of Conferences 6/19/81; 6/26/81
3) Place of Conference Las Vegas; Reno
4) Name of person submitting report Frank Matthews
5) Title of Person State Liaison for WHCOA

Participation

- 6) Total No. of Participants 550 7) Sex: No. of Female 75%
8) Ethnicity/Race: 10% Black; 2% Hispanics; 87% Caucasian
 Pacific/Asian; 1% American Indian; Other
9) Handicapped 2%
10) Age: 5% under 55 95% 55 and over

Summary of Issues and Recommendations by Major Topics

ECONOMIC SECURITY

- A. Issue
1. Whereas Congress is considering taxing Social Security;
- B. Policy Recommendations
1. Be it resolved that there be no taxation of Social Security as income, and
2. Be it resolved that Congress enact a law prohibiting any taxation of Social Security now or in the future.
- A. Issue
1. Whereas Social Security is not protected against budget cuts;
- B. Policy Recommendations
1. Be it resolved that Social Security programs remain status quo and monies supporting the arms race be limited, and
2. Be it resolved that Social Security be returned to being a separate entity solely for the payment of retirement income and not for disability or survivor benefits.
- A. Issue
1. Whereas cost of living increases in Social Security results in ineligibility for Food Stamp program;

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- 1 B. Policy Recommendation
 - 1. Be it resolved that cost of living increases not affect eligibility requirements for the Food Stamp program or any other social programs.
- A. Issue
 - 1. Whereas private insurance companies and the Social Security system do not share proportionately in payments for medical care;
- B. Policy Recommendation
 - 1. Be it resolved that private insurance companies be prohibited from coordinating with Social Security in their attempts to reduce reimbursement and coverage to Medicare recipients.
- A. Issue
 - 1. Whereas there is a proposal to allow retirement income from only one source and system, and
 - 2. Whereas a person may have contributed sufficiently to the maximum quarters required under Social Security for retirement benefits;
- B. Policy Recommendation
 - 1. Be it resolved that if a person has contributed to Social Security and/or any other retirement system that they receive the maximum benefits to which they are entitled.

PHYSICAL AND MENTAL HEALTH

- A. Issue
 - 1. Whereas Medicare payments are extremely limited, and
 - 2. Whereas Medicare does not provide benefits for the care of eye glasses, dentures and hearing aides, and
 - 3. Whereas excessive red tape is involved in reimbursement turn-around time and,
 - 4. Whereas there exists great disparity and inconsistency with respect to medication, hospital and doctors charges,
- B. Policy Recommendation
 - 1. Be it resolved that the Congress immediately investigate and take appropriate action to remedy the many inequities in the Medicare system and consider expanding Medicare coverage to include other protective and Holistic health services.
- A. Issue
 - 1. Whereas those senior citizens receiving benefits under the Medicare programs perceive the treatment they receive from the medical profession as second class, and
 - 2. Whereas these older Americans consider themselves first class American citizens,

NEVADA

B. Policy Recommendation

1. Be it resolved that the medical profession take steps to improve its conduct and image and immediately commence to treat senior citizens with the respect that they deserve.

A. Issue

1. Whereas there exists great rigidity and inconsistencies in the rules governing Supplemental Security Income (SSI) and Social Security Assistance (SSA) at the federal, state and local level, and
2. Whereas SSI/SSA benefits are given based solely on income criteria,

B. Policy Recommendation

1. Be it resolved that SSI/SSA benefits be evaluated and appropriately modified to include physical and income criteria.

A. Issue

1. Whereas there exists an age gap wherein a person is ineligible for Medicare coverage,

B. Policy Recommendation

1. Be it resolved that persons who retire under Social Security be immediately eligible for Medicare based on their physical and financial needs to include the gap between the ages of 62 to 65.

A. Issue

1. Whereas there is an inequity existing with respect to what doctors may receive in the same geographical areas,
2. Whereas this penalizes Medicare recipients with respect to cost reimbursement,

B. Policy Recommendation

1. Be it resolved that costs be standardized for the same geographical areas and said costs to be reviewed and published annually for the benefit of Medicare recipients.

A. Issue

1. Whereas there is a great lack of adequate rural health facilities and services, and
2. Whereas rehabilitation services, support services, and weekend health and nutritional services, especially for shut-ins, are in desperate need, and
3. Whereas adult care centers, transportation and mental health facilities are totally inadequate,

B. Policy Recommendation

1. Be it resolved that this dangerous lack of services receive immediate attention and placed into operation.

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A. Issue

1. Whereas there exists the need for "educational experiences" for older Americans, and
2. Whereas there exists a great need for nutritional education and public information, and
3. Whereas the need exists for activities relating to the physical, mental, social and spiritual lives of the elderly, and
4. Whereas there exists the need for continued information on the availability of services,

B. Policy Recommendation

1. Be it resolved that older Americans have available to them educational and informational programs in any and all forms.

TRANSPORTATION

A. Issue

1. Whereas public transportation is either non-existent or vastly limited in Nevada; and,
2. Whereas elderly people depend on transportation as a vital link to all needed services, not the least of which are medical, and,
3. Whereas elderly people depend on Title XX funded transportation programs to meet their many needs;

B. Policy Recommendations

1. Be it resolved that a more realistic income criteria for Title XX transportation recipients be used in reimbursing transportation providers for the service, i.e., be able to have a higher income allowance than in the past; and a larger percent of Title XX funding be earmarked exclusively for aging programs;
2. Be it resolved that there be a more equitable distribution of funds for rural states having large geographical areas, but small populations, on the premise that clients must travel great distances to obtain services;
3. Be it resolved that volunteer programs be expanded to provide drivers for transportation programs as well as vital manpower for other senior citizen services/programs, i.e., nutrition, etc.
4. Be it resolved that consideration be given to the pooling of existing transportation resources now fragmented in many programs.
5. Be it resolved that transportation statutes be revised to provide more operational funds and allow greater emphasis on encouraging voluntary contributions on the premise that it is more cost effective to provide a ride than it is to establish a new service or facility.

NEVADA

A. Issue

1. Whereas elderly people depend on Sections 5, 8, 16(b)(2), and 18 of the UMTA Act of 1964 as amended and Title XX of the Social Security Act to meet their many transportation needs,

B. Policy Recommendations

1. Be it resolved that UMTA Sections 5, 8, 16(b)(2), and 18 funds not be reduced or eliminated, and
2. Be it resolved that the grant application and approval process be streamlined so as to speed up the entire process.

A. Issue

1. Whereas it has been determined that smoking can be dangerous to one's health, and
2. Whereas most senior citizens do not smoke, and
3. Whereas senior citizens are more prone to respiratory illnesses,

B. Policy Recommendation

1. Be it resolved that there be a national law requiring all smoking areas to be screened off on public transportation.

HOUSING

A. Issue

1. Whereas many seniors are living on fixed incomes, and
2. Whereas available units of low cost housing are limited,

B. Policy Recommendation

1. Be it resolved that more money be allocated for additional units of low cost housing for seniors of low income and restrictions placed on tax exempt bonds be removed so that more funds may be available to finance low-cost housing.

A. Issue

1. Whereas many seniors have moved into mobile home parks,
2. Whereas space rental in these parks has escalated rapidly beyond their control, and
3. Whereas there are limited options for other living arrangements available,

B. Policy Recommendation

1. Be it resolved that the government consider locating mobile home parks on public land released to Housing Authorities so that seniors could live more economically without escalating space rental costs.

NEVADA

A. Issue

1. Whereas present building codes do not require proper safety and health standards, and
2. Whereas some local ordinances allow for variances in building requirements,

B. Policy Recommendation

1. Be it resolved that the building code standards be reviewed with due regard to health, safety and welfare of senior citizens with specific concern about front and back doors and windows in bathrooms and kitchens.

A. Issue

1. Whereas there is much criticism of federal programs being exploited by ineligible recipients, and
2. Whereas this Administration is making a concentrated effort to cut back "waste" in social programs,

B. Policy Recommendation

1. Be it resolved that the government try to determine that the people who benefit from federal programs are truly eligible.

A. Issue

1. Whereas the building of the MX Missile System will have a devastating effect on the living conditions of Nevada's senior citizens, and
2. Whereas many older Nevadans are fearful that rent increases, particularly in mobile home parks will increase totally beyond the means of seniors to pay, and
3. Whereas the federal government does not appear to be planning to lessen the potential impact on senior citizens,

B. Policy Recommendation

1. Be it resolved that the Administration, and especially the Department of Defense, immediately commence to assess the potentially devastating impact that the MX System will cause, particularly in the area of senior citizen housing and, in general, the quality of life for Nevada's elderly population.

CRIMES AGAINST THE ELDERLY

A. Issue

1. Whereas national crime is increasing at an alarming rate,
2. Whereas the nation's elderly citizens are living in great fear for their lives, and
3. Whereas present efforts at reducing crime are highly ineffective,

NEVADA

B. Policy Recommendations

1. Be it resolved that mandatory jail sentences be imposed on any person using a deadly weapon in the commission of a crime, or for major violators involved in the sale of illegal drugs, and
2. Be it resolved that probation be denied repeat offenders and that the Federal Government encourage and fund the establishment of detoxification centers for low-income alcoholics and drug abusers, and
3. Be it resolved that all Federal judges not be appointed for life and that tenure be dependent on review every five years by a Judicial Committee of Congress and/or members of the National Bar Association.

A. Issue

1. Whereas senior citizens are preyed upon by the criminal,
2. Whereas personal and home safety for the senior citizen is in need of vast improvement,

B. Policy Recommendations

1. Be it resolved that priority be given to the training of the elderly in self protection and funded by the Administration on Aging, and
2. Be it resolved that tax breaks be given manufacturers and builders and owners of rental properties who provide systems for personal and emergency direct signal, and
3. Be it resolved that the state insurance industry and the Federal Housing authorities consider the possibility of reduced insurance rates to owners for liability and theft insurance policies if premises are secure under viable standards.

EMPLOYMENT

A. Issue

1. Whereas the elderly are being denied needed income by the current limitation on earnings while receiving Social Security, and
2. Whereas the elderly are encouraged to enjoy the freedom to work,

B. Policy Recommendation

1. Be it resolved that the earnings limitations be removed from Social Security thereby providing to society the benefit of the wide variety of skills and experience of the elderly and also provide needed additional income to the Social Security recipient.

A. Issue

1. Whereas the elderly are currently being denied employment because of their senior age;

NEVADA

B. Policy Recommendation

1. Be it resolved that all age and wage discrimination practices currently engaged in by both public and private employees be prohibited by federal and state statute with a provision for severe penalty for any transgressor.

A. Issue

1. Whereas the majority of public and private employers are not really aware of the benefits to employers of older workers,

B. Policy Recommendation

1. Be it resolved that a massive public relations and awareness campaign be launched to educate both the public and private employer as to the multitude of benefits their business would receive by hiring the elderly. The elderly are not absent or tardy, they are diligent, loyal, dependable and take pride in a job well done.

A. Issue

1. Whereas private insurance carriers for industry currently have a maximum age limitation for employees under the various health, disability, automobile accident and life insurance programs afforded to them which results in involuntary termination from that employ,

B. Policy Recommendations

1. Be it resolved that the maximum age limitation on these insurance programs be abolished thus affording the elderly the opportunity to continue working if they so desire,
2. Be it resolved that employers be given incentives, i.e., tax credits, to offset insurance costs and waivers of retirement programs so that senior citizens may gain employment.

A. Issue

1. Whereas older persons returning to the labor market to find a job may lack the confidence, experience and current skills,

B. Policy Recommendations

1. Be it resolved that orientation and re-entry educational programs be established throughout the existing network of secondary and post-secondary schools to provide this much needed guidance, and
2. Be it resolved that the Department of Labor instruct the states' Employment Security Offices to set up programs aimed strictly at the elderly, said programs to be a separate entity within each Employment Security Office to provide the necessary guidance and counseling to older persons seeking employment, and

NEVADA

3. Be it resolved that incentives be developed for local, state and federal governments to take the leadership in developing part-time, time-sharing and flexi-time work schedules for the elderly and strongly encourage the private sector through perhaps a tax incentive to follow the example, and
4. Be it resolved that integrated workable public transportation systems be established in rural areas to enable older workers to seek and accept work, and
5. Be it resolved that extra emphasis be placed on the training provisions for seniors enrolled in any Title V Older Americans program with priority in health care training, and
6. Be it resolved that Social Security be raised, but not mandatory retirement as has been suggested by the Administration.

STATE CONFERENCE REPORT

FROM

NEW HAMPSHIRE

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WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE New Hampshire STATE COORDINATOR John M. Buckley

TOTAL # FORUMS 75 % URBAN _____ % RURAL _____

TOTAL # PARTICIPANTS 3000

ISSUES OF CONCERN (top 10 priorities):

1. Health Care/Insurance
2. Retirement Income
3. Housing
4. Transportation
5. Energy
6. Crime
7. Social Services
8. Spiritual Needs
9. Legal Services
10. Education/Training

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Promote and expand health care services that decrease institutionalization and provides support, maintenance and financial incentives conducive to independent living.
2. Establish a stable financial system that allows retirees to remain productive members of society while allowing them to be free from the anxieties of inflation.
3. Housing policies should constantly reflect the following four areas of concern: housing choice, allow the maintenance of the homestead, decrease isolation and provide congregate services.
4. While recognizing the limitation on public dollars, Federal funding sources should provide better coordination of programs in order to provide public transportation to all.
5. The Federal government must recognize the continued need of a maximum effort to decrease the extremely high energy cost for the northeast elderly.
6. More effective steps must be taken to decrease the fear of crime among the elderly: promote better victim/witness relationships, provide better protection of witnesses and ensure that publicly accessible areas in or near elderly housing are well lighted, and properly patrolled.
7. Merge the coordination of legislation, funding, administration and delivery of community based services through

a standardized system of accountability which would guarantee all elderly the right to the most appropriate, least restrictive care and services, at a reasonable cost, when and where needed.

8. Change the present social security regulations so that people who marry will suffer no loss of income.
9. Any program of general services to the elderly should include an effective legal services component. Delivery of legal services should continue to be incorporated into the Older Americans Act and should remain a high priority under the Act.
10. Promote the importance and richness of a society that is intergenerational.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State New Hampshire 2) Date of Conference May 16, 1981
3) Place of Conference Concord, New Hampshire
4) Name of person submitting report John M. Buckley
5) Title of Person State Coordinator

Participation

- 6) Total No. of Participants 950 7) Sex: No of Female 665
No of Male 285
8) Ethnicity/Race: NA Black; NA Hispanics; 100% Caucasian;
NA Pacific/Asian; NA American Indian; 40%* Other (Please
state approximate % for each) *Euro-Americans
9) Handicapped 10% (Please state approximate % only)
10) Age: 150 under 55 800 55 and over

Summary of Issues and Recommendations by Major Topics

RETIREMENT INCOME

A. Issue

1. There is a need for a national retirement policy which will stabilize income.

B. Policy Recommendations

1. Resolve that retirement income be more stable and capable of withstanding inflationary erosion.

C. Action Recommendations

1. Actively promote individual pension plans by establishing financial incentives for both employer and employee.
2. Establish a universal and standardized pension system which incorporates portability and vesting.

EMPLOYMENT

A. Issue

1. There is a need to permit full employment for all who desire to work regardless of age.

B. Policy Recommendation

1. Resolve to reinstate the right to full employment by abolishing all mandatory retirement.

C. Action Recommendation

1. Educational programs directed to both employers and employees as to the desirability of continued employment.
2. Allow more equitable return of past social security payments while positively encouraging continued employment.
3. Develop, with private sector, more creative uses of older workers through tax credits.

A. Issue

1. There is a need to expand the Senior Community Service Employment Program.

B. Policy Recommendation

1. Resolve to expand the Senior Community Service Program and foster closer collaboration with the private sector.

HEALTH SERVICES

A. Issue

1. The "Aging process" should be considered a health matter and all appropriate programs should be developed to meet the health needs of this process.

B. Policy Recommendation

1. Resolve that regional "case management" be established to assure appropriate use of services as required.

A. Issue

1. There is a need to broaden understanding of mental health services for elderly.

B. Policy Recommendation

1. Resolve that medicare reimbursement allow for more effective mental health coverage.

C. Action Recommendation

1. The ceiling on out patient psychiatric coverage and the type of mental health professionals which are covered should be immediately changed to allow medicare reimbursement.

HEALTH MAINTENANCE

A. Issue

1. There is a need to develop health maintenance and preventive programs that recognize the particulars of the aging process.

B. Policy Recommendation

1. Resolve that financial reimbursement will create more and better incentives for maintenance and prevention.

C. Action Recommendation

1. Continued and expanded support of Health Maintenance Organizations.

SOCIAL AND HEALTH ASPECTS OF LONG TERM CARE

A. Issue

1. There is a need (emotional and economical) to assure appropriate alternatives to institutionalization.

B. Policy Recommendation

1. Resolve that long term health care shall establish independent living as a priority.

C. Action Recommendation

1. Merge the funding, administration and delivery of community based services and institute a standardized system of accountability.

SOCIAL WELL BEING

A. Issue

1. There is a need to allow the maximum number of options for elderly.

B. Policy Recommendations

1. Resolve that all institutions especially public should work to maintain the older person's independence and integrity.

C. Action Recommendations

1. Provide tax relief for families who assist their older relatives.
2. Through legislation create special low interest or reverse mortgages to assist elderly in maintaining their home.
3. Create special mortgage and additional incentives to encourage conversion of single-family homes to multi-generational ones.

PHYSICAL AND SOCIAL ENVIRONMENT AND QUALITY OF LIFE

A. Issue

1. There is a need for more and better housing options for elderly.

B. Policy Recommendations

1. Resolve that national housing efforts pursue four areas of concern: housing choice, maintaining the homestead, isolation and provision of congregate services.

TRANSPORTATION

A. Issue

1. There is a need for transportation services especially for rural elderly.

B. Policy Recommendation

1. Resolve that the development of cost effective and reliable Rural Transportation systems be set as a major national priority.

C. Action Recommendation

1. Legislation should be enacted to provide effective coordination of all transportation funds for the purpose of developing a true public transportation system especially in rural areas.

ENERGY

A. Issue

1. There is a need to recognize and alleviate the high energy needs and subsequent costs to elderly in the Northeast.

B. Policy Recommendations

1. Resolve that national energy programs should allow greater flexibility to appropriately meet regional needs.

C. Action Recommendation

1. The federal Energy assistance program should be changed from a national program to a regionally designed and administered effort so New England can meet its special needs.

LEGAL SERVICES

A. Issue

1. There is a need to assure continuing legal services for elderly.

B. Policy Recommendation

1. Resolve that the low income elderly shall not be deprived of the full benefit of the law.

C. Action Recommendation

1. Congress should reauthorize the Older Americans Act including the priority for legal services.
2. Congress should fully restore the Legal Services Corporation Act at the fullest possible funding and remove new restrictions on legal representation.

Older Americans as a growing resource: creating an age-integrated society.

CRIME

A. Issue

1. There is a need to recognize the pervasive fear of crime which threatens our elderly.

B. Policy Recommendation

1. Resolve that crime and its related fears are significant forces deterring full participation in community life.

C. Action Recommendations

1. Training programs, using the NRTA/AARP model should be instituted nationally.

2. This program should be part of the required training for police officers.
3. This training effort should also be directed towards prosecuting attorneys.

IMPLICATIONS FOR THE EDUCATIONAL SYSTEM

A. Issue

1. There is a need for massive education concerning society's difficulty in coping with a growing older population.

B. Policy Recommendation

1. Resolve that the Educational Systems of this nation shall formulate positive educational goals for 3 sectors of society: a. the older American; b. community members with whom older Americans interact; c. human service providers who are directly involved with the care of older Americans.

C. Action Recommendations

1. Continue the promotion and maintenance of "Elderhostel".
2. Urge increased utilization of older people, by all educational institutions, (either volunteers or paid employees).
3. Develop and distribute curricula which more honestly reflect the process of aging.
4. Through the Department of Education develop programs that foster intergenerational relationships.

IMPLICATIONS FOR THE ECONOMY

A. Issue

1. There is a need for the "market place" to recognize the existence of an Older population.

B. Policy Recommendation

1. Resolve that the business sector become increasingly aware of our Older population employees and customers.

C. Action Recommendation

1. Packaging and merchandising should deal more honestly with aging and avoid romantic glamorizations of this process.
2. All employers should be provided with incentives to offer pre-retirement education. This should be done in conjunction with the Educational system.

IMPLICATIONS FOR CHURCH, SYNAGOGUE AND RELIGIOUS
INSTITUTIONS

A. Issue

1. There is a need for all religious institutions to more adequately meet the spiritual needs of the older American.

B. Policy Recommendation

1. Resolve that all religious bodies recommit themselves to the spiritual needs of the older American.

C. Action Recommendation

1. All religious leadership should be urged to assure training and education of ministerial candidates destined to minister to elderly.
2. The Federal Government and Religious Institutions should promote the willingness of public and private chronic care facilities to fund chaplaincy positions.
3. Religious leaders should increasingly develop an increased peer ministry.
4. Religious institutions should develop educational programs for retirement.
5. Religious Institutions should be encouraged to promote community recreation programs to provide for spiritual needs and necessary comforting experiences.

IMPLICATIONS FOR MEDIA

A. Issue

1. There is a need for all media to project more honest images of the Older American.

B. Policy Recommendations

1. Resolve that all media be provided with factual information in order to avoid constant falsification of the aging process.

C. Action Recommendation

1. The National Institute on Aging should expand and intensify its efforts to impact on media through its research efforts.

the **1981**
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

NEW JERSEY

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WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE NEW JERSEY STATE COORDINATOR J.J. PENNESTRI

TOTAL # FORUMS 610 % URBAN 86 % RURAL 14

TOTAL # PARTICIPANTS 30,623

ISSUES OF CONCERN (top 10 priorities):

1. Health
2. Economics
3. Housing
4. Transportation
5. Long Term Care
6. Nutrition
7. Employment
8. Advocacy
9. Crime
10. Energy

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Reduce Taxation and Inflation.
2. Expand Medicare and Medicaid coverage especially for preventive services.
3. Liberalize and expand Federal Housing programs to provide more low-income housing and subsidized home maintenance and improvement loans.
4. Develop a National Health Insurance Program.
5. Expand Public Transportation especially to serve Rural Areas.
6. Increase Advocacy for action to respond to Elderly Concerns.
7. Increase both Congregate and Home Delivered Meals.
8. Provide either reduced or no fares for seniors on public transportation.
9. Develop expanded energy assistance programs for seniors.
10. Standardize eligibility rules for economic assistance programs and raise level of payments.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State New Jersey 2) Date of Conference March 24, 1981
3) Place of Conference Trenton State College, Trenton, N.J.
4) Name of person submitting report James J. Pennestri
5) Title of Person Director, N.J. Division on Aging

Participation

- 6) Total No. of Participants 642 7) Sex: No of Female 346
No of Male 296
8) Ethnicity/Race: 12.2% Black; 6.1% Hispanics; 80.7% Caucasian;
1.0% Pacific/Asian; _____ American Indian; _____ Other (Please
state approximate % for each)
9) Handicapped 2.0% (Please state approximate % only)
10) Age: 45% under 55 55% 55 and over

Summary of Issues and Recommendations by Major Topics

(See following pages)

NEW JERSEY ISSUES AND RECOMMENDATIONS
ECONOMIC SECURITY

Issue:

1. Income support programs, direct and indirect, are necessary to maintain the low-income elderly above the poverty level.

Recommendation:

Rejection of the proposed budget cuts in Federal programs for low-income families, including Food Stamps, Medicaid, AFDC, Housing, Mental Health, Disability Programs, etc.

Issue:

2. The effect of inflation upon service programs with static eligibility guidelines is to reduce the numbers of needy who are served.

Recommendation:

There should be an annual review of income ceilings and more uniform eligibility guidelines for programs for the elderly.

Issue:

3. There is need for more fiscal incentives for maintaining older people in their own homes and communities.

Recommendations:

1. There should be Federal and State tax credits to families or guardians offering custodial or foster care to older persons.
2. Property tax and property maintenance credits and/or rebates should be available with some Federal support to older home owners or renters.
3. Federal programs providing assistance with energy and weatherization costs should be expanded and more realistic, uniform eligibility guidelines established.

PHYSICAL AND MENTAL HEALTH

Issue:

The most prevalent health concern of the elderly is not illness, nor even death. It is the financial cost of maintaining or regaining good health.

Recommendations:

1. Establishment of a National Health Insurance Program as the top priority of the 1981 WHCA. The National Health Insurance Program should be available to all ages on an elective basis with coverage including catastrophic illness and preventive medical services. Costs of the program should be shared by the individual and the Federal government.

2. Immediate extension of Medicare/Medicaid coverage to include preventive health and mental health services such as dentistry, nutrition, podiatry, optometry, chiropractry, family counseling, etc.
3. Standardization of eligiblity levels for services covered under Federal, State, or Local health programs.

SOCIAL WELL-BEING

Issue:

Age changes some elements needed for continued fulfillment, but the basic needs, shelter, transportation, adequate income, socialization and safety remain the same. It is the responsibility of government to make these available to needy individuals.

Recommendations:

1. Development of Federal incentive programs such as tax breaks, respite care credits or direct payments to families or guardians who maintain frail elderly at home.
2. Revision of HUD eligibility guidelines and municipal zoning ordinances to permit more flexibility and more options in the living arrangements of the elderly.
3. Delegates called for the 1981 WHCA to be the last national forum dealing with safety as a major concern. To eliminate this need Federal support is needed to encourage more Protective Service and Legal programs, Adult Abuse Mandatory Reporting laws, improvements in police protection and in relationships with the elderly community, and the expansion of Elderly Witness Assistance Units.

OLDER AMERICANS AS A NATIONAL RESOURCE

Issue:

Our society must develop a positive role for the growing numbers of elderly.

Recommendations:

1. Total elimination of all mandatory retirement policies and earnings ceilings on Social Security benefits.
2. Increase the opportunities for employment of older workers by an intensive public relations campaign to inform business of the advantages of hiring the elderly, and make the advantages real for employers by means of tax incentives or other cost relief measures for employing the elderly.
3. Increase the numbers of, and opportunities for, senior volunteers through supports such as improved recruitment, tax incentives, insurance and reimbursement for out-of-pocket expenses.

CREATING AN AGE INTEGRATED SOCIETY

Issue:

The Elderly have the same rights and the same freedom of choices as any other segment of society, but there are barriers to the realization of these rights and freedoms that must be removed from our society.

Recommendations:

1. Include studies on the nature and process of aging in all school curricula from pre-school through graduate levels.
2. Increase training in the aging process and its ramifications for professional and support staff in health care, social service and governmental agencies.
3. Develop a program to upgrade the media image of the elderly by diminishing the use of negative stereotypes and emphasizing the elderly as consumers, contributing citizens and family members.

RESEARCH

Issue:

The increasing numbers and proportions of older people in our society is a phenomenon never experienced before. The implications for the economy, for health services, for social interchange and for the political world are far from clear. Federally supported research must help society anticipate the coming problems and provide some directions to control them.

Recommendations:

1. Increase Federal funding for research into the individual's mental and physical health in the later years.
2. Increase research and the development of an effective information system on the inter-action and interrelation of drug use, and potential abuse, by the elderly and those involved in care of the elderly.
3. Develop, on the Federal level, effective evaluation methods to measure the impact of social services and how to construct the most efficient mix of services to the individual.

* U.S.G.P.O. 729-019/1302-6851

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

NEW MEXICO

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Identifying Data

- 1) State New Mexico 2) Date of Conference May 7-8, 1981
3) Place of Conference Santa Fe, New Mexico
4) Name of person submitting report Lt. Governor Roberto Mondragon
Virginia Creshaw
5) Title of Person State Co-ordinators

Participation

- 6) Total No. of Participants 429 7) Sex: No. of Female 271
No. of Male 158
- 7) Ethnicity/Race: 3% Black; 43% Hispanics; 43% Caucasian;
0 Pacific/Asian; 11% American Indian; Other (Please
state approximate % for each)
- 9) Handicapped .5% (Please state approximate % only)
- 10) Age: 103 under 55 326 55 and over

Summary of Issues and Recommendations by Major Topics

PRIMARY CONCERNS

The representatives that attended the New Mexico Conference identified four major concerns: Current budget cutting activities, minority issues, rural needs, and the extreme need for in-home care.

1. Budget Cuts - The budget cutting activities of the current administration will greatly affect the lives of older persons in New Mexico and the nation. While older New Mexicans are concerned about balancing the budget they are also concerned about the needs of older persons and the poor who may be hurt most by these cuts.
2. Minority Issues - New Mexico has a high concentration of minority elderly (Blacks, Indians, and Hispanics) and their needs must continue to be emphasized in the delivery of services to the elderly. This emphasis was weakened in the most recent reauthorization of the Older Americans Act and subsequent regulations.
3. Rural Needs - The problems of delivering services in rural areas must be considered. New Mexico has encountered many problems in implementing programs and regulations that are geared primarily for urban areas.

NEW MEXICO

4. In-Home Care - Because of the traditions of the elderly in New Mexico, the rural nature of the State, and the lack of long term care facilities, in-home care is seen as a priority for the delivery of health services to the elderly. The policies and funding for in-home services must be expanded to ensure more cost-effective care for older New Mexicans.

LONG TERM CARE

A. HEALTH CARE

1. Issue - The current health care system is made up of many sub-systems. There are numerous providers in health and social programs which are not coordinated or linked together. They provide many points of entry for separate problems rather than a single entry point where all problems can be screened, evaluated and appropriately referred.

Policy Recommendation - National health care policies should require integration or coordination of like programs and services to facilitate single entry, evaluation and referral to appropriate services.

Action Recommendation - Consolidate health care funding under one agency to ensure coordination in the development of programs and the provision of services.

2. Issue - Health care programs have traditionally focused on the treatment of illness with little or no emphasis on the maintenance of good health and the prevention of disease.

Policy Recommendation - Congress should shift the focus of health care programs to the development of a national preventive health maintenance and health education program for older persons.

Action Recommendation - Develop programs that focus on screening, health maintenance, training, nutrition, mental health and physical fitness.

3. Issue - In rural states health care providers are usually located in highly populated areas. There are no economic incentives for providers to locate in sparsely populated areas.

Policy Recommendation - Current health policies need to be expanded and strengthened to provide incentives for health care providers who are willing to provide health screening, health education, health maintenance, and primary care in medically underserved areas.

Action Recommendation - Provide tax credits and educational loan repayment to health care professionals working in medically underserved areas.

NEW MEXICO

4. Issue - National health care programs find their basis in the white Anglo-Saxon culture. The diverse cultures in New Mexico cannot be and are not properly served by these health care programs.

Policy Recommendation - National health care programs should be integrated with cultural traditions and health care practices, (Hispanic, Native American, etc.) paying special attention to the traditional beliefs of the older persons being served. These items should be addressed in the training programs for all health care providers.

Action Recommendation - Provide tax credits to medical training institutions who incorporate traditional health care practices.

5. Issue - Health care programs tend to be developed in response to special national health problems and the program criteria are developed separate from the people to be served. Because of this the mix of services in a particular area may not be adequate to meet health care needs of the service population or may not take into consideration the paying ability of the service population.

Policy Recommendation - The distribution of funds and programs should be based on individual health care needs and the ability or inability of the target population to pay.

B. IN-HOME CARE

1. Issue - The provision of in-home care is addressed by various agencies and programs with little coordination of funding and programs so that many gaps exist.

Policy Recommendation - That Congress establish a comprehensive national inhome care program coordinating social, nutrition, health, mental health, and personal care services to older persons.

2. Issue - Medicare and medicaid provide limited reimbursement for in-home care, especially when provided by family members.

Policy Recommendation - The medicare and medicaid reimbursement policies should be broadened to pay for supportive in-home care services when provided by family, friends, and public or private agencies.

3. Issue - Many older persons have time and interest in providing some aspects of in-home care but require incentives, training, and supervision to become involved.

Policy Recommendation - Expanded in-home care policies should provide economic incentives for older persons interested in providing these services as well as the necessary training opportunities.

NEW MEXICO

Action Recommendation - Provide reimbursement that would not affect retirement benefits to older persons providing in-home care to other older persons.

C. DAY CARE

1. Issue - The use of elderly day care programs as an alternative to institutionalization has not received proper emphasis. In rural areas and areas with high concentration of minority elderly where no nursing homes are available, day care centers would play an important role in maintaining dignity and independence.

Policy Recommendation - The development and support of day care centers for the elderly should receive high priority. Medicare and medicaid should allow reimbursement for qualified day care services.

NUTRITION

1. Issue - Only a small percentage of elderly are served by existing nutrition programs and the requests for additional programs are considerable. In addition, existing programs fail to recognize the food preferences, dietary restrictions, and cultural patterns of the older persons being served.

Policy Recommendation - That Congress increase the allocation for nutrition programs for the elderly to allow for expansion.

Action Recommendation - That nutrition program regulations be revised to require consideration and encourage the use of ethnic foods for older persons.

2. Issue - Good nutrition for the elderly cannot depend entirely on the provision of one meal each day. More assistance can be provided with more nutrition education materials.

Policy Recommendation - That more emphasis be placed at the national level on developing and disseminating nutrition education materials.

3. Issue - Because many elderly are on fixed incomes and have low incomes the food stamp program has become critical for their health and well-being.

Policy Recommendation - That the food stamp program be continued and expanded to serve the special needs of the elderly. The implementation guidelines should remove barriers that exist for persons that are eligible for the food stamps.

4. Issue - Insufficient research and training has been done in the field of nutrition and the elderly.

Policy Recommendation - Additional emphasis (policy and funding) should be placed on research and training in the area of nutrition and the elderly.

NEW MEXICO

5. Issue - The Older Americans Act limits the amount of expenditures for home-delivered meals but some areas have greater numbers of homebound elderly.

Policy Recommendation - That Congress be encouraged to eliminate the limiting requirements for home-delivered meals allowing local determination.

TRANSPORTATION

1. Issue - Current transportation programs are available only during working hours (8-5, Monday through Friday) and the transportation needs of the elderly extend beyond the working hours.

Policy Recommendation - That sufficient funding be appropriated especially to develop transportation systems which can provide services 24 hours per day, seven days per week.

2. Issue - Handicapped, rural and minority elderly experience special problems in gaining access to services because of physical, cultural, and geographical barriers. Specialized transportation programs would help in eliminating those barriers.

Policy Recommendation - The special needs of the handicapped, rural, and minority elderly must be emphasized and addressed in future policies and funding of transportation programs.

3. Issue - Some transportation needs can be addressed through volunteers but no incentive is provided for volunteers to donate the use of their vehicles.

Policy Recommendation - The value of volunteers in providing transportation services must be recognized. With the rising cost of fuel the use of volunteers becomes even more critical.

Action Recommendation - The U.S. Internal Revenue Code should be amended to allow deductions from income tax for the use of personal vehicles in volunteer work.

SOCIAL SERVICES

A. LEGAL

1. Issue - Budget cutbacks propose the elimination of the Legal Services Corporation which provides services to many low income elderly in New Mexico.

Policy Recommendation - The Legal Services Corporation should be continued and expanded.

NEW MEXICO

B. SENIOR CENTERS

1. Issue - Many communities lack adequate facilities and equipment for providing needed services to the elderly.

Policy Recommendation - In the delivery of social services to older persons senior centers continue to be recognized as a focal point for the delivery of services in local communities.

Action Recommendation - Communities should be assisted in establishing adequate facilities for serving the elderly through increased funding for construction, acquisition, alteration, and capital outlay.

C. COMPREHENSIVE SYSTEM

1. Issue - The elderly are confronted with a wide variety of agencies and regulations in seeking available services. Many barriers to these services are created from the lack of coordination and cooperation. The way Congress enacts programs tends to proliferate this maze of programs.

Policy Recommendation - Social services delivery policies must not be developed in a vacuum. Other social and health services must be considered and incorporated.

Action Recommendation - That Congress enact legislation which calls for a comprehensive, coordinated system of social services to the elderly. These social services should be integrated with the health services to assure central access points to the system. Service agencies at all levels should be part of this system with the priority for services established at the state and local level.

HOUSING

1. Issue - Budget proposals have threatened to curtail or eliminate current housing programs that have benefited many older persons.

Policy Recommendation - The federal government is asked to continue funding existing workable programs (such as programs administered by HUD, FmHA, and BIA in home ownership, rehabilitation, and subsidized rental programs) but at a higher level.

2. Issue - Congregate housing is a feasible alternative for those older persons who have some problems living entirely on their own.

Policy Recommendation - To provide and expand congregate housing programs and attendant human services in the rural as well as urban areas.

NEW MEXICO

3. Issue - Older persons should not be forced into housing situations in which they are not comfortable.

Policy Recommendation - To provide choices in housing for the elderly such as shared, congregate, or intergenerational housing.

Action Recommendation - Housing programs must be flexible so that the housing needs of older persons in particular areas can be addressed. The options for the types and location of buildings must be given so that traditional housing preferences may be continued.

4. Issue - Rural areas have considerable barriers to the establishment of housing for the elderly that need to be addressed.

Policy Recommendation - National housing policies should recognize that rural problems are unique and require special solutions.

5. Issue - Older persons on fixed incomes cannot absorb increased rental rates. Some housing administrators increase the rental rate every time an older person's income increases so that increases in income are nullified.

Policy Recommendation - That national policies be adopted which enable elderly renters to pay no more than 25% of their income for housing.

6. Issue - Current housing programs place such restrictions and rules on developers that they are reluctant to enter into housing projects for the elderly.

Policy Recommendation - That economic incentives for developers and lenders of funds for housing for the elderly be promoted in the public as well as the private arena.

EMPLOYMENT

1. Issue - There are few opportunities for older persons to re-enter the work force.

Policy Recommendation - That new approaches for employing older workers be researched and developed (such as private sector on-the-job training, tax incentives, and cooperative ventures), and that specific economic development efforts be created for older workers.

Action Recommendation - Remove barriers in Social Security and other retirement systems that discourage employment of retired workers. In addition, private sector employment opportunities must be developed through tax credits and training opportunities.

NEW MEXICO

2. Issue - Funds presently available for employing older persons are inadequate.

Policy Recommendation - Additional funds should be appropriated by Congress to employ Older Americans.

3. Issue - The Age Discrimination in Employment Act has a ceiling at the age of 70 which is a detriment to older persons.

Policy Recommendation - The upper age limit in the current Age in Discrimination in Employment Act should be eliminated; and that laws eliminating discrimination on the basis of age should be enforced.

4. Issue - Employment for older workers in the private sector is scarce because employers are not knowledgeable about the benefits of hiring the older worker.

Policy Recommendation - The development of employment programs for older persons should emphasize the role and contributions of the private sector.

Action Recommendation - Efforts to educate all employers about the advantages of employing older workers should be supported at all levels of government, and the Department of Labor and the Administration on Aging should mount a major education campaign on the advantages of hiring the older worker.

5. Issue - Social Security beneficiaries are severely limited from augmenting their income because of the current Social Security regulations.

Policy Recommendation - That Congress remove the earnings limitation placed on Social Security beneficiaries.

6. Issue - CETA programs have provided much needed employment of older persons and personnel support for senior citizen programs.

Policy Recommendation - Efforts be made to reform the CETA program, rather than dissolve it.

INCOME SECURITY

A. SOCIAL SECURITY

1. Issue - Supplemental Security Income (SSI) restricts the amount of payments because of the income of other members of the household thus discouraging the care of older persons by their families. In addition, payments are minimal causing considerable hardships on the low income elderly.

NEW MEXICO

Policy Recommendation - That SSI policies be changed to provide recipients with a full payment regardless of living arrangements to encourage continued family support of the elderly and to provide liveable and decent payment to the recipients.

Action Recommendation - Encourage the care of older persons by families by maintaining the benefits to the older persons regardless of the household situation and by allowing reimbursement of the family for their time and efforts.

2. Issue - Social Security benefits are not keeping up with inflation.

Policy Recommendation - Modify social security benefits to increase in accordance with inflation.

Action Recommendation - Social Security should provide more assistance with utility and hospital costs; combine minimum benefits to at least \$300/month; make cost-of-living increases semi-annually and not completely offset entitlement to one benefit because of entitlement to another in the same household.

B. RETIREMENT

1. Issue - Federal and state pension plans do not keep up with the cost of living.

Policy Recommendation - That the federal government take the lead in modifying the federal pension plans to adjust according to the cost of living.

2. Issue - Private pension plans must also allow for the cost-of-living changes.

Policy Recommendation - That ERISA be amended to require private employers to include cost-of-living adjustments in their pension plans.

RESEARCH

1. Issue - In times of budget cutting research is one area that usually is cut. In the field of aging, research provides necessary insight into the needs of the elderly, the effectiveness of services provided and new methods for serving the elderly.

Policy Recommendation - The role of research in serving the elderly must not be sacrificed in seeking a balanced budget.

Action Recommendation - That Congress provide substantial financial support for research, education, and training in gerontology. In addition matching funds should be allocated to states for local determination of research projects.

NEW MEXICO

DIRECT FUNDING FOR INDIAN PROGRAMS

1. Issue - Current Title VI funding is inadequate for serving the needs of older Indians.

Policy Recommendation - That expanded funding be provided to Title VI but not at the expense of the Title III programs.

WHITE HOUSE CONFERENCE ON AGING
SUMMARY OF COMMUNITY FORUM ACTIVITY

State: New Mexico State Coordinators: Lt. Governor Roberto Mondragon
Virginia Crenshaw
Total Number of Forums: 103 % Urban: 20 % Rural 80
Total Number of Participants: 4,209

ISSUES OF CONCERN (top 10 priorities):

1. Health - current care focuses on treatment of illness. Medicare does not adequately cover the escalating costs of health care for older Americans.
2. Income Security - Inflation and some taxation policies have placed considerable burden on older persons who are on fixed incomes.
3. Transportation - The rural nature of the state and the lack of mass transportation makes it difficult for older persons to reach appropriate services.
4. Nutrition - Lower income levels prevent older persons from eating nutritious meals thus increasing the possibility of illness.
5. Housing - Older Americans need affordable, appropriate housing and assistance in its maintenance.
6. Social Services - The elderly need support services that assist them in maintaining their independence.
7. Employment - Many older persons have valuable skills, wish to continue to be productive, and need employment to remain financially independent, but are denied the opportunity.
8. In-Home Services - Older Americans are prematurely forced to enter institutions because adequate in-home services do not exist.
9. Long Term Care - Many gaps exist in the provision of a continuum of health care to older persons.
10. Retirement Policies - Current retirement policies (including social services) are unable to keep up with inflation and they provide few alternatives for persons desiring to do some work after retirement.

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Health - Equal emphasis should be given to the prevention of illness and promotion of good health.
2. Income Security - Promote general economic stability and measures which encourage the maintaining of financial independence.
3. Transportation - Expand transportation services especially into rural areas.
4. Nutrition - Continue and expand nutrition services under the Older Americans Act.
5. Housing - Provide additional housing to the elderly at low costs and to increase assistance in weatherizing and housing rehabilitation.
6. Social Services - Continue and expand social services provided under the Older Americans Act.
7. Employment - Remove barriers to employment for the elderly who desire employment and increase the alternatives for retired persons.
8. In-Home Services - Provide additional funding to develop home health care and homemaker services especially in rural areas.
9. Long Term Care - Develop policies and programs that address the gaps in the provision of long term care for older Americans.
10. Retirement Policies - Increase social security and other retirement benefits and modify the policies to allow for employment opportunities.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

NEW YORK

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

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State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

WHITE HOUSE CONFERENCE ON AGING
SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE New York STATE COORDINATOR Jane G. Gould

TOTAL # FORUMS 354 % URBAN 64 % RURAL 36

TOTAL # PARTICIPANTS 10,000

ISSUES OF CONCERN (top 10 priorities):

1. Social Security increases are too low. Seniors find it difficult to meet basic expenses.
2. At the present time, private pension plans are inequitable, generally fixed with no inflation provisions, subject to transfer difficulties and generally not satisfactory.
3. Older People feel unsafe on the streets and in their homes or apartments.
4. There is not an adequate supply of in-home health services.
5. Many frail elderly who can no longer live alone are institutionalized even though they could remain at home with home assistance.
6. There is a lack of adequate preventive health measures.
7. Health programs pay more to keep a person institutionalized than to help an elderly person remain independent.
8. The taxation of pensions cuts into the older person's buying power. The taxation of Social Security would also reduce the buying power of older people.
9. There is an overwhelming desire on the part of the elderly to remain independent and in their own homes.
10. Present transportation programs are inadequate to meet the needs of the elderly. They are often fragmented, uncoordinated and reach only easily accessible major roads.

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Social Security cost of living increases should be made twice a year.
2. There is a need to establish stronger guidelines that make all pension plans equitable and transferrable, thereby strengthening retirement programs.
3. More police protection is needed.

NEW YORK

4. Medicare benefits should be liberalized particularly in the area of in-home services.
5. More congregate housing programs with varying levels of support services including nutrition programs, meals-on-wheels, friendly visiting and in-home care should be provided.
6. Increase funding for preventive health programs.
7. The frail elderly and their families should receive benefits to make it possible for them to receive needed care at home.
8. Private and public pensions as well as Social Security should not be taxed.
9. Community support and public education should be used to convey the idea that it is all right to move from one's home to less expensive, more convenient rental housing.
10. Transportation programs should be increased far beyond their present level.

NEW YORK

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State New York 2) Date of Conference May 10, 11, 12, 1981
3) Place of Conference Empire State Plaza, Albany, New York
4) Name of person submitting report Jane G. Gould
5) Title of person State Coordinator

Participation

- 6) Total No. of Participants 570 7) Sex: No. of Female 303
No. of Male 267
8) Ethnicity/Race: 11% Black: 4% Hispanic: 79% Caucasian:
2% Pacific/Asian: 3% American Indian: 1% Other (Please state
approximate % for each)
9) Handicapped 2% (Please state approximate % only)
10. Age: 204 under 55 355 55 and over

ECONOMIC SECURITY

Policy Recommendations:

1. As a national policy, the federal government should guarantee to all older Americans a minimum income which is sufficient to maintain an adequate standard of living, now and in the future.
2. The guaranteed minimum income should be set at a specific level for all Americans who attain the present age of eligibility for social security, regardless of their previous work histories and earnings.
3. The guaranteed minimum income should be set at no less than the Bureau of Labor Statistics' intermediate budget for a retired couple and at 75% of this budget for single individuals, as recommended by the 1971 White House Conference on Aging and reaffirmed by the 1975 Federal Council on Aging.
4. The guaranteed minimum income should be increased semi-annually in order that older Americans will share in the benefits of increased productivity and rising general standards of living.
5. The Social Security system should be improved in order that it can serve as the major national instrument for achieving the goal of a guaranteed minimum income for all older Americans.
6. General revenues should be used to assist the Social Security system to achieve the goal of a guaranteed minimum income.
7. Higher retirement income levels should be encouraged to reflect a more equitable income in relation to pre-retirement income.
8. All older Americans should be guaranteed full protection against inflation so that their purchasing power will be preserved.
9. For those who desire to work beyond the retirement age, the appropriate incentives should be developed, and regulations and obstacles that impede this employment should be removed.
10. Special focus must be given to the income needs of the elderly poor, the minority elderly, and the physically and mentally disabled elderly through the improvements of the SSI program and other income programs.
11. Special attention should be given to the income needs of older women given the demographics and poverty of the growing older population.
12. The Social Security Administration should be established as an independent agency outside the Department of Health and Human Services. The FICA taxes and the Social Security Trust Funds should be separated from the general federal budget.

NEW YORK

Action Recommendations (by Program Area)

1. Social Security

- A. Continue to exclude social security benefits from taxation.*
- B. Provide cost of living increases to social security recipients on a semi-annual basis. Improve the basis for calculating these increases in order to reflect more accurately price increases in expenditure items most affecting older peoples' budgets.
- C. Improve incentives to work by increasing social security benefits paid to older people who retire after 65, and restore full unemployment insurance benefits for all social security recipients. Make the aging service system serve as effectively as possible as an important source of employment of older workers, and as part of a larger goal of a national policy on older workers. Also, make part time employment opportunities in the public and private sectors available to older Americans who desire less than full time employment and take steps to preserve social security and retirement benefits of those who accept part time employment. This should be implemented with a tax program with incentives for employees and employers.
- D. Maintain the eligibility age for full social security benefits at age 65.
- E. Guarantee the solvency of the Social Security Trust Funds by the infusion of funds from the general revenues on a planned basis.

2. Employment

- A. Adopt a strong affirmative action commitment on behalf of employment opportunities and working conditions of all older persons, especially women, minorities and the disabled and implement the full employment commitment contained in the Humphrey Hawkins Act. Improve enforcement of the Age Discrimination in Employment Act by the Equal Employment Opportunity Commission. Add older people to the list of target groups protected by federal affirmative action policies.

3. Supplemental Security Income (SSI)

- A. Amend Title XVI of the Social Security Act to eliminate the counting of in-kind income and the lower grant categories of "living with others" and "living in household of another" in determining SSI benefits.*

*Top ten priority recommendation

NEW YORK

PHYSICAL AND MENTAL HEALTH

Policy Recommendations:

1. There should be available to all older Americans a full range of social, spiritual, physical, and mental health services to prevent disabling conditions, to maintain each individual at and/or restore each individual to the highest possible level of functioning.
2. In order to achieve the full range of social, physical, and mental health services, changes should be made in existing health care benefits to eliminate gaps and inequities in these services.
3. An older person's access to services should be based upon need and not be determined by his or her personal resources.
4. The elderly, regardless of personal resources and living environment, should be entitled to live as independently as possible, and in accordance with their own choices. Any system that serves the elderly should not encourage their dependence.
5. Any approach used to address the physical and mental health and social needs of the elderly should emphasize human dignity.
6. Public financial support should provide a balanced approach in addressing health needs of the elderly by providing necessary medical, psychological, social, and other supportive services.
7. To decrease the growing burden of health care costs on the elderly, there should be an expansion of public and private fundings. Public policy should foster and encourage family support systems by removing financial and/or social penalties from public benefit programs.
8. To decrease the burden of health care costs, the Congress should be urged to act upon various proposals for a national health program that focuses on the health care needs of the elderly.
9. Recognizing the special needs of the elderly, medicare should include coverage for all long term care services including skilled and custodial care for chronic illness both in the home and in institutions.
10. Public policy should attach increasing importance and additional appropriate funding to preventive as well as remedial social, physical, and mental health services.

Action Recommendations:

1. Long Term Care

NEW YORK

- A. A continuum of services should be available to meet the needs of the elderly population including both those who live in the community and those who are institutionalized. Services within this continuum should be provided on a need specific basis.

For long term care, a mix of health, social, mental health, educational, and supportive services should be available in the home, community and institutional settings for all people who need them, and spiritual services for those who want them. Access to these services should be based on a standard assessment method. Case management or other appropriate methods should be emphasized to provide the most appropriate services, avoid duplication, and monitor quality of care. All services should be delivered to those in need without regard to race, religion, sex, national origin, physical or mental disability, or source of payment.*

2. Medicare Benefits

- A. Medicare benefits should be expanded to include:

- .Pharmaceuticals
- .Preventive and screening services
- .Prosthesis and corrective devices including eye glasses and hearing aids and other aids to daily living
- .Ambulatory services
- .Comprehensive mental health services
- .Treatment for drug and alcohol abuse
- .Dental health services
- .Social support services
- .Home-based long term care services
- .Institutional long term care services

Deductible and co-insurance requirements should be eliminated except that some income and resources will be considered available for partial payment of long term care services but at no time should a spouse be impoverished to provide such care.*

3. Training

- A. Preparation for the care of the aged should be included in the formal training and clinical experiences of all health professionals. These experiences should give a realistic picture, to include persons with reversible and treatable conditions as well as chronic long term health problems. Additionally, the federal government and/or states should be encouraged to follow the initiatives of the State of Ohio and offer incentives for the inclusion of obligatory teaching and training in geriatric medicine/gerontology in the health professional schools. Special attention should be given to interviewing and evaluation techniques, the symptomology of mental disorders, the nutritional needs, special medication problems, as well as the nutritional implications of various medical treatments.*

*Top ten priority recommendation

NEW YORK

4. Nutrition

- A. Congregate and home-delivered meals programs, such as those under the Older Americans Act and the Title XX social services program, should be expanded. This should include both the development and extension of supportive services.

ENVIRONMENTAL SYSTEMS

Policy Recommendations:

1. The elderly must be guaranteed uninterrupted access to the life-sustaining services such as heat and electricity. The elderly without the ability to pay must be provided with means to ensure that they have the ability to heat and light their homes in the face of continued skyrocketing costs for such services.
2. It is essential that elderly individuals be assured adequate transportation resources so that they meet their basic needs, as well as those for recreation and socialization in order to lead an active and rewarding life.
3. The elderly have a right to a safe and secure environment. It is essential that communities and all levels of government direct resources toward ensuring the safety and security of their elderly members, and toward assisting those who fall victim to crime.
4. An appropriate and decent social environment for the elderly should be viewed as an integral part of community responsibility.
5. It should be the goal of public policies affecting housing for the elderly to assure an adequate supply of a broad range of decent, safe, affordable dwellings for all the elderly -- suburban, urban, rural, renters and owners.
6. Innovative taxation and housing finance policies should be developed to enable elderly homeowners to remain in their homes or purchase new homes.
7. The goal of public policy toward rental housing for the elderly should be to expand the supply of affordable rental housing for low and moderate income elderly. Federal funding for construction and renovation of rental housing stock and rental subsidies are of prime importance and must be made available.
8. Property tax policies should be altered to weigh less heavily on the elderly in order to minimize and negate dislocations for elderly home-owners and tenants. However, in any instance where a means test is a basis for tax relief, a sliding scale should be adopted to avoid inequitable exclusions.

NEW YORK

9. Formal support services aimed at enabling the elderly to remain in their homes or in semi-independent living arrangements should be made more broadly available to all elderly based on economic and/or social needs.
10. Local zoning restrictions and other codes which serve as barriers to varied living options for the elderly households should be made flexible.

Action Recommendations:

1. Energy

- A. There should be a comprehensive approach to energy-related problems, particularly at the local level, which would result in more readily available services for the elderly and other low income groups.

An equitable portion of the windfall profits tax funds should be appropriated for energy assistance programs.

2. Transportation

- A. The federal government should restructure existing programs to enable localities to use funds to tailor a transportation program to their needs.

The federal government in its passing of power to the local levels should include the authority of design and order transportation equipment tailored to the needs of the local area.

The federal government should review US DOT Section 504 regulations and propose congressional amendments which would allow local alternatives in developing programs to address the needs of the elderly, disabled and handicapped, such as door-to-door service instead of making the entire system of public transportation capable of meeting the needs of the disabled.*

- B. Volunteer programs to provide services to the elderly such as escort safety patrol, and transportation should be promoted and government funds should be available to reimburse volunteers engaged in such activities for out-of-pocket expenses.

Government should promote and encourage, rather than restrict the local development of the most efficient transportation network. Volunteers, non-profit organizations as well as private transportation providers should be utilized -- where appropriate -- to provide necessary transportation services for the elderly.

*Top ten priority recommendation

NEW YORK

3. Crime

- A. Crime prevention education programs should be made available to older persons by qualified personnel at senior centers and clubs, nutrition sites, community colleges, and through the media.

A mechanism should be more fully developed to coordinate crime prevention efforts at the state and local levels, making comprehensive crime prevention and victim assistance programs accessible to all elderly.

Recognizing that the impact of crime is particularly severe on elderly victims, crime victim assistance efforts that attempt to make whole the elderly person should be a matter of right. These efforts should include counseling services, emergency shelter, payment of unreimbursed medical costs, and financial assistance to repair and/or replace necessary lost or damaged property including cash.*

4. Housing

- A. Because of the critical shortage of housing, funding should be retained and increased for all federally funded programs for the construction and rehabilitation of housing for the elderly. The federal government should review the present allocation formula to ensure that rural areas receive adequate funding.
- B. Adequate rental assistance should be provided to low income elderly renters (60-plus) to enable them to remain in their current residences or seek adequate replacement housing.
- C. The state and federal governments should promote the development of systems of supportive services to the elderly in their individual homes and in state and federally aided projects. To the greatest extent possible, existing proven service delivery mechanisms rather than new service structures should be utilized to accomplish this objective.

There should be greater flexibility in the use of federal and state funding and program design so that barriers to the provision of a "package of services" for in-home care are eliminated. This should include state and local consideration of pooling of funds, such as, the Older Americans Act, Title XX and other sources, so as to maximize services and minimize duplication.

The state and federal governments should make funding available for the development of social service programs in assisted housing projects.

*Top ten priority recommendation

NEW YORK

- D. Congregate housing for the functionally impaired and the elderly is an important community component of long term care and should be continued and expanded. The federal government should allow communities to tailor congregate housing construction or to convert portions of existing federally subsidized housing to meet specific needs of the locality.

SOCIAL SUPPORT SYSTEMS

Policy Recommendations:

1. All older people must have the right to an income level consistent with the maintenance of health and dignity.
2. There should be available to all older people as needed, a continuum of physical and mental health, social and environmental services aimed at promoting health, preventing illness and maintaining those social roles and functions which provide independent living and preserve dignity.
3. In developing and implementing social and health care services, attention must be given by all levels of government and the voluntary and private sectors to the diversity that exists among the aging population with regard to ethnic, racial, family, cultural, religious, economic and geographic needs and patterns with the assurances that these services reach this population. Options should be available so that older persons have the right of choice with respect to how their service needs are met.
4. Public policy must foster the development of a holistic social care system and the encouragement and support of family, friends, and neighbors in their caring efforts for the elderly. A coordinated and comprehensive continuum of services must be provided for older people which links the family and other informal supports with both public and private efforts.
5. Functional capacity for independent living is a primary criterion in the provision of social and health supports for older adults.
6. Federal, state and local agencies, in their leadership role, should develop and strengthen their advocacy function on behalf of the aging, and also encourage the aging to advocate on their own behalf.
7. The government has a responsibility to provide for older people a floor of basic entitlements and services in such critical areas as income maintenance, health, housing, protective and legal services and safety. Any reduction in the present level of social supports would be regressive, unacceptable and an abdication of the government's responsibility toward its older citizens.

NEW YORK

8. The Older Americans Act reauthorization proposals are now being deliberated in both Houses of Congress. These proposals address all six issue areas under consideration by participants attending the New York State Governor's Conference on Aging and will profoundly affect every older citizen in the United States.

Recognizing the immense significance of the 1981 Older Americans Act Amendments, the New York State Governor's Conference on Aging urgently recommends that Congress include the following provisions in its final recommendations:

- .A three year reauthorization
- .Retention of distinct titles rather than an Aging Services Block Grant
- .A separate commodity foods program, uncapped and reimbursed according to the number of meals served in each state
- .Flexibility to transfer up to 20% of appropriations between titles III B and III C
- .Elimination of the 50% priority services requirement
- .Full authorizations at no less than current (1981) levels for training, research and demonstration programs (45.5 million)
- .Extension of Title V, the Senior Community Service Employment Program for three years
- .A hold harmless appropriation to states so that funding in Title III for nutrition and social services not fall below 1981 levels

It is further resolved that these recommendations be sent to each member of Congress and to the President of the United States.

Action Recommendations:

1. Formal Support Services
 - A. Support services including but not limited to social, health, nutrition, access and legal services must be maintained and funded at a level sufficient to meet community needs.*
2. Informal Support System
 - A. Tax credits similar to the present child care credits should be provided for families who are paying for home care assistance, respite care, transportation, and other services for elderly members. These credits should be applicable whether the elderly reside with their families or independently.
3. Accessibility and Eligibility
 - A. Expand the development of community based multi-service centers to provide older people with direct access to a total array of social, health and income maintenance services.

*Top ten priority recommendation

NEW YORK

- B. Outreach activity should be encouraged and implemented as an integral part of the service delivery system including the earmarking of specific funds for such activities. Information and referral linking individual clients to service providers must be made an integral part of the senior social/health care system.
- C. All older people should have the right to receive social and health services in an amount, scope and duration required by their health and social needs rather than determined by means-tested eligibility standards. Public and voluntary agencies may use sliding fee scales and partial payment schedules to expand the delivery of services.

4. Funding

- A. We are in total opposition to the block grant approach. The existing network of categorical benefits and services to the aged must be maintained and strengthened. If block grants are implemented, benefits should be specifically earmarked for the elderly -- a high risk population -- and provision made for ensuring services reach that population.*

CREATING AN AGE-INTEGRATED SOCIETY

Policy Recommendations:

1. Ageism must be eradicated from American society.
2. There should be a national policy on aging, which is administered at the cabinet level to promote maximum choice for the individual.
3. Bridges to intergenerational communications and cooperation should be built.
4. There should be support for research which aims to describe all variation among the elderly thereby assuring as many diverse needs being served with available resources and which endeavors to compensate for losses due to aging.
5. In rural communities special attention and emphasis on the barriers to age integration is needed and should be recognized.
6. One aim of a just society is to integrate the aged into its ranks and to provide access for the elderly of all cultural heritages to all choices, benefits, options, and resources that are available to all other sectors of society.

Action Recommendations:

1. Age-based Entitlements

*Top ten policy recommendation

NEW YORK

- A. Existing program entitlements and services based on age including medicare, nutrition programs, reduced fares, special transportation, housing subsidies, and senior centers for the elderly of all cultural heritages should not be eliminated, or reduced.*

OLDER AMERICANS AS A GROWING NATIONAL RESOURCE

Policy Recommendations:

1. It is essential to provide economic security, physical and mental health services, and adequate environmental supports to assure the ability of older persons to contribute to society.
2. The concept of human resources should include contributions made outside of the traditional labor market so that the skills and talents of older Americans receive adequate recognition, support, encouragement and/or compensation.
3. Older persons should be encouraged and also provided with the opportunity to participate fully in both paid and volunteer work activities, provided that volunteers are not used to displace paid workers.
4. Educational opportunities and support systems should be provided to all persons to enable them to develop and maintain resourcefulness, either for themselves or for others.
5. Educational, economic, social and health barriers to the utilization of the talents and skills of older persons as resources should be removed, in order to optimize freedom of choice.
6. In all cases where services are provided to the elderly, consideration and encouragement should be given to the utilization of older persons as service providers.

Action Recommendations:

1. Age Discrimination
 - A. End all age discriminatory employment practices including forced retirement.
 - B. Programs to encourage positive images of older persons should be developed and implemented to discourage ageism and stereotyping.
2. Advocacy
 - A. Encourage self-help and advocacy through the formation of coalitions of senior groups which could lobby and participate in political and legislative affairs.

*Top ten policy recommendation

NEW YORK

3. Role Change

- A. Pre-retirement and retirement counseling programs to help with the change from worker to non-worker should be encouraged and expanded. This should include psycho-social counseling if needed.

* U.S.G.P.O. 720-019/1302-6853

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

NORTH CAROLINA

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WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE North Carolina STATE COORDINATOR Nathan H. Yelton

TOTAL # FORUMS 306 % URBAN 45 % RURAL 55

TOTAL # PARTICIPANTS 6,098

ISSUES OF CONCERN (top 10 priorities):

1. Retirement Income
2. Health Services (Physical and Mental)
3. Social Well-Being
4. Physical Environment
5. Educational Opportunities
6. Importance of a Supportive Family
7. Emotional and Spiritual Support of the Churches
8. Access to Employment Opportunities
9. Need for One Central Agency to Which Elderly Can Apply for All Services.
10. Need for Additional Research

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Taxation structures for persons 65 years and older should be reviewed and legislation should be endorsed to allow older adults to retain more of their income through decreasing the amount of taxes paid.
2. Medical and supportive services to the elderly should be developed in order that older persons might remain in their own homes despite physical and/or mental infirmities. These services should include respite care for the elderly in order that their families might have some vacation time.
3. Appropriate funding for the operation of multi-purpose senior centers which would provide recreational as well as supportive services for older persons. These might serve as focal points in each county.
4. Community Watch programs should be expanded in every neighborhood. This program should be expanded from only crime protection to personal reassurance of the elderly and reporting on their physical condition to friends and relatives.
5. Local authorities should form a single transportation authority to supervise and coordinate all the transportation needs.
6. Families should be encouraged to maintain older persons in their own homes, with a continuum of services provided as needed.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State North Carolina 2) Date of Conference March 13, 1981
3) Place of Conference Raleigh, North Carolina
4) Name of person submitting report Jane R. Purser
5) Title of Person N. C. White House Conference on Aging Director

Participation

- 6) Total No. of Participants 1025 7) Sex: No of Female 571
No of Male 454
8) Ethnicity/Race: 361 Black; Hispanics; 639 Caucasian;
 Pacific/Asian; 25 American Indian; Other (Please
state approximate % for each)
9) Handicapped 5% (Please state approximate % only)
10) Age: 222 under 55 803 55 and over

Summary of Issues and Recommendations by Major Topics

RETIREMENT INCOME

A. Issue:

The need for an adequate income in retirement will be the most pressing issue with which the 1981 White House Conference on Aging will have to deal.

B. Policy Recommendations:

1. All companies and employers should be encouraged to make pension and profit sharing plans available to all employees.
2. The lack of uniform eligibility requirements and a uniform application for all government programs is a major problem for older adults. Preferably the various forms should be combined into one, or possibly two comprehensive, simplified applications.

C. Action Recommendations:

1. Tax incentives should be provided at the State and Federal levels for those who are able and willing to maintain elderly relatives in their homes.
2. There should be no reduction of Supplemental Security Income benefits for older adults because the older person is living in the household of another.
3. Automatic increases in Social Security Benefits that occur after older adults have met income eligibility requirements for other government programs should not be considered in subsequent determinations of continuing eligibility for those other programs, nor should they affect the amount of benefits received under such programs.
4. There should be a guaranteed minimum income for all persons over sixty five which should be at least as high as the Federally defined poverty level.
5.
 1. A pre-retirement planning section should be included in every financial management course at the high school and university levels.
 2. Courses in preretirement planning should be offered in all community colleges and universities.

EMPLOYMENT

A. Issue:

The dilemma of the aged person on a fixed income results from both the decrease in income at the time of retirement and the deterioration in income due to inflation.

B. Policy Recommendations:

1. That all levels of government provide comprehensive pre-retirement preparation programs for employees on a systematic basis and provide release time for employees to participate.
2. That all levels of government design optional job opportunities, including full-time and part-time work for their employees over 60 years of age. Government agencies should encourage such programs in the private sector.

C. Action Recommendation:

1. That retirees should be the focus of outreach efforts shortly following retirement to determine interest in employment, and the necessary funds to provide the manpower needed to carry out the program should be appropriated.

A. Issue:

In view of the fact that by the year 2000, 15 percent of the population will be over 65, the nation needs to take steps now to plan for an economy that utilizes the skills of its older adults in the labor force.

B. Policy Recommendations:

1. The State and Federal governments should take the initiative and become the catalysts for planning new concepts of self-employment, and private entrepreneurship to facilitate older adults in developing a new focus of productive work, including private ownership.
2. That all levels of government encourage and increase the number of jobs for older adults as well as training and re-training those in the labor force.
3. That opportunities be established for cooperative, non-profit employment opportunities in order that industry might contract for the skills of older adults.

C. Action Recommendations:

1. That there be a rational study of the insurance and related costs of the employment of those over 50 as it relates to hiring practices.
2. That the Age Discrimination and Employment Act be amended to eliminate mandatory retirement in every sector, and to include affirmative action legislation providing that older workers be included in the hiring, promotion, and retention practices of employers.

HEALTH SERVICES

A. Issue:

To the extent that the national economic forecasts accurately portray the next decade, improving health services for an expanding older adult population will be difficult.

B. Policy Recommendations:

1. Presentation of an identifiable body of knowledge about aging and geriatrics to students in health and related professional schools through both disciplinary and multidisciplinary perspectives.
2. Reinforcement of appropriate attitudes and understanding about aging in the community.
3. Continuous education of health practitioners regarding technical and scientific advancements in geriatrics.

C. Action Recommendations:

1. Geriatrics education for all health care professionals should be enhanced and extended at all educational levels

with particular emphasis on continuing education for practicing health care professionals. The educational content of these programs should include:

- a. Translation of new research findings into care of older adults.
- b. Assessment of functional performance among older adults.
- c. Diagnostic testing in the aging.
- d. Management of common clinical problems.
- e. Pharmacotherapy.
- f. Approach to the terminally ill.

A. Issue:

Physical health and mental health service availability, access, and coordination.

B. Policy Recommendations:

1. Continue existing programs directed toward improving physical health and mental health services, including ongoing comprehensive critical evaluation of existing programs and services, particularly process outcomes.
2. Critically evaluate all regulations at the state, federal, and local levels pertaining to the goal of facilitating access for older adults to human services, appropriate to their needs and ability to pay either directly or through third party reimbursements. Develop effective incentives within all agencies for maximizing services access for older adults.

C. Action Recommendations:

1. Reallocate funds for services emanating from community facilities and interested groups in order to provide supportive services with reasonable safety regulations.
2. Assist older adults to effectively utilize public and private human services through the use of an "ombudsman-like" service representative, and identify gaps, overlaps and inadequacies in eligibility criteria or available services.
3. Administer this activity outside of any existing public service agency.

A. Issue:

Three important perspectives regarding the financing and costs of physical health and mental health services for older adults are consumers, providers, and public program administrators. All three recognize the need to strengthen physical and mental health services without increasing either public support or out-of-pocket expenses to those older adults who cannot afford them.

B. Policy Recommendations:

1. Strengthen the role of the family, informal and community supports.
2. Modify public programs for the purpose of uniformity in the areas of covered service, reimbursement policies, and eligibility requirements in order to foster at-home and community based care for older adults.

3. To prevent deterioration and institutionalization of older adults, reimburse health care professionals for providing out-patient services in homes, clinics, retirement communities, and other settings.

HEALTH MAINTENANCE AND PROMOTION

A. Issue:

Payment systems and tax incentives promote institutionalization of services, encouraging a "warehousing" of the elderly.

Provision of health care is episodic and crisis-oriented. Increased emphasis should be given to the maintenance of well-being.

Nutrition is a tremendous problem to the elderly poor. Improper dentition can contribute to this problem.

Elderly persons can become socially isolated and lose their support systems.

Few medical practitioners are trained or equipped to care for their older patients.

B. Policy Recommendations:

1. Encourage health professional and human service schools to review and revise their graduate and undergraduate curricula to incorporate needed content in gerontology and geriatrics.
2. Support health care professionals and others in educating the public about aging and the unique needs of older adults.
3. Encourage facilities providing specialized care, such as nursing homes and hospitals, and group care homes to provide respite care for older people whose families need a vacation or a break from day-in, day-out care.
4. Encourage interagency cooperation in order that they may better serve the elderly and their families.

C. Action Recommendations:

1. Identify and recruit persons who have had formal education, and experience in gerontology and geriatrics to the health and professional human service schools.
2. Educate faculty in all health related professional and human service schools in gerontology and geriatrics.
3. Encourage health and professional human services schools to review and revise their graduate and undergraduate curricula to incorporate needed content in gerontology and geriatrics.
4. Provide postgraduate and continuing education courses for practicing health care professionals and human service practitioners.
5. Provide in-service training for health and human service workers which relates to the special needs of older adults.
6. Stress preventive mental health services for older family members.
7. Promote mental health through community education programs for older people and their families.

8. The Area Health Education Center Program should be strengthened to train health professionals to better care for the elderly.
9. Establish and adequately fund educational, social and fitness programs for the elderly with well-trained staff members.

THE PHYSICAL AND SOCIAL ASPECTS OF LONG TERM CARE

- A. Issue:
Expansion of home/community based care.
- B. Policy Recommendations:
 1. Emphasize and expand home/community based care so that it can be offered and accepted as the preferred locus for long term care of the older adult.
 2. Support systems should be implemented or expanded to avoid inappropriate institutionalization.
- C. Action Recommendations:
 1. Formation of Advocacy and Assessment Teams.
Create a central Advocacy and Assessment Team in each county to act in behalf of older adults and their families to locate and coordinate existing community services and to identify additional services required to meet the individuals' social, physical, mental, emotional and spiritual needs. The individual and family would be informed as to the feasible alternatives for care/support and could choose between institutional and/or home community-based care.
 2. Improvement and Expansion of In-Home Care. Home health services offer an array of services to help the older adult in his/her own home. These may be provided by registered nurses, physical therapists, occupational therapists, speech therapists, medical social workers, and homemaker-home health aides. Volunteer services should be utilized as appropriate.
 3. Nutrition Sites and Home-Delivered Meals. Strategically located nutrition sites where ambulatory older adults may be transported for meals and food services in high rise apartment buildings for senior citizens are needed in addition to home-delivered meals.
 4. Support for Families - Short term respite care, sitter or attendant care, incontinent laundry service, check and re-assurance service, homemaker-home health aide service, adult day care centers, and day hospital service would permit families to continue to care for their older adults in the home.
 5. Transportation Service.
County-wide and state-wide committees should be organized to develop workable, comprehensive, and accessible transportation for older adults in both rural and urban areas.

- A. Issue:
Need for State-Federal regulation changes

B. Policy Recommendations:

1. Review existing federal and state regulations for reimbursement mechanisms to avoid the present duplication and overlapping of programs.

Periodic evaluations and a system of monitoring (including citizen monitoring) should be a part of all State and Federal programs.

C. Action Recommendations:

1. Avoid duplication of paperwork by simplification of reporting forms, sharing of information among agencies and consistency of Certificates of Need for similar facilities and organizations, both profit and non-profit.
2. Change reimbursement regulations to allow full compensation for health care providers who provide for social and psychological needs as well as physical needs. Eliminate the different levels of financial eligibility for institutional as opposed to non-institutional care in Medicaid.
3. Provide a tax credit for those families which provide care or financial support for a senior family member regardless of his/her residence.

A. Issue: Education to improve attitudes toward older adults.

B. Policy Recommendations:

1. Medical and Para-Medical training. All health and social care disciplines should have courses and clinical experience in their curricula pertaining to geriatric care.
2. National/state legislation/regulations should emphasize care/support and rehabilitation.

THE PHYSICAL AND SOCIAL ENVIRONMENT AND QUALITY OF LIFE

A. Issue:

Older individuals typically need changes or improvements in housing arrangements to meet changing physical and social circumstances.

B. Policy Recommendations:

1. Careful attention should be given to the promotion of housing suitable to the continuum of needs in order to enable greater freedom of choice. This should include a broad scope of needed programs which range from repairs to housing owned by older adults all the way to nursing homes.
2. Government at all levels should encourage the provision of housing and housing choices for older persons. State government is the logical level to provide leadership so that a full range of housing options is offered older citizens.
3. Much more attention should be given to the housing needs of the aged in small towns and in rural areas with emphasis on repairs, remodeling, and modification of existing housing.
4. Provision of support to enable people to remain in their own homes is both a preferred choice of older people and is often more cost effective than new construction.

C. Action Recommendations:

1. The state of North Carolina, by recent actions of the Governor, (Executive Order #59, the appointment of a Commission on Elderly Housing Options, and the associated on-going work of the North Carolina Department of Administration) has recognized this responsibility.
2. HUD and FmHA should be encouraged to support more research and demonstration projects in small towns and rural areas.
3. Public funds should be provided so that the support services network may be further developed, and extended into rural and semi-rural areas.
4. The private sector, e.g., investors, building contractors, rental property management personnel, should be provided incentives to develop more housing for the aged.
5. The employment of older skilled building tradesmen by public agencies to improve the dwellings of older people should be encouraged. Services should be provided to help small towns and rural communities in obtaining available funds from public and private sources for improvements in housing.

A. Issue:

Some form of transportation is a virtual necessity if older individuals are to be able to participate fully in community activities.

B. Policy Recommendations:

1. Support should be given to federal initiatives to coordinate programs which provide transportation for the elderly.

C. Action Recommendations:

1. The United States Department of Transportation should continue "special effort" programs designed for the elderly and handicapped.
2. The U.S. DOT and State DOT should continue to promote functional and appropriate vehicles for the use of non-ambulatory elderly as well as vehicles which have modifications which help the semi-ambulatory.
3. The U.S. Dept. of Labor should continue CETA and Senior Community Service programs for placing older adults in transportation jobs.
4. All aging agencies and organizations should be encouraged to purchase their transportation services through Section 18, rural public transportation systems or a locally designated coordinating agency whenever possible. Section 18 funds should continue to be available for operating costs.
5. Proposals to eliminate reduced fares for older adults on public transportation should be resisted.

A. Issue:

Legal problems, the prevalence of crime, and protection from crime.

1. Because of the increasing numbers of crimes directed against the elderly, it has become necessary to seek more severe penalties under the law.

B. Policy Recommendations:

1. At both the state and federal levels, encouragement should be given to, and funding provided for, research on abuse of older persons so that corrective measures may be devised and implemented. Such research should focus on physical, social, and economic abuse of older persons by their adult children, relatives, and/or caretakers.

C. Action Recommendations:

1. The Governor's Crime Commission is recommending action in several areas which should increase the protection of the elderly:
 - a. Enactment of legislation establishing as a felony the inflicting of serious injury on any person over sixty.
 - b. Requiring all judges in superior court to consider the age and the physical and mental condition of the victim prior to imposing a prison term on a person convicted of a felony.
 - c. With certain monetary limits, the payment of medical expenses of the victim as a part of the sentence imposed upon a criminal.
 - d. Expansion of Community Watch programs.
 - e. Expansion of the current advocacy program initiated by the Division of Aging concerning the legal needs of the elderly.

A. Issue:

Improvement of the Arts and Humanities through the use of older adults as resource persons, not just consumers.

B. Policy Recommendations:

1. Arts for the aging should be included in existing community programs, emphasizing the many talents of senior citizens.
2. Older adults must be assured equal access with other age groups to the arts and arts education.

C. Action Recommendations:

1. Whenever possible performing visual and literary artists should be employed as teachers in arts programs, and materials and art supplies of good quality should be used for classes.
2. Local, state, and federal agencies on aging should include funding for arts programming in their budgets.

A. Issue:

Recreation and leisure

B. Policy Recommendations:

1. Encouragement should be given to colleges and universities that train professionals to direct physical education, recreation, and leisure programs to include major course and practicum segments on programs for older adults.
2. Encouragement should be given to colleges, universities, and other agencies to sponsor and provide workshops,

institutes, and in service training for those who are working in positions offering courses in physical education, recreation and leisure services to older adults.

THE FAMILY, SOCIAL SERVICES, AND OTHER SUPPORT SYSTEMS

A. Issue:
Communication

B. Policy Recommendations:

1. Outreach activities are essential for elderly low-income and minority citizens to become aware of important services that are often difficult to understand and use unassisted.
2. Outreach should include non-traditional approaches to reaching older people with important information, by using schools, churches, and civic groups.
3. Transportation services must be available if outreach is to be an effective service.

A. Issue:
Regulatory constraints result in less effective and efficient service.

B. Policy Recommendations:

1. Encourage regulators to implement the spirit as well as the letter of the legislation.

A. Issue:
Medical care programs continue to present barriers to providing services that support social, physical and mental well-being.

B. Policy Recommendations:

1. The Medicare and Medicaid programs must be altered so that incentives are established to maximize the options available to older persons for non-institutional care.
2. Federal policies must encourage the establishment of and reimbursement for individual needs assessment and case management services and support for the whole range of services which older persons may require to remain in their own homes with a continuum of care.

A. Issue:
Partnerships between public, private, voluntary organizations.

B. Policy Recommendations:

1. At the local and regional level, a bridge which can aid and coordinate service delivery to its fullest capacity and serve as both a resource and reference for the community-at-large is needed. The local church, which is viewed by many people as an extension of their family, can serve as a point of service delivery for several different government-funded programs. The older American who has physical, mental, and sustenance needs is regarded with compassion by both Church and State.

- A. Issue:
Barriers to family maintenance of the elderly.
- B. Policy Recommendation:
 - 1. Governments as well as local public and private social services agencies must place more emphasis on and provide sound financial backing for services essential to continued home care.
- A. Issue:
Availability of programs to serve older people.
- B. Policy Recommendations:
 - 1. Programs specifically designated to serve older persons should be maintained. The level of service provided to minority older persons would be affected by a definition which would de-emphasize services targeted to persons with low levels of education, low financial status, and communication barriers.
- A. Issue:
Eligibility criteria for services based solely on economic need deny essential services to older people are not needed. Many older persons require services which are not available in any private market.
- B. Policy Recommendations:
 - 1. A safety net of services should remain available for financially needy older persons as a first line of defense to prevent social and physical dependency.
 - 2. Eligibility for services should be based on criteria other than financial need. One important criteria should be ability for self-maintenance, regardless of economic need.
- A. Issue:
Adequate funding for services for the aging.
- B. Policy Recommendation:
 - 1. The Congress needs to increase the appropriations for federal funds to a level that better meets the social services needs of older adults with low incomes, and takes into account the effects of inflation.
- A. Issue:
Portal of entry: voluntary and public.
- B. Policy Recommendation:
 - 1. There is a need for elderly people to have focal points in each county where they can (a) learn about available services, (b) identify their own needs, and (c) have assistance in obtaining needed services.
- A. Issue:
Determining how and where to obtain desired services among the array of community organizations.

B. Policy Recommendation:

1. Community entry points for services should be created, each with coordinated capacity for information, assessment, eligibility screening, and active referral. These entry points should be located within various cooperating agencies and uniformly respond to entry-level inquiries.

OLDER AMERICANS AS A GROWING NATIONAL RESOURCE

A. Issue:

Six areas in which older adults have important potential as resources and which allow for viable roles were identified: leisure, politics, family and friends, education, business and labor, and arts and culture.

B. Policy Recommendations:

1. Immediate steps should be taken to correct stereotyped beliefs regarding the capabilities and potential of older citizens through:
 - a. Continued implementation of educational and counseling programs interpreting the normal aging process for all age groups.
 - b. Greater incorporation of talented and skilled older adults in industry, the media, community leadership, government and schools.
 - c. Development of strong and informed articulate advocacy groups led by and for older adults.
2. A policy of life-long learning should be adopted, making educational opportunities available throughout the life span by:
 - a. Amending the Older Americans Act to identify education as an essential service to all older persons.
 - b. Adequately funding the lifelong learning provisions of the 1976 Higher Education Act Amendment.
 - c. Creating educational opportunities specifically geared toward the needs and interests of older men and women.
 - d. Identifying and acting upon the educational needs of relatively invisible groups of older adults, such as women, blacks, and rural residents.
 - e. Increasing the utilization of former educators in life-long educational efforts.
 - f. Expanding the Elderhostel program.
3. Employment opportunities of older adults should be expanded by:
 - a. Developing a wide network of job placement centers and talent banks or pools.
 - b. More vigorously enforcing the Age Discrimination Act of 1975.
 - c. Negotiating for more funds for employment in programs earmarked for older adults, such as Foster Grandparents, Project FIND, Senior Aides, Senior Companion, and Green Thumb Farmers Unions.
 - d. Requiring CETA to establish a more equitable distribution of funds and resources for older age groups.

4. Policies should be developed that strengthen family and friend support systems by:
 - a. More closely monitoring policies that negatively impact upon the relationships between older persons and their family and friends.
 - b. Adopting a tax program which would facilitate the care of an older adult in a family situation.
 - c. Taking action to provide direct monthly assistance to "significant others" providing care for older persons.
5. The importance of leisure as a legitimate and positive force should be promoted through:
 - a. More widespread use of the media in showing the merits of leisure roles.
 - b. More opportunities for self expression through arts and crafts, travel, and redirected use of occupational skills.
 - c. The elimination of barriers, such as poor transportation, high spectator fees and assessments, centralized facilities, and physical hazards.
 - d. The creation of effective opportunities for citizen participation through meaningful volunteer service.
6. Older adults should be encouraged and equipped to take their full responsibilities as citizens through:
 - a. Organizations of older people working for the improvement of conditions, locally and nationally, relating to the growing older segment of the population.
 - b. Active involvement in the policy making process by serving on all boards and committees affecting their lives.

CREATING AN AGE-INTEGRATED SOCIETY:
IMPLICATIONS FOR SOCIETAL INSTITUTIONS

- A. Issue:

There is a keen awareness of a continuing need for special supportive environments for many older persons. The needs which are being met and the unmet health, economic, and social needs of older persons have been well documented.
- B. Policy Recommendations:
 1. A review of the uses of chronological age in the formation of public policy both in North Carolina and in the nation.
 - a. Is age used to enhance the integration of older people into the mainstream of social life and increase their access to needed services?
 - b. The age of eligibility for income maintenance and services should not be set so high that large numbers of dependent older people are excluded.
 2. Age per se should not be used as a criterion for mandatory retirement. The right to early retirement should be honored.

C. Action Recommendations:

1. That specific study of public policy be undertaken in North Carolina regarding how appropriate involvement of families in the care of elderly dependent members can be most effectively maintained and enhanced.
2. That the Governor of North Carolina appoint a Task Force on Family Support of Dependent Older Adults to work in co-operation with the Division of Aging and the Department of Administration to study appropriate involvement of families in the care of older dependent members and to report back to the Governor with recommendations and directives for implementation.
3. That focal points on aging be established where they do not exist and developed in areas where they already exist as the basic building blocks in the planning and implementation of programs designed to improve the quality of life for all of North Carolina's older citizens.
4. That the current ages of entitlement for income support and social services be maintained at least for the present; and that studies begin now to determine the appropriateness of these ages in the next decade.

CREATING AN AGE-INTEGRATED SOCIETY:
IMPLICATIONS FOR THE ECONOMY

A. Issues:

1. Because of inflation persons over 65 now constitute one of the fastest growing poverty groups in the United States.
2. Increasing the number of persons 65 and older in the work force will require more than incentives for the elderly to remain in the work force.
3. Actions should be taken which encourage employers to retain or hire older workers.
4. In addition to the recently legislated increases in the mandatory retirement age, other actions aimed at developing innovative work arrangements such as phased retirement, part time jobs, second careers, should be taken.

B. Policy Recommendations:

1. Health care, financed outside the Social Security System, should be available to every citizen of this country, regardless of financial circumstances. If society chooses not to treat general health problems, special health care and long-term care programs for older adults should be continued.
2. There should be a formalized system of volunteers, who are well-trained, supervised, and well organized. In the long run, this will save many dollars in service delivery.
3. Business, industry, and government should develop flexible hours of employment, job counseling for people who want to change jobs, phased retirement, and job-sharing, which will make it easier for older people to work.
4. Business, industry, and government should be required to develop retirement planning for people in their late twenties and flexible pension systems, possibly through

profit sharing, that would transfer with the individual from job to job.

5. More re-training for 2nd and 3rd careers should be provided.

C. Action Recommendations:

1. That Congress and the federal government do all in their power to keep Social Security fiscally sound, maintaining the cost of living adjustment based on the annual rise in wages. The age of eligibility for full benefits should not be changed, but consideration should be given to reducing built-in incentives for early retirement. To increase revenue, all working individuals should be brought into the Social Security System, and the ceiling should be removed from Social Security taxable earnings. The eligibility levels for other benefits and services should be coordinated with raises in Social Security benefits so that individuals receiving other benefits will not be penalized.
2. Research should be oriented toward helping society develop programs and incentives to integrate older adults as a valued human resource.

CREATING AN AGE-INTEGRATED SOCIETY:
IMPLICATIONS FOR THE EDUCATIONAL SYSTEM

A. Issue:

There is need for education in three areas:

1. Education ABOUT Aging
2. Education BY the Aging
3. Education FOR the Aging

Understanding of the aging helps our process of communication and relationships across generations.

Knowledge about aging can help one prepare for one's own later years.

B. Policy Recommendations:

1. That older citizens and/or gerontologists help educators to become aware of their age bias attitudes, aware of the barriers that the educational system is creating, and how to eliminate these barriers.
2. That education in aging become universal-learning about Aging for the purpose of:
 - a. knowing how to understand and communicate better with today's senior adults.
 - b. preparing for one's own aging to help avoid problems in the future.
 - c. to train professionals particularly in Gerontology, Geriatrics health, social service, home economics, psychology, sociology, and adult education fields.

C. Action Recommendations:

1. Provide retired resource persons education orientation to carry out their tasks successfully; for example:

- a. leadership skills for "self-help" groups
 - b. skills in home visitation to the disabled or the depressed
 - c. suggestions on teaching youth
 - d. how to adjust teaching techniques to different audiences
- 2. Relax the rigid schedules, timing, registration "red-tape" and subject requirements of the educational system for the older learner.
 - 3. Invent creative methods of presentation and select more appropriate meeting places, for older persons, such as Senior Centers and retirement homes; use more electronic media; use radio and newspaper for "public benefits" counseling.
 - 4. Support higher-education institution, extension program, and community schools courses for older adults in the same way education for youth is supported.
 - 5. Establish educational standards and "on-job-training" requirements for workers serving the elderly.
 - 6. The state Division of Aging continue to maintain a training coordinator position, but also expand into coordination of educational programs for older citizens.

CREATING AN AGE-INTEGRATED SOCIETY:
IMPLICATIONS FOR THE CHURCH, SYNAGOGUE,
AND OTHER RELIGIOUS ORGANIZATIONS

- A. Issue:
The religious organizations' role in nurturing positive attitudes toward the aging and the elderly.
 - B. Policy Recommendation:
 - 1. Reform present attitudes which may keep individual older adults out of active participation and leadership roles because of destructive attitudes and stereotyping.
-
- A. Issue:
The religious organizations' role in teaching human rights.
 - B. Policy Recommendations:
 - 1. Provide resources for all ages to advocate for their own needs and to seek guarantees of their rights in a more just society.
 - 2. The goal of human rights should be not only a better life for all people, but also the development of the highest potential for each person.
-
- A. Issue:
The religious organizations' role in structuring for age integration.
 - B. Policy Recommendation:
 - 1. Provide age integrated opportunities for fellowship and ministry.

C. Action Recommendation:

1. The church and synagogue should provide a framework within which persons of all ages can become an integral part of God's purpose.

A. Issue:

The religious organizations' role in ministry.

B. Policy Recommendation:

1. Develop information and referral services within the religious organizations and community in order to provide guidance to all persons on their rights and how to obtain them.

C. Action Recommendation:

1. Every church, synagogue, and religious organization should maintain an up-to-date file of local, state, and national resources available to individuals. Each person should attempt to assist individuals in their own institutions.

A. Issue:

The religious organizations' role in helping persons of all ages to understand the cycle of life, including death.

B. Policy Recommendation:

1. Teach that all of life, including old age, is a gift from God and should be affirmed and celebrated as a part of the normal continuum of the Life Cycle.

A. Issue:

The religious organizations' role in involving all persons in an age-integrated ministry.

B. Policy Recommendation:

1. The church, synagogue, and other religious organizations need to recognize that learning acquired during the years of productive experience and continue to use the expertise of the retired or elderly.

A. Issue:

The religious organizations' role in fostering intergenerational and peer fellowship.

B. Policy Recommendation:

1. All basic programs concerned with the functions of the institution should be open to everyone in order to take advantage of the differing ideas of different age groups.

CREATING AN AGE-INTEGRATED SOCIETY:
IMPLICATIONS FOR THE FAMILY

A. Issue:

Family pressures of the middle generations in the multi-generational family.

B. Policy Recommendations:

1. Revision of the tax laws to benefit families who care for and keep older family members in their own homes or who help the older persons to maintain independent living.
2. Enactment of legislation to provide tax benefits for costs incurred by family care-givers for homemaker-home health aide service, respite care, day and night care, transportation, and appropriate home improvements that help to keep older persons out of institutions.

A. Issue:

Families with both persons working find little time to care for elderly members.

B. Policy Recommendations:

1. Redirection and expansion of current funding and other community resources to provide more adult day care centers, homemaker-home health aide services, and transportation options.
2. Explore alternative financial arrangements offered by lending institutions, such as "reverse mortgage" to enable older persons to remain in their own homes.

A. Issue:

Inflation and eroding purchasing power impact on elderly family members.

B. Policy Recommendations:

1. Amendments to raise floor under income through SSI payments.
2. Support employment options for older persons.
3. Through flexibility in housing and tax programs encourage alternatives for forming family groups of elderly persons for social interaction and economic support.

A. Issue:

Increasing incidence of divorce and remarriage often result in lack of adequate support systems and in inadequate income to maintain accustomed life styles.

B. Policy Recommendation:

1. Support legislation to require impact analysis of public policy that affects the family.

A. Issue:

Abuse and neglect of the elderly.

B. Policy Recommendation:

1. Promote the development of family life education for all family members.
 - a. Churches, synagogues, and other community services should expand their ministries to include the strengthening of family ties. These institutions should be encouraged to recognize older adults as an integral part of the church or synagogue family.

- b. Family life education in schools, churches, and synagogues and other community agencies should recognize ethical and personal dimensions of family life and should include parenting, grandparenting, communication, and decision making skills, health and nutrition, and interpersonal relations. A positive image of aging as a normal part of living should be included in family life education at all instructional levels.

CREATING AN AGE-INTEGRATED SOCIETY:
IMPLICATIONS FOR THE MEDIA

- A. Issues:
The destructive stereotyping of older adults in movies and on television; and the need for public awareness which will alert older persons to consumer fraud and methods of crime prevention, as well as benefits available to older adults under existing statutes.
 - B. Policy Recommendations:
 1. News articles, programs, movies and television should depict older adults as continuing to be busy, active, and productive.
 2. Old age should not be depicted as a time of senility since only a very small percentage of older adults become senile.
 - C. Action Recommendations:
 1. Within every county and community, the Council on Aging should take the lead in providing resource persons to present seminars to make older adults more aware of consumer fraud.
 2. The community watch program should be expanded in every neighborhood to include checking on the elderly by telephone or personal visit to reassure them that someone is concerned for their welfare.
 3. There should be renewed efforts to inform older citizens as to their rights under existing statutes and as to programs and services available to them.
-
- A. Issue:
The retirement status of older adults does not easily lend itself to their involvement in the decision making processes of governmental structures.
 - B. Policy Recommendations:
 1. The continuation of the North Carolina Division of Aging as a distinct organizational unit to develop programs, plan for and involve older adults within the total society.
 2. Mandatory coordination and cooperation among governmental agencies serving older adults through legislation and regulations governing all public funding.

C. Action Recommendations:

1. Advocacy for and by older adults should be validated as an active part of governmental structures through:
 - a. Standing committees relevant to aging programs in both House and Senate of the North Carolina General Assembly.
 - b. Organized older adults represent their concerns before governmental bodies at both local and state levels.
 - c. Active involvement in those organizations which address the concerns of local government, such as the Association of County Commissioners and League of Municipalities, active with the Governor's Council on Aging.
2. Governmental bodies and agencies should develop new means for utilizing the skills and talents of older adults in productive and fulfilling ways, including volunteer service.
 - a. Government agencies, at all levels, whose decisions have an impact on older adults should include them on advisory councils, citizens boards, and other appropriate organs of their agencies.
 - b. A roster of the talents and skills of older adults should be developed for the use of government at all levels.
3. Governmental bodies at all levels should assure that all older adults receive a proportional share of all available public monies.
4. Older adults must be assured of access to government services at all levels.

RESEARCH IN AGING

A. Issue:

Increased support for research and research training.

B. Policy Recommendations:

1. Funding support should be made available for basic and applied research and research training in the field of aging and the aged. Such funds should be made available through increased funding to the Division of Aging.
 - a. small grants program to develop basic and applied research projects
 - b. graduate school training for research careers
 - c. "second career" training in aging research for established professionals.

A. Issue:

Establishing links between the State's research resources and the Division of Aging and other agencies which relate closely to its mission and action.

B. Policy Recommendations:

1. That funds from the State be allocated to the Division of Aging to develop its research capabilities.
2. That a consortium be established, with members selected from among the public and private universities and colleges of the State which are engaging in research in

aging, from the Division of Aging, and, from other agencies whose missions importantly involve the elderly, to link research and data resources to the needs of practice, policy, and planning.

3. That the University-State Agency Consortium serve as a Research Advisory Committee to the Division of Aging to help set Statewide priorities for research and provide impetus for securing the funds needed for research development.
4. That there be established and funded, within the Division of Aging, a Statewide capability for:
 - a. conducting continuing surveys to ascertain unmet needs of the aged;
 - b. continued program demonstration/evaluation;
 - c. the development of a continuing data base concerning the elderly, to guide policy and program development;
 - d. the communication of the above data/information to local Councils on Aging: highlighting unmet needs and targeting groups and problems needing special attention;
 - e. initiation of research projects in areas where findings would be a special value for planning.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT
FROM

NORTH DAKOTA

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE North Dakota STATE COORDINATOR Alvin A. Mayer
TOTAL # FORUMS 65 % URBAN 75 % RURAL 25
TOTAL # PARTICIPANTS 2,455

ISSUES OF CONCERN (top 10 priorities):

1. Housing subsidies
2. Employment
3. Transportation
4. Physical and Mental Health
5. Retirement income-Social Security
6. Home care
7. In home services
8. General economic security
9. Health care costs
10. Health Maintenance

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Local or other government provide subsidize, increase amount and variety of housing (including shared).
2. Promote and expand home health care.
3. Transportation programs expanded, supported.
4. Reduce or help with cost of long term care through insurance, medicare, medicaid.
5. To enhance economic security, promote and expand retraining and continuing education.
6. Encourage health maintenance through nutrition and other educational, self-help programs.
7. Access to health and medical services be increased through appropriate transportation services.
8. Medicare and medicaid cover prescriptions, dental, hearing (and aids), eye (and glasses), and foot care.
9. That opportunities for employment be expanded.
10. That some form of National Health Insurance be enacted.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State North Dakota 2) Date of Conference May 11 & 12, 1981
3) Place of Conference Bismarck, North Dakota
4) Name of person submitting report Alvin A. Mayer
5) Title of Person State Coordinator, WHCoA

Participation

- 6) Total No. of Participants 304 7) Sex: No of Female 198
No of Male 106
8) Ethnicity/Race: Black; Hispanics; 99% Caucasian;
 Pacific/Asian; 1% American Indian; Other (Please
state approximate % for each)
9) Handicapped 1% (Please state approximate % only)
10) Age: 95 under 55 209 55 and over

Summary of Issues and Recommendations by Major Topics

FINANCIAL SECURITY

A. Issue

1. The ravages of inflation have disproportionately affected the fixed incomes of most older citizens and, thus their ability to obtain essential goods and services.

B. Recommendations

1. That lower rates be established for senior citizens in relation to essential goods and services, such as;
a) energy, b) food, c) housing, d) utilities, e) transportation, and f) health care.
2. That the national budget be balanced before proposed tax cuts are instituted.
3. That cooperative ownership of utilities be considered.

NORTH DAKOTA

FINANCIAL SECURITY (cont.)

A. Issue

1. Economic insecurity in the later years is closely related to a wide range of problems affecting many older people.

B. Recommendations

1. That the cost of living Social Security increases should be equal dollars, not a percentage basis.
2. That the lower brackets of Social Security payments be raised.
3. That Congress take action on tax relief for the elderly.
4. That the first \$2,000 of interest and dividends per person be exempt from taxes.

A. Issue

1. There is a need to contain health care costs and to assure appropriate health care for older people.

B. Recommendations

1. That Congress act to provide increased health care coverage and home health care programs.
2. That health care costs for seniors be discounted.
3. To mandate equal payments to nursing homes, regardless of payment source.
4. That a national health care insurance plan be developed, which included coverage for care related to feet, eyes, ears, and teeth.
5. That education in geriatric care be strengthened and supported.
6. That all programs be mandated to coordinate a continuum of care.

PHYSICAL AND MENTAL HEALTH

A. Issue

1. There is a need to develop comprehensive in-home and/or community-based services as alternatives to and prevention of institutional care.

NORTH DAKOTA

PHYSICAL AND MENTAL HEALTH (cont.)

B. Recommendations

1. That current health care insurance payment programs be broadened to include payment for preventive care and services.
2. That mobile health clinics be developed.
3. That services such as health screening, congregate and home-delivered meals and transportation be provided.
4. That outpatient skilled and respite care be provided.
5. That mental health centers develop and provide services to the elderly.
6. That mental health centers develop peer group and self-help programs for the elderly.
7. That legislative bodies on both the state and national levels place emphasis on home health care and in-home services.

A. Issue

1. There is a need for changes in medicare and medicaid regulations and advocating for rights and needs of the people.

B. Recommendations

1. That there be fewer regulations governing public benefits laws and that they be in layman's language.
2. That all associated forms be simplified.
3. That Congress act to delete the time limits on medicaid/medicare payments.
4. That doctors be encouraged to accept medicare as full payment.

A. Issue

1. There is a need for education about health needs and provisions of services.

B. Recommendations

1. That a community health care system be developed and include education
 - a. for health professionals.
 - b. of other health care providers.
 - c. through the media.
 - d. on drugs and supervision of use.
 - e. on various care alternatives.

NORTH DAKOTA

HOUSING - A PLACE CALLED HOME

A. Issue

1. There is a need for support services for residents of various housing options.

B. Recommendations

1. That more formal services be provided, i.e., chore, home-maker, home health services, home delivered meals.
2. That eligibility for services be expanded through a sliding scale.
3. That more informal services be developed through volunteers, neighbors, families.
4. That training for provision of services be arranged for those in the informal or natural helping network.
5. That current programs be expanded with improved accountability.

A. Issue

1. There is a need for more suitable housing options to be made available to more older people in more communities.

B. Recommendations

1. That more public information be available on housing options and future needs and possibilities.
2. That an improved screening/evaluation process be used to determine appropriate housing and service requirements.
3. That more financial assistance be available to create and support options in housing, i.e., rent, construction, maintenance.
4. That older people have more input into planning and decisions affecting their housing.
5. That both public and private housing offer more handicapped accessibility options.
6. That there be increased awareness of what is included in nursing home care.
7. That long term care be provided on reservations.
8. That support be provided for demonstration of alternate options
 - a. congregate housing with services included.
 - b. shared housing - two or more persons sharing same home.
 - c. family reimbursement for housing.
 - d. housing in small towns.
 - e. housing in downtown area or near other facilities for older persons.
 - f. highly energy efficient units.

NORTH DAKOTA

HOUSING - A PLACE CALLED HOME (cont.)

A. Issue

1. There is a need for more public involvement and awareness of nursing homes as a housing option.

B. Recommendations

1. That the pre-screening process be improved to assure adequate levels of care.
2. That "deeming of resources" policy be revised.
3. That rules and regulations governing medicare and medicaid be reviewed and revised to provide more adequate coverage.
4. That nursing home insurance policies be assessed for applicable and adequate coverage.
5. That regulations of questionable value be removed and unnecessary paperwork be deleted.
6. That private pay residents be fully informed of what they are paying for.

SOCIAL WELL BEING

A. Issue

1. There is a need for home care for independent living.

B. Recommendations

1. That in-home services be expanded.
 - a. home care
 - b. meals on wheels
 - c. chore services
 - d. telephone reassurance
2. That funding be increased to provide more in-home services.
3. That foundations be encouraged to support in-home services.
4. That legislation support the development of standards for provisions of home care services.
5. That public education identify home care as an integral component of the continuum of care.
6. That older people be recruited and trained to serve as volunteers or paid staff in providing home care services.

NORTH DAKOTA

SOCIAL WELL BEING (cont.)

A. Issue

1. There is a need for transportation in rural areas and small towns to combat loneliness and isolation.

B. Recommendations

1. That car pools be formed for transportation to senior centers and nutrition sites.
2. That county-wide bus systems be developed, with local scheduling.
3. That county and local support for transportation systems be developed through mill levies, scheduling and ridership.

A. Issue

1. There is a need to increase the feeling of self-worth and opportunity for self expression.

B. Recommendations

1. That older citizens actively participate in planning and provision of services.
2. That adult education be provided at educational institutions and senior centers.
3. That older persons be used as teachers.
4. That job/skills banks be established at senior centers and nutrition sites.
5. That more paid employment opportunities be developed for seniors, such as Green Thumb.

INTERACTING IN AN AGING SOCIETY

A. Issue

1. There is a need for planning for all ages - not just one age group.

NORTH DAKOTA

INTERACTING IN AN AGING SOCIETY (cont.)

B. Recommendations

1. That a planned approach from the community level be developed, to include:
 - a. transportation: utilize what is there, i.e., school bus, car pooling, volunteers.
 - b. outreach: a planned approach.
 - c. share living arrangements: group or congregate homes.
 - d. job bank: share skills.
 - e. home maintenance services.
 - f. use democratic procedures in decision making.
 - g. look to ourselves as much as possible.
 - h. barrier free facilities.
 - i. develop new leisure time activities.
 - j. planned allocations of city, county, state and federal resources.
 - k. plan for health needs, or develop if no resources exist.
 - l. use mobile service units.

A. Issue

1. There is a need for education for all age groups to understand the aging process.

B. Recommendations

1. That materials on the process of aging be included in elementary and secondary school curricula.
2. That age stereotypes should be identified and removed from textbooks and instructional materials.
3. That positive aspects of aging should be promoted through the media.

A. Issue

1. The elderly must have full opportunity for participation in a variety of work and leisure activities.

B. Recommendations

1. That free and low cost second career training programs should be available.
2. That pre-retirement planning be developed to assist in sound planning for both work and leisure.

NORTH DAKOTA

INTERACTING IN AN AGING SOCIETY (cont.)

A. Issue

1. There is a need for older people to develop a sense of self acceptance and self sufficiency.

B. Recommendations

1. That programming in senior centers includes development of support groups, self esteem, and communication skills.

A. Issue

1. There is a need to re-establish respect for America and religion.

B. Recommendations

1. That older people set examples
 - a. respect the flag by flying it and saluting.
 - b. by voting.
 - c. by encouraging younger people to become involved in local politics.
2. That older and younger people need to interact more
 - a. conduct "living histories" in the schools.
 - b. discuss the American way within own families.

EMPLOYMENT CHALLENGES

A. Issue

1. There is a lack of employment opportunities, especially in rural areas.

B. Recommendations

1. That more financial resources be made available on the State level.
2. That self-employment in the home be encouraged, with tax incentives.
3. That in-home services be developed, employing seniors.
4. That training be provided in job application procedures.
5. That older worker programs be continued and expanded.

NORTH DAKOTA

EMPLOYMENT CHALLENGES (cont.)

A. Issue

1. There is a lack of incentive for employment of older workers.

B. Recommendations

1. That a lower base rate be established on workmen's compensation and social security.
2. That the ceiling be removed on social security payback.
3. Eliminate mandatory retirement.
4. That organizations be developed to promote hiring older workers.
5. That opportunities be developed for job/task sharing and exchange.
6. That studies be conducted on the productivity of older workers.
7. That employment counseling and education be provided for employees and employers, as related to older workers.

A. Issue

1. There is a need for older workers and employers to share responsibility in maximizing opportunities for employment.

B. Recommendations

1. That retraining programs for older workers be developed.
2. That job banks be developed to identify and assess the skills available.
3. That concentrated efforts be made to recruit older workers.
4. That tax incentives be provided to businesses employing older workers.
5. That older workers be employed as administrators of senior programs.
6. That more volunteer opportunities be developed with tax incentives and reimbursement of expenses.

* U.S.G.P.O. 720-019/1302-6854

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

OHIO

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WHITE HOUSE CONFERENCE ON AGING
SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Ohio STATE COORDINATOR Rick Miller
TOTAL # FORUMS 260 % URBAN 70% % RURAL 30%
TOTAL # PARTICIPANTS 5,567
ISSUES OF CONCERN

Transportation
High cost of Utilities
High cost of Medical Care
In-Home Services
Housing
Crime

RECOMMENDATIONS MADE BY THE PARTICIPANTS

The forums in Ohio were initiated before WHCoA Guidelines were available. They were designed to develop the issues of concern which were then taken to the 1980 Governor's Conference on Aging for further discussion and refinement. A copy of the resolutions passed at the Governor's Conference is attached.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State OHIO 2) Date of Conference April 22-24, 1981
3) Place of Conference Marriott Inn, Columbus, Ohio
4) Name of person submitting report Lois A. Kuhn
5) Title of Person State White House Conference Coordinator

Participation

- 6) Total No. of Participants 145 7) Sex: No of Female 86
No of Male 59
8) Ethnicity/Race: 23% Black; Hispanics; 77% Caucasian;
 Pacific/Asian; American Indian; Other (Please
state approximate % for each)
9) Handicapped 1% (Please state approximate % only)
10) Age: 55 under 55 90 55 and over

Summary of Issues and Recommendations by Major Topics
FAMILY, SOCIAL SERVICES, AND OTHER SUPPORT SYSTEMS

A. Issue

1. Families caring for older persons need assistance.

B. Policy Recommendations

1. Resolve that all policy and service barriers, that discourage families from providing care for older persons, be removed, such as:
- a. providing them with third party payments, low-interest loans, tax credits, training and education, and
 - b. expanding in-home services (i.e., chore, health, homemaker, meals, and physical therapy).

OHIO

A. Issue

1. Many older persons live on inadequate income.

B. Policy Recommendations

1. Resolve that income of all older persons be raised above the poverty level.
2. Resolve that discrimination by employers against older persons seeking employment be combatted.

A. Issue

1. More case management services for older persons are needed.

B. Policy Recommendations

1. Resolve that the amount and quality of case management services, in the provision of outreach, protective, legal, and other supportive services, particularly for those older persons living in federally funded housing projects, be expanded and improved.

A. Issue

1. There is a need for better coordination among federal agencies providing services for older persons.

B. Policy Recommendations

1. Resolve that all federal programs for older persons be reviewed and consolidated under one umbrella agency.

A. Issue

1. Most students know very little about older persons.

B. Policy Recommendations

1. Resolve that public, private, and parochial schools incorporate gerontology material into their curricula, and use older persons to share their knowledge and talents in the classroom.

HOUSING, TRANSPORTATION, AND PHYSICAL ENVIRONMENT

A. Issue

1. There is a need for housing alternatives for older persons.

B. Policy Recommendations

1. Resolve that increased attention be given to housing which often is more appropriate and lower cost than institutions, such as sheltered housing, personal care homes, foster care, Section 8 housing, long term care protective living facilities, and independent living arrangements.

A. Issue

1. Federal housing regulations often are not appropriate for individual localities.

B. Policy Recommendations

1. Resolve that housing standards for older persons be established by state and local agencies.

A. Issue

1. The community-at-large knows little about housing needs of older persons.

B. Policy Recommendations

1. Resolve that communities be helped to understand zoning codes, building regulations, subsidized housing concepts, and accessibility needs so that their support for housing programs for older persons is strengthened.

A. Issue

1. More housing funds are needed for older persons.

B. Policy Recommendations

1. Resolve that monetary resources be increased and coordinated and that there be a mandated use of federal revenue sharing funds for housing services for older persons.

A. Issue

1. Existing transportation systems need to be better coordinated.

B. Policy Recommendations

1. Resolve that insurance options and rates offered by individual insurance carriers in the state be examined in order to maximize the utilization of public, voluntary, and religious sector transportation systems.
2. Resolve that existing transportation systems demonstrate a viable coordination plan before additional funds are granted.
3. Resolve that coordination with school boards takes place so that school buses can be used by older persons.

A. Issue

1. More flexibility is needed in matching vehicle grants.

B. Policy Recommendations

1. Resolve that federal funds be allowed for use as match for 16-B-2 vehicle grants.

RETIREMENT INCOME

A. Issue

1. Social Security policies and benefits need revision.

B. Policy Recommendations

1. Resolve that Social Security benefits equal the national average income.
2. Resolve that Social Security cost-of-living adjustments be a fixed amount rather than a percentage increase.
3. Resolve that no income limits exist for Social Security contributions.
4. Resolve that Social Security income not be affected by the amount of income earned.

A. Issue

1. Supplemental Security Income is not adequate.

B. Policy Recommendations

1. Resolve that Supplemental Security Income benefits be no less than 100% of the poverty level.

A. Issue

1. High prices drastically impact on fixed incomes of older persons.

B. Policy Recommendations

1. Resolve that a national discount program for persons age sixty-five (65) and over be established.

OHIO

A. Issue

1. Many private corporations have no pension plans.

B. Policy Recommendations

1. Resolve that mandatory private pension plans be established for all employees who are twenty-five (25) years of age or over, and who have been employed at least one (1) year.
2. Resolve that all private pension plans be portable from one employer to another, and fully vested after five (5) years of participation.

A. Issue

1. Refundable tax credits need to be increased.

B. Policy Recommendations

1. Resolve to allow refundable tax credits up to \$7,500.00 on income, retirement savings, and investments for persons sixty-five (65) years of age and over.

A. Issue

1. Older persons face many barriers in finding employment.

B. Policy Recommendations

1. Resolve to offer tax incentives to employers who hire workers fifty-five (55) years of age and over.
2. Resolve to increase to a realistic level the income limit allowed to be eligible for subsidized employment for persons fifty-five (55) years of age and over.

A. Issue

1. The administrative policies of various federal retirement systems differ greatly.

B. Policy Recommendations

1. Resolve to study the feasibility of consolidating the administration of federal retirement systems under one agency.
2. Resolve that such a study be conducted by newly-established Senate and House Committees on Retirement Income Security who shall report their findings to the President's Pension Policy Commission no later than September 30, 1982.

OHIO

SOCIAL AND HEALTH ASPECTS OF LONG TERM CARE

A. Issue

1. The quality and coordination of long term care services needs to be improved.

B. Policy Recommendations

1. Resolve that local training and education be expanded; that salary levels of service providers be improved; and that the possibility of certifying care-providing staff be investigated.
2. Resolve that long term care services be centralized in the community with a single agency responsible for case management in order to eliminate duplication and to place clients in the most appropriate level of care following comprehensive assessments.
3. Resolve that funding for long term care be coordinated.

A. Issue

1. Long term care regulations need revision.

B. Policy Recommendations

1. Resolve that current long term care regulations be revised so that:
 - a. needed and useful regulations are centralized in a single enforcement agency;
 - b. they promote cost-effectiveness;
 - c. they do not impede staff effectiveness due to reporting requirements;
 - d. they promote self-pay on a sliding scale; and
 - e. they support both institutional and non-institutional levels of funding.

A. Issue

1. The laws of divestiture are inadequate.

B. Policy Recommendations

1. Resolve that the laws of divestiture be changed to reduce abuse, inefficiency, and increased demand on entitlement programs.

OHIO

OLDER AMERICANS IN A CHANGING ECONOMY

A. Issue

1. Health costs for older persons need to be reduced.

B. Policy Recommendations

1. Resolve that uniform, less stringent medicaid spend-down requirements for all participating states be established by federal mandate.
2. Resolve that a National Health Control Bill be enacted to assume costs of medical care, drugs, hospital costs, and nursing home costs incurred by older persons.

A. Issue

1. Older persons on a fixed income are being hurt by inflation.

B. Policy Recommendations

1. Resolve to enact and enforce price control legislation, particularly with food, utility, medical and home maintenance costs.
2. Resolve that stringent controls be established to reduce the indiscriminate use of credit cards.
3. Resolve to revise the Social Security cost-of-living adjustment semi-annually to properly weigh specific cost items that impact most on older persons.

GOVERNMENTAL STRUCTURES FOR THE AGING

A. Issue

1. The authorization of the Older Americans Act of 1965, as amended, ends September 30, 1981.

B. Policy Recommendations

1. Resolve that the Act be reviewed, revised where appropriate, and reauthorized so that all objectives of Title I of the Act are fulfilled and that present affirmative action and equal employment opportunity goals are retained.

A. Issue

1. Improvement is needed in the manner in which services are delivered to older persons.

OHIO

B. Policy Recommendations

1. Resolve that all older Americans programs have the greatest level of flexibility possible at the state, PSA, and local levels, presuming adherence to basic national standards.
2. Resolve that a study be conducted with a view toward the consolidation of similar programs for older persons.
3. Resolve that similar allied health and social services be available through community focal points.
4. Resolve that common regulations be developed for similar programs for older persons found in different federal departments.
5. Resolve that a uniform age be established for eligibility for programs for older persons.
6. Resolve that federal policy makers correct the practice of using different income levels as eligibility criteria for single and married persons.

OLDER PERSONS AS A GROWING NATIONAL RESOURCE

A. Issue

1. Many older persons are not properly prepared for retirement.

B. Policy Recommendations

1. Resolve that retirement policies be more flexible.
2. Resolve that more opportunities are given for retirement planning, mid-career planning, employment counseling, and second career counseling.

A. Issue

1. Internal Revenue policies regarding volunteers need revision.

B. Policy Recommendations

1. Resolve to allow volunteers to claim volunteer hours, transportation costs, and other volunteer-related expenses as tax deductions.

PHYSICAL AND MENTAL HEALTH

A. Issue

1. Health care costs for older persons are increasing.

OHIO

B. Policy Recommendations

1. Resolve to expand Medicare coverage to include medication and dental care costs.
2. Resolve to set a limit on fees charged by health care providers.
3. Resolve that Health Planning Systems continue to be used to help control health care costs.

A. Issue

1. Health research efforts are too fragmented.

B. Policy Recommendations

1. Resolve that research be focused on Alzheimer's disease and other chronic diseases encountered by older persons.

A. Issue

1. Holistic health care should be promoted and developed.

B. Policy Recommendations

1. Resolve to develop specialized programs and facilities, such as for persons who are terminally ill, deaf and/or blind, or suffering from substance abuse (i.e., alcoholism).
2. Resolve to treat older patients as whole persons (i.e., both physical and mental health) under one umbrella agency.

A. Issue

1. There is a need for more preventive health services.

B. Policy Recommendations

1. Resolve to establish more senior health clinics and health maintenance organizations.
2. Resolve to expand private and public insurance coverage to include preventive health care.

RESEARCH IN AGING

A. Issue

1. Many aging research efforts do not focus upon the most urgent issues facing older persons.

B. Policy Recommendations

1. Resolve that a consortium be formed (including at least foundations, government, professional disciplines, organizations, and institutions) to develop a comprehensive and coordinated national research agenda in aging.
2. Resolve that such agenda include investigations into the use and affect of drugs on older persons, the socio-environmental-behavioral aspects of the lives of older persons, and the disabling diseases encountered by many older persons.

A. Issue

1. The results of research often do not reach those who need them.

B. Policy Recommendations

1. Resolve to mandate all state units on aging and area agencies on aging to disseminate results of research to service providers at the grassroots level.
2. Resolve that research results be incorporated into professional education curricula.

SPECIAL ISSUES FACING MINORITIES

A. Issue

1. There is a need to focus more attention upon the unique problems encountered by minority older persons.

B. Policy Recommendations

1. Resolve that special attention be focused upon older persons who are Black, Euro-Americans, American Indians, Hispanics, and those of all other ethnic groups by establishing Elderly Minority Affairs offices at federal and state levels with their own funding appropriations.

A. Issue

1. The income of many minority older persons is inadequate.

B. Policy Recommendations

1. Resolve that all older minority persons receive a guaranteed annual income of no less than 125% of poverty level.
2. Resolve that no cuts occur in social services for older minorities.

the **1981**
White House
Conference
on
Aging

**STATE CONFERENCE REPORT
FROM**

OKLAHOMA

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

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WHITE HOUSE CONFERENCE ON AGING
SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE OKLAHOMA STATE COORDINATORS Delbert Cravens
Roy R. Keen

TOTAL # FORUMS 244 % URBAN 65 % RURAL 35

TOTAL # PARTICIPANTS 8557

ISSUES OF CONCERN (top 10 priorities):

1. Transportation
2. Health care
3. Housing
4. Income maintenance
5. Nutrition Program
6. Social Security Reform
7. Home Health Programs
8. Tax Reform
9. Utility Reform
10. Employment

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Proposed transportation help for elderly. (more vans and buses)
2. Proposed a program to help pay difference between Medicare and total charges. Help for payment of hearing aids, dental work and eyeglasses. Help on cost of prescription drugs.
3. Proposed help on low-income housing. Proposed home repair and maintenance.
4. Proposed tax breaks, no sales tax on prescription drugs and food.
5. Additional congregate and home delivered meals needed and proposed increase in food stamps.
6. Social Security payments should be increased due to inflation, and more earned income without a decrease in Social Security.
7. Proposed an increase in home health programs available to additional people and to serve a greater portion of rural areas.
8. Proposed no tax on savings accounts.
9. Proposed lower utility rates or financial assistance to meet increased cost.
10. Proposed greater employment opportunities for older people.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State OKLAHOMA 2) Date of Conference APRIL 20, 1981
3) Place of Conference OKLAHOMA CITY, OKLAHOMA
4) Name of Person Submitting Report GEORGE NIGH
5) Title of Person GOVERNOR

Participation

- 6) Total No. of Participants 462 7) Sex: Number of Female 277
Number of Male 185
8) Ethnicity/Race: 62 Black; 15 Hispanics; 332 Caucasian:
0 Pacific/Asian; 53 American Indian; 0 Other
9) Handicapped 4% (Please state approximate % only)
10) Age: 121 under 55 341 55 and over

Summary of Issues and Recommendations

PHYSICAL HEALTH CARE FOR OLDER PERSONS

A. Issue

1. Many persons have serious problems in getting adequate and timely health care because of the high cost, lack of availability and because of difficulties in accessibility.

B. Policy Recommendations

1. Efforts to encourage more physicians to accept Medicare assignment.
2. Expand coverage under Medicare/Medicaid and private insurance to include preventive, and home care; medicines; dental, eye and foot care; hearing aides; less costly non-institutionalization care such as outpatient surgery and community based facilities, such as foster family homes, day care, respite care, shared homes, etc.
3. Regulate private insurance to prevent Medigap over-selling.
4. Eliminate duplicative diagnostic measures.
5. Increase number of physicians willing to accept Medicaid amount.
6. Develop additional incentives to encourage qualified health personnel to practice in rural and other underserved areas.
7. To provide an efficient realistic single entry system that recognizes the extreme difficulty many disabled older people have in seeking help through a multiplicity of agencies.

C. Action Recommendations

1. Legislation is needed to give government sufficient authority to:
 - a. Initiate the steps necessary to accomplish the foregoing.
 - b. Influence other branches of government, local public and private organizations to move in the desired direction.

A. Issue

1. The right of older, handicapped people to remain in their own homes or live in a place of their choice is denied because of a lack of home care and community based services.

B. Policy Recommendations

1. The adequate and comprehensive nature of home care services enabling disabled people to remain in their own homes needs to be increased in a number of areas such as the following:
 - a. Technical and non-technical in-home services.
 - b. The Nutrition Program including congregate/home-delivery meals.
 - c. Support for all senior citizens centers.
2. Expansion of methods to enable families to continue caring for handicapped older persons, including Day Care Centers, Respite Facilities and financial incentives for families deciding to care for their older relation, but not fully able to do so without help.
3. Case management services designed to coordinate services and assist in managing essential activities and to provide:
 - a. A long-term caring and helping relationship with older persons.
 - b. An effective monitoring system to ensure needed services.

A. Issue

1. Preventive health services are not available to most older people and there is very little education for self-responsibility for health.

B. Policy Recommendations

1. There is a need to develop and support:
 - a. A comprehensive program of health maintenance for the elderly.
 - b. Education with emphasis on self-care available to the community.
 - c. Financial incentives for staying healthy, e.g., reduced insurance premiums for attending health promotion courses and third party coverage for preventative care.
2. Regulations governing nursing homes should require physical fitness activities, social care and socialization activities.
3. Establish wellness centers and related programs.

A. Issue

1. Very few of the caring professionals, including physicians, nurses, social workers, recreation workers, etc., are trained to understand and cope with the unique needs of the elderly.

B. Policy Recommendations

1. Introduction of a gerontological curriculum in the educational process for those persons who will be involved with older people.

MENTAL HEALTH CARE FOR OLDER PERSONS

A. Issue

1. Mental Health Services are not available in all geographic areas, or do not meet the needs of special populations such as the deaf, non-English speaking, isolated elderly and nursing home residents.

B. Policy Recommendations

1. A comprehensive public program of Mental Health should be made available and accessible to citizens in all geographic areas.
2. Expand community-based services including non-traditional settings.
3. Provide adequate outreach services, especially to isolated elderly.
4. Train Mental Health providers to communicate and provide services to deaf persons and non-English speaking persons.

A. Issue

1. Supportive community-based services and programs which help promote good mental health and prevent the occurrence of mental health problems are not available to many older citizens.

B. Policy Recommendations

1. Continue and expand supportive community based mental health services to the elderly, specifically:
 - a. Expansion of nutritional programs providing balanced diets.
 - b. Expansion of community based programs which provide opportunities for social interaction and prevent social isolation.
 - c. Expansion of community programs which promote the role of older citizens as useful and contributing members of the community.

A. Issue

1. Health professionals, social service providers, and the general population have inadequate knowledge and/or information regarding the mental health needs of older citizens and service availability.

B. Policy Recommendations

1. Incorporate mental health education relating to aging into the training curriculum of health and social service professionals and expand mental health public information.

OKLAHOMA

ECONOMIC SECURITY FOR OLDER PERSONS

A. Issue

1. Health Care is too costly for the aged.

B. Policy Recommendations

1. Medicare and Medicaid cover 90% of comprehensive health costs.

C. Action Recommendations

1. The Congress should;
 - a. Suspend Medicare benefit periods and expand home health benefits.
 - b. Expand Medicare to include comprehensive health needs of aged.
 - c. Use general revenue funds to supplement Medicare trust funds.
 - d. Change formula to determine reasonable charges to actual costs.
 - e. Oppose limiting Medicaid cost participation to states.

A. Issue

1. Social Security benefits are insecure and inadequate.

B. Policy Recommendations

1. Resolved that action be taken to insure actuarial validity of the Social Security System, and insure adequate benefit levels.

C. Policy Recommendations

1. The Congress should mandate that:
 - a. Trust funds should be used only for monthly benefit payments.
 - b. Provide a tax credit for social security benefits lost due to excessive earned income.
 - c. Increase pre-retirement economic planning and education.

A. Issue

1. Discrimination in employment of the elderly exists.

B. Policy Recommendations

1. Eliminate all employment age ceilings and other discriminatory practices.

C. Action Recommendations

1. The Congress enact legislation to accomplish the following:
 - a. Strengthen enforcement of Age Discrimination in Employment Act.
 - b. Increase incentives for businesses to employ older people.
 - c. Eliminate Soc.Sec. earnings limitation for those 65-70 years.
 - d. Increase work-related programs for the elderly.

OKLAHOMA

A. Issue

1. Insufficient Federal tax benefits for fixed and low income elderly.

B. Policy Recommendations

1. Resolved that federal taxation structures and regulations be restudied to determine the effects of such structures on incomes of elderly and changed to provide saving for the elderly.

C. Action Recommendations

1. The Congress should enact legislation to provide for the following:
 - a. Allow income tax deduction of all medical expenses.
 - b. Eliminate pension taxation, and
 - c. Subsidize (or lower) interest rates for fixed income elderly.

A. Issue

1. Benefit programs are insufficient and hard to access.

B. Policy Recommendations

1. Resolved that benefits programs which supplement incomes of low and moderate income elderly be increased and made more accessible.

C. Action Recommendations

1. The Congress should enact legislation to provide the following:
 - a. Eliminate proposed cuts in benefit programs, especially Medicaid, food stamps, rental assistance, 202 Congregate Housing, legal services, burial benefits, etc.
 - b. Increase benefit programs for blind and handicapped elderly.
 - c. Increase basic Supplemental Security Income payment.
 - d. Improve accessibility to benefits programs in rural areas.

SOCIAL WELL-BEING OF OLDER PERSONS

A. Issue

1. Insufficient transportation for elderly in Oklahoma.

B. Policy Recommendations

1. Provide a unified transportation network. The transportation package should include buses, drivers, maintenance, operating costs and provisions for the handicapped.

A. Issue

1. Continuation of Nutrition Program.

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B. Policy Recommendations

1. Nutrition Program must continue to be supported at least at the current level, including the continuance of the USDA Commodity Foods. Nutrition Programs and Senior Citizen Centers should be consolidated for better coordination and service.

A. Issue

1. There is a need for improved and expanded housing for elderly.

B. Policy Recommendations

1. Resolved that housing funding (HUD, FmHA-504 & 502, Self Help & Rehab) be redirected to earmark a specific percent for elderly housing to be administered at the local level and staffed by persons representative of the elderly tenants.

A. Issue

1. Inadequate planning for meeting the needs of Spanish-speaking elderly.

B. Policy Recommendations

1. Where appropriate, HUD and Nursing home administrators should establish housing and nursing homes with Spanish speaking staffing and place these facilities within the regular community. The majority of tenants should be Spanish elderly.
2. Service providers should provide training to Spanish speaking drivers to operate vehicles transporting Spanish elderly.
3. Service providers should offer training to Spanish speaking persons in assisting lawyers/paralegals in providing services.

OLDER AMERICANS AS VALUABLE RESOURCES

A. Issue

1. A need for organizational development, participation, and communication of the resources of the older Americans exist in our society.

B. Policy Recommendations

1. Resolved that Congress of the United States continue the legislative mandate to develop, support and encourage an older American's Resource Program to collect, catalogue and provide the public with information regarding the skills, arts, and individual abilities available in the community and coordinate the personal skills and abilities with paid and volunteer job positions.
2. A local policy for aging should be formulated and made effective.

OKLAHOMA

3. A conscious effort must be made to involve the common ordinary senior citizens in the planning stages of the programs.
4. All minority groups must be actively recruited for input in planning and must have participation in the programs.

A. Issue

1. Support and recognition must be given to older Americans to maintain dignity, self-respect, life style and resources.

B. Policy Recommendations

1. A program should exist in the community whose primary function should be to disseminate information on skills and availability of Senior Citizens for jobs and service.

A. Issue

1. There is need for more employment opportunities for older Americans.

B. Policy Recommendations

1. More grants are needed to pay for salaries for seniors to work in non-profit organizations where privately paid work is scarce.
2. Resolved that the Congress of the United States delete the earnings test from all Federal Human Service Programs for older individuals receiving Social Security and Supplemental Security Income.
3. Resolved that special programs be designed in rural areas.
4. The Congress mandate the design of programs which will meet the needs peculiar to BLACKS and other MINORITY groups.

A. Issue

1. Inadequate communication between business/industry and elderly.

B. Policy Recommendations

1. Congress appropriate resources for the support of volunteer stipends and out-of-pocket expenses for Older Americans volunteer services.
2. Income limits for housing be increased.
3. Test for Social Security eligibility be eliminated.
4. Eliminate penalty for working with Congress restructuring the entire employment policy to create incentives to continue employment.
5. Congress should assist the local communities by creating a grant supported program for older citizens to live independently in their own homes as long as they can safely do so with support. Also pay for home assistants to help the elderly maintain themselves in their own homes should be increased to attract better qualified assistants.
6. Stipends and out-of-pocket reimbursement for senior volunteers should be more commensurate with the actual cost.

OKLAHOMA

A. Issue

1. How can we use the lifetime experience and wisdom that older people have in our communities across the state and Nation?

B. Policy Recommendations

1. Develop dynamic leadership to recruit seniors for a wide variety of volunteerism, public and private employment and community services.

A. Issue

1. Many older Americans are reluctant to express their ideas.

B. Policy Recommendations

1. Projects should be designed to support the involvement of older Americans from all ethnic groups, to encourage the use of older Americans as speakers, consultants and in all phases of planning.

CREATING AN AGE-INTEGRATED SOCIETY

A. Issue

1. What can communities, state and federal government do to provide for intergration for older persons into the mainstream of society?

B. Policy Recommendations

1. Resolved that community, state and federal governments continue their moral and financial support of age integration to all elderly programs including health, transportation and social programming.

A. Issue

1. What can a community do to support an age integrated society?

B. Policy Recommendations

1. Communities, state and federal government agencies at all levels should include older people on their boards and committees.
2. Communities should set up programs that provide flexibility for youthful and elderly exchange of ideas. Younger providers should respect the right of the elderly to require only qualified and committed workers in programs effecting the elderly.

C. Action Recommendations

1. That agencies charged with the responsibility of elderly participation require that elderly priorities are achieved first.
2. Agencies monitor to prohibit young providers from taking over programs in the name of; "Doing for" or "helping the elderly".

OKLAHOMA

A. Issue

1. What policy can we recommend to the Federal government to provide opportunities for persons of different ages to be together and to share knowledge and resources?

B. Policy Recommendations

1. Resolved that the state and Federal government provide an income tax credit or additional deduction for families caring for an older person in their own home; and, provide an additional tax credit for any day-care service provided by an elderly person.

A. Issue

1. What can we recommend to the Federal government to eliminate age segregation and age discrimination including job discrimination?

B. Policy Recommendations

1. Resolved that the local, state and Federal governments eliminate mandatory retirement age and earning requirements from all state and federal programs, inclusive of veterans.

C. Action Recommendations

1. Develop a society that enables citizens remain productive during their elderly years.
2. All existing earning limitation policies affecting elderly benefits need immediate re-examination because of an inflated society.

A. Issue

1. What can we recommend as ways for all age groups to share knowledge, resources and ideas about survival with each other?

B. Policy Recommendations

1. Resolved that the community find opportunities for inter-generational civic, church, educational activities.

A. Issue

1. What can persons from different ethnic backgrounds recommend so that each person will value his own culture and heritage and will value the culture and heritage of another person.

B. Policy Recommendations

1. Resolved that state and Federal governments continue legislation supporting various ethnic groups and cultures and encourage maximum minority participation in all elderly programs.

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C. Action Recommendations

1. That governing agencies, local, state and federal, monitor and require that each ethnic group retain its own (acceptable) cultural related activities while participating in elderly programs.

A. Issue

1. What can be recommended as ways for changing negative attitudes toward older persons?

B. Policy Recommendations

1. The Federal government should provide leadership in creating public awareness of stereotyping and negative attitudes toward older persons.

C. Action Recommendations

1. That an Inter-Agency (age integrated) Task Force develop a code of ethics for all who participate in programs for the elderly.

RESEARCH IN GERIATRICS & GERONTOLOGY

A. Issue

1. There is currently an inadequate knowledge base regarding the impact of social-economic-environmental and biomedical factors upon the quality of life of older people.

B. Policy Recommendations

1. A series of studies should be undertaken to investigate the impact of social-economic-environmental and biomedical factors on the well-being of older people, including minority groups. Included in this study should be housing, sociology, economics, religion, long-term care, intergenerational relationship, education, both formal and in-service, etc.

C. Action Recommendations

1. Given decreasing Federal support for these areas, State and other governmental sources, as well as the private sector, should be identified as supplemental to the wanning Federal support. Funding should be at a level adequate to support longitudinal as well as cross-sectional research.

A. Issue

1. The attitudes and behavioral characteristics of service providers for the elderly are not always good and thus serve as an obstacle to quality health care and services.

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B. Policy Recommendations

1. Research into the origin and possible improvement of attitudes and behavioral characteristics of health and service providers and their recipient populations should be undertaken.

C. Action Recommendations

1. States should mandate the inclusion of training in gerontology and/or geriatrics into educational programs of all health and social services providers.

A. Issue

1. Over the last several years numerous programs have been undertaken, aimed at improving the quality of life of older people. Inadequate attention has been given to the evaluation of the outcomes and economics of these programs.

B. Policy Recommendations

1. Periodic evaluation and assessment of the success and cost of each funded program should be undertaken.

C. Action Recommendations

1. Dissemination, as well as publication in non-technical terms, should be made of the findings and used as a base for the development of new alternatives and options.

A. Issue

1. Governmental and private investments in primary care delivery have outstripped our knowledge base.

B. Policy Recommendations

1. A greater investment must be made in the production of knowledge about the aged and the aging processes.

C. Action Recommendations

1. While service expenditures must not be reduced, there must be increased appropriations for research into the care and medical needs of our older population.

OKLAHOMA

Summary of Oklahoma Indian Issues and Recommendations

A. Issue

1. The number one priority identified is the lack of available transportation for both urban and rural Indian elderly in Oklahoma to acquire the necessities of life.

B. Policy Recommendations

1. Increase funding for all transportation programs serving Indian elderly.

C. Action Recommendations

1. Provide for direct funding to Tribal Governments for programs which will meet the transportation needs of the Indian elderly.

A. Issue

1. The Indian elderly have difficulty in obtaining dental care, in-home health care, out-of-home residential health care, prosthesis, and the Indian Health Service does not establish any specific priorities, funds or policies for the delivery of services to the Indian elderly.

B. Policy Recommendations

1. The Indian Health Service should develop a comprehensive health plan to meet the needs of the Indian elderly which should include specific policy for use at all service units.
2. The Indian Health Service appropriations should be increased specifically for the health needs of the Indian elderly in areas such as dental care, in-home care, prosthesis and out-of-home residential facilities which reflect and support the cultural uniqueness of the Indian elderly.

A. Issue

1. Complex federal and state regulations become obstacles to service delivery to Indian elderly. Additionally Indian elderly who communicate solely in their tribal language are penalized when a resource provider is not staffed by Indian representation. The Bureau of Indian Affairs, the single Federal Agency which has greatest responsibility for Indian life-style, does not have an elderly policy.

B. Policy Recommendations

1. The BIA should establish policy for delivery of elderly Indian Programs.
2. Agencies at all levels of government establish a single set of eligibility criteria for program services to Indian elderly.
3. Include Indian elderly delegates on Area-wide Aging Agency Boards.
4. Funding should be made available for bilingual interpreters to assist resource providers in providing services to Indian elderly.

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A. Issue

1. There is a shortage of programs or inadequately funded programs designed to meet the nutritional needs of Indian elderly. Additionally children in the care of Indian elderly are prohibited from participating in nutrition programs.

B. Policy Recommendations

1. Regulations be amended to allow children in the care of Indian elderly to participate in the nutrition programs.

C. Action Recommendations

1. The Congress should increase appropriations for Title VI of the Older Americans Act to adequately meet the Indian elderly needs.
2. Food cooperative programs should be established.

A. Issue

1. The Indian elderly have a desire to teach the tribal language, traditions and practices of their ancestors to the young Indian children, however, many Indian elderly who live alone or are physically limited are unable to gather at ceremonial or social functions.

B. Policy Recommendations

1. The Foster Grandparent and Senior Companion Programs should be funded at a level that would allow administration by tribal governments.

A. Issue

1. There is a lack of employment opportunities for Indian elderly including the rural Indian elderly who are predominately low income.

B. Policy Recommendations

1. All programs including child care programs should establish a program design that mandates priority for employment of elder workers to utilize the teaching resources of Indian elderly.

A. Issue

1. Appropriations for Title VI of the Older Americans Act are inadequate and are arbitrarily awarded. Additionally state government dilutes and misdirects limited resources.

B. Policy Recommendations

1. Increase Title VI appropriations to a minimum of \$30 million and eliminate its discretionary status.
2. Direct funding be made available to tribal governments for all federal resources that beneficially affect Indian elderly in Oklahoma.

the 1981
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on
Aging

STATE CONFERENCE REPORT
FROM
OREGON

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WHITE HOUSE CONFERENCE ON AGING
SUMMARY OF COMMUNITY FORUM ACTIVITY

Walter McGettigan

STATE OREGON STATE COORDINATORS Bob Zeigen

TOTAL # FORUMS 144 % URBAN 47% % RURAL 53%

TOTAL # PARTICIPANTS 4801

ISSUES OF CONCERN (top 10 priorities):

1. Retirement Income including Social Security and Medicare concerns.
2. Physical health: 34% of forums discussed health issues
3. Housing
4. Support Systems includes Senior Centers, Churches
5. Employment
6. Transportation
7. Older Americans as a Growing National Resource
8. Social and Health Aspects of Long Term Care
9. Older Americans in a Changing Economy
10. Research

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Social Services: Increased funding for support services including: a) homemaker/housekeeper services b) home health aides c) more outreach services d) respite care e) custodial care f) day care only centers.
2. Governmental Structure: Proclaim "Year of the Senior Citizen."
3. Housing and Transportation: Provide more housing options; improve low cost housing. Address general and special transportation needs; coordinate across boundaries; improve rural systems.
4. Education: Provide geriatric training for health services providers.
5. Employment: Make available part time jobs; job share; flexible hours.
6. Health: Revise Medicare to include a) outpatient care b) dental care c) eye care and prescription lens d) hearing aids e) preventive medical care f) podiatry. Need Health Maintenance Organizations.
7. Research: Increase funds for aging research about wellness.
8. Retirement Income: Review and revise Social Security.
9. Long Term Care: Supervise cost and quality of care; more funding support.
10. Minority Issue: Revise Older Americans Act age eligibility for appropriate minority populations.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State OREGON 2) Date of Conference March 23,24,25, 1981
3) Place of Conference Portland, Oregon
4) Names of Persons Submitting Report Walter McGettigan
Bob Zeigen
5) Title of Persons Co-Coordiators

Participation

- 6) Total No. of Participants 471 7) Sex: No. of Female 321
No. of Male 150
8) Ethnicity/Race: 3% Black; 1% Hispanics; 92% Caucasian;
1% Pacific/Asian; 3% American Indian; n/a Other.
9) Handicapped 8%; 10) Age: 130 under 55; 341 55 and over.

Summary of Issues and Recommendations by Major Topics*

I. FAMILY, SOCIAL SERVICES AND OTHER SUPPORT SYSTEMS

1. In-Home Services and Alternatives to Institutions.
A. Strengthen In-home, alternative services as a safeguard against institutionalization. B. Action: Include homemaker/housekeeper, education/training for families, personal care, daycare, respite care, other support systems; standardize wage scales; prioritize in-home, alternate care funding; continue tax credit systems; promote flexible funding of Title XIX, XX. (See VI.2).
2. Multipurpose Senior Centers. A. Encourage Participation of all seniors in their area; give priority to delivery of services to the elderly; serve as a community focal point. B. Action: Access to loans for private non-profit facilities; reduce administrative costs; minimal report systems; encourage comprehensive services through income tax credits; adopt National Senior Center standards. (See VI.6).
3. Information and Referral Services. A. Fund and maintain local I & R Services; fund and publicize a state-wide information bank having access to all available services.
4. Promote Positive Image of Elders. A. Focus on positive image, special resources of aging by educational institutions and the media. B. Action: Provide through both formal and informal educational systems knowledge about family living skills, and family roles, aging process, death/dying issues; educate public with public service announcements; introduce study of aging in the classrooms, kindergarten through college.

* In order of priority within each topic.

OREGON

II. GOVERNMENTAL STRUCTURE FOR THE AGING

1. Flexible Federal Funding. A. Provide flexible federal funding for the elderly through block grants to state agency. Determine priorities for expenditures for areas within each Area Agency on Aging.
2. Local Control. A. Determine policy at local level; distribute funds to local level with minimal administrative cost and as block grants.

III. HOUSING, TRANSPORTATION AND PHYSICAL ENVIRONMENT

1. Alternative Housing. A. Fund innovative alternative housing types, both rural and urban. Provide incentives for private sector developments. B. Action: Liberalize IRS regulations on tax exempt bonds; use Title XIX for housing; provide loan guarantees.
2. Operating Funds for Rural Transportation. A. Revise funding formulas to provide operating funds.
3. Funding for Administration of Senior Transportation and Housing Programs. A. Reduce percentage. B. Action: Increase local authority; and eliminate tangential elements.
4. Section 8 Rent Subsidies. A. Increase availability. B. Action: Target block funds; increase flexibility of eligibility criteria; increase assurances for those most in need.
5. Transportation Funds. A. Provide through one federal department.
6. Elderly and Handicapped Transportation (16(B)2). A. Continue capital and operating funds.
7. Home Repair and Weatherization. A. Increase funding. B. Action: Liberalize tax exempt bonding regulations to allow remodeling.
8. Rental Housing/Condominium Conversion. A. Limit rent increases and conversion. B. Action: Increase number of rentals; establish rent mediation regulations.
9. Insurance Rates for Senior Transportation. A. Adopt reasonable regulations/rates for Senior drivers and vehicles. B. Action: Allow insurance through existing fleet insurance policies.
10. Rural Congregate Housing/Senior Centers. A. Provide for contiguous location with combined, funded services. B. Action: Develop more model projects.
11. Emergency Transportation. A. Increase Medicare reimbursement.

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12. Volunteer Transportation. A. Change regulations to increase reimbursement to volunteer drivers. B. Action: Increase direct payment and allowable IRS mileage credit. (See IV.2).

13. Transportation/Public Transit Systems. A. Enforce intent of Federal 504 regulations; amend to encompass mobility impaired elderly.

14. Transportation Across Geographic Boundaries. A. Establish regulations permitting flexibility to provide transportation across county/state, rural/urban boundaries.

15. Transportation/Rail. A. Continue Amtrak subsidy.

IV. OLDER AMERICANS AS A GROWING NATURAL RESOURCE

1. Eliminate Mandatory Retirement. A. Revoke all such requirements; B. Action: media coverage, and legislative advocacy.

2. Volunteerism. A. Strengthen and expand support systems; B. Action: continue funding; transportation support; and opportunities for development/utilization. (See III.12).

3. Education. A. Equal educational opportunity for older Americans to include: career education, cultural enrichment, gerontological emphasis, leisure and coping skills, and positive inter-generational contacts. B. Action: Encourage foundation funding, review of funding priorities, and provide adequate delivery systems. (See IX.22).

4. Employment. A. Develop maximum opportunities. B. Action: Expand existing programs; provide career counseling; use tax credit incentives; and educate employers about equal employment laws. (See V.4).

5. Eliminate Earnings Restrictions on Unemployment. A. Exempt retirement benefits in determining unemployment insurance.

6. Volunteerism/Program Coordination. A. Develop a strengthened national plan. B. Action: Coordinate combined Older Americans Volunteer Program projects; develop local clearing-house for all volunteer efforts.

7. Employment/Rural Expansion. A. Establish Employment Programs for rural areas. B. Action: Encourage "Cottage Industries"; broaden transportation; provide information, referral, outreach; utilize media.

8. Employment/Massive Education Program Regarding Older Workers. A. Develop a national campaign, via all media, promoting positive potential of older employee. B. Action: Provide tax and insurance incentives, advocacy, job sharing incentives.

OREGON

9. Education. A. Provide financial support for training all levels of service providers and volunteers working with the elderly. B. Action: Review standards; establish more training for geriatric doctors/nurses; encourage increased salaries. (See VII.8)

V. OLDER AMERICANS IN A CHANGING ECONOMY

1. Social Security/Earned Income. A. Eliminate restrictions on earned income while receiving Social Security or other pensions.
2. Social Security/Spouse. A. Provide surviving spouse full benefit.
3. Social Security/Increase. A. Maintain the current indicators to calculate benefit increase. (See VIII.5).
4. Full Employment. A. Establish policies to provide employment for those willing to work. B. Action: Eliminate age/sex discrimination; provide options for flexible hours/job sharing; drop mandatory retirement. (See IV.4).
5. Interest Income. A. Eliminate income tax on interest to \$2,000 for persons age 60 and over.
6. Pre-retirement Education. A. Provide lifelong retirement education to include finance, health, age integration, education in the home.

VI. PHYSICAL AND MENTAL HEALTH

1. Medicare Revision. A. Make revisions to a) provide adequate coverage for outpatient care, home health care, dental and dentures; eyecare and prescription lenses; ear care and hearing aids; preventative medical services; podiatry; prescription drugs; services provided by licensed (non M.D.) health care providers; catastrophic care; mental health care. b) Institute cost controls with consumer participation. c) Prevent the Social Security system from endangering Medicare program benefits. d) Simplify billing and reporting procedures. e) Raise payment levels to cover 80% of actual costs. g) Regulate medigap insurance to ensure benefits to consumers. h) Select Medicare insurance agents through competition. i) Consider unique problems of minorities.
2. In-Home Care Services. A. Provide more in-home health and social services by qualified personnel as alternative to facility care. Coordinate multiple services to maintain optimum level of functioning at home. B. Action: Implement at government and private sector levels; add programs such as hospice, telephone, nutritional support, life-line. (See I.1).
3. Prevention and Treatment of Physical Illness. A. Develop a national health policy to focus on preventative care; health education; health maintenance; health screening. B. Action: Encourage health education to promote a broad range of areas of awareness regarding nutrition, drugs, normal aging and encourage non-physician service providers to fully utilize community resources.

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4. Prevention and Treatment of Mental Illness. A. Develop, maintain and promote a comprehensive mental health program. B. Action: Include education, coordination, recognition of non-formal providers; provide community network incentives.
5. Health Education. A. Develop a national policy to provide and promote a comprehensive health education program. B. Action: Promote total span of life concept; encourage training of professionals.
6. Coordination of Health and Social Services. A. Implement the co-location of coordinated services for maximum availability to clients and their support system. (See I.2).
7. Protective Services. A. Mandate inclusion in the Social Security Act to establish recognized service networks in all communities to protect legal, personal and property rights. B. Action: expand existing legal support systems.
8. Insurance for Those in Non-Paid Employment. A. Assure adequate health care benefits and pensions for those who work in non-paid jobs, i.e., non-working spouse. (See VII.9)
9. Mandatory Reporting of Elderly Abuse. A. Set standards for reporting abuse or neglect of elderly to appropriate authority.
10. National Health Insurance. A. Support adoption of an adequate National Comprehensive Health Care Program for all. (See IX.6).

VII. RESEARCH

1. Wellness Model, Multi-Disciplinary Team Which Promote Seniors' Independence. A. Make wellness-death with dignity model the focus of the implementation of research findings, versus the present medical model. Involve a spectrum of health and social service professionals in multidisciplinary teams to increase adult independence through a maximum utilization of family and community supports.
2. Educating Seniors to Utilize Research. A. Encourage and educate Seniors to the use of research findings for self-help planning and programming; utilize local senior groups to monitor, analyze and facilitate dissemination of research findings.
3. Survival Needs Priority Research With Action. A. Give highest priority to research proposals which have great relevance to the survival needs of older Americans and which show a clear relationship to action that will improve the quality of life.
4. Info System, News Media Strategies. A. Establish a clearing-house of information which would serve to clarify and simplify information; facilitate the use of information by older persons; monitor and evaluate information; and make use of telephone hot lines, and the news media.

5. Quality of Life Indicators Foci. A. Have, as a priority focus, development of quality of life indicators in Research and Development projects and other research efforts. Apply cost efficiency and cost effectiveness criteria to these indicators.
6. 1980 Census, to Local Communities. A. Distribute the 1980 census tract data to all counties and local communities as a basis for research planning.
7. Personal Health Record. A. Set up demonstration projects and find ways to demonstrate the use of a personal health record to be owned by each individual.
8. Incentives for Health Professionals, Nursing Home and In-Community Education. A. Promote internships in nursing homes and alternative institutions to upgrade the quality of training, curriculum and research in health and health-related educational programs. (See IV.9).
9. Participate in Research. A. Determine ways to include older persons in the full research process to produce a better product, promote individual dignity and utilize his/her experience.

VIII RETIREMENT INCOME

1. Old Age and Survivors Insurance (OASI) (Social Security).
A. Return this program to the original concept of basic benefit payments. B. Action: Pool the three major trust funds for the short term only.
2. Pension Plans. A. Make private pension plans portable (transferable among employers) and vested immediately.
3. Social Security/Age. A. Leave unchanged current age requirements for receiving benefits.
4. Pension Plans. A. Include provisions for cost of living increases in private pension plans.
5. Social Security/Consumer Price Index. A. Use the present CPI system in computing cost of living increases for Social Security until a more equitable formula is carefully developed. (See V.3).
6. Taxable Income. A. Continue to exclude Social Security benefits from taxable income.
7. Social Security/Pension Plans. A. Do not reduce Social Security benefits by private pension plan income.
8. Government Employees. A. Establish that members of Congress and high-ranking federal employees forego exceptional prerogatives that contribute to inflation and cost of government.

9. Women/Retirement Income. A. Pass enabling legislation modifying Social Security and Employee Retirement Income Security Act (ERISA) so that all socio-economic inequities in social security and other pension systems which are prejudicial to women are eliminated. (See VI.8).

IX. SOCIAL AND HEALTH ASPECTS OF LONG TERM CARE

1. Comprehensive Services System. A. Establish a comprehensive service system which provides a continuum of care to foster independence for the elderly; include access, in-home and community based services.

2. Public Reimbursement-Nursing Facilities. A. Provide public reimbursement to nursing facilities to fund adequate health care, social services and rehabilitative therapy.

3. Nursing Home Admission. A. Provide for a mandated percentage of medicaid supported individuals to all state licensed nursing facilities as a condition of licensure. Require acceptance of nursing home residents without regard to the source of payment.

4. Nursing Home Bill of Rights. A. Implement the Nursing Home Residents Bill of Rights as signed by former Secretary Harris in January 1981; elevate it to be a condition of participation.

5. Public Education About Long Term Care Facilities. A. Provide public education regarding long term care facilities and their services. Use the media to project positive aspects.

6. National Health Services Program. A. Establish a National Health Services Program to provide comprehensive services and programs in every community; include health services in long term care; bring elderly to optimum health, preventing breakdown of physical and mental health. (See IV.10).

7. Legal Services Corporation. A. Encourage full support of the Legal Services Corporation.

8. Continuum of Care Incentives. A. Mandate federal and state policy for a continuum of care available to seniors; make available public reimbursement for residential care and in-home services based on individual needs; and provide federal incentives for development of residential facilities and community homes.
B. Action: Provide federal tax incentives; provide low interest rates for facilities.

9. Preventive Health. A. Base health care programs and services on the concept of prevention, to bring individuals to their highest level of physical and mental functioning to prevent illness and disease. B. Action: Provide funding and enforcement of these programs and services through state, local and federal legislation.

10. Older Americans Act. A. Continue to mandate a Nursing Home Ombudsman in the Older Americans Act.

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11. Lack of Adequate Education of Providers in Gerontological Health Care. A. Establish standardized curricula of geriatrics in schools of medicine, nursing and social work; base on holistic care for the individual; include courses in resources available locally.
12. Assessment of Community Needs/Interagency Coordination.
A. Base planning for a wide range of services on the assessment of community needs; provide for on-going, interagency coordination.
13. Preventive Health-Rehabilitation Services. A. Provide funds for rehabilitation services such as occupational therapy, physical therapy, speech, activities, nursing social services, psychological services, irrespective of setting.
14. Assessment of Individual Needs. A. Design and deliver services to individuals based on the on-going comprehensive assessment of personal, physical, psychological and social needs. B. Action: Conduct assessment with an inter-disciplinary team.
15. Flexibility of Inter-Governmental Funding. A. Review federal and state regulations with the intent of increasing flexibility in implementation to allow the needs of the individual to be met while maintaining or increasing the quality of services.
16. Preventive Health (Mental and Physical Abuse). A. Pass enforceable legislation which will eliminate violence, physical attack, misuse of psychotropic drugs, withholding of services and aids such as prostheses, to prevent physical decline, psychological stress, mental coercion.
17. Residents' Access to Community. A. Establish regulations to guarantee residents' access to community volunteers, advocates and ombudsman.
18. Services. A. Assess community needs to implement planning for a wide range of services; provide for ongoing inter-agency coordination.
19. Education of Public/Referral. A. Establish a referral program to provide assistance to health care recipients in identifying and meeting the individual's needs.
20. Continuum Care for Elderly. A. Provide services in the continuum of care in a manner to prevent or reduce isolation, promote self-help, offer continuing stimulation and interaction.
21. Public Education. A. Incorporate courses into the early educational curriculum, through retirement years, on coping skills for life crisis and motivational skills necessary for maximizing one's potential.
22. Education for Self-Help. A. Increase education regarding skills and information which allows people to direct their own lives. (See IV.3).

23. Advocacy. A. Require that regulations reflect the concept of a nursing home having a home-like environment, giving priority to space in residents' rooms and activity areas.

24. Advocacy. A. Change the term "patient" to "resident" in nursing home regulations.

25. Agency Advocates. A. Mandate the designation of a long-term care advocate in each agency that receives federal funds serving the elderly.

X. SPECIAL ISSUES FACING MINORITIES

1. Programmatic Access. A. Provide federal policy and programs for minority elderly to support unique cultural needs; for special delivery systems; for education to eliminate linguistic, attitudinal, cultural barriers; and to provide advocacy and monitoring by those being served. B. Action: Mandate legislation to provide access.

2. Title VI. Direct Funding for American Tribes and Tribal Organizations. A. Mandate that Title VI lower the age requirement, expand to include urban/non-federally recognized tribes, and base funding on needs, not population. B. Action: Change qualifications for program funding and services in Title VI.

3. Longevity Differential. A. Make Black, Hispanic-American and Native American Indians or other minority population groups, who can statistically demonstrate a shorter life expectancy than the general population, eligible at an appropriately adjusted age for federally mandated or supported resources, programs and services. This includes Medicare, SSI, Older Americans Act, etc. B. Action: Change the law; enter minorities at the designated alternate age into Medicare, Social Security, and Older Americans Act.

4. Legal Counsel. A. Provide legal counsel, trained in elderly, minority issues, to individuals; groups and communities; mandate that counsel will be provided minority groups to promote awareness of their legal rights. B. Action: Train minorities as paralegals and lawyers; coordinate with schools of law for funding and summer employment.

5. Mental Health Services for Minority Elderly. A. Provide preventative mental health services and treatment as needed both institutional and home based. B. Action: Include minority elderly in treatment centers; provide funding.

6. Job Training for Minority Elderly. A. Provide federal and private funds for jobs, training and re-training to minority elderly; distribute funds by need rather than a quota system. B. Action: Provide stipends, tuition, counseling.

7. Cultural Factors in Professional Training. A. Train professionals who deal with minorities to increase sensitivity to cultural factors. B. Action: Recruit from local minority groups; develop guidelines and curricula.

the 1981
White House
Conference
on
Aging

**STATE CONFERENCE REPORT
FROM**

PENNSYLVANIA

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

PENNSYLVANIA

WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

Gorham L. Black, Jr.
Secretary

STATE Pennsylvania STATE COORDINATOR Pennsylvania Department
of Aging

TOTAL # FORUMS 309 % URBAN 71 % RURAL 29

TOTAL # PARTICIPANTS 17,028

ISSUES OF CONCERN (top 10 priorities):

Economic Security
Physical and Mental Well-Being
Social Services
Housing
Transportation
The Role of the Elderly
Special Needs and Problems of the Minority Elderly
Spiritual Well-Being

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

To eliminate the mandatory retirement age, reduce Federal taxes for retirees over age 60, eliminate payment of school taxes for persons over age 65, and remove the tax on social security income. To subsidize prescription drugs, include dental and eyeglass coverage under Medicare, and establish a National Health Insurance program. To increase the types of in-home supportive services such as medical, social, educational, and homemaker/nurses. To establish more adequate housing for the elderly. To provide better transportation for the rural elderly. To improve the image of the aging by educating the public on obsolete stereotypes of the aged. To provide for supplementation of elderly women's income. To establish a better relationship between the church and the aging network in caring for elderly parishioners. To initiate a nationwide Senior Citizen discount program. To eliminate tax on interest and dividends.

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STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Pennsylvania 2) Date of Conference March 22-25, 1981
3) Place of Conference Hershey Lodge & Convention Center, Hershey, PA
4) Name of person submitting report Gorham L. Black, Jr. 17033
5) Title of Person Secretary, Pennsylvania Department of Aging

Participation

- 6) Total No. of Participants 1050 7) Sex: No of Female 660
No of Male 390
8) Ethnicity/Race: 20% Black; 1% Hispanics; 77% Caucasian;
2% Pacific/Asian; _____ American Indian; _____ Other (Please
state approximate % for each)
9) Handicapped - 0 - (Please state approximate % only)
10) Age: 420 under 55 630 55 and over

Summary of Issues and Recommendations by Major Topics

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ECONOMIC SECURITY

A. Issue: There is a need to revise present retirement policies, review the Social Security System and its earnings limitations, control inflation, and consider changing pension plans to insure the economic well-being of Older Americans.

B. Policy Recommendations:

1. Resolve that mandatory retirement based on age should be abolished and that all older persons should have the option of retirement at a usual and customary age.
2. Resolve that the fiscal integrity of a mandatory Social Security System should be maintained and that the federal government, through the U.S. Congress, should establish a formal definition and national consensus on the purpose of the Social Security Fund and take appropriate measures to preserve the financial stability of that fund.
- 3.. Resolve that inflation, which is the worst form of taxation should be controlled.
4. Resolve that the Social Security earnings limitation should be removed or revised so that those whose primary source of income is Social Security would be permitted to earn more, without penalty, than current laws permit.
5. Resolve that increased tax incentives be established for employers to provide secure pension plans for their retired workers, and for the development of a portability system between employers for pension benefits.

PHYSICAL AND MENTAL WELL-BEING

A. Issue: There is a need to develop a national long-term care policy which facilitates cost containment and coordinates social and health services to promote the physical and mental well-being of Older Americans.

B. Policy Recommendations:

1. Resolve that the federal, state and local governments and the private sector become involved in a cooperative effort to develop a national long-term care policy applicable to all age groups.
- 2.. Resolve that each community should provide potential consumers with an assessment and evaluation when needed to determine appropriate services, and that minimum federal guidelines for this be established.
3. Resolve that full recognition of education and research be provided for the development and delivery of high quality yet cost effective

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long term care health and social services. It is further recommended that the educational process be viewed both as a preparatory and preventive process which can be utilized to prepare students to be qualified participants in the delivery of services and to educate consumers and potential consumers of services to maintain themselves at an optimal level; that appropriate curriculum be required for individuals serving in the continuum of care; and that continued research to address the aging process and conditions relevant to the physical and mental well-being of the aging population be provided.

4. Resolve that government funding mechanisms for cost containment reforms be consolidated into programs that provide incentives for a continuum of care to be delivered in the most appropriate but least restrictive setting. It is further recommended that health-related and long-term care programs be coordinated and that private insurance mechanisms which provide reimbursement for health and socially-related long-term care should be encouraged by the government. It is also recommended that present governmental financing mechanisms be changed to: 1) require that physicians accept the fee for services delivered as assigned to them as total payment; 2) control hospital charges; 3) provide incentives for HMO consumer choice plans (not presently funded by Medicare); 4) provide incentives for all delivery methods to utilize preventive care; 5) eliminate requirements for hospitalization prior to use of a less restrictive care setting where appropriate; 6) allow consumer access to information that will enable them to make intelligent choices regarding their own care; 7) allow for more effective health planning; and 8) mandate consumer representation on boards of health service providers that utilize public funds. Further, that funds saved through various reforms be directed to underserved areas not presently recognized by existing payment for such items as out-patient prescriptions, prostheses and equipment needed to assist the handicapped. Consideration should be given to National Health Insurance as a possible alternative.
5. Resolve that recognition and support should be given to informal care networks (family, friends, etc.) and that the formal care system (hospitals, nurses, etc.) should work in partnership with the informal network. The formal system should be viewed as a resource which is secondary to the informal network and should assist the informal network through the provision of: (1) training; (2) supportive services, such as respite care, in-home care, personal emergency response systems, etc.; and (3) financial support, such as tax incentives to families, etc.

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SOCIAL SERVICES

A. Issue: There is a need to provide senior citizens with greater protection from crimes and to establish easily accessible, adequately funded, comprehensive care and protective services systems.

B. Policy Recommendations:

1. Resolve that Senior Centers become identified as a focal point and major facility for access to full service delivery to the aging community as follows:
 - Every community, urban and rural, should establish senior centers in relation to a proportionate number of aging persons in the respective geographical service area;
 - Increased funding should be provided for capital expenditures, renovations and acquisition of facilities for centers;
 - Training and education should be provided for volunteers, staff, participants and others involved in senior center programming;
 - Transportation services to and from centers, medical facilities and other social services should be expanded, particularly for the handicapped and isolated elderly.
2. Resolve that a national system of comprehensive care for chronically and acutely ill, disabled, home-bound older persons that has the following characteristics be established:
 - A comprehensive service package meeting health service and functional needs;
 - Integrated, adequate funding;
 - Minimum standards of service reflecting the need for local autonomy and flexibility;
 - Entitlement eligibility based on functional needs established through comprehensive assessment and provided on the basis of a voluntary contribution scale and self-declaration of income;
 - Coordinated service provision through the use of service management to identify needs and options and access/arrange services including institutional care;
 - Sufficient flexibility to negotiate with informal/natural supports to provide necessary care/service without fostering dependence;
 - Regularly provided training and education to formal and informal providers and education/training in self-care to clients and families;

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- Orientation toward habilitation whenever feasible as a fundamental objective;
 - Enhancement and support, through education and financial incentives, present and potential family support.
3. Resolve that the U.S. Congress enact legislation requiring states to adopt legislation complying with uniform standards for Protective Services for Adults incorporating the provisions stipulated in Springer and Regan's "Model Legislation on Protective Services". Services should provide for psycho-social, legal and financial management assistance provided through a comprehensive, coordinated and integrated system and should be delivered at all times pursuant to the principles of "least restrictive alternatives".
 4. Resolve that the U.S. Congress enact legislation regarding crime against the elderly, because of their unique vulnerability, which will:
 - Encourage state and local courts to handle all matters pertaining to elderly victims and/or witnesses as rapidly as possible;
 - Provide financial and administrative support to victim/witness assistance, self-protection education, and crime prevention programs oriented to reducing the incidence and impact of crimes against the elderly;
 - Encourage the adoption of the Uniform Crime Victims Reparations Act by states.
 5. Resolve that a reversal of the current trend in national policy which calls for the decimation and deterioration of historically inadequate funding of social services for the elderly be initiated.

HOUSING

A. Issue: There is a need to continue and improve the programs, funding, services and amenities which relate to providing basic, adequate and affordable housing for the elderly.

B. Policy Recommendations:

1. Resolve that a maximum effort be made at all levels of government to enable all 60+ homeowners and tenants to remain in their own home or apartment by removing economic constraints and by providing increased fiscal incentives such as real property tax abatement or elimination, increased home repair and/or rehabilitation funds, use of home equity conversion, and energy and utility assistance grants, and further a continuum of coordinated supportive in-home services financed by integrated public and/or private funding to meet the established needs of all 60+ persons, to be made available locally to all 60+ persons, with the assistance and counsel offered to aid them in choosing what

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services will assist them to remain in their own home or apartment as long as possible.

2. Resolve that every effort be directed toward the maintenance and expansion of federal and state policy commitments to subsidized housing at affordable costs for low and moderate income persons. Such policies should foster and encourage cooperation with the private sector in planning, funding and implementing local housing programs. Further, such policies should stress the objective of providing residential environments which incorporate shelter and necessary services designed to encourage independent living.
3. Resolve that Federal or State legislation be enacted declaring a moratorium on the conversion of existing rental units to condominiums in order to allow local governments to enact ordinances and regulations which would permit 60+ persons to remain as tenants, at rents comparable to similar living units within the same community, for his/her lifetime or the useful life of the building which they are occupying, at the time of the declaration to convert that building to a condominium.
4. Resolve that recognition should be given to the need and the worth as well as economic incentives for providing a wide variety of housing alternatives to home ownership and rental housing, including but not limited to shared housing, intergenerational housing, domiciliary care, personal care boarding homes, retirement, continuing care and life care facilities which will address the changing needs and the desires of persons as they progress along the aging continuum.
5. Resolve that a concerted effort be made by all levels of government and the private sector to coordinate and consolidate the various agencies, programs and services dealing in and relating to housing for aged persons. Also, efforts must be made to educate and inform practitioners and potential recipients of existing programs and services; while at the same time implementing an effective external auditing and monitoring process of the housing programs and services.

TRANSPORTATION

A. Issue: There is a need to ensure that present levels of transportation services for the elderly be maintained or increased and that special consideration be given to rural transportation needs.

B. Policy Recommendations:

1. Resolve that the federal government adopt a policy of maintaining and/or increasing levels of transportation services for the elderly. This policy should foster innovation, flexibility, and diversity to meet local needs. Special consideration must be given to the development of transportation services in those areas lacking these services.

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In addition, cost-effective services and systems such as paratransit and coordinated services in non-urbanized areas, and feeder services to existing fixed routes and interstate services should be given priority. Methods adopted to meet Section 504 requirements should be a local option. However, this should not relieve the public transit provider of its fiscal responsibility for meeting the transportation needs of the handicapped.

2. Resolve that the federal government immediately take the appropriate executive action to ensure that the Department of Transportation and the Department of Health and Human Services develop common approaches, coordinated planning and complimentary regulations and policies to ensure the effective and efficient delivery of safe, secure and frequent transportation services to the transportation needy. These two federal agencies should develop a single technical assistance program for local transportation services including a common accounting, application and reporting process. The funding for these transportation services must not be at the expense of the provision of social services. Furthermore, recognizing the need for public transportation by the transportation needy, including the elderly, operating subsidies and capital assistance for public transportation should be continued.
3. Resolve that the federal government adopt a policy for encouraging volunteers to participate in the provision of transportation services. Incentives should include: reimbursement for out-of-pocket expenses for the cost of services rendered; tax credits; use of publicly owned vehicles; and assistance with insurance and maintenance costs. Tax credits for mileage should be at the currently approved federal rate of reimbursement.
4. Resolve that the federal government prohibit state governments from imposing additional or contradictory regulations or controls which limit the use of federal transportation funds as they are intended. This includes the Public Utility Commission, rate setting bodies, and other state agencies (for example, transportation and social service agencies).

ROLE OF THE ELDERLY

A. Issue: There is a need to develop strategies and educational opportunities which will integrate the elderly into the mainstream of society and show them as active, reliable and dependable citizens.

B. Policy Recommendations:

1. Resolve that a nationwide volunteer network be developed that provides opportunities for volunteerism that utilize all levels of skills, background and experience, and that additional incentives be developed to facilitate the development of these untapped resources.

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2. Resolve that educational programs be initiated to promote the breakdown of stereotypes, enhance media responsibilities, recognize the value of the elderly as a human resource, and increase aging awareness through a combination of experience in life-long learning, role counseling, (including pre-retirement preparation) and intergenerational learning.
3. Resolve that every effort be made toward the development of guidelines to promote the establishment of coalitions among human service agencies, businesses, educational institutions, and other organizations to advocate social justice, and economic and political change.
4. Resolve that the promotion of the role of the aging as self-reliant and independent persons who will serve as resources in society be initiated.
5. Resolve that advocacy effort be made toward the development of a team of social gerontologists and directors of agencies serving the elderly to conduct research which will examine the changing role of the elderly in the areas of human values, basic needs, educational opportunities, self-reliance and decision-making. This research should address the impact of the issues and their relationship to regional differences.
6. Resolve that older persons should be included on each major national and state board or policy-making body affecting aging services and that older persons also have the opportunity to participate on community boards in order that their interest or expertise may be utilized.

SPECIAL NEEDS AND PROBLEMS OF THE MINORITY ELDERLY

A. Issue: There is a need to review existing policies and programs, make a determination of the basic needs and priorities and recommend reasonable and realistic solutions--all with respect to their impact on the minority elderly.

B. Policy Recommendations:

1. Resolve that a collaborate effort be undertaken by local and state governments to forge, identify and target minority health needs, especially in depressed areas. Once identified, intensive effort should be made to mobilize resources and services needed by these individuals. A system of holistic comprehensive health-delivery systems, which includes preventive to hospice care, ensuring continuity of services with emphasis placed on the special needs of minorities should also be established.
2. Resolve that age eligibility for federally supported retirement benefits be changed to more fairly reflect the age differential in longevity figures for minorities; that anti-discriminatory policies be instituted and enforced to eliminate age and race discrimination in public-supported programs and in the private sector; that the current

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Social Security income ceiling and/or that of other federally supported income maintenance programs be eliminated to permit greater supplemental income through senior employment and to encourage greater national productivity; and that a guaranteed annual income be established equivalent to at least 75% of the current median income for each comparable size household.

3. Resolve that additional attention be given to the development of housing opportunities for the poor and the minority elderly and particular attention be paid to making improvements in:
 1. Staff training
 2. Housing components in all service agencies
 3. Conservation of existing stock
 4. Increasing empowerment by participation
 5. Neighborhood organizations
 6. Home sharing
 7. Capital sought from new sources
 8. Support services and informational circuitry
 9. Competent technical assistance
 10. Initiatives for new models and generative actions

Also, boroughs, townships and municipalities should be monitored to ensure the development of low and moderate income housing with back-up enforcement and penalties. Based upon the fact that minority Senior Citizens living in a community help to set the pattern and add to its stability and their own well-being, additional resources should be made available so that the homes may be kept up to local code standards. In addition, grants for renovations to existing 202 housing units and all others should be made available to maintain the present rental stock.

4. Resolve that all public programs be monitored by responsible levels of government (Federal, State, local) to ensure: 1) Compliance with existing legislation protecting the rights and benefits of elderly minorities, and 2) The proportionate representation and participation of the minority elderly in policy determination program planning and service delivery; be it further resolved, that in legislation, policy and procedures, the phrase "The Minority Elderly" be specified as a targeted group for services.
5. Resolve that an outreach system be established that eliminates language and other communication barriers that consistently interfere with the effective delivery of services to the minority elderly.

Be it further resolved that adequate funds be earmarked to assure that this effective means of outreach be implemented.

SPIRITUAL WELL-BEING

A. Issue: There is a need to develop a caring community, both religious and secular, which must be aware of the need to recognize the dignity and wholeness of each individual; to share information about human services which are avail-

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able through governmental and community agencies; and to advocate on behalf of each person for improved governmental services which accept each person as a whole being.

B. Policy Recommendations:

1. Resolve that mechanisms should be created to promote for greater coordination and cooperation among governmental, civic, and religious organizations to assure the highest degree of public input in the planning for and provision of human services.
2. Resolve that education programs should be offered which include an understanding of the life cycle, with its potentials and problems, from a holistic perspective, and that these programs be directed to providers of service, including but not limited to families, the helping professions and the aging themselves.
3. Resolve that the provision of human services necessary to enhance the quality of life from a holistic perspective, i.e., the physical, mental and spiritual aspects of life, should be nurtured.
4. Resolve that support be provided to the hospice concept to safeguard the dignity of the individual to the moment of death.
5. Resolve that space be provided for voluntary spiritual expression in all living facilities utilizing public funds.

CMD/jar/dfs/A1

* U.S.G.P.O. 720-019/1302-6859

STATE CONFERENCE REPORT
FROM

RHODE ISLAND

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Rhode Island STATE COORDINATOR Anna M. Tucker

TOTAL # FORUMS 25 % URBAN 92% % RURAL 8%

TOTAL # PARTICIPANTS 2,060

ISSUES OF CONCERN (top 10 priorities):

- Cost of Health Care
- Availability of In-Home Services
- Access to Transportation
- Erosion of Pension Income
- Employment Opportunities
- Protection Against Crime
- Assistance for marginally poor
- Social Security Benefits
- Lack of Housing Options
- Lack of Health Education

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

- That Medicare reimbursement be more comprehensive to cover prescription drugs, in-home services, dental, hearing and visual care.
- That in-home services to the elderly be expanded.
- That a comprehensive transportation system be coordinated with private and public systems to address the needs of the elderly.
- That employment opportunities for the older worker be developed in the public and the private sector.
- That programs be developed to assist the older person just above the income eligibility for many programs.
- That an increase in social security benefits not affect eligibility for other assistance the older person is receiving.
- That various options in alternate living arrangements be studied and promoted.
- That the educational needs of the older consumer in the area of health care and medicine utilization be addressed.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Rhode Island 2) Date of Conference November 22, 1980
3) Place of Conference East Providence High School, E. Providence, R.I.
4) Name of person submitting report Anna M. Tucker
5) Title of Person Director, Department of Elderly Affairs

Participation

- 6) Total No. of Participants 1,000 7) Sex: No of Female 65%
No of Male 35%
8) Ethnicity/Race: 5% Black; 2% Hispanics; 91% Caucasian;
 Pacific/Asian; 2% American Indian; Other (Please
state approximate % for each)
9) Handicapped 8% (Please state approximate % only)
10) Age: 0 under 55 100% 55 and over

Summary of Issues and Recommendations by Major Topics

Economic Well-Being

A. Issue

1. Resolve that the elderly are an untapped national resource.
2. Resolve that the elderly will be compelled to depend increasingly on their own financial resources.
3. Resolve that employment opportunities for the older worker are limited.

B. Policy Recommendations

1. Resolve that priority be given to the development of employment opportunities for the older worker in public agencies and private industry.

C. Action Recommendations

1. Resolve that the Congress of the United States repeal all mandatory retirement laws.
2. Resolve that funding for senior employment programs be maintained.
3. Resolve that special consideration be given to funding educational programs to prepare the older person for second and third careers under the Federal Education Act.

A. Issue

1. Resolve that older Americans living on a fixed income are harder hit than any other segment of the population by the high rate of inflation.

B. Policy Recommendations

1. Resolve that the President and Congress impose wage and price controls for a period of six months to one year.
2. Resolve that future wage and price increases be limited to 4% per annum for an indefinite period of time.

A. Issue

1. Resolve that there are grave inequities in the structure supporting the Social Security system.
2. Resolve that the treatment of women as earners and beneficiaries has been grossly unfair.
3. Resolve that inflation has distorted the entire structure of the Social Security system.

B. Policy Recommendations

1. Resolve that funding for the Social Security system be more widely based through equitable taxation and from General Funds.
2. Resolve that earned income limit be correlated to the cost of living index.
3. Resolve that the cost of living adjustment be based on the current prices of goods and services that the elderly consume rather than the overall Consumer Price Index.
4. Resolve that a surviving spouse receive as high a benefit from social security as their deceased partner would have received had they been the survivor.
5. Resolve that universal coverage be adopted with a "Grandfather Clause" to protect present government employees.

A. Issue

1. Resolve that the majority of older people living on a fixed income are in dire financial straits.

B. Policy Recommendations

1. Resolve that no Federal Income Tax be levied on Social Security Income.
2. Resolve that all senior citizens living on a fixed income of \$10,000 a year or less be exempt from Federal Income Tax.

A. Issue

1. Resolve that many older people find it increasingly difficult to manage their personal finances and live on a budget.

B. Action Recommendation

1. Resolve that the Rhode Island Department of Elderly Affairs institute a program on personal budgeting through scheduled workshops and personal counseling.

A. Issue

1. Resolve that the older people in Rhode Island and all of the Northeastern states are suffering more from the high cost of energy than in other parts of the country.
2. Resolve that people over sixty five (65) years of age are in danger of death from hypothermia if the temperature of their homes is below 65°.

B. Policy Recommendations

1. Resolve that recognition be given to the particular energy problems of older residents in the Northeastern states.

C. Action Recommendations

1. Resolve that Congress allocate monies to maintain the energy program for low-income elderly people.

Physical Environment

A. Issue

1. Resolve that there is a marked increase in crime against the elderly both nationally and in Rhode Island.
2. Resolve that adequate protection is not provided for the elderly in their homes and in the marketplace.

B. Policy Recommendations

1. Resolve that crime prevention information and material be distributed to all elderly persons.
2. Resolve that security guards and burglar, fire and smoke alarms be provided at senior citizens housing complexes.
3. Resolve that stricter penalties be imposed on persons convicted of crimes against the elderly.
4. Resolve that merchants provide adequate protection for patrons in parking lots against assault and theft.

C. Action Recommendations

1. Resolve that the Rhode Island Department of Elderly Affairs in cooperation with the Department of the Attorney General distribute crime prevention material and information to the elderly throughout the state of Rhode Island.
2. Resolve that HUD develop regulations that will require builders of senior citizen housing complexes to provide adequate security and burglar, fire and smoke alarms.
3. Resolve that state legislation be enacted imposing stricter penalties on persons convicted of crimes against the elderly.

A. Issue

1. Resolve that quality housing is synonymous with quality of life.
2. Resolve that the elderly of Rhode Island have limited options in housing.
3. Resolve that many older people live alone in large family homes that are increasingly exorbitant in cost to maintain.

B. Policy Recommendations

1. Resolve that various options in alternate living arrangements be studied and promoted.
2. Resolve that non-profit group homes, shared living arrangements and foster homes for the elderly be encouraged.

C. Action Recommendations

1. Resolve that older people who share housing not be penalized in loss of benefits.
2. Resolve that real property tax be frozen for persons sixty five (65) years of age and older who are living on a fixed income.
3. Resolve that target areas in the Home Repair Program be redefined.
4. Resolve that low interest home repair loans be made available to elderly homeowners.
5. Resolve that the Department of Elderly Affairs investigate the Reverse Mortgage concept whereby the older homeowner may convert the equity in their property to an annuity income.

A. Issue

1. Resolve that there is a lack of noninstitutional care for elderly people to assist them to live independent lives in the community.
2. Resolve that many residents of nursing homes in fact need only a few hours of care a day.

B. Policy Recommendation

1. Resolve that Federal and state governments be committed to assisting elderly people to maintain their dignity and independence in the community.
2. Resolve that it is cost-effective to assist a person for a few needed hours a week in their own home as opposed to twenty-four hours of institutional care.
3. Resolved that Elderly Day Care Centers be promoted as an alternate to 24 hour care in a nursing home
4. Resolve that Sheltered Care Homes for the elderly be established and encouraged as a category of alternate living arrangement.

C. Action Recommendations

1. Resolve that monies be channeled into payment of In-Home Services such as light house cleaning, shopping, meal preparation, laundry, and personal care assistance from Medicare, Medicaid and Title XX.
2. Resolve that Adult Day Care Centers be expanded and that a portion of Medicare, Medicaid and Title XX monies be expended for services to the participants of these centers.
3. Resolve that the Rhode Island General Assembly enact legislation to provide for the licensure and supervision of Sheltered Care Homes for Adults to provide for the health, safety and human rights of the residents.

A. Issue

1. Resolve that there are older persons who are suffering from abuse, neglect, abandonment or exploitation.

B. Policy Recommendation

1. Resolve that society must assume the responsibility to protect its vulnerable elderly who can no longer protect themselves, and who have no reliable caretaker.

C. Action Recommendations

1. Resolve that the Rhode Island General Assembly enact legislation to establish a Protective Services System for elderly to be coordinated by the Rhode Island Department of Elderly Affairs with other state departments and community service agencies, and that this legislation ensures the preservation of the elderly person's personal freedom.
2. Resolve that the Rhode Island General Assembly enact legislation mandating the report of abuse, neglect, abandonment or exploitation of any person sixty (60) years of age or older to the Director of the Department of Elderly Affairs.

A. Issue

1. Resolve that transportation is essential to participation in the aging network programs.
2. Resolve that access to transportation is essential to maintaining an independent life in the community.
3. Resolve that many rural areas of Rhode Island have limited and infrequent public transportation routes.

B. Policy Recommendation

1. Resolve that transportation for the elderly be identified as an integral part of the service delivery system in the aging network.

Physical and Mental Health Care

A. Issue

1. Resolve that the cost of health care has become exorbitant for older people living on a fixed income.
2. Resolved that many older people are uninformed about the cost of health care prior to the provision of services

B. Action Recommendations

1. Resolve that all Doctors be required to post their fees in their offices.
2. Resolve that any extraordinary charge for health services be discussed if possible with the patient prior to treatment.
3. Resolve that all Doctors be required to inform patients of reimbursement from third party payors and what their fee will be in excess of that payment.
4. Resolve that medicare coverage be extended to pay the cost of prescription drugs.

A. Issue

1. Resolve that there is a serious lack of information available to older people in the area of health care and medicine utilization.

B. Policy Recommendation

1. Resolve that health education programs be developed by state and federal agencies and coordinated with professionals in the health field to address the specific needs of the older consumer.

C. Action Recommendation

1. Resolve that a Division of Health Promotion be established within the Rhode Island Department of Elderly Affairs to coordinate mental and physical health education for older Rhode Islanders.

A. Issue

1. Resolved that there is an overwhelming need to improve mental health services to the elderly of Rhode Island and nationally.

B. Policy Recommendations

1. Resolve that a portion of mental health funds be specifically designated for the elderly citizens of America.
2. Resolve that funds be allocated for education, prevention and research in the field of mental health for the elderly.

Social Environment

A. Issue

1. Resolve that there are many myths that exist in our society about ageism.

2. Resolve that there is little contact between the older and the younger people in our society.
- B. Policy Recommendation
1. Resolve that all resources be utilized to develop educational programs to assist in disspeiling myths on ageism and to instill awareness on the value of intergenerational relationships as a factor in improving the quality of life.
- A. Issue
1. Resolve that the media often presents a negative image of aging and older people through advertising and programming.
- B. Policy Recommendation
1. Resolve that the older person be recognized as a viable segment of society.
 2. Resolve that the older person be recognized as an important segment of the consumer population.
- C. Action Recommendations
1. Resolve that a responsible program be developed and implemented by the Rhode Island Department of Elderly Affairs to improve the media image of older people.
 2. Resolve that older persons become involved as individuals and in groups to respond by phone and mail to the media and advertisers when age is depicted in a negative manner.
- A. Issue
1. Resolve that volunteerism is limited by a lack of personal and agency funds.
- B. Policy Recommendation
1. Resolve that recognition be given to the innumerable hours of volunteer services throughout the country.
 2. Resolve that volunteerism be identified as a valuable contribution and a cost effective means of service delivery throughout the aging network.
- C. Action Recommendation
1. Resolve that present funding for volunteer programs be maintained.
 2. Resolve that funds be identified in all programs for the elderly for transportation, stipends, training, supervision and coordination of volunteers.
 3. Resolve that volunteer services be coordinated with public and private agencies throughout the aging network.

* U.S.G.P.O. 720-019/1302-6857

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

SOUTH CAROLINA

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WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE South Carolina STATE COORDINATOR Harry R. Bryan

TOTAL # FORUMS 405 % URBAN 39 % RURAL 61

TOTAL # PARTICIPANTS 10,532

ISSUES OF CONCERN*(top 10 priorities):

1. Transportation - general (40.7)
2. Physical and Mental Health - general (28.6)
3. Social Well-being - general (23.5)
4. Economic Security - general (22.0)
5. Retirement Income - Social Security (17.1)
6. Medicare and Medicaid (14.5)
7. Energy Costs (14.1)
8. Employment (13.6)
9. Supports for Keeping the Elderly in Their Own Homes (13.5)
10. Inflation** (9.9)
10. Long Term Care** (9.9)
10. Health Care Costs** (9.9)

RECOMMENDATIONS MADE BY THE PARTICIPANTS*(top 10 priorities):

1. Expand transportation services (26.2)
2. Promote and expand home health care (19.3)
3. Provide Medicare and Medicaid coverage for prescription drugs, and hearing, dental, eye and foot care and their prosthetic and corrective devices (16.9)
4. Provide home-delivered meals seven days per week or assistance with meal preparation for homebound older persons (16.7)
5. Provide financial assistance for payment of energy bills or a reduction of energy bills for the elderly (16.5)
6. Provide, subsidize, and increase the amount and variety of housing for the elderly (16.4)
7. Provide financial and service assistance for home repair and yard work (15.3)
8. Provide assistance for cleaning and home maintenance by trained home-help aides (11.3)
9. Provide transportation for the rural and handicapped elderly (10.5)
10. Expand employment opportunities for the elderly (9.4)

* Based on a compilation of South Carolina WHCoA Community Forums as coded and analyzed by the NRTA-AARP Research and Data Resource Unit, Washington, DC. Numbers in parentheses indicate the percentage of forum participants discussing the issues/making the recommendations.

**Indicates a tied ranking.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State South Carolina 2) Date of Conference May 14-15, 1981
3) Place of Conference Columbia College, Columbia, S. C.
4) Name of person submitting report Samuel T. Waldrep
5) Title of Person Planner

Participation

- 6) Total No. of Participants 468 7) Sex: No of Female 302
No of Male 166
8) Ethnicity/Race: 34% Black; Hispanics; 66% Caucasian;
 Pacific/Asian; American Indian; Other (Please
state approximate % for each)
9) Handicapped 2% (Please state approximate % only)
10) Age: 187 under 55 281 55 and over

Summary of Issues and Recommendations by Major Topics

ALTERNATIVES TO INSTITUTIONAL CARE

A. Issue

1. Lack of in-home services frequently results in premature institutionalization and creates major psychological problems.

B. Policy Recommendations

1. Resolve that in-home services be provided, including but not limited to homemaker, home health services, nutrition services, adult day care, home repair, weatherization and counseling.

C. Action Recommendations

1. Resolve that when appropriate, cooperative housing, congregate housing, shared housing, retirement villages and boarding homes be considered before institutionalization.

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2. Resolve that the Medicare and Medicaid programs provide increased in-home services.
3. Resolve that living arrangements not be a consideration for Supplemental Security Income payments.
4. Resolve that tax incentives be provided to families who care for older household members in their homes.
5. Resolve that administrative costs of home-delivered meals be decreased.
6. Resolve that special emphasis be placed on home-delivered meals to the rural elderly and on bringing the rural elderly to congregate sites.
7. Resolve that "red tape" be cut at the Area Agency level to accommodate emergency situations in all services.
8. Resolve that third party reimbursement for homemaker services be continued and that standardized training be available to homemakers in the areas of home management and personal care.
9. Resolve that homemaker standards and regulations be established for all homemaker service providers.
10. Resolve that a sliding fee schedule be developed for persons whose income exceeds eligibility guidelines for the home repair/weatherization program.
11. Resolve that churches and technical and high schools be explored as possible funding and labor sources for the home repair/weatherization program.
12. Resolve that public and private organizations be utilized to the fullest extent to prolong independent living.
13. Resolve that all in-home services be coordinated with information and referral centers and a comprehensive needs assessments service.

PHYSICAL AND MENTAL HEALTH CARE COSTS

A. Issue

1. Health care costs have exceeded the average person's ability to pay for medical care.

B. Policy Recommendation

1. Resolve that adequate medical care be within reach of all older persons.

C. Action Recommendations

1. Resolve that Medicare and Medicaid cover the costs of prescription drugs, and hearing, dental, eye and foot care and their prosthetic and corrective devices.
2. Resolve that medical practitioners' fee schedules be available to the public.
3. Resolve that incentives be developed to motivate medical practitioners to accept assignment of Medicare and Medicaid clients.

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A. Issue

1. The current practice of crisis intervention in treating unwellness is costly and unsatisfactory.

B. Policy Recommendations

1. Resolve that emphasis be placed on planning for preventive health care.

C. Action Recommendations

1. Resolve that third party payments be made available for preventive health care services.
2. Resolve that health and nutrition education programs, health screening and holistic health clinics be increased.

ADULT DAY CARE AND PHYSICAL AND MENTAL HOME HEALTH CARE

A. Issue

1. There is a need for comprehensive health services and day care for older Americans.

B. Policy Recommendations

1. Resolve that state-wide, community-based structures be established to provide coordinated, comprehensive home health and day care services for older Americans.

C. Action Recommendations

1. Resolve that incentives be provided for the development of state-wide, community coalitions of lay and professional people to coordinate adult day care and home health services, including preventive/maintenance health care.
2. Resolve that funding be sought from private industry for community-based services in adult day care and home health care.
3. Resolve that efforts to educate the public and influence policy makers as to the humaneness and cost effectiveness of community-based adult day care and comprehensive health services be made.
4. Resolve that adult day care services be developed in existing facilities such as senior citizen centers, churches, extended care facilities, hospitals and community mental health centers.

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A. Issue

1. There is a need to develop uniform, unbiased, and equitable regulations governing programs affecting health care services for the elderly.

B. Policy Recommendations

1. Resolve that regulations be reviewed for possible conflicts, bias, and inequities.

C. Action Recommendations

1. Resolve that the current bias toward institutional health care in the regulations be eliminated.
2. Resolve that the administration and regulation of the Medicare and Medicaid programs affecting the elderly be combined.

EMPLOYMENT

A. Issue

1. Employment in later life can contribute significantly to the psychological and economic well-being of older persons.

B. Policy Recommendations

1. Resolve that emphasis be placed on developing employment opportunities for the older worker.

C. Action Recommendations

1. Resolve that specialized training programs for older workers be expanded and improved and include outreach and recruitment components.
2. Resolve that federal, state and local governments provide tax incentives to private industry to recruit, train and employ older persons.
3. Resolve that the federal government continue to provide and increase the funding for subsidized employment for older workers.
4. Resolve that both state and federal governments should set positive examples in the recruiting and hiring of older workers.

A. Issue

1. Despite the passage of the Age Discrimination in Employment Act, many middle-aged and older persons are still confronted with age discrimination.

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B. Policy Recommendations

1. Resolve that mandatory retirement should be abolished altogether.

C. Action Recommendations

1. Resolve that retirement be based on an employee's performance and preference rather than on chronological age.

TRANSPORTATION

A. Issue

1. There is a need for more transportation services for the elderly.

B. Policy Recommendations

1. Resolve that private and public resources be better used for transportation for the elderly.

C. Action Recommendations

1. Resolve that funding for transportation for the elderly from private and public resources be encouraged by:
 - a. reducing the number of federal and state regulations governing transportation;
 - b. simplifying funding patterns;
 - c. granting monies from Older Americans Act and human services block grant funds to support existing transportation programs for the elderly and for manpower programs (CETA, Title V, etc.) which support transportation;
 - d. eliminating those rules and regulations which prohibit voluntary contributions toward transportation services by recipients.
2. Resolve that more transportation services be made available by encouraging volunteer transportation programs through development of mechanisms for coordination of such pools and reimbursement of costs for fuels, insurance and the like.
3. Resolve that access to transportation for the elderly be improved by:
 - a. developing area-wide coordination of all transportation providers;
 - b. emphasizing services for rural and underserved areas.

SOUTH CAROLINA

RETIREMENT INCOME

A. Issue

1. Many older retired persons have insufficient income to maintain an acceptable standard of living.

B. Policy Recommendations

1. Resolve that steps be taken to assist retirees to maintain an acceptable standard of living.
2. Resolve that steps be taken to assist pre-retirees to plan for their retirement.

C. Action Recommendations

1. Resolve that the earnings limitation of Social Security recipients be eliminated.
2. Resolve that Social Security withholding on earned income of Social Security recipients be abolished.
3. Resolve that persons who have earned retirement credits under more than one government retirement system, including Social Security, not be referred to as "double dipping."
4. Resolve that a tax credit be given to employers who establish private retirement plans for their employees.
5. Resolve that a tax deduction be given to employees who contribute to a private retirement plan.
6. Resolve that the age limit for Supplemental Security Income recipients be lowered from 65 to 62.
7. Resolve that a federal law be enacted to ensure vesting rights to any governmental employee who has contributed to that system for at least five (5) years.

HOUSING

A. Issue

1. Many older persons are physically and financially unable to maintain their homes.

B. Policy Recommendations

1. Resolve that low interest loans or shared costs programs be made available to older persons enabling them to acquire, renovate, and/or maintain their own homes.

C. Action Recommendations

1. Resolve that state and federal government sponsor low interest loans for the acquisition, renovation or maintenance of older persons' homes.

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2. Resolve that tax credit incentives be made available to private investors to build and/or convert unused buildings to provide housing for tenants 60 years of age or older.
3. Resolve that federal legislation be enacted to protect older persons living in apartments which are being converted to condominiums.
4. Resolve that emphasis be given to providing more congregate housing for the elderly which shall include the services needed by the residents.
5. Resolve that all federally funded specialized housing for the elderly be regulated by a single standard-setting agency.

OLDER AMERICANS IN A CHANGING ECONOMY

A. Issue

1. Under current economic trends, Older Americans, as a group, suffer more financial hardships than any other segment of our population.

B. Policy Recommendations

1. Resolve that selected government policies and programs be used to ease the economic burden experienced by the elderly.

C. Action Recommendations

1. Resolve that energy expenses be reduced by increased weatherization of homes occupied by the elderly.
2. Resolve that food costs of the elderly be reduced by education in nutrition and budget management.
3. Resolve that the inflation rate be curbed by controlling waste and fraud in government transfer programs.
4. Resolve that up to \$2000 of unearned income (dividends and interest) per person be tax exempt, both state and federal.

SOCIAL WELL-BEING

A. Issue

1. There is an insufficient number of senior centers and underutilization of existing senior centers.

B. Policy Recommendations

1. Resolve that the number of senior centers and use of existing centers be increased.

SOUTH CAROLINA

C. Action Recommendations

1. Resolve that incentives be developed to attract private enterprise and communities to construct senior centers.
2. Resolve that the delivery of services be coordinated by senior center personnel.
3. Resolve that activities be developed for all hours of operation of senior centers.

A. Issue

1. Federal regulations governing the nutrition program constrain its further development.

B. Policy Recommendations

1. Resolve that the Congress and the Administration on Aging re-examine the regulations governing the nutrition program.

C. Action Recommendations

1. Resolve that tax credits and other incentives be established to promote private sector involvement.
2. Resolve that the nutrition program receive increased funding.
3. Resolve that new techniques be explored for marketing inexpensive nutritional foods designed especially for the elderly.
4. Resolve that the possibility for fees for services in relation to income be explored.
5. Resolve that schools, churches, civic clubs and other community resources be an integral part of the planning process.

A. Issue

1. Many older persons fail to develop meaningful activities in later years and lack opportunities for fellowship with others.

B. Policy Recommendations

1. Resolve that locally based organizations be established to promote volunteerism and formal and informal relationships with all segments of the community.

A. Issue

1. Older persons suffer age discrimination in many areas other than employment.

SOUTH CAROLINA

B. Policy Recommendations

1. Resolve that age discrimination be eliminated in all areas of life experiences.

C. Action Recommendations

1. Resolve that the Age Discrimination Act of 1975 be enforced.
2. Resolve that government assisted programs be restructured to serve an age-integrated clientele.
3. Resolve that public education curricula and the mass media be utilized to promote positive concepts of aging and enhancement of self-concept.
4. Resolve that in areas where large numbers of senior adults reside, security measures be increased.

INSTITUTIONAL CARE

A. Issue

1. Whether older Americans are institutionalized through choice, design or otherwise, there is a societal obligation to assure quality of care.

B. Policy Recommendations

1. Resolve that attention be directed toward the development of public policies that will affect how long term care facilities provide care to older persons.

C. Action Recommendations

1. Resolve to provide for social interaction between the institutionalized elderly and the community at large.
2. Resolve that there be a required minimal level of training (with provisions for inservice training) for all personnel who work directly with the institutionalized elderly.
3. Resolve that individualized plans of care be developed for each institutionalized aged person.

A. Issue

1. There is a need for an organized continuum of long term care.

B. Policy Recommendations

1. Resolve that efforts be made to determine the most

SOUTH CAROLINA

appropriate level of long term care for older persons to avoid unnecessary or premature institutionalization.

C. Action Recommendations

1. Resolve that a national policy on long term care services be developed.
2. Resolve that a statewide community long term care project be implemented for the purpose of defining service options and enlisting and expanding community based services.
3. Resolve that state mental health commitment laws be strengthened to prevent inappropriate institutionalization.
4. Resolve that long term care facilities be required to implement a comprehensive needs assessment for elderly clients/patients.
5. Resolve that families of institutionalized older persons be educated regarding their rights, responsibilities, resources and recourses.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT
FROM

SOUTH DAKOTA

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE South Dakota STATE COORDINATOR Carole J. Boos

TOTAL # FORUMS 28 % URBAN 20 % RURAL 80

TOTAL # PARTICIPANTS 1,237

ISSUES OF CONCERN (top 10 priorities):

1. Employment
2. Medicare/Medicaid
3. Transportation for health and social access
4. Social Security - Retirement Income
5. Senior Citizen Centers for social needs and congregate meals
6. Housing Subsidies
7. Legal Aid
8. In-Home Care for health and home-delivered meals
9. Information and Referral Support Systems
10. Health Maintenance and Promotion

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Promote transportation in rural areas for health and social well-being.
2. In Social Security, eliminate or raise earnings limitation and encourage longer work life.
3. Expand employment opportunities to elderly.
4. In Medicare and Medicaid, cover prescriptions, dental, hearing, eye and foot care.
5. Provide, improve and publicize information and referral services.
6. Provide inexpensive legal aid for wills, estates and trusts.
7. Require local, state and federal government to help finance transportation solutions.
8. Provide housing subsidies, tax breaks and rent control for renters.
9. Provide more, better and more convenient educational opportunities.
10. Encourage people to unite along issue lines and not age lines to create an age-integrated society.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State South Dakota 2) Date of Conference April 7-8, 1981
3) Place of Conference Corn Palace, Mitchell, South Dakota
4) Name of Person Submitting Report Louween Schoenhard
5) Title of Person Conference Coordinator

Participation

- 6) Total No. of Participants 396 7) Sex: Number of Female 293
Number of Male 103
8) Ethnicity/Race: Black; Hispanics; 92% Caucasian;
 Pacific/Asian; 8% American Indian; Other (Please
state approximate % for each)
9) Handicapped 1% (Please state approximate % only)
10) Age: 16% under 55 85% 55 and over

Summary of Issues and Recommendations

TOPIC

A. Issues

(State the issues your state identified in a brief, concise and clear manner).

B. Policy Recommendations

(State what administrative and/or legislative policy/policies your state is recommending to resolve the issues).

C. Action Recommendations (Optional)

State how the recommendation/s can be implemented and by whom it can be implemented).

NOTE: Reports are not to exceed 10 pages, single spacing (plus your community forum summary).

(Please see sample report attached)

ECONOMIC SECURITY

A. Issue

There is a need to keep Social Security solvent.

B. Policy Recommendations

1. Resolve that Social Security be funded from a larger labor force.
2. Resolve that private retirement systems be encouraged as Social Security is not meant to be a complete retirement allowance.

C. Action Recommendations

1. Resolve that Congress mandates that all workers, both public and private, be covered under Social Security.

A. Issue

There is a need for inexpensive legal assistance for wills, estates, trusts and other legal needs for the elderly.

B. Policy Recommendations

1. Resolve that the Legal Services Corporation continue to receive adequate federal funding.

A. Issue

There is a need to protect the assets of the surviving spouse.

B. Policy Recommendations

1. Resolve that the surviving spouse not be taxed at the federal level for inherited property.
2. Resolve that private pension plans should be transferable to the surviving spouse.

SOCIAL WELL-BEING

A. Issue

There is a need to provide transportation for medical services, food, visiting, church activities and recreation. This is crucial in rural South Dakota as community transportation is non-existent.

B. Policy Recommendations

1. Resolve that efforts be made between the Federal Highway Administration and the Urban Mass Transit Administration to provide innovative demonstration efforts in rural public transportation.
2. Resolve that a proportionately fair share of federal and state transportation dollars be directed toward rural areas.

A. Issue

There is a need for housing programs that provide independent living for the elderly and handicapped.

Policy Recommendations

1. Resolve that more congregate housing units be built by HUD funds.
2. Resolve that HUD increase funding to provide more rent subsidized housing for the elderly.

A. Issue

There is a need for nutrition and personal care services to enable frail elderly to live in their homes and community and avoid institutionalization whenever possible.

B. Policy Recommendations

1. Resolve that home-delivered meals be expanded from five to seven days per week.
2. Resolve that senior centers provide services to frail elderly.

C. Action Recommendations

1. Resolve that Older Americans Act funds for elderly nutrition programs be increased by 20 percent.

2. Resolve that funds for home-delivered meals not be limited.
3. Resolve that Title XX funds for homemaker services be increased by 25 percent.

OLDER AMERICANS AS A GROWING NATIONAL RESOURCE

A. Issue

Older Americans have a wealth of experience and expertise that is not being utilized by the American people.

B. Policy Recommendations

1. Resolve that public agencies be required to have Affirmative Action Plans to utilize the expertise of the elderly in teaching and sharing of knowledge in various crafts and cultural programs.

A. Issue

There is a need for the elderly to preserve their dignity and self-worth in a youth-oriented society.

B. Policy Recommendations

1. Resolve that mass media be utilized to educate people on the positive aspects of aging.

A. Issue

There is a need to recognize elderly as a genuine resource because of age, life experiences and general knowledge.

B. Policy Recommendations

1. Resolve that local communities give public recognition of older Americans as a "Genuine Natural Resource."

PHYSICAL AND MENTAL HEALTH

A. Issue

There is a need to place emphasis on preventative physical and mental health care.

B. Policy Recommendations

1. Resolve that funding priorities be shifted from treatment to preventive care.
2. Resolve that health professionals be educated in the health problems of the elderly.
3. Resolve that efforts be made to educate elderly persons on preventive health care.

C. Action Recommendations

1. Resolve that grants be made to medical students and geriatric health professionals who are willing to serve rural areas upon completion of training.

A. Issue

There is a need for in-home and community based physical and mental care to allow elderly to remain in their homes.

B. Policy Recommendations

1. Resolve that Medicaid policies cover preventive health care; hospice care; adult day care; homemaker service; physical therapy; mental health care; dental, hearing and vision services; chiropractic services and prescription drugs.

A. Issue

There is a need to provide transportation of rural elderly for health access.

B. Policy Recommendations

1. Resolve that a rural public transportation and ambulance service should be developed and expanded to provide equitable access to medical and other health-related services.
2. Resolve that local, state and federal government help solve transportation problems and finance solution.

CREATING AN AGE INTEGRATED SOCIETY

A. Issue

There is a need for focusing attention on removal of barriers to communication and coordination at the local, state and federal level.

B. Policy Recommendations

1. Resolve that policies and regulations be reviewed and combined to eliminate duplication of effort.
2. Resolve that guidance to the local level be provided by the use of demonstration projects.

A. Issue

There is a need for flexible IRS policies which do not inhibit the exchange of human services between individuals and groups.

B. Policy Recommendations

1. Resolve that the IRS allow volunteer exchanges (barter) of services without assigning a monetary value.

A. Issue

There is a need to change attitudes toward aging and older people.

B. Policy Recommendations

1. Resolve that public and private agencies in education, employment, housing, church and recreation have a documented plan to include elderly in their programs.

RESEARCH

A. Issue

There is a need to standardize institutional care and the cost of that care.

B. Policy Recommendations

1. Resolve that the Federal Government do research on the inequities in placement of the elderly in institutions in regard to the type of home and state residence.
2. Resolve that the Federal Government do research on the inequities in reimbursement for private pay versus Medicaid.
3. Resolve that a research and demonstration project be developed in order to discover ways to prevent moving the elderly in need of extensive health care away from their friends and community.

A. Issue

There is a need to promote the understanding that aging is a normal process for everyone.

B. Policy Recommendations

1. Resolve that expansion of medical research be focused on the normal age-related changes and associated chronic conditions, both physical and psychosocial.

A. Issue

There is a need to permit all older Americans to remain an integral part of American society.

B. Policy Recommendations

1. Resolve that research or demonstration projects be developed to find ways to keep the elderly in their homes and active in their community.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT
FROM

TENNESSEE

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

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WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Tennessee STATE COORDINATOR Emily Wiseman

TOTAL # FORUMS 213 % URBAN 62.5 % RURAL 37.5

TOTAL # PARTICIPANTS 10,433 (8099 urban; 2334 rural)

ISSUES OF CONCERN (top 10 priorities):

1. Health Care
2. Economic Issues
3. Employment and Retirement
4. Psychosocial Needs
5. Supportive Services
6. Housing
7. Nutrition
8. Transportation
9. Taxation
10. Legal Services

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Physician charges should be more realistic. There is too large a gap between what is called "reasonable charges" and the physician charges.
2. Remove the restriction in earnings for those receiving Social Security.
3. Increase opportunities for employment in both the private and public sectors, beginning at the local level.
4. Senior centers should serve the total needs of the elderly in the community--become true "focal points."
5. More funds are needed for home health services and other supportive services.
6. Need realistic rental scale for middle income group in public housing and federally subsidized private developments.
7. There is a need to expand programs of home delivered meals.
8. Need transportation network to enable rural and urban elderly to participate in the job market.
9. Allow tax deductions for families caring for elderly parents or relatives.
10. Protect or safeguard the rights of frail elderly in the community and in institutionalized settings.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Tennessee 2) Date of Conference May 11-12, 1981
3) Place of Conference University of Tennessee at Chattanooga
4) Name of person submitting report Michael Halburnt
5) Title of Person Director of Training and Development
Tennessee Commission on Aging

Participation

- 6) Total No. of Participants 750 7) Sex: No of Female 475
No of Male 275
8) Ethnicity/Race: 19% Black; 0 Hispanics; 81% Caucasian;
0 Pacific/Asian; 0 American Indian; 0 Other (Please
state approximate % for each)
9) Handicapped 3% (Please state approximate % only)
10) Age: 15% under 55 85% 55 and over

Summary of Issues and Recommendations by Major Topics

PHYSICAL AND SOCIAL ENVIRONMENT

A. Issue

1. There is a need for more housing alternatives for the elderly.

B. Policy Recommendations

1. Resolve that the number of federally subsidized housing units for low income elderly be increased.

C. Action Recommendations

1. Resolve that the housing units be built using tax incentives to private contractors.

TENNESSEE

A. Issue

1. There is a need of social services, companionship, recreational activities, and nutritional supplements essential for enhancing the life styles of the elderly.

B. Policy Recommendations

1. Resolve that the Congress of the United States continue to provide funds for Senior Citizens Centers.

SERVICE DELIVERY

A. Issue

1. Many elderly are unable physically and/or financially to maintain adequately prepared nutritionally balanced meals. The waiting lists at nutrition sites providing home-delivered meals for the elderly far exceed the number allowable under current regulations.

B. Policy Recommendations

1. Resolve that Congress continue and expand the home-delivered meals and associated programs under Title III-C of the Older Americans Act and Title XX of the Social Security Act to include all physically, mentally and financially disabled persons aged 60 and above.

A. Issue

1. Many elderly are unable to afford adequate protection of their legal rights and entitlements in the area of civil law and regulation. Many legal issues in this area are concerned with rights and benefits entitled to the elderly by public law. These legal rights, which have significant impact on elderly persons, are not commonly dealt with by members of the private bar; thus, access to the legal system by some means is necessary for the elderly to fully maintain their integrity.

B. Policy Recommendations

1. Resolve that Congress continue to authorize legal services under the Older Americans Act, and adequately fund such.
2. Resolve that the Legal Services Corporation be reauthorized and adequately funded by Congress.

TENNESSEE

A. Issue

1. Many older Americans live an isolated and lonely life, either because of no one to look after them or because economic pressures prevent their children from providing individualized care.

B. Policy Recommendations

1. Resolve that Congress fund Title III-B of the Older Americans Act at a level sufficient to support the expansion of adult day care centers.
2. Resolve that the President and Congress change the internal revenue code to allow tax deductions for costs incurred when providing day care for elderly relatives.

A. Issue

1. Many elderly are dependent upon others for daily transportation due to physical and/or mental limitations, or financial inability to maintain an automobile.

B. Policy Recommendations

1. Resolve that Congress continue funding for elderly transportation programs under Title III of the Older Americans Act and Title XX of the Social Security Act.

TAX REFORM

A. Issue

1. The elderly, the majority of whom live on fixed incomes and are more subject to economic pressures of the upward spiral of inflation, need tax relief.

B. Policy Recommendations

1. Resolve that the Congress amend the internal revenue code to eliminate taxes on income from stocks, bonds, and savings accounts for those individuals aged 65 and above and whose annual taxable income does not exceed \$15,000.
2. Resolve that Congress amend the internal revenue code to allow the modification of Schedule R to permit an individual to claim the first \$3,750 and a couple the first \$5,000 as non-taxable income.

TENNESSEE

3. Resolve that the President commission a study on the feasibility of exempting the elderly from the tax liability on the sale of personal residences.

A. Issue

1. The needs of the elderly cannot be effectively met by government programs alone. Many individual citizens and corporate entities have the resources to meet the needs of the elderly if appropriately channelled to do so.

B. Policy Recommendation

1. Resolve that the Congress implement legislation to provide tax, and other, incentives which would encourage the private sector (both corporate and individual) to participate in volunteer activities which would benefit the elderly.

A. Issue

1. Health care is essential for the well being of all individuals; however, the cost of such often exceeds the ability of the elderly and/or their families to meet such costs.

B. Policy Recommendations

1. Resolve that Congress amend the federal tax code to permit full deduction of health and medical care expenses for the elderly.

ECONOMIC ISSUES

A. Issue

1. Many elderly are dependent on their Social Security benefits as the sole source of income and inflation is continuing to erode the purchasing power of those elderly whose sole source of income is derived from Social Security.

B. Policy Recommendations

1. Resolve that Congress reject any attempt to place a ceiling on the annual costs of living increase of Social Security payments.
2. Resolve that Congress not change the formula for calculating cost of living increases for Social Security payments.

TENNESSEE

A. Issue

1. Many elderly live on fixed incomes and are in need of a supplement to their income.

B. Policy Recommendations

1. Resolve that Congress reform the federal tax code to provide tax incentives to businesses that provide employment to the elderly.
2. Resolve that Congress expand the work programs authorized by Title V of the Older Americans Act to provide more employment opportunities for the elderly.

HEALTH CARE

A. Issue

1. Approximately four percent of the patients in Intermediate Care Facilities could be cared for at home at a lower cost than that of a nursing home.

B. Policy Recommendations

1. Resolve that Congress authorize a more rigid screening of Medicare and Medicaid patients for eligibility in a home health care setting.

A. Issue

1. Eligible Medicare beneficiaries are required to pay the deductible upon admission to a hospital, an expense that many elderly cannot afford.

B. Policy Recommendations

1. Resolve that Congress enact legislation to remove the deductible advance payment requirement for Medicare recipients.

A. Issue

1. Existing Medicare regulations exclude such essential health services as dentures, eye glasses, optometric services, and podiatric care. The quality of life for many elderly Medicare recipients would be greatly enhanced if they were able to receive the above services under Medicare.

TENNESSEE

B. Policy Recommendations

1. Resolve that Congress enact legislation to expand Medicare coverage to include and cover the aforementioned services.

A. Issue

1. Frail or institutionalized elderly often are unable to speak for themselves and express their needs, cut off from opportunities for communication, and powerless to bring about changes in the institutional environment.

B. Policy Recommendations

1. Resolve that the President and Congress authorize that the long term care ombudsman program under the Older Americans Act continue as a mandated service with adequate funding.

1981 GOVERNOR'S CONFERENCE ON AGING
MAY 10-12, 1981
UNIVERSITY OF TENNESSEE AT CHATTANOOGA

JUNE 1, 1981

TO WHOM IT MAY CONCERN:

In preparation for the 1981 White House Conference on Aging, each state must convene a State Conference to obtain "grass roots" input on the problems and concerns of older Tennesseans for presentation in Washington in November.

Toward this end, delegates sixty years of age and older were selected from each of Tennessee's ninety-five counties to develop resolutions representing the local, regional and state perspective. The delegates met in Chattanooga at the 1981 Governor's Conference on Aging representing 684,000 older Tennesseans.

These delegates developed, discussed and adopted twenty-three resolutions on topics of great importance to older Tennesseans. The delegates to the Governor's Conference wish to gain the greatest possible distribution for these resolutions to elected officials and the public in order that older Tennesseans may enjoy a happier and more secure future.

On behalf of the delegates to the 1981 Governor's Conference on Aging, these resolutions are presented for your information, consideration and action.

All resolutions were discussed and adopted in open session except Resolution 23 which was added following the final group session after discussion among many of the delegates who felt these issues should become part of their final report. I request that Resolution 23 be considered in the same light as the other resolutions.

Submitted:

Harold Peterson, Chairman
Delegates to 1981 Governor's Conference
on Aging

John Hines, Vice Chairman
Vivan Bell, Secretary

Issues Drafting Committee:

East Tennessee - Harry C. Francke, Philip Worth
Middle Tennessee - J. D. Lewis, James Weldon
West Tennessee - George Freeman, Ralph Vasa

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Juanita Colyer, Route 4, Jamestown 38556
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J. D. Lewis, Hill Street, Erin
Myrtle G. Lord, 413 South Hancock Street, Murfreesboro 37130
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Virgie Washington, 1523 Doris Avenue, Memphis 38104
Fred Ward Williams, 4801 Hillbrook Road, Memphis 38109

RESOLUTION #1: NUTRITION

WHEREAS, many elderly are unable physically or financially to maintain adequately prepared nutritional meals; and,

WHEREAS, waiting lists at service centers providing home-delivered meals to the aged far exceed program provisions; and,

WHEREAS, a definite link exists between ailments of the elderly and good nutrition; and,

WHEREAS, a moral and humane treatment for the elderly of the nation dictates that their nutritional needs be met.

THEREFORE, we recommend to the President and Congress of the United States that the home-delivered meals and associated programs be continued and expanded, under Title III-C of the Older Americans Act and Title XX of the Social Security Act, to include all physically, mentally and financially disabled persons over 60 years of age;

BE IT FURTHER RESOLVED that a copy of this resolution be submitted to the White House Conference on Aging.

* * * *

RESOLUTION #2: HOUSING

WHEREAS, elderly persons who do not own their own homes or must sell their homes due to their financial or physical inability to maintain such are in dire need of assistance in alternative housing; and,

WHEREAS, elderly persons on low income who own their homes find it difficult or impossible to make repairs and renovations due to high costs of labor and supplies;

THEREFORE, BE IT RESOLVED:

1. That the President and Congress of the United States increase the number of federally subsidized housing units for low-income elderly persons;
2. That this be done by providing tax incentives to private builders;
3. That the planning procedure for providing these units include developing acceptable standards pertaining to location, safety, convenience, and livability; and,
4. That the Governor and General Assembly of the State of Tennessee provide the Tennessee Housing Development Agency with funding assistance for home renovation projects for the elderly who are low income and own their own homes.

* * * *

RESOLUTION #3: INCREASING HOME HEALTH CARE

WHEREAS, the majority of the elderly would prefer to remain at home with their family; and,

WHEREAS, forty percent of the Intermediate Care Facility patients could be cared for at home; and,

RESOLUTION #3: INCREASING HOME HEALTH CARE
(CONTINUED)

WHEREAS, Intermediate Care Facility costs are exorbitantly high in comparison to in-home health care; and,

WHEREAS, it has been determined that the cost of nursing home services is many times more than the cost of home health care;

THEREFORE, BE IT RESOLVED that the President and the Congress of the United States consolidate Titles XVIII, XIX and XX of the Social Security Act.

BE IT FURTHER RESOLVED that the President and the Congress establish criteria for more rigid screening of Medicare patients for possible home health care; and,

BE IT FURTHER RESOLVED, that the General Assembly and Governor of the State of Tennessee require a more rigid screening of patients to determine possible eligibility for home health care as opposed to institutionalization.

* * * *

RESOLUTION #4: HEALTH CARE

WHEREAS, a significant number of physicians and other health care providers require payments in advance for proposed services; and,

WHEREAS, said health care providers also demand advance payment regardless of the presentation of valid evidence of Medicare and health insurance; and,

WHEREAS, such demands place an unreasonable financial burden upon elderly persons on fixed incomes when they seek health care;

BE IT RESOLVED, that the Congress of the United States enact appropriate legislation to prohibit such practices as being discriminatory and unreasonable and therefore in violation of the civil rights of said persons.

* * * *

RESOLUTION #5: GENERIC DRUGS

WHEREAS, there are presently a limited number of generic drugs that are approved for dispensing as prescription drugs under Medicare and Medicaid; and,

WHEREAS, the cost of generic drugs is significantly lower than comparable patented drugs; and,

WHEREAS, elderly persons on fixed incomes are subject to increased use of medication prescribed by physicians; and,

WHEREAS, there is a significantly larger number of such medications which could be provided as generic drugs;

THEREFORE, BE IT RESOLVED, that the General Assembly of the State of Tennessee authorize a study of all regularly prescribed medications which could be dispensed as generic drugs and thereafter take such appropriate action so as to enact necessary legislation to provide for those medications.

* * * *

RESOLUTION #6: MEDICARE DEDUCTIBLE EXPENSE

WHEREAS, eligible Medicare beneficiaries are required to pay the deductible upon admission for hospitalization; and,

WHEREAS, this imposes an additional burden on the financial resources of the elderly Medicare eligible population; and,

WHEREAS, many elderly persons eligible for Medicare are unable to pay this deductible in advance;

NOW, THEREFORE, BE IT RESOLVED, that the President and the Congress of the United States be urged to enact legislation to remove the requirement for deductible advance payment when Medicare beneficiaries are hospitalized.

* * * *

RESOLUTION #7: MEDICARE COVERAGE

WHEREAS, existing Medicare regulations under law exclude essential services and materials, such as dentures, eye care (optometric services) and eyeglasses, and podiatric care as benefits for eligible Medicare registrants; and,

WHEREAS, the quality of life of many elderly Medicare beneficiaries would be greatly improved were they able to obtain these excluded services and materials under Medicare;

NOW, THEREFORE, BE IT RESOLVED, that the President and the Congress of the United States enact legislation to expand Medicare coverage to provide these services and materials.

* * * *

RESOLUTION #8: PHYSICAL THERAPIST TRAINING

WHEREAS, many elderly, homebound patients are suffering unnecessarily from crippling neuro-skeletal neglect; and,

WHEREAS, there is an acute shortage of Registered Physical Therapists available to homebound patients;

THEREFORE, BE IT RESOLVED, that the Tennessee General Assembly and the Governor authorize sufficient appropriations to expand the physical therapist training programs offered by four-year colleges and universities in the state.

BE IT FURTHER RESOLVED, that the Tennessee Higher Education Commission urge the colleges and universities providing these programs to make a special effort to attract minority students to these programs.

* * * *

RESOLUTION #9: TAX DEDUCTION FOR MEDICAL CARE

WHEREAS, health care is essential for the well being of all individuals of all ages in society; and,

WHEREAS, the cost of health care often exceeds the limited income of the elderly; and,

RESOLUTION #9: TAX DEDUCTION FOR MEDICAL CARE
(CONTINUED)

WHEREAS, the costs of health care for families often strains their resources; and,

WHEREAS, present Internal Revenue Service regulations limit deductions of health and medical care cost;

NOW, THEREFORE, BE IT RESOLVED, that the President and the Congress of the United States enact legislation that would permit the full deduction of health and medical care expenses in the calculation of income taxes by eliminating the current limitations.

* * * *

RESOLUTION #10: LEGAL SERVICES

WHEREAS, elderly persons are unable to adequately pursue and protect their legal rights and entitlements in such areas as health care, housing, transportation, protective services, employment, long-term care, income maintenance, consumerism and estate planning without the assistance of legal advice for those unable to afford a private attorney with special attention for those who are socially, economically, mentally, and/or physically deprived; and,

WHEREAS, legal issues significantly impacting on elderly persons are NOT commonly dealt with by members of the private bar; and,

WHEREAS, access to the legal system is necessary for the elderly to fully maintain their self integrity;

THEREFORE, BE IT RESOLVED, that the President and the Congress of the United States authorize:

1. That legal services under the Older Americans Act continue as a mandated service with adequate funding;
2. That legal services under the Older Americans Act be available to all elderly persons with no means test to be imposed; and,
3. That Legal Services Corporation be reauthorized and adequately funded as an independent entity.

* * * *

RESOLUTION #11: TAXATION

WHEREAS, the rate of inflation is increasing; and,

WHEREAS, many elderly persons have only Social Security or small pensions as their sole financial support; and,

WHEREAS, under present law, urban and rural areas in Tennessee face serious revenue problems; and,

WHEREAS, the failure to raise revenue will cause serious reductions in essential services to the elderly;

NOW, THEREFORE, BE IT RESOLVED, that the Governor and the General Assembly of the State of Tennessee enact appropriate legislation to provide urban and rural areas with the opportunity to raise revenue to permit the effective operation of urban and rural government services essential to the elderly and to the well being and safety of their area residents.

* * * *

RESOLUTION #15: SPECIAL ISSUES FACING MINORITIES

WHEREAS, the difference of life styles, perceptions of other races and lack of communication among all races have created tension and gross misunderstanding which impedes our mutual growth and progress; and,

WHEREAS, the minority elderly must face these problems in addition to all other problems facing older Tennesseans;

THEREFORE, BE IT RESOLVED, that the Governor or General Assembly of the State of Tennessee appoint a special interracial committee to study the problems and arrive at programs to create better understanding of life styles and ideas, and to establish better communication between all racial groups.

* * * *

RESOLUTION #16: NURSING HOMES

WHEREAS, surveys and inspections of nursing homes are announced in advance; and,

WHEREAS, recurring problems of patient care, such as over medication, continue; and,

WHEREAS, uncorrected problems of environmental health hazards and employment of inadequately trained para-professionals are potential threats to the well being of patients in nursing homes; and,

WHEREAS, unannounced inspections which are effective are infrequent;

NOW, THEREFORE, BE IT RESOLVED, that the Tennessee Department of Public Health take appropriate action to initiate a procedure of unannounced surveys and inspections of nursing homes; and,

BE IT FURTHER RESOLVED, that the nine Area Agencies on Aging in Tennessee write to the Commissioner of the Department of Public Health to advocate unannounced inspections of nursing homes.

* * * *

RESOLUTION #17: DAY CARE

WHEREAS, many older Americans are isolated and alone; and,

WHEREAS, children of older parents cannot afford individualized care; and,

WHEREAS, older Americans need socialization time with their peers, as well as the love and support of their family; and,

WHEREAS, day care can prevent institutionalization;

THEREFORE, BE IT RESOLVED, that the President and the Congress of the United States, the Governor and the General Assembly of the State of Tennessee, under Title III-B of the Older Americans Act, shall provide sufficient funds to encourage the expansion of Adult Day Care Centers; and,

BE IT FURTHER RESOLVED, that the President and the Congress change the internal revenue code to allow tax deductions for costs incurred in providing day care for elderly relatives.

* * * *

RESOLUTION #18: TRANSPORTATION

WHEREAS, elderly people, due to their physical and/or mental limitations or their financial inability to maintain an automobile, are often dependent upon other persons for daily transportation;

NOW, THEREFORE, BE IT RESOLVED, that the President and the Congress of the United States continue funding for the transportation programs for the elderly under Title III of the Older Americans Act and Title XX of the Social Security Act to meet the growing transportation needs.

BE IT FURTHER RESOLVED, that these funds be administered through one agency of the State government designated by the General Assembly and the Governor with an allocation of funds adequate to serve the rural areas.

* * * *

RESOLUTION #19: EMPLOYMENT

WHEREAS, so many elderly live on fixed incomes and need a supplement to this income; and,

WHEREAS, no senior citizen wants to be dependent on anyone for support; and,

WHEREAS, senior citizens are able to do excellent and efficient work after age 65; and,

WHEREAS, most senior citizens seeking employment can fill part-time jobs efficiently;

BE IT RESOLVED, that the President and Congress of the United States reform the federal tax code to provide tax incentives to businesses that provide employment to elderly persons; and,

BE IT FURTHER RESOLVED, that the President and Congress act to expand work programs under Title V of the Older Americans; and,

BE IT FURTHER RESOLVED, that the President and the Congress in reauthorizing the Older Americans Act require that state aging offices enforce the laws pertaining to age discrimination.

* * * *

RESOLUTION #20: SOCIAL SECURITY

WHEREAS, the administration had stated that essential social programs, including Social Security, would be maintained; and,

WHEREAS, the administration and some members of Congress have now proposed major cutbacks in Social Security protection, including:

1. Raising the retirement age from 65 to 68;
2. Reducing the cost of living benefits;
3. Increasing the lag time for cost-of-living adjustments from 2 1/2 months to 5 1/2 months;
4. Eliminating the lump sum death benefit for workers who die without a spouse or dependents;
5. Reducing the monthly minimum benefit amount; and,
6. Increasing the penalties for early retirement;

WHEREAS, older Americans have lived and worked under the assumption that Social Security programs will be in place when they retire; and,

RESOLUTION #20: SOCIAL SECURITY

(CONTINUED)

WHEREAS, Social Security is the only retirement income for many persons; and,

WHEREAS, Social Security is the primary source of support for the vast majority of older Americans;

NOW, THEREFORE, BE IT RESOLVED, that the Congress of the United States should reject these proposed cutbacks because they would (1) defeat the justifiable expectations of workers who are now paying Social Security taxes; (2) throw many older Americans into poverty; and, (3) be tantamount to a breach in the compact among our government, workers and Social Security beneficiaries; and,

BE IT FURTHER RESOLVED, that the President and Congress enact legislation to remove the earnings limitations applied to Social Security retirement benefits.

* * * *

RESOLUTION #21: VOLUNTEERISM

WHEREAS, the needs of the elderly effectively cannot be met by government programs alone; and,

WHEREAS, the elderly are a vital community resource not fully utilized; and,

WHEREAS, individual citizens and corporate entities have the resources which could be directed toward voluntarily meeting the needs of the elderly;

BE IT RESOLVED, that the President and the Congress of the United States implement legislation to provide tax and other incentives which will encourage private individuals and corporations to participate in programs beneficial to the elderly; and,

BE IT FURTHER RESOLVED, that the Governor of Tennessee and the General Assembly take appropriate action to implement similar incentives at the state level.

* * * *

RESOLUTION #22: TAX RELIEF

WHEREAS, the elderly are in dire need of tax relief;

THEREFORE, BE IT RESOLVED, that the President and the Congress of the United States, the Governor and the General Assembly of the State of Tennessee, take appropriate action:

1. That a study be made to exempt all such persons from tax on sale of personal residences;
2. That the definition of "head of household" be changed to include elderly persons who lose a spouse and do not remarry and are left to maintain their household;
3. That the \$5,000 death benefit limit to surviving spouse for income tax purposes be increased to \$10,000 for elderly persons;
4. That the income tax Schedule R be modified to allow the amount of \$3,750 for an individual and the amount of \$5,000 for a couple;

RESOLUTION #22: TAX RELIEF
(CONTINUED)

5. That federal and state taxes on income from stocks, bonds, and savings accounts be eliminated for persons 65 years of age and older whose annual taxable income does not exceed \$15,000; and,

6. That a tax deduction be allowed to families that care for elderly relatives in their homes.

* * * *

RESOLUTION #23: LONG TERM CARE OMBUDSMAN

WHEREAS, the frail or institutionalized elderly are often unable to speak for themselves and express their needs; and,

WHEREAS, these persons are often cut off from opportunities for communication; and,

WHEREAS, these persons are often powerless to bring about changes in the institutional environment;

THEREFORE BE IT RESOLVED, that the President and Congress of the United States authorize:

1. That the long term care ombudsman program under the Older Americans Act continue as a mandated service with adequate funding; and,

2. That the long term care ombudsman program under the Older Americans Act be available to all elderly persons with no means test to be imposed.

* * * *

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT
FROM
TEXAS

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

WHITE HOUSE CONFERENCE ON AGING
SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Texas STATE COORDINATOR Mrs. Chris Kyker
TOTAL # FORUMS 450 % URBAN 68 % RURAL 32
TOTAL # PARTICIPANTS 18,664

ISSUES OF CONCERN (top 10 priorities):

1. Economic Security
2. Social Security
3. Employment
4. Health and Medical Care Services
5. Housing
6. Minorities
7. Transportation
8. Nutrition
9. Social Service Delivery
10. Research in Aging

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Initiate tax relief.
2. Remove Social Security limitations on earnings of elderly.
3. Encourage employers to provide flexible employment schedule to the older worker.
4. Provide a continuum of health care services and increase the array of medicare benefits.
5. Develop more housing alternatives to institutionalization.
6. Provide more information, outreach and referral for minorities concerning existing programs.
7. Coordinate transportation resources and promote research on transportation requirements of elderly.
8. Increase nutritional programs.
9. Streamline eligibility and place elderly services under one system of guidelines.
10. Increase research and education in aging process.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Texas 2) Date of Conference 3/29-31/1981
3) Place of Conference Dallas, Texas
4) Name of Person Submitting Report Mrs. Chris Kyker
5) Title of Person State Coordinator of Aging

Participation

- 6) Total No. of Participants 900 7) Sex: Number of Female 576
Number of Male 324
8) Ethnicity/Race: 14% Black; 15% Hispanics; 70% Caucasian;
-- Pacific/Asian; 1% American Indian; -- Other
(Please state approximate % for each)
9) Handicapped 5% (Please state approximate % only)
10) Age: 297 under 55 603 55 and over

Summary of Issues and Recommendations by Major Topics

(This summary does not include recommendations for local and state policies or action. And it does not include all the national level issues and recommendations identified. The issues and recommendations contained in this report are subject to verification in public open forums to be held in June and July, 1981.)

AGING IN AMERICAN SOCIETY

A. Issue

1. The nation must be preparing now for the increasing number of older adults it will have by the year 2000.

B. Policy Recommendation

1. Establish a continuum of housing options, social services, transportation and health care services to maintain older people in their own environment.

TEXAS

A. Issue

1. The negative stereotypes of the aged must be reduced.

B. Policy Recommendation

1. To bring a favorable impression of the aging process we should encourage independence of older adults and education on the aspects of growing older; maintain senior adults in productive roles, and utilize media for positive images.

ECONOMIC (NON-SOCIAL SECURITY) ISSUES

A. Issue

1. The provision of economic benefits external to the Social Security System is necessary for older adults.

B. Policy Recommendation

1. Provide tax incentives for private sector to employ older workers; encourage increased use of private pensions and tax shelters.

C. Action Recommendation

1. Establish catastrophic insurance program to protect elderly from losing all resources due to accidents or major illness.

A. Issue

1. The tax burden must not unjustly favor one group over another, yet older adults on fixed incomes must have some tax relief.

B. Policy Recommendations

1. Raise tax exemptions for those on fixed incomes at the appropriate taxing authority level.
2. Provide savings incentives for everyone.
3. Continue and increase efforts to reduce waste and graft from administration level down to the delivery of services.

C. Action Recommendations

1. Raise income tax deduction to \$2000 level for individuals 65 and over.
2. Remove taxes from utility bills for retired individuals.

TEXAS

EDUCATION AND TRAINING

A. Issue

1. The educational system must be altered to meet the changing needs of the elderly and to provide educational experience in non-traditional settings.

B. Action Recommendation

1. Encourage older people to participate politically in influencing the social system concerning the content and delivery of education and services.

A. Issue

1. Educational efforts should be mounted to change the behaviors and attitudes of people of all ages towards growing older.

B. Policy Recommendation

1. Earmark and increase Title III funds for the provision of continuing education for families of elderly, service providers, and older people on the aging process.

A. Issue

1. Older adults and educational institutions must work together for their mutual benefit.

B. Policy Recommendation

1. Increase support for the Community Services Program (Title I Higher Education Act).

A. Issue

1. The curriculum content of the educational process of service provider training must be altered to maximize sensitivity to the needs of the elderly.

B. Policy Recommendation

1. Improve curriculum in professional schools in terms of knowledge of aging and attitudes toward the aged.

TEXAS

EMPLOYMENT

A. Issue

1. Incentives are required to insure availability of employment opportunities for older adults.

B. Policy Recommendations

1. Remove income barriers/limitations/penalties in Social Security System on earnings.
2. Enforce Age Discrimination Act to insure equitable pay.

A. Issue

1. There needs to be an appropriate match between the older workers' talents and capabilities and full or part-time employment.

B. Action Recommendations

1. Develop flexible full time, part-time, split time, and per diem senior job opportunities.
2. Develop vocational guidance programs for the benefit of older workers. (To help elderly actually find a job.)

HOUSING

A. Issue

1. Adequate and affordable housing with an environment conducive to the quality of life must be available to the older adult.

B. Policy Recommendation

1. Make available public federal housing in neighborhoods where elderly are currently residing.

A. Issue

1. The range of alternative housing must be expanded to encompass the great variety of housing needs of the elderly.

B. Policy Recommendation

1. Develop tax incentives for individuals caring for an elderly person in their home and for private industry to encourage housing alternatives for the elderly.

TEXAS

INFORMAL SUPPORT SYSTEMS

A. Issue

1. Churches and volunteer organizations must be used in meeting the needs (spiritual and other) of the elderly.

B. Action Recommendation

1. Develop models of community organization which provide and coordinate services to the aging.

A. Issue

1. The American family needs to be strengthened in order to be able to help aging relatives in times of need.

B. Action Recommendation

1. Establish demonstration modules to educate families about the aging process and potential resources for assistance.

A. Issue

1. Neighborhoods need to be strengthened so that elderly persons can continue to live in safe and secure environment.

B. Policy Recommendation

1. Develop clear policies concerning the security and safety of the elderly.

C. Action Recommendation

1. Develop life-long educational programs regarding the dignity of all persons.

A. Issue

1. More appropriate ways in which families/churches/neighbors can assist and be assisted must be identified.

B. Policy Recommendation

1. Develop various incentives and educational programs which encourage community participation in services to the elderly.

TEXAS

LONG TERM CARE

A. Issue

1. Long Term Care costs must be contained and Long Term Care (including institutional and non-institutional) must be made available to those who need it.

B. Policy Recommendation

1. Provide a policy which favors a unified, cohesive continuum of health care services, with more emphasis on less expensive and community based alternatives to institutionalization.

MEANINGFUL ROLES

A. Issue

1. Volunteer activities for older adults which are meaningful to them and in which they feel they are making a real contribution to others need to be developed.

B. Policy Recommendation

1. Reinforce intergenerational volunteer programs and services.

A. Issue

1. The natural resource of the older people must be used.

B. Policy Recommendation

1. Provide meaningful employment and volunteer opportunities for older adults and encourage the older adult to offer their talents.

C. Action Recommendation

1. Give a tax break to senior adults as an incentive to volunteer.

TEXAS

MENTAL HEALTH

A. Issue

1. Advocacy needs to be undertaken in behalf of mental health services for the elderly.

B. Policy Recommendation

1. Mental Health services should be given equal emphasis with other health programs within the continuum of health care services.

A. Issue

1. The mental health needs of the elderly such as depression, loneliness and isolation should be recognized as problems which require identification, prevention, and treatment.

B. Policy Recommendation

1. Provide educational programs which address the aging process, provide counseling skills to service providers at community level, change attitudes, and offer information on support systems available.

MINORITY ELDERLY ISSUES

A. Issue

1. Minority input in the planning process must be improved in designing programs to serve their needs.

B. Policy Recommendation

1. There needs to be more minority representation on boards, committees, and as employees of organizations which develop policy, and plan and implement mainline programs.

A. Issue

1. Special consideration needs to be given to the unique problems of older women (economic, employment, health).

B. Policy Recommendation

1. Revise the Social Security System so that women who work inside or outside the home are insured equitable benefits.

TEXAS

PHYSICAL HEALTH

A. Issue

1. Incentives need to be instituted to insure services to the medically underserved (rural, inner city, minorities).

B. Policy Recommendation

1. Develop a mobile unit system of health care and in-home care for rural and urban underserved areas.

A. Issue

1. Changes need to be made in the health care systems to insure available health care to the medically indigent.

B. Policy Recommendation

1. Medicare and medicaid should provide reimbursement for health maintenance/preventive care costs.

A. Issue

1. The health care system needs to be more cost effective for both the recipient of third party payment benefits and the private pay beneficiary.

B. Policy Recommendation

1. Establish a method of controlling cost including prevention of inappropriate utilization of health care facilities, and standardization of fees for medical care.

RESEARCH

A. Issue

1. Appropriate ways to translate research into practice must be identified and implemented.

B. Action Recommendations

1. Train service providers as pararesearchers to use data to set policies.
2. Research findings with implications for policy and service program development should receive the widest possible distribution.

TEXAS

RETIREMENT

A. Issue

1. In the United States there is no comprehensive, coordinated retirement policy for older adults.

B. Policy Recommendation

1. Articulate a comprehensive retirement policy which must include:
Elimination of mandatory retirement
Removal of limitations on employment under Social Security
Encouragement of savings
Tax incentives to private sector to provide pre-retirement planning and programs
A retirement program for all individuals either from the Federal government or private sector
Cost of living adjustments
Provision of assistance to dependents.

SOCIAL SECURITY

A. Issue

1. In this time of budget restraint priorities for reform of the Social Security System must be established.

B. Action Recommendations

1. Remove from Social Security unrelated programs, disabled workers benefits, hospital benefits under medicare, benefits to students, and death benefits.
2. Insure the stability and integrity of Social Security.

A. Issue

1. Incentives are needed to encourage people to plan and prepare for economic supplementation of their Social Security income in retirement.

B. Policy Recommendation

1. Incentives should take the form of educating individuals of their responsibility to prepare financially for retirement and should offer tax incentives to employers to sponsor transferable pension plans.

TEXAS

SOCIAL SERVICE DELIVERY

A. Issue

1. Legislative changes need to be made in order to insure that large numbers of elderly are not systematically excluded from services.

B. Policy Recommendation

1. All social services for elderly should be under one set of guidelines.

A. Issue

1. The intense needs for social services for some elderly must be balanced against the more limited needs of most elderly, to insure both sets of needs are met.

B. Policy Recommendation

1. Utilize a centralized service delivery mechanism such as case management through focal points, community centers, and senior centers to assess properly the individual needs of the elderly and to prescribe the correct mix of service(s).

TRANSPORTATION

A. Issue

1. Older adults who live in rural areas should have transportation available to them.

B. Policy Recommendation

1. Provide tax and insurance incentives for volunteers providing transportation.

A. Issue

1. The various governmental levels (local, state, national) need to cooperate to provide affordable and accessible transportation for older adults.

B. Action Recommendations

1. Eliminate restrictive guidelines and regulations which act as barriers to effective transportation.
2. Coordinate all transportation funding sources.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

UTAH

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STATE Utah STATE COORDINATOR F. Leon PoVey
TOTAL # FORUMS 25 % URBAN 40 % RURAL 60
TOTAL # PARTICIPANTS 1500

ISSUES OF CONCERN (top 10 priorities):

Income and Employment

1. Lack of job availability for senior citizens.
2. Insufficient economic support for the elderly.

Health Care

3. Health problems which need regular attention.
4. Difficulties in getting home health care.

Housing and Energy

5. Getting house/chore help.
6. Lack of adequate insulation.
7. Difficulties in paying utility bills.

Other Areas

8. Unavailability of transportation.
9. Lack of knowledge about where to obtain appropriate information and referral services.
10. Problems in getting legal help.

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities)

Health Care

1. Additional funds to care for more elderly in their own homes.
2. Develop incentives to encourage more people to go into direct patient care fields such as: Nursing, L.P.N.s, Home Health Aids and Nursing Aids.
3. Strict enforcement of nursing home standards.

Income and Employment

4. Work opportunities should be promoted.
5. The following programs should be continued and expanded: food stamps; energy assistance; SSI; low income housing.
6. Cost of living increases tied to the consumer price index should be continued for Social Security. Also, cost of living increases should be built into private pension plans.

Housing

7. Energy conservation funds be made available for remodeling of housing for the elderly.
8. More funds for home repair services should be made available.

Other Areas

9. Strong efforts should be made to increase the quality and quantity of reliable public transportation systems.
10. Consumer information be made available and actively dispensed.

UTAH WHITE HOUSE CONFERENCE REPORT

Identifying Date

- 1) State Utah 2) Date of Conference March 16-19
3) Place of Conference Seven areawide conferences were held throughout
the state in the following cities: Cedar City, Moab, Monroe, Provo,
Salt Lake, Tremonton, and Vernal.
4) Name of Person Submitting Report F. Leon PoVey, M.S.W.
5) Title of Person Director, Utah State Division of Aging

Participation

- 6) Total No. of Participants 2000 7) Sex: Number of Female 1200
Number of Male 800
8) Ethnicity/Race: 1% Black; 3% Hispanic; 94% Caucasian;
.5% Pacific/Asian; 1½% American Indian; Other (Please
state approximate % for each)
9) Handicapped 3% (Please state approximate % only)
10) Age: 5% under 55 95% 55 and over

Summary of Issues and Recommendations

I - ECONOMIC SECURITY

SOCIAL SECURITY

Issue

1. Social Security is in need of revisions and clarification both in policy and funding.

Recommendations

1. Early retirements should be discouraged and work opportunities promoted, thereby, helping to maintain the number of workers compared to retirees.
2. Social Security benefits should not be taxed.
3. Social Security cost-of-living increases should continue to be tied to the consumer price index.
4. Social Security should be kept actuarially and financially sound by cost saving options and increased revenues.
5. Deducting Social Security benefits because of work income, after age 65, should be discontinued.

RETIREMENT, PENSION AND HEALTH PLANS

Issue

1. Retirement, pension and health plans are in difficulty because of inflation, management incompetence and the ratio of paying participants to insured recipient.

Recommendations

1. All pension plans should include cost-of-living adjustments on an annual basis.
2. Participation in tax and pension plans should be stressed.
3. Non-discrimination should be emphasized in survivor benefit regulations.

Issue

1. Employment of older persons has become increasingly necessary because of the pressures of inflation and income losses.

Recommendations

1. Retraining of older workers should be promoted. The worker should be given the option of retraining for continued employment.
2. Career counseling programs and employment services should be expanded to serve more older workers. These programs (staffed by older persons) are to assure the older worker equal consideration with other applicant groups.
3. Special programs tailored to the older workers needs should be developed including part-time and flexible hours, job sharing, cottage industry and piecework.
4. Encourage and demand equal pay for equal work regardless of age, sex, or minority status.

POVERTY

Issue

1. Poverty in later years is often a consequence of aging and economics over which the individual has no control.

Recommendation

1. The following programs should be continued and expanded, if necessary, to meet the older persons needs: food stamps; SSI; low income housing; energy assistance.

ENERGY

Issue

1. Energy and its availability is a prime factor in the welfare of older persons.

Recommendations

1. Consumer information be made available and actively dispensed.
2. Energy conservation funds be made available for remodeling of housing for the elderly.

II - PHYSICAL AND MENTAL HEALTH

LONG TERM CARE

A. Issue

1. Do patients in nursing homes receive adequate care?

Recommendation

1. Strict enforcement of nursing home standards.

B. Issue

1. Are there sufficient in-home services available to keep America's elderly independent and in their own home?

Recommendation

1. Additional funds to care for more elderly in their own homes.

C. Issue

1. Are there sufficient nursing home beds in the state to care for the elderly?

Recommendation

1. Sufficient quality and number of nursing home beds be available based on population.

HEALTH CARE

A. Issue

1. Are there adequate numbers of health care professionals?

Recommendation

1. Incentives need to be developed to encourage more people to go into direct patient care fields such as: nursing, licensed practical nursing, home health aides and nursing aides.

B. Issue

1. Are health professionals adequately trained to work with the elderly?

Recommendation

1. All health professionals should have considerable geriatric training as a requirement for licensing and certification.

C. Issue

1. Are there sufficient medical facilities and personnel in rural areas to meet the needs of the elderly?

Recommendation

1. More medical facilities and health professionals of all kinds need to be developed in rural areas.

D. Issue

1. Does Medicare provide adequate health care coverage?

Recommendations

1. Medicare should have a more realistic reimbursement scale for the costs of doctor visitation.
2. Medicare should pay for prescription drugs.
3. Medicare and Medicaid should be amended to provide supports for family care of the elderly.
4. Medicare should cover eye, dental and hearing services including prosthetics.
5. Procedures for claiming payment from Medicare should be simplified.

E. Issue

1. How can older Americans pay for the rapidly increasing medical and pharmaceutical costs?

Recommendation

1. Encourage federal price controls of medical care and pharmaceutical products.

NUTRITION

Issue

1. Are nutrition programs for the elderly serving their needs?

Recommendations

1. Remove the 15% federal limitation on Title IIIC-1 funds to allow more homebound meals in the Older Americans Act.
2. Increase the amount of funds for the nutrition program.

ADULT PROTECTIVE SERVICES

Issue

1. Do sufficient safeguards exist to protect older persons from abuse?

Recommendations

1. Inform the public about the penalties of adult abuse.
2. Inform elderly persons of their rights to protection and proper care.

MENTAL HEALTH

Issue

1. Are existing mental health programs serving the needs of the elderly?

Recommendations

1. Educate the elderly about mental health programs.
2. Under utilization of mental health programs by the elderly be examined.

III - SOCIAL WELL BEING

TRANSPORTATION

Issue

1. Many elderly have inadequate transportation. The lack of adequate transportation creates and intensifies the problems of getting to and from services essential for daily living.

Recommendations

1. Strong efforts should be made to decrease wasteful private car usage, and to increase the quality and quantity of reliable public transportation systems.

2. Continued support and funding for reduced fare programs and for alternative transportation systems for handicapped.
3. Encourage the use of volunteers to provide transportation for the elderly by providing adequate reimbursement for fuel costs, and insurance.
4. Consolidation of special transportation services for the elderly and handicapped under a central agency, requiring a cooperative arrangement between social services and public transportation agencies.
5. Provide funds to test alternative means for low cost transportation particularly in rural areas.

HOUSING

Issue

1. The need for many types of options for housing for the elderly is far greater than the supply. This need will likely increase significantly as housing costs, taxes, utility costs, interest rates and home repair costs increase.

Recommendations

1. Additional funds should be made available for home repair.
2. More government and private agency funding for housing units, for the elderly, should be secured.
3. Establish a single clearinghouse for applications for subsidized housing.
4. Establish laws which would assist the elderly in relocating as a result of displacement due to conversion of rental units to condominiums.
5. Housing representatives should determine the feasibility of using rent subsidies, tax incentives, local zoning ordinances, and other possibilities to encourage the development of "shared housing".

LEGAL SERVICES

A. Issue

1. Senior citizens are often concerned with estate planning.

Recommendations

1. Inform citizens of the benefits of estate planning.
2. Provide more outreach services on how to write "Home-made wills" and other non-technical information.

B. Issue

1. There is a need to improve attorney relationships with elderly clients.

Recommendations

1. Bar associations publicize available low cost and legal referral services.
2. Bar associations publicize the clients right to discuss fee arrangements and right to shop for counsel.

MINORITIES

Issue

1. Elderly minority populations have significant cultural and language differences from the majority population which often prevents them from fully meeting their needs and fully benefiting from existing social and health programs.

Recommendations

1. Local aging programs should obtain elderly minority "input".
2. There should be intensive outreach and special advocacy services for minority elderly.
3. Attempts should be made to increase subcontracts to minority service providers.
4. Services and programs should be more responsive to the needs of the minority elderly. (i.e. having minority bilingual staff, ethnic foods at nutrition sites, minority craft and cultural events, etc.)

IV - OLDER AMERICANS AS A NATIONAL RESOURCE

EDUCATION

Issue

1. The participation of older persons in education is alarmingly small, and the neglect by those in the educational field, of the aged, is striking. Furthermore, with fewer "earners" compared to more elderly and children, educational systems must, of necessity, integrate the elderly into the curriculum and into society.

Recommendations

1. The educational system should be more responsive to the educational needs of the elderly (i.e. vocational, retraining, leisure, etc.).
2. Preretirement training should be made available to all workers at least five years prior to planned retirement.
3. Gerontology programs should be part of the curriculum throughout the educational system so that negative attitudes and stereotyping regarding aging are overcome.
4. The experience and abilities of older persons should be utilized in the teaching and training of others.

5. The concept of "life span" education should be a part of educational planning and actively promoted.

VOLUNTEERISM

Issue

1. Volunteerism is a poorly defined and misunderstood role. Volunteers often do not have adequate insurance protection and reimbursement for out-of-pocket expenses.

Recommendations

1. Liability insurance should cover persons in volunteer performance.
2. Volunteers should be compensated for their time, effort and out-of-pocket expenses by tax write-offs or expense payments.
3. Public and private organizations periodically examine their potential for utilization of volunteers in a more meaningful way.

ARTS AND HUMANITIES

Issue

1. Older persons are capable of significant contributions and can obtain personal growth and satisfaction from the arts and humanities.

Recommendation

1. Senior centers, community schools, colleges, churches, and other institutions should increase their efforts to include older persons in the arts and humanities as both participants and teachers.

STEREOTYPING - ADVOCACY - MEDIA

A. Issue

1. Changing attitudes and stereotyping older persons by society, and the aged themselves, is fundamental in resolving misconceptions and prejudices.

Recommendation

1. "Ageism" is a prejudice and should be fought as actively as other prejudices in our society.

B. Issue

1. The presentation of elderly in the media has a large impact on how all of society views older people.

Recommendations

1. Individual and organizations in the "aging network" should take a more active lead in presenting accurate information about the elderly to the media.
2. The media must portray the elderly positively and realistically.

V - AGE INTEGRATED SOCIETY WITHIN SOCIETAL INSTITUTIONS SUBCOMMITTEE

FAMILY

Issue

1. People are living longer, thus creating more four and five generation families. At the same time, there appears to be a gradual weakening in family support systems.

Recommendations

1. When family members are not present, attempts should be made to develop community support around those elderly who are alone.
2. Find ways to strengthen family networks.
3. Find ways such as tax incentives to reimburse families for costs expended in the care and support of elderly family members.

GOVERNMENTAL STRUCTURES

Recommendations

1. The government should examine the changes in the aging population for the better educated, healthier, and wealthier older person.
2. One target for government programs for the elderly be the functionally dependent, frail elderly.
3. Government needs to ensure equal access to all of society's services by providing environments suitable for elderly people.

THE CHURCH, SYNAGOGUE AND OTHER RELIGIOUS ORGANIZATIONS

Issue

1. There are many ways in which religious organizations can have a positive impact on age integration.

Recommendations

1. Religious organizations should establish a statement on ways of actively involving the elderly as providers and recipients of services offered by the churches.

2. Meeting the needs of the elderly for spiritual well-being should be the responsibility of religious institutions.

VI RESEARCH

COORDINATION OF RESEARCH

Issue

1. Is there sufficient coordination of research efforts in the field of aging?

Recommendations

1. Researchers in the field of aging should coordinate their own efforts and those of professionals who work with the elderly in order to select projects that meet critical needs and avoid duplication.
2. Research findings should be communicated through existing organizational resources, furnishing the elderly and those working with them, current information applicable to their needs.
3. Congress continue to fund the National Institute of Aging, and to increase funds as necessary to implement positive findings and increased research costs.
4. Private organizations should be solicited and urged to contribute research monies to increase knowledge in the aging field.
5. Researchers need training in the field of aging before conducting research in aging.

BIOMEDICAL RESEARCH

Issue

1. The purpose of biomedical research on aging should be to prolong the lives of the elderly and raise the quality of their lives.

Recommendations

1. Emphasis should be given to research directed toward understanding the aging process.
2. More research be conducted on chemical substance abuse among the elderly.
3. More research relative to over-the-counter and prescribed drugs for the elderly, including the correct dosage and proper regulatory requirements.

BEHAVIORAL AND SOCIAL SCIENCES

A. Issue

1. Are existing programs for the elderly serving the needs of the "young-old" and the "old-old" person.

Recommendations

1. There should be more research on meaningful ways to better utilize the time and talents of the "young-old."
2. There should be more research conducted on the needs of the "old-old" person, particularly in the areas of supportive and restorative health and social services.
3. More research be conducted on how dependency in later life can be reduced and prevented.

B. Issue

1. How integrated are the elderly in the family, and community?

Recommendations

1. More research needs to be conducted on specific personality, social and cultural, and environmental factors.
2. Special research attention should be given to the older persons relationships in the intergenerational family.

C. Issue

1. Are other world cultures more successful in integrating the elderly in their societies?

Recommendation

1. Research into other cultures, their family, religious and community structures and attitudes should be pursued in order to determine positive concepts applicable to improving conditions of our own aged population.

HUMAN SERVICE AND DELIVERY SYSTEM

Issue

1. Is there sufficient research on methods for organizing and delivering services for the elderly?

Recommendation

1. Resolve that research be conducted on service systems for the aged to determine the most effective organization to furnish services which have optimum content, quality and cost.

NOTE: Separate recommendations regarding Utah Navajo Indians have been mailed to Washington, D.C.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

VERMONT

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

VERMONT

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Vermont 2) Date of Conference Nov. 19, 1980
3) Place of Conference Lake Morey Inn, Fairlee, Vermont
4) Name of Person Submitting Report Harry J. Schumacher
5) Title of Person Vermont Coordinator - WHCOA 1981

Participation

- 6) Total No. of Participants 300 7). Sex: Number of Female 224
Number of Male 76
8) Ethnicity/Race: 2 Black; Hispanics; 296 Caucasian;
 Pacific/Asian; 2 American Indian; Other (Please
state approximate % for each)
9) Handicapped 9 (Please state approximate % only)
10) Age: 63 under 55 237 55 and over

WHITE HOUSE CONFERENCE ON AGING
SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE VERMONT STATE COORDINATOR Harry Schumacher
TOTAL # FORUMS 9 % URBAN 3 % RURAL 6
TOTAL # PARTICIPANTS 2,000

ISSUES OF CONCERN (top 10 priorities)

1. Elderly people should have incomes sufficient to maintain their independence.
2. There is a need for more employment opportunities for elderly people.
3. We need to provide more flexible physical and mental health care systems which will increase the range of choices for long-term care, preventative mental health services, catastrophic illness, terminal care, and short-term medical needs.
4. There is a need for comprehensive education in geriatrics and gerontology for 1) the community, 2) physical and mental health professionals, 3) volunteers.
5. We need to control health care costs.
6. Elderly people should have access to adequate and reliable transportation, with special attention paid to rural and handicapped needs.
7. There is a need to increase housing alternatives for elderly people, especially in rural areas.
8. American society must correct common misconceptions about aging and aging stereotypes and, instead, recognize the skills and potential of older Americans.
9. There must be less polarization between generations and greater integration of elderly people into the mainstream of community life.
10. Funding should be provided to implement the National Aging Research Plan with emphasis on issues relating to long-term care services.

VERMONT

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Maintain current cost-of-living increases for Social Security benefits, and mandate cost-of-living payments for all pensions.
2. Rescind legislation mandating retirement ages.
3. Institute a national program to assist people in planning for their retirement. This program should be a cooperative effort between employers, educational institutions, and social service agencies to promote education about finances, legal affairs, health, living arrangements, and continued employment.
4. Expand third-party reimbursement systems so that consumers can choose from a wider range of health services - especially in-home care and mental health services.
5. Provide incentives and support for families through financial reimbursement, counseling, and respite services to care for elderly people at home.
6. Alter the federal funding distribution formula for transportation to take into account problems of scarce resources, low population, poverty, and difficult terrain in rural areas.
7. Establish a central clearing house in each state region to insure that existing transportation services are integrated and properly utilized.
8. Develop federal and state housing alternatives to assure the elderly full access to HUD and FmHA funds.
9. Enact legislation to promote the positive aspects of aging in mass media advertising.
10. Provide funds to implement the National Aging Research Plan with emphasis on issues relating to long-term care services.

VERMONT

ECONOMIC SECURITY

A. Issue

1. Elderly people should have incomes sufficient to maintain their independence.

B. Policy Recommendations

1. Maintain current cost-of-living increases for Social Security benefits, and mandate cost-of-living payments for all pensions.
2. Eliminate the Social Security "earnings test".
3. Continue the tax-free status of Social Security benefits, and eliminate taxation on pension income.
4. Change the Social Security regulations in order to ensure that men and women are treated equally and that widows receive adequate support.
5. Eliminate property taxes on homes belonging to seniors who have incomes of \$6,500 or less.
6. Coordinate existing income maintenance programs to assure that people do not lose benefits (food stamps, Medicaid) because of increases in Social Security and SSI payments.

A. Issue

1. There is a need for more employment opportunities for elderly people.

B. Policy Recommendations

1. Enforce the Age Discrimination Act of 1975.
2. Rescind legislation mandating retirement age.
3. Develop employment options that permit maximum flexibility of working hours and benefits, including time-sharing and flex-time.
4. Create education and re-training programs for older workers.
5. Institute a national program to assist people in planning for their retirement. This program should be a co-operative effort between employers, educational institutions, and social service agencies to promote education about finances, legal affairs, health, living arrangements, and continued employment.

VERMONT

ECONOMIC SECURITY - Continued

6. Develop affirmative action programs for older persons.

HEALTH

A. Issue

1. There is need to provide more flexible physical and mental health care systems which will increase the range of choices for long-term care, preventive mental health services, catastrophic illness, terminal care, and short-term needs.

B. Policy Recommendations

1. Expand third party reimbursement systems so that consumers can choose from a wider range of health services - especially in-home care and mental health services.
2. Provide facilities and services in housing projects and senior centers for short-term and preventative care.
3. Increase services for adult day care and respite care.
4. Encourage holistic health care services.
5. Provide rehabilitative services for physical and mental health needs of elderly people.
6. Provide incentives and support for families through financial reimbursement, counseling, and respite services to care for elderly people at home.
7. Encourage the formation of community hospice organizations.

A. Issue

1. There is a need for comprehensive education in geriatrics and gerontology for 1) the community 2) physical and mental health professionals 3) volunteers (family members and patients).

B. Policy Recommendations

1. Schools of Medicine and Nursing should provide geriatric training for all health professionals and health-related workers.
2. Health professionals should provide appropriate education, supervision, and guidance to volunteers that they may supplement health services in community facilities.

VERMONT

HEALTH - Continued

3. Secondary schools and colleges should develop curricula that give elderly people opportunities to continue their education in health and disease prevention.
4. Health education and education about aging should begin in the earliest school years.

A. Issue

1. There is need to control health care costs.

B. Policy Recommendations

1. Encourage consumer understanding of health care costs by making provider bills more intelligible.
2. Allow reimbursement to health professionals and to service agencies as well as to physicians under third-party payment plans.
3. Revise Medicare and Medicaid regulations to allow reimbursement for non-medical in-home services.
4. Promote changes in private insurance coverage to include reimbursement to non-medical in-home services.
5. Limit health care costs, beginning in 1982, to 7% of the gross national product.

SOCIAL WELL-BEING

A. Issue - Transportation

1. Elderly people need adequate and reliable transportation, with special attention paid to rural and handicap needs.

B. Policy Recommendation

1. The Federal government must provide equal subsidized transportation to urban and rural areas.

C. Action Recommendations

1. Establish a central clearing house in each region to ensure all existing transportation services are integrated and fully utilized.
2. Alter federal funding distribution formulas to reflect the rural problems of scarce resources, low population, poverty and sometimes difficult terrain.

VERMONT

SOCIAL WELL-BEING - Continued

3. Make school buses available for seniors during school bus down time.
4. Federal and state governments should take the lead in refocusing efforts away from programs encouraging wasteful private car use and toward reliable public transportation systems in urban and rural areas.
5. Coordinate federal transportation programs to maximize service to the edlerly by preventing duplication of efforts and service gaps.
6. Remove restrictions in the Department of Transportation regulations to encourage alternative transportation systems.
7. Establish a rural transportation system parallel to the Urban Mass Transit Agency.
8. Governments should support demand response transportation systems for the elderly, using when possible existing modes of transportation.
9. All benefit programs for the elderly should include transportation service to those services.
10. Volunteer transportation systems should be encouraged and costs provided for fuel, insurance and vehicle maintenance.
11. Congress and the Department of Transportation should continue support for reduced fare and barrier-free transit system to enable seniors to use existing mass transit systems more effectively.

A. Issue - Housing

1. There is need to increase housing alternatives, especially in rural areas.
2. There is need to make the process more efficient and effective by which housing is approved and funded.
3. There is need to make housing environments safe and secure enabling elderly to remain longer in independent living conditions.

B. Policy Recommendations

1. Federal and state governments should develop housing alternatives to assure the elderly equal opportunity to HUD and FmHA funds.

VERMONT

SOCIAL WELL-BEING - Continued

2. Existing structures should be rehabilitated to assure availability of subsidized housing units especially in the more rural areas.
3. Funding mechanisms should be developed to enable the elderly to continue to live in their own homes.

C. Action Recommendations

1. Housing authorities and agencies should encourage the utilization of the equity in personal homes to expand community living possibilities.
2. Property taxes should be stabilized or deferred for low and moderate income residential homeowners who are on fixed income.
3. Tax credits should be permitted for their families and others who add units to their existing structures for elderly residential use.
4. Create incentives to encourage cooperative community ventures in housing especially for rural areas.
5. Expand alternative living styles, such as: Congregate Housing, Group Homes, Shared Homes and Cooperatives.
6. Increase intergenerational housing, particularly through multi-generational units.
7. Increase protection against crimes of violence to assure personal safety, especially in public housing complexes and elderly neighborhoods.
8. Establish special weatherization programs and have maintenance programs for elderly housing.

OLDER AMERICANS AS A GROWING NATIONAL RESOURCE

A. Issue - Transportation

1. There is need for our society to overcome misconceptions about aging and aging stereotypes and instead recognize the skills and potential of older Americans.

VERMONT

OLDER AMERICANS AS A GROWING NATIONAL RESOURCE - Cont.

B. Policy Recommendations

1. The special talents and qualities developed over many years by senior citizens should be recognized and encouraged as essential ingredients of American society.

C. Action Recommendations

1. Legislation should be enacted to promote the positive aspects of aging in mass media advertising.
2. Agencies providing services to older persons should be encouraged to take the initiative in counteracting the myths, misconceptions and stereotypes now presented by mass media advertising.
3. Legislation should be enacted to require that public educational institutions include the study of aging as a primary component of their curriculum.
4. Career development program should be designed to encourage the younger generations to seek careers in gerontology.
5. Research should be funded to identify the value and contributions of Older Americans.
6. Expand federal senior volunteer programs with adequate financial support.
7. Provide educational opportunities for seniors for re-training for second careers.
8. Develop multi-service senior centers which would include nutrition programs, educational programs, information and referral services and health services.

AGE INTEGRATED SOCIETY

A. Issue

1. There is need for more intergenerational living and less polarization among the ages of the American population.

B. Policy Recommendations

1. Elderly persons should be included in all aspects of American life with special attention paid to their specific needs.

VERMONT

AGE INTEGRATED SOCIETY - Continued

C. Action Recommendations

1. Seniors should become actively involved in local politics and issues of community concern.
2. Increase multi-generational housing with legislated percentages in all public housing.
3. Programs for the elderly should receive an equitable share of Federal and state appropriated funds.
4. Seniors should be included in long range regional planning to assure awareness of aging needs and problems.
5. Open meetings should be held only in areas accessible to the elderly. This accessibility must include facilities accessible to the handicapped as well as locations convenient to the elderly.
6. Increase interagency planning for long and short term goals for service delivery.
7. Full inter-generational use of community facilities should be encouraged. For example, intergenerational community centers can combine facilities for senior meal sites, child day care centers, meeting rooms for child and adult social and recreational groups.

RESEARCH

A. Issue

1. There is a need for more knowledge about the biological and social effects of aging and how this knowledge can be translated into public policy.

B. Policy Recommendations

1. Funding should be provided to implement the National Aging Research Plan with emphasis on issues relating to long-term care services.

C. Action Recommendations

1. Fund research to understand the basic processes of aging, for example, cellular changes in brain tissue.
2. Fund research to understand and control clinical manifestations of aging, for example, the causes of senile dementia, behavior management in nursing homes, bladder control programs.

VERMONT

RESEARCH - Continued

3. Fund research to understand the interaction between older people and a dynamic society, for example, family dynamics, retirement problems, income and health benefit programs, communication between generations, how to balance social services benefits and spending between young and old.
4. Fund research to investigate how we can increase opportunities for older people to contribute more fully retirement and employment issues, seniors and sexuality, effects of mass media in self-perception of elderly people, effects of public housing on quantity of life, special problems of older women, alcoholism and the elderly, value of working and volunteer activity.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

VIRGINIA

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WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Virginia STATE COORDINATOR Wilda M. Ferguson

TOTAL # FORUMS 158 % URBAN 71% % RURAL 29%

TOTAL # PARTICIPANTS 4,800

ISSUES OF CONCERN (top 10 priorities):

The following issues of concern were discussed most frequently at Virginia's local community forums.

1. Transportation
2. Nutrition Programs and Food Stamps
3. Economic Security
4. Housing
5. Medical Expenses
6. Home Health Care
7. Continuing Education
8. Statewide Property Tax Relief
9. Assistance for Families of Elderly
10. Home Repair

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

The following recommendations were among those expressed most often by participants in Virginia's local community forums.

1. Transportation: There is a need for more transportation, especially in rural areas. Transportation costs are too high.
2. Nutrition Programs and Food Stamps: Congregate meal sites should be centrally located. Food Stamp allowances are not high enough.
3. Economic Security: Social Security should be protected. Solutions to income problems are more services or better outreach or employment opportunities for the elderly.
4. Housing: Not enough housing is available, so there are long waiting lists for units. Housing is too expensive. Housing is not close to services.
5. Medical Expenses: Medicaid spend-down process is too confusing. Medical costs are too high even with Medicare and additional medical insurance is too expensive.
6. Home Health Care: There is a need for funds to pay for this service in the same way that Medicaid pays for nursing home care.
7. Continuing Education: The elderly in general, and the older woman in particular, are not adequately educated to care for themselves when alone. Education is needed for self-fulfillment.

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Recommendations Made by the Participants (Continued)

8. Statewide Property Tax Relief: This should be available in all localities.
9. Assistance for Families of Elderly: Financial assistance should be available to families who keep elderly members at home with them.
10. Home Repair: Funds should be available for Youth Corps to provide home repair to the elderly. Home repair is hard to find and finance.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Virginia 2) Date of Conference October 16-17, 1979
- 3) Place of Conference Richmond, Virginia
- 4) Name of person submitting report Trudy A. Jenzer
- 5) Title of Person Information Director

Participation

- 6) Total No. of Participants 3,000 7) Sex: No. of Female more than 50%
No. of Male _____
 - 8) Ethnicity/Race: * _____ Black; _____ Hispanics; _____ Caucasian;
_____ Pacific/Asian; _____ American Indian; _____ Other (Please
state approximate % for each)
 - 9) Handicapped _____ (Please state approximate % only)
more
 - 10) Age: _____ under 55 _____ than 50% 55 and over
- *Although this information is not available, the composition of the group with regard to race was comparable to the racial makeup of the State.
- Summary of Issues and Recommendations by Major Topics

ECONOMIC SECURITY

A. Issue

1. The aging who are ill-housed, inadequately nourished, and medically neglected should be identified and reached, and efforts should be taken to prevent people from slipping into sub-standard housing, food, and medical care situation.

B. Policy Recommendations

1. Special initiative must be taken by the Virginia Office on Aging and other appropriate agencies to assure that the elderly with greatest economic need (e.g., those living below 125 per cent of the poverty line), have the opportunity to receive services to which they are entitled and eligible.
2. The Virginia Employment Commission should be designated to develop a comprehensive plan for the employment of older persons.

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3. The state should provide sufficient funding to supplement the SSI program to afford the recipient annual income above the census-defined poverty level.
4. Virginia should reduce the tax burden on older citizens by repeal of the sales tax on food, over-the-counter drugs, and utilities; and by property tax relief for owners and renters.
5. Funds should be appropriated for the Virginia Office of Consumer Affairs for the purpose of consumer education, outreach and other activities to acquaint all age groups, especially the elderly, about consumer frauds, deceptions and prudent purchasing.
6. Pre-retirement education should be available in the curricula of institutions of higher education and should be available to all state employees.

HEALTH

A. Issue

1. The rapid increase in health care needs for the growing numbers of elderly has called attention to deficiencies in the current health care systems, particularly in the area of geriatric training.

B. Policy Recommendations

1. The State Office on Aging and the State Health Department, in conjunction with Virginia's colleges and universities, should develop and direct a pool of geriatric and gerontological educators who would be available to assist in the continuing education programs of all health professionals and others involved in geriatric care.
2. The Commonwealth of Virginia and its leaders in health must strive to provide to the elderly the highest level of health care, with each senior having access to physicians.
3. The Dental Health Division of the Health Department should submit a plan for a statewide program to include consideration of the roles of the dentists within the Health Department School of Dentistry at the Medical College of Virginia.
4. A line item should be placed in the budget of the Commonwealth to support a physician at each of the state supported schools of medicine, whose role would be to develop and direct a program in geriatrics.
5. Nutrition support and nutritional education for the elderly should be implemented fully throughout the Commonwealth.
6. The Virginia House of Delegates should continue to study hospice programs and their role in the care of Virginia's citizens, and educational programs about terminal care should be made available by appropriate educational institutions for members of all health professions.

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TRANSPORTATION

A. Issue

1. Transportation service for such a diverse group as the elderly must be tailored or keyed to the clientele in each locality.

B. Policy Recommendations

1. The Commonwealth should establish a comprehensive state-wide policy for coordinating, planning, and financing transportation by human services agencies for the elderly, the handicapped, and others dependent upon specialized transportation.
2. Every planning district should work toward a comprehensive consolidated program for human services transportation in order to avoid duplication and ensure efficiency of operation.
3. Because distances are greater and populations are more dispersed in rural areas, funding for rural transportation systems for the elderly should be proportionately higher per trip than in urban areas.
4. Funding should emphasize special-purpose and demand-responsive transportation for the elderly and handicapped rather than system-wide conversion of bus fleets, the expense of which may not be cost-effective.

EDUCATIONAL/RECREATIONAL OPPORTUNITIES

A. Issue

1. Addressing the educational and recreational needs of Virginia's elderly is as important as dealing with the social or economic problems related to aging.

B. Policy Recommendations

1. Efforts should be directed by the Commonwealth of Virginia toward overcoming such barriers as limited income, transportation, physical constraints, and "red tape" which limit access to education and leisure activities.
2. The Virginia Center on Aging should receive funds from the Commonwealth to establish a central clearinghouse for information and research findings on education programs for older persons.
3. State and local funds should be allocated to educational and leisure programs for older adults.
4. The media, the educational system, and community organizations should increase public awareness about the process of aging and the characteristics of the aged.
5. A variety of instructional methods and delivery techniques should be utilized in educational programs for older

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- adults.
6. Additional research is needed into the learning abilities and leisure preferences of Virginia's older adults.

INFORMAL SUPPORT SYSTEMS

A. Issue

1. The support of family, friends and volunteer organizations should be encouraged to expand and to assist the already taxed public support systems.

B. Policy Recommendations

1. Area Agencies on Aging should give full consideration to informal supports, such as family, neighbors, friends, volunteer organizations, church groups, etc., in their local planning and coordination of services to the elderly.
2. Additional incentives (such as tax relief, transfer payments to families, or reimbursement of expenses for volunteers) should be developed in order to encourage increased informal assistance to elderly people.
3. Action should be taken to provide a basic understanding of the aging process and care-giving skills for family members, friends, volunteers, church groups, etc., who give assistance to the elderly.
4. Eligibility requirements for public services should be made more flexible so that service-delivery agencies might augment families and other informal care-givers.
5. The Area Agencies on Aging should give priority to consultation with religious, professional and key leaders for the purposes of sharing resources, understanding needs and planning for cooperative action.

LONG-TERM CARE

A. Issue

1. Policies are required to define, plan and provide for meeting the various needs of the elderly in Virginia, and the state must develop a human services approach to meeting the needs of the elderly.

B. Policy Recommendations

1. Virginia must develop a human services approach to meeting the needs of the elderly through a variety of community actions to develop alternatives to nursing home care, including a single, coordinated information and referral system.
2. Virginia must insure that the quality of life and quality of care provided her elderly citizens are planned for and

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- implemented in a humanistic manner, with attention to social and emotional needs as well as physical well-being.
3. Institutions of higher education should provide gerontology/geriatric education and field experience to all people entering the long term care field, including nursing aides, licensed nurses, social workers and physicians.
 4. Clearly stated multiple, integrated public policies are required to define, plan and provide for meeting the various needs for community as well as institutional long term care of the elderly in Virginia.
 5. Long term care facilities should improve their inservice education to assure an understanding of the social and emotional needs of the residents among the entire staff, consultants and volunteers.
 6. The Commonwealth should promote and strengthen the human dignity of nursing home residents through proper patient care, the formation of resident councils and the protection of patient rights.

LEGAL SERVICES

A. Issue

1. A centralized effort is needed to identify legal resource areas, to tie together existing resources and to develop consistent legal services for the elderly insofar as possible throughout Virginia.

B. Policy Recommendations

1. The Virginia Office on Aging should develop a state-level plan of legal services for the elderly to include both the private and public legal sectors.
2. The Virginia State Bar and local bar associations should provide free information to the public as to when powers of attorney may be appropriate and their legal effect, and they should encourage lawyers to make available to the public for a minimal fee a written power of attorney, which will authorize a relative or friend to legally act for persons who become incapable of managing their personal and financial affairs.
3. Ready access to legal service should be provided to all segments of the elderly population on a sliding scale based upon the individual's ability to pay.
4. The availability and purpose of protective services for adults should be widely publicized and the public should be encouraged to report cases of adult abuse.
5. The Virginia State Bar and local bar association should provide free information to the public as to when simple wills may be appropriate and should encourage lawyers to make wills available to the public for a modest fee.
6. Adult protective services should be mandated in all localities and there should be adequate funding for follow-up care.

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HOME-DELIVERED SERVICES

A. Issue

1. Home-delivered health and social services to maintain independent living must be expanded as part of a plan to serve all elderly in need, with fees based upon ability to pay.

B. Policy Recommendations

1. Additional public funds should be appropriated for home-based health and social services for the chronically impaired elderly, with fees on a sliding scale based on economic means.
2. Availability of family and other informal support systems should not hinder eligibility for home-delivered services. Such services should be designed to supplement rather than replace informal supports whenever feasible.
3. Older persons and family members should be educated and counseled about the availability and appropriateness of community home-based health and social services in order to make informed decisions about long-term care.
4. A combined position of "homemaker/health aide" should be established for local agencies to enable one worker to provide personal care and household services essential to health care to the needy homebound elderly.
5. The Virginia Department of Health should make pre-admission assessment, referral, and counseling available to all those seeking admission to nursing homes and homes for adults.

HOUSING

A. Issue

1. The goal is to recognize the diverse needs of the elderly and offer a range of housing options so that they can choose a home or apartment which is consistent with current needs and interests.

B. Policy Recommendations

1. A program of housing information and counseling services should be established to make older persons aware of available housing and to assist them in planning for their future housing requirements.
2. Programs of grants and loans for revitalization, winterization, and modification of housing should be increased to permit independent living of older community residents.
3. Special housing, both private and public, offering a continuum of housing and health services (from independent living through nursing care) on a single site, should be established for low to moderate income elderly.

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4. Virginia should provide incentives and technical assistance to encourage small scale developments (12-24 housing units) near available services for the rural elderly.
5. Zoning regulations should be revised to allow older people to modify their housing (for example, to 2-unit structures) to better fit their changing housing requirements.
6. Local and state agencies should be encouraged to use vacated schools or other appropriate buildings for housing and services for the elderly.

MENTAL HEALTH/MENTAL RETARDATION

A. Issue

1. Older people typically experience a number of interrelated changes associated with the aging process which dramatically influence both the development and resolution of psychiatric manifestations. As both causes and solutions to mental health problems are multiplistic, coordination of available services must receive emphasis.

B. Policy Recommendations

1. Each local mental health agency must begin to develop new modes for the delivery of clinical outreach services to the elderly, such as in-home services and care in institutional settings.
2. A model program should be developed in at least one locality which utilizes older persons as resources in mental health settings to provide outreach, referral and direct casework assistance to the elderly.
3. The Virginia Office on Aging should have authority for developing and coordinating a "case management" approach for the mental health needs of the elderly which would involve social and health services as well as mental health services.
4. The Virginia Department of Mental Health and Mental Retardation, in cooperation with local mental health services and the Virginia Office on Aging, must determine to what extent the mental health needs of older people are being met.
5. Academic institutions should emphasize gerontological training for mental health professionals, while local mental health agencies should provide educational programs in gerontology to service providers and families in the community.
6. The Virginia General Assembly should examine and further define the statutes regarding "informed consent" and "substitute consent" in regard to the mentally impaired elderly.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

WASHINGTON

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

WHITE HOUSE CONFERENCE ON AGING
SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Washington STATE COORDINATOR Charles E. Reed
TOTAL # FORUMS 96 % URBAN 32 % RURAL 68
(Also held 14 Regional Forums
TOTAL # PARTICIPANTS 5000+ with 1700 participants)

ISSUES OF CONCERN (top 10 priorities):

1. Economic Security
2. Health Security
3. Housing
4. Transportation
5. Social Services
6. Energy

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Oppose taxation of Social Security benefits.
2. Support strong federal program to reduce inflation.
3. Support full health coverage under Medicare and Medicaid.
4. Support greater emphasis on in-home services.
5. Support congregate housing for both low-income and moderate income elderly.
6. Support initiatives to protect elderly renters from rent increases.
7. Support the expansion of specialized and rural transportation.
8. Support the expansion of more efficient mass transportation.
9. Support more local control in planning, funding and operating local service programs.
10. Support research for energy alternatives.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Washington 2) Date of Conference April 21, 22, 1981
3) Place of Conference Yakima, Washington
4) Name of person submitting report Charles E. Reed
5) Title of Person Director, State Bureau of Aging

Participation

- 6) Total No. of Participants 220 7) Sex: No of Female 119
No of Male 101
8) Ethnicity/Race: 5.5 Black; 2.3 Hispanics; 87 Caucasian;
2.5 Pacific/Asian; 2.7 American Indian; Other (Please
state approximate % for each)
9) Handicapped 38 (Please state approximate % only)
10) Age: 10 under 55 210 55 and over

Summary of Issues and Recommendations by Major Topics

I. ECONOMIC SECURITY

A. Social Security

Social Security Income should not be taxed.

Social Security Benefits should be indexed to the cost of living.

The Social Security Program should be operated as originally intended as a supplement to retirement and survivor's benefits only. Medicare Part A and Disability Benefits should be financed out of general revenues. This should address the immediate financial problems of the program.

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B. Taxes

The Congress should consider removing or modifying the income tax on savings interest for low and moderate income retired persons.

Families should receive tax concessions which encourage more extensive care for older relatives.

The Congress should develop effective incentives to encourage state and local governments to modify their regressive tax systems which disproportionately impact low and moderate income senior citizens.

C. Private Pensions

The Congress should provide for such incentives and regulations as will insure the development of sound Private Pension Plans for all American workers as a supplement to public income support programs.

D. Employment

The Congress should implement a Comprehensive National, Full-Employment Policy which includes special provisions and support services to secure the interests of older workers in the public and private job markets.

Such a Full-Employment Policy should include incentives for productive job development in the private sector as well as vigorous promotion of socially useful public employment in such areas as human services, environmental protection, urban redevelopment and alternative energy production.

The Age Discrimination Act of 1975 should be fully enforced to protect the interests of older workers relating to employment.

E. Inflation

The federal government should carefully consider both the social and economic effects of alternative policies for combating inflation, especially as such policies may aggravate the fears and insecurity of low-income, frail and minority older persons. Those anti-inflation policies should be rejected which have the effect of increasing unemployment, disrupting the low and moderate income housing market and reducing the standard of living of low-income, frail and minority elderly. Representatives of the older population should be regularly and effectively involved in public policy decision making.

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II. HEALTH SECURITY

A. Medicare and Medicaid

Pending the development of a National Health Security Program, the present Medicare and Medicaid Programs serving older persons should be liberalized.

Health care services should be made more convenient for older persons by the simplification of forms, billing procedures and bureaucratic requirements; further, the gap between "reasonable charge" used by Medicare and the actual physicians charge should be eliminated.

Senior citizens should be covered for dental, eye, hearing and foot care and for prosthetic devices.

Senior citizens should be covered for a full range of visiting nurse, home health aide, homemaker, chore and restorative therapy services in the home, on a sliding fee scale basis.

Senior citizens should be covered for out-of-hospital drugs and medicines.

Senior citizens should be covered for community-based mental health services, including outreach to the home, in addition to humane and competent psychiatric hospital care, on a sliding fee scale basis.

Senior citizens should be covered for Adult Day Health, Respite Care and Hospice Services, on a sliding fee scale basis.

Financing of expanded Medicare/Medicaid services should be achieved through the use of federal general revenues, sliding fee scales, participant donations, the elimination of fraud by health care providers and vigorous cost containment; further, Medicare should offer supplementary health insurance on a voluntary subscription basis, with an additional premium, to help older persons obtain coverage for those health costs not insured by Medicare.

B. Patient Rights

Senior citizens should have access to full information about their health problems, treatment choices and probable outcomes.

Senior citizens should be able to choose an individual doctor or other health care provider.

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C. Long-Term Care

The Congress should provide authority and funding to the Administration on Aging to develop a Comprehensive Long-Term Care Service System for older persons suffering from chronic disease and disability.

The federal government should ensure an adequate supply of appropriate nursing home beds for those who need them, close to their home community and should ensure that separate facilities and/or programs are provided for the physically disabled and the mentally disabled.

D. Private Health Insurance

Federal law should require that agents selling Medicare supplemental health (Medigap) insurance provide a completed disclosure form to customers when the policy is offered, when the purchased policy is delivered and annually thereafter.

Group Health Insurance Policies offered by employers should be continued after retirement if the employee wishes to pay the premiums.

E. National Health Security Program

We support the establishment of a Comprehensive National Health Security Program. All U.S. residents should have convenient access to a comprehensive range of health care benefits, without regard to income or geographic location, and with a minimum of bureaucratic red tape and paperwork.

III. HOUSING

A. Homeownership

The Congress should make every effort to promote those federal tax and economic policies which facilitate homeownership by older Americans.

B. Housing for Semi-Independent Living

Federal Housing Policy should provide for the development of supervised congregate housing programs, with adequate support services, including meal service seven days a week, in both urban and rural areas.

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C. Housing Support Services

Federal Housing Policy should continue to emphasize the special facilities such as wheelchair ramps, railings and emergency systems (especially fire and security) needed by frail and disabled older persons.

Federal Housing Policy should emphasize the proximity of shopping, transportation, recreation, social and health services and religious institutions needed by older residents.

Federal Housing Policy should emphasize creative design of energy efficient and affordable housing which is safe, sanitary and private for older persons.

D. Rental Housing

Federal Housing Policy should encourage the development of local community-based non-profit housing corporations and housing cooperatives, including mobile home parks.

Federal Housing Policy should encourage private developers to construct low and moderate income multi-family housing through tax incentives and mortgage loan guarantees, and ensure their availability indefinitely for low and moderate income persons.

Federal Housing policy should provide a mix of interest subsidies, rental assistance, inclusive of mobile homes, and quality public housing for older Americans.

The Congress should adopt economic policies which will reduce the speculative pressures which are currently reducing available rental housing and driving up rents on that which remains.

IV. SPECIAL GROUP CONCERNS

A. Disabled Elderly

The Congress should continue to mandate federal regulations requiring that public facilities be made accessible to disabled persons, including the hearing impaired (e.g., audio-loops, telecommunications devices for the deaf and interpreters for the deaf).

The Congress should provide authority and funding for aging programs offering specialized services for the visually and hearing impaired and otherwise disabled older persons.

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B. Racial and Ethnic Minority Elderly

The planning and implementation of all aging programs must include the active participation of racial and ethnic minority individuals.

The Congress should authorize federal agencies to waive regulations that cause undue hardship for certain minority elderly without serving any useful public purpose. For example, Indian Tribal Trust Annuities should be exempted when determining eligibility for public benefit programs.

The Congress should renew its commitment to faithfully live up to Indian Treaty Agreements lawfully entered into and should direct all federal agencies to cooperate with American Indian organizations to design effective programs, utilizing all available resources, to serve the Indian elderly.

Aging programs must serve racial and ethnic minority elderly and be designed to respect the unique languages, cultural and traditional practices and preferences of racial and ethnic minority older persons. The need for bilingual and bicultural staff, ethnic nutrition preferences and non-traditional health care practices must be respected in principle and practice.

Minority community agencies must be contracted to operate minority specific programs in appropriate community locations, with appropriate racial and ethnic minority staff and sufficient operating funds.

C. Older Women

The Congress should direct the Administration on Aging to document the unique conditions of America's older women, and based on this documentation, should authorize and fund demonstration programs designed to test innovative strategies for serving older women.

The Congress should instruct all federal departments to take immediate steps to change program regulations which discriminate against older women and to recommend changes in federal law which would prevent unnecessary harm and improve the well-being of older women.

V. SOCIAL SERVICES

A. Appropriation Levels for Social Services

Increases in the ceiling on appropriations under Title XX of the Social Security Act should be indexed to the rate of inflation to account for increased costs due to inflation and the growing need for social services on the part of older Americans.

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B. Other Social Services

Chore service programs should be adequately funded under Title XX of the Social Security Act and provide for adequate staff salaries, closer supervision, better training, performance evaluation and adequate client screening.

The Congress should assist the states in providing authority and funding for Adult Protective Services which prevent abuse and neglect of the elderly who are unable to care for themselves and their property. Legal Services should also be continued.

The Congress should encourage the use of senior volunteers and the employment of older workers in programs serving older persons, and should mandate senior employment by Area Agencies on Aging.

C. Senior Centers

The Congress should recognize senior and/or community centers as appropriate focal points for the delivery of services to older persons and should reference them in a separate title under the Older Americans Act.

The Congress should make a separate authorization of funds for senior and/or community centers and appropriate sufficient funds to support an adequate network of urban, suburban and rural senior and/or community centers, provided that state and local communities should be required to make a contribution.

D. Social Services Program Implementation

Social services should be free for those below a certain income level and available on a sliding-fee scale basis to those above.

The Older Americans Act, which mandates that older persons with the greatest economic or social need receive preference in aging programs, should be vigorously enforced.

E. Generic or Age Categorical Service Systems

The Congress should give greater authority to the Administration on Aging (AoA) in developing and coordinating federal policy on aging, including the power to coordinate programs located in other federal agencies. AoA should be authorized as the Chief Federal Advocate for older Americans and should continue the evolution of the National Aging Network (AoA, state and local Area Agencies on Aging and service providers) to insure that both the general and the more specialized needs of older Americans will receive adequate attention.

The Congress should continue to include older persons under the Generic Service Systems authorized by such legislation as the Social Security Act (Title XX), the Housing and Community Development Act, the Comprehensive Employment and Training Act and General Revenue Sharing.

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F. Access Services

We believe that all older Americans should be guaranteed reasonably convenient access to information and assistance in securing the benefits and services to which they are entitled including a well publicized information and assistance telephone service, operated by well-trained professional and/or volunteer staff, bilingual where necessary.

VI. TRANSPORTATION

A. Specialized Elderly Transportation Systems

Specialized elderly and handicapped transportation systems should be coordinated with public mass transit systems and the network of Social and Health Service Programs for older persons.

Federal transportation policy should encourage the development of or support of present specialized elderly transportation systems for those unable to effectively use mass transit due to untoward circumstances of low-income, geography, weather, time of day and disability.

B. Public Mass Transit Systems

Federal Transportation Policy should continue to promote the development of public mass transit systems throughout the country, including urban, suburban and rural areas.

Public mass transit systems should receive federal assistance to support reduced-fare programs and sufficient barrier-free equipment necessary to insure optimum accessibility by older persons.

C. Other Transportation Issues

Federal Transportation Policy should encourage the use of older persons and others willing to provide Volunteer Transportation, and adequate mileage reimbursement should be provided.

Federal transportation policy should include provision of mail contracts and other reasonable subsidies to encourage private transportation to expand and improve services to remote and underserved communities. Rural private bus depots should be open at all times when buses are scheduled to arrive and depart.

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VII. ENERGY

- A. The Congress should provide a comprehensive program of emergency energy assistance for the elderly and others who are least able to keep pace with the current inflation of energy costs.
- B. The Congress should promote a variety of energy conservation measures which favor the interests of low-income consumers, such as insulation and efficient heating systems.
- C. In the event of energy rationing, the Congress should develop a distribution plan which does not penalize retired and disabled persons.
- D. A national policy must be developed which provides incentives for energy conservation by both businesses and individuals and encourages maximum use of proven safe energy resources as well as the development of alternative energy sources, including solar, geothermal and others. There needs to be rapid commercialization of affordable solar and other alternative renewable sources of energy.

VIII. RESEARCH

- A. The Congress should increase support for the National Institute on Aging to undertake comprehensive, systematic and intensive studies of the bio-medical, behavioral and social aspects of aging, with special emphasis on the mental health needs of older persons for the purpose of promoting the well-being of older persons.
- B. Federal research and model projects should focus on the special needs of minority elderly, rural elderly, disabled elderly and older women.

IX. OTHER ISSUES

- A. The Congress should develop appropriate legislation to assist state and local governments and community organizations in preventing crimes against the elderly and providing the victims of crime with necessary financial, health and social services.
- B. The Congress should provide authority and appropriate funding under the Older Americans Act to encourage the self-advocacy programs of senior citizen organizations.
- C. The Congress should require that rural elderly receive an equitable proportion of available services.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT
FROM

WEST VIRGINIA

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

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A REVIEW OF CONFERENCE PROCEEDINGS

West Virginia's White House Conference on Aging was held March 24-25, 1981. The Conference setting was the picturesque Jackson's Mill State 4-H Camp in the woodlands outside Weston, in Lewis County.

The Conference was convened to allow citizens, organizations, and government leaders to develop a better understanding of existing and emerging conditions faced by West Virginia's senior citizens.

Over 525 persons, 450 of whom were official delegates, registered for the two-day event. The Conference began with greetings by Ray Leinbach, Executive Director of the West Virginia Commission on Aging, and remarks by Dr. Leon Ginsberg, Commissioner of the West Virginia Department of Welfare and Chairman of the Commission on Aging, representing Governor Jay Rockefeller.

This opening session set the stage for a smooth transition into the spirited and comprehensive series of discussions which were the main focus of the Conference. The delegates divided into 17 working issue groups. Each group addressed an area of particular need or concern of older West Virginians, such as: advocacy; continuing education; coordination of service delivery to the elderly; employment; energy/utilities; housing; legal and protective services/consumer affairs/crime prevention; long-term care/home support services/in-home health; medicare/medicaid/health insurances; mental, emotional, and spiritual well-being; nutrition/congregate and in-home services; older Americans as a national resource; physical health; retirement; social security/economic security; transportation; and women in aging.

Each group first identified needs and problems, accomplishments, and current programs and services for their area of concern. They then developed ideas and composed resolution statements for these needs. In the end, a total of 35 resolutions resulted from these deliberations.

Each group designated one of their resolutions as the priority of that area of concern. During the closing session on the afternoon of March 25, all delegates gathered in a convention-style forum to hear and formally adopt each group's priority resolution.

In general the priority resolutions called for additional federal funding and increased coordination of services and programs to benefit senior citizens. Additional federal support was requested for advocacy, education and training, legal services, crime prevention, consumer education, in-home services, and health insurance education. The delegates recommended increased coordination of services in such areas as: housing, nutrition, transportation, programs for the older woman, and programs to enhance the mental, emotional, and spiritual well-being of older persons.

In other resolution areas, Conference delegates called for the first \$20,000 of senior citizens' savings and investments to be exempt from taxation. The Conference asked that the assignment of Part B of Medicare be made mandatory and be expanded to include prescription drugs, routine dental and eye care, hearing aids, and mental health care.

Conference delegates supported a resolution requesting a federal mandate for the Long-Term Care Ombudsprogram. In the area of energy, the Conference asked that the present federally-funded weatherization program and Low-Income Energy Assistance Program (LIEAP) be continued.

Another resolution adopted by the Conference recommends that subsidized federal employment programs be expanded and that income eligibility guidelines be raised.

With regard to physical health care, the Conference proposed that at least one multipurpose health care center be established in each county. This center would utilize existing programs, professionals, and facilities to make an annual health care assessment available for senior citizens.

Complete copies of all the resolutions follow in this report. Priority resolutions are so labeled at the top of the resolution.

The State White House Conference was not, however, all work and no play. The delegates took time from their busy work schedule on the evening of March 24 to enjoy the Melotones from Wheeling, West Virginia. The Melotones, a dance band composed entirely of senior citizens, had the crowd stomping and singing with their renditions of show tunes, popular songs, and parodies.

In summation, West Virginia's White House Conference on Aging fulfilled its responsibilities and purpose by providing greater understanding of the needs and concerns of older West Virginians and by allowing the opportunity to present differing views on vital aging issues. While participants were encouraged to openly express their views, an overall spirit of dedication, cooperation, and willingness to work prevailed among the delegates. It is this spirit, so ingrained in the true Mountaineer, that encourages us as we search for a better quality of life for the older citizens of today, and for those generations to follow.

PRIORITY
RESOLUTION

Issue Area - Advocacy

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

- WHEREAS: THE SENIOR POPULATION AS A WHOLE REMAINS AN UNTAPPED RESOURCE FOR ADVOCACY IN OUR NATION;
- WHEREAS: THERE IS A NEED FOR INCREASED ADVOCACY BY SENIORS ON BEHALF OF THEMSELVES AND OTHERS;
- WHEREAS: THERE IS A NEED FOR IMPROVED ADVOCACY SKILLS AMONG THE SENIOR POPULATION;
- WHEREAS: THERE DOES NOT CURRENTLY EXIST, AT THE GRASS ROOTS LEVEL, THE NECESSARY ORGANIZATIONAL STRUCTURE FOR ADVOCACY OR OPPORTUNITIES FOR EDUCATION AND TRAINING OF SENIORS;
- WHEREAS: THE CURRENT OLDER AMERICANS ACT DOES NOT ADEQUATELY PROVIDE FOR MEETING THE NEED FOR ORGANIZATION, EDUCATION AND TRAINING IN THE FIELD OF ADVOCACY FOR AND BY SENIORS AT THE GRASS ROOTS LEVEL;

THEREFORE BE IT RESOLVED THAT:

CONGRESS BE URGED TO ADDRESS THIS UNMET NEED IN THE NEXT REVISION OF THE OLDER AMERICANS ACT. AND BE IT FURTHER RESOLVED THAT IN ADDITION TO THE CURRENT REQUIREMENTS FOR ADVOCACY IN THE OLDER AMERICANS ACT, NEW PROVISIONS BE INCLUDED WHICH WOULD MANDATE THE FOLLOWING ACTIVITIES BE EXPLICITLY ADDRESSED IN STATE AND AREA PLANS:

- 1) FUNDING AND STAFFING FOR ORGANIZATION OF SENIOR ADVOCACY EFFORTS AT THE COMMUNITY FOCAL POINT LEVEL.
- 2) THE NECESSARY SUPPORT FOR ONGOING PROGRAMS OF EDUCATION AND TRAINING FOR SENIORS IN THE FIELD OF ADVOCACY.

PRIORITY
RESOLUTION

ISSUE AREA - CONTINUING EDUCATION OR LIFE-LONG LEARNING

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

WHEREAS: RURAL AREAS ARE ISOLATED FROM ALTERNATIVE EDUCATION SERVICES,

WHEREAS: EXISTING EDUCATIONAL FACILITIES ARE NOT OPERATING AT FULL CAPACITY ON A YEAR-ROUND BASIS,

WHEREAS: SENIORS EXPRESS A DESIRE FOR CONTINUED LEARNING EXPERIENCE;

THEREFORE BE IT RESOLVED THAT:

SCHOOLS BE MADE AVAILABLE AS COMMUNITY EDUCATION CENTERS AND SENIORS BE ALLOWED TO ENROLL IN REGULAR CLASSES AND BE COUNTED AS FULL-TIME STUDENTS.

RESOLUTION

Issue Area - Continuing Education or Life-Long Learning

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

WHEREAS: SENIORS LIVING IN RURAL AREAS DO NOT HAVE ACCESS TO EDUCATIONAL SERVICES,

WHEREAS: MANY SENIORS ARE HOMEBOUND DUE TO PHYSICAL HANDICAPS,

WHEREAS: SENIORS HAVE EXPRESSED A DESIRE TO FURTHER THEIR LIFE-LONG LEARNING;

THEREFORE BE IT RESOLVED THAT:

EXPANDED ACCESSIBILITY OF PUBLIC BROADCASTING BE MADE AVAILABLE THROUGH INCREASED FEDERAL FUNDING.

RESOLUTION

Issue Area - Continuing Education or Life-Long Learning

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

WHEREAS: SOME COLLEGE COURSES ARE UNDER ENROLLED,

WHEREAS: FACILITIES ARE UNDER UTILIZED,

WHEREAS: OTHER STATES ALREADY PROVIDE HIGHER EDUCATION FACILITIES FOR SENIORS TO CONTINUE THEIR LIFE-LONG LEARNING EXPERIENCES;

THEREFORE BE IT RESOLVED THAT:

HIGHER EDUCATION INSTITUTIONS BE MADE AVAILABLE TO SENIOR CITIZENS FOR CONFERENCES, ETC., AND THAT TUITION-FREE COLLEGE CLASSES BE MADE AVAILABLE TO ALL INTERESTED SENIORS ON OR OFF CAMPUS.

PRIORITY
RESOLUTION

Issue Area - COORDINATION OF SERVICE DELIVERY TO THE ELDERLY

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

WHEREAS: COUNTY AGENCIES ARE MORE AWARE OF LOCAL NEEDS AND ARE RESPONSIVE TO THEM, AND

WHEREAS: THERE ARE EXISTING GAPS IN SERVICE DELIVERY SYSTEMS, AND

WHEREAS: THERE EXISTS A DUPLICATION OF SERVICES PROVIDED BY SOCIAL SERVICE AGENCIES, AND

WHEREAS: THERE EXISTS A LACK OF COORDINATION OF VOLUNTEER SERVICES, AND

WHEREAS: THERE IS A NEED FOR JOINT COMMUNITY EFFORTS AMONG AGENCIES, AND

WHEREAS: THERE NOW EXISTS VARYING AGE AND FINANCIAL ELIGIBILITY CRITERIA AMONG PROGRAMS,

THEREFORE BE IT RESOLVED THAT:

COORDINATION OF ELDERLY HUMAN SERVICE AGENCIES BE ESTABLISHED IN EACH COUNTY AND THAT A COUNTY INTER-AGENCY COUNCIL, ALONG WITH THE AREA AGENCY ON AGING, MONITOR THESE SERVICE PROVIDERS IN ORDER TO INSURE THAT THE ELDERLY POPULATION RECEIVES ALL DUE BENEFITS AND SERVICES.

AND FURTHERMORE, THAT AREA AGENCIES ON AGING BE STRENGTHENED TO INSURE COORDINATION OF SERVICES TO THE ELDERLY AT THE COUNTY LEVEL.

AND FURTHERMORE, IF BLOCK GRANTS EVENTUATE, ALL FEDERAL FUNDS IN SUPPORT OF HUMAN SERVICES BE CHanneled THROUGH A SINGLE STATE AGENCY IN EACH STATE WITH RESTRICTIONS MINIMIZED AT BOTH FEDERAL AND STATE LEVELS IN FUND DISTRIBUTION TO INDIVIDUAL COUNTY COMMISSIONS WHERE COORDINATING AND MONITORING OF SERVICES WILL BE PERFORMED BY A CENTRAL HUMAN SERVICE AGENCY.

PRIORITY
RESOLUTION

Issue Area - Employment of Older Worker

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

WHEREAS: LOW INCOME GUIDELINES AND INSUFFICIENT FUNDING CURRENTLY EXIST IN EMPLOYMENT TRAINING PROGRAMS, AND

WHEREAS: AGE DISCRIMINATION BY EMPLOYER AND SOCIETY INHIBITS UTILIZATION OF THIS VALUABLE RESOURCE, AND

WHEREAS: THE BREAKDOWN OF FAMILIES AND COMMUNITY SUPPORT SYSTEMS DEMAND UTILIZATION OF THE EXPERIENCE AND MATURITY OF OLDER CITIZENS,

THEREFORE BE IT RESOLVED THAT:

SUBSIDIZED EMPLOYMENT PROGRAMS BE EXTENDED AND EXPANDED IN FUNDING AND THAT INCOME ELIGIBILITY INCOME GUIDELINES BE RAISED AND A NATIONWIDE EDUCATIONAL PROGRAM BE ESTABLISHED TO ELIMINATE DISCRIMINATORY VIEWS AND FALSE IDEAS RELATED TO AGING, SO THAT THIS NATIONAL RESOURCE CAN BE FULLY UTILIZED FOR THE CONTRIBUTION IT IS WILLING AND ABLE TO MAKE TO SOCIETY.

PRIORITY
RESOLUTION

ISSUE AREA - ENERGY/UTILITIES

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

- WHEREAS: THE INEVITABLE DEPLETION OF ENERGY IS A DIRECT THREAT TO THE PEOPLE AND SECURITY OF THE NATION;
- WHEREAS: ENERGY COMPANIES HAVE CREATED MONOPOLIES RESULTING IN EXCESS PROFITS;
- WHEREAS: THIS CAUSES HIGH UTILITY BILLS WHICH ARE CONTRIBUTING TO THE RAPID DETERIORATION OF THE HEALTH AND HAPPINESS OF SENIOR CITIZENS;

THEREFORE BE IT RESOLVED THAT:

THE CONGRESS OF THE UNITED STATES IS HEREBY ASKED:

- 1) TO LEGISLATE THE NECESSARY LAWS TO ESTABLISH CONTROL OF ALL ENERGY AS RELATED TO CONSUMER PRICES.
- 2) TO CONTINUE AND IMPROVE THE PRESENT WEATHERIZATION PROGRAM.
- 3) TO CONTINUE THE LOW-INCOME ENERGY ASSISTANCE PROGRAM.

PRIORITY
RESOLUTION

Issue Area - Housing

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

- WHEREAS: HOUSING CONSTRUCTION AND USE IS TOO OFTEN DONE WITHOUT ADEQUATE PLANNING, AND
- WHEREAS: THIS LEADS TO INAPPROPRIATE LOCATION, DESIGN AND PROVISION OF SUPPORT SERVICES FOR THOSE WHO NEED THEM, ESPECIALLY OLDER AMERICANS, AND
- WHEREAS: MANY LOCALITIES LACK HOUSING DEVELOPMENT PROGRAMS OR HOUSING PLANNING GROUPS, AND
- WHEREAS: LAWS AND CODES FOR HOUSING ARE EITHER NON-EXISTENT OR NOT ENFORCED, WHICH LEADS TO SENIORS LIVING IN FEAR OR HAVING NO RECOURSE FOR CORRECTIVE ACTION, AND
- WHEREAS: SENIOR INPUT IS NOT SOUGHT OR USED IN HOUSING PLANNING;

THEREFORE BE IT RESOLVED THAT:

THE SUITABLE FEDERAL AGENCY PROVIDE:

- 1) A PLANNING AND DEVELOPMENT PROGRAM IN EACH APPROPRIATE LOCAL JURISDICTION (I.E., COUNTY MUNICIPALITY, DISTRICT, ETC.).
- 2) THAT A COMPREHENSIVE SYSTEM OF LAWS AND CODES BE ENFORCED BY LOCAL AUTHORITIES.
- 3) THAT THE LOCAL AGING ORGANIZATIONS, PUBLIC AND VOLUNTARY, PARTICIPATE IN THE PLANNING AND DEVELOPMENT OF SENIOR HOUSING AND MONITOR THE RESULTS.

RESOLUTION

Issue Area - Housing

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

WHEREAS: HOUSING EXISTS THAT REQUIRES RENOVATION, WEATHERIZATION AND SANITATION NEEDS, ETC.,

WHEREAS: THIS HOUSING AND ITS LOCATION IS JUST AS DESIRABLE AND ADEQUATE AS NEW CONSTRUCTION;

THEREFORE BE IT RESOLVED THAT:

REHABILITATION FUNDING SHOULD BE MADE AVAILABLE FOR SOUND, SUITABLE HOMES.

RESOLUTION

Issue Area - Housing

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

WHEREAS: THE NEW ADMINISTRATION'S ATTITUDE TOWARD SENIOR HOUSING CONSTRUCTION AND SUBSIDIES IS CAUSE FOR ALARM,

WHEREAS: THERE IS A GREAT UNMET NEED FOR ADDITIONAL HOUSING,

WHEREAS: THESE ADDITIONAL UNITS SHOULD BE DESIGNED AND LOCATED TO MEET THE NEEDS OF SENIORS,

WHEREAS: THAT CONTINUED SUPPORT FUNDING IS NEEDED FOR SUBSIDIES;

THEREFORE BE IT RESOLVED THAT:

ADDITIONAL HOUSING BE PROVIDED TO MEET THE NEEDS OF THE EXPANDING SENIOR POPULATION.

RESOLUTION

Issue Area - Housing

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

WHEREAS: ADEQUATE, WELL-LOCATED RESIDENTIAL SHELTER IS NOW UNAVAILABLE TO FAR TOO MANY CITIZENS, OLDER AMERICANS IN PARTICULAR,

WHEREAS: FEAR OF THE LOSS OF OUR HOME AND DEPRIVATION OF OUR COMMUNITY TOO OFTEN DARKENS OUR LATER YEARS AND UNDERMINES OUR RIGHT TO A SENSE OF DIGNITY,

WHEREAS: TRADITIONAL FAMILY ARRANGEMENTS AND PRIVATE ENTERPRISE ARE NOT ABOUT TO OVERCOME THIS SHORTCOMING IN OUR SOCIETY,

WHEREAS: COLLABORATIVE EFFORTS, BOTH VOLUNTARY AND OFFICIAL, HAVE DEMONSTRATED THE FEASIBILITY OF OVERCOMING THIS DEFECT;

THEREFORE BE IT RESOLVED THAT:

THE UNITED STATES CONGRESS PROCLAIM THAT DECENT HOUSING IS A BASIC RIGHT OF ALL AMERICANS AND TOWARD SECURING THIS RIGHT

THAT THE FEDERAL GOVERNMENT PROVIDE SUBSTANTIALLY GREATER LEADERSHIP INCENTIVES AND ASSISTANCE TO PRIVATE ENTERPRISE, COOPERATIVE AGENCIES AND STATE AND LOCAL GOVERNMENTS.

RESOLUTION

Issue Area - HOUSING

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

WHEREAS: THERE IS LIMITED IN-HOME SERVICES, INCLUDING HEALTH, HOMEMAKER, HOME REPAIR, ETC.;

WHEREAS: INDEPENDENT LIVING NEEDS SHOULD BE MAXIMIZED THROUGH A PROGRESSION OF SUPPORT FACILITIES:
A) CONVENTIONAL HOUSING, B) SHARED LIVING SHELTERS, C) GROUP HOMES, D) CONGREGATE SHELTERS, E) NURSING HOMES, F) INSTITUTIONS;

THEREFORE BE IT RESOLVED THAT:

THE U.S. CONGRESS ADOPT AND PROVIDE FOR IMPLEMENTATION OF A POLICY OF INSURING ALTERNATE HOUSING ARRANGEMENTS COMPATIBLE WITH A CONTINUUM OF APPROPRIATE CARE FOR LOW-INCOME ELDERLY AND HANDICAPPED.

PRIORITY
RESOLUTION

Issue Area - Legal and Protective Services

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT: LEGAL SERVICES IS AN ESSENTIAL COMPONENT OF ANY EFFECTIVE SYSTEM OF DELIVERING SOCIAL SERVICES.

WHEREAS: THE ELDERLY NEED LEGAL ASSISTANCE TO PROTECT THEIR RIGHTS, AND

WHEREAS: LEGAL ASSISTANCE IS VITAL IN ASSURING THE ACCESS OF OLDER AMERICANS TO THE FULL RANGE OF OTHER SOCIAL SERVICES, AND

WHEREAS: LEGAL ASSISTANCE PROTECTS THE FREEDOM OF THE INDIVIDUAL OLDER PERSON TO CONTROL HIS/HER OWN LIFE AGAINST THE DICTATES OF THE GOVERNMENT BUREAUCRACY;

THEREFORE BE IT RESOLVED THAT:

CONGRESS RE-AUTHORIZE THE OLDER AMERICANS ACT, INCLUDING THE PRIORITY FOR LEGAL SERVICES, AND THE LEGAL SERVICES CORPORATION ACT, BOTH AT THE FULLEST POSSIBLE LEVEL OF FUNDING AND WITHOUT RESTRICTIONS ON THE AVAILABILITY OF LEGAL REPRESENTATION FOR OLDER AMERICANS.

PRIORITY
RESOLUTION

Issue Area - Consumer Affairs

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT: OLDER WEST VIRGINIANS ARE VICTIMS OF SOME CONSUMER PROBLEMS WHICH PLAGUE CITIZENS OF ALL AGES - BY MAIL ORDER, FRAUD, MISLEADING ADVERTISING, HOME REPAIRS, MEDICAL QUACKERY.

WHEREAS: OLDER PERSONS MUST BE PROTECTED OR LEARN HOW TO PROTECT THEMSELVES AGAINST FRAUD AND RIP-OFF IN THE MARKET PLACE;

THEREFORE BE IT RESOLVED THAT:

INNOVATIVE METHODS BE ESTABLISHED TO EDUCATE CONSUMERS THROUGH THE USE OF ADVOCACY GROUPS, RADIO, TV AND NEIGHBORHOOD WATCH GROUPS.

BE IT FURTHER RESOLVED THAT CONSUMER POLICIES BE DEVELOPED TO STRENGTHEN AND IMPROVE CONSUMER EDUCATION POLICIES, INCLUDING BOLD PRINT CONSUMER CONTRACTS AND THE REMOVAL OF LEGAL JARGON.

BE IT FURTHER RESOLVED THAT FEDERAL FUNDS BE ALLOCATED TO EXPAND CONSUMER EDUCATION PROGRAMS FOR SENIORS, UTILIZING SENIOR CENTERS AND NUTRITION SITES WHEN POSSIBLE.

PRIORITY
RESOLUTION

Issue Area - Crime Prevention

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT: CRIME AND THE FEAR OF CRIME RANKS AS A PRIMARY PROBLEM FOR OLDER PERSONS.

WHEREAS: THERE SEEMS TO BE A TOTAL LACK OF FUNDS TO CONTINUE PROGRAMS FOR THE ELDERLY;

WHEREAS: MONEY FOR REHABILITATION PROGRAMS WHICH IS SORELY NEEDED IS LONGER AVAILABLE;

WHEREAS: THE ELDERLY NEED RECREATION FACILITIES AND TRAINING IN SELF HELP PROGRAMS;

WHEREAS: THE ELDERLY SHOULD HAVE ASSISTANCE IN THE AREA OF HOME SECURITY AND PERSONAL PROTECTION;

THEREFORE BE IT RESOLVED THAT:

THE FEDERAL GOVERNMENT ISSUE A BLOCK GRANT TO EACH STATE FOR THE OLDER CITIZENS, WITH GUIDELINES TO BE DETERMINED AT STATE LEVEL AS TO HOW AND WHAT PROGRAMS WILL BE FUNDED TO DEAL WITH THE PROBLEMS UNIQUE TO THE LOCAL AREAS.

PRIORITY
RESOLUTION

Issue Area - Long-Term Care/Home Support Services/In-Home
Health

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT: IN THE AREA OF APPROPRIATE LONG-TERM CARE, HOME SUPPORT AND IN-HOME SERVICES, WE, THE PARTICIPANTS OF THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA, FOUND THAT:

WHEREAS: PEOPLE PREFER TO REMAIN IN THEIR HOMES AND RECEIVE CARE RATHER THAN AN INSTITUTIONAL SETTING UNLESS ABSOLUTELY NECESSARY, AND

WHEREAS: PEOPLE SHOULD BE PROVIDED A CHOICE ON THE TYPE OF CARE THEY RECEIVE, AND

WHEREAS: THE QUALITY OF LIFE OF ELDERLY PERSONS RECEIVING INSTITUTIONAL CARE, QUASI-INSTITUTIONAL OR IN-HOME CARE IS OF CONTINUING CONCERN TO US, AND

WHEREAS: THE NATIONAL LONG-TERM CARE OMBUDSMAN PROGRAM HAS SHOWN ITSELF TO BE EFFECTIVE ON PROMOTING APPROPRIATE SERVICES,

THEREFORE BE IT RESOLVED THAT:

A NATIONAL POLICY BE DEVELOPED AND IMPLEMENTED THAT GIVES PRIORITY TO THE USE OF FEDERAL FUNDS FOR SERVICES THAT ASSIST PEOPLE TO REMAIN IN THEIR HOMES. THIS POLICY MUST ALSO ASSIST IN THE DEVELOPMENT AND FUNDING OF PROGRAMS THAT ASSIST PERSONS OUTSIDE THEIR HOMES, SUCH AS PERSONAL CARE, ADULT FAMILY CARE AND GROUP HOMES THAT MEET FEDERALLY ESTABLISHED MINIMUM REQUIREMENTS. BE IT FURTHER RESOLVED THAT PROGRAMS THAT PROMOTE THE CONTINUUM OF CARE SYSTEM SUCH AS THE OMBUDSMAN PROGRAM BE FEDERALLY MATCHED.

RESOLUTION

ISSUE AREA - LONG-TERM CARE/SUPPORT SERVICES/IN-HOME HEALTH CARE

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

WHEREAS: THE MEDIA AND SOCIETY IN GENERAL SEEM TO PROMOTE STEREOTYPES RELATING TO AGING AND THE EDUCATIONAL SYSTEM DOES NOT TEACH CHILDREN AND YOUTH ANYTHING CONTRARY TO THESE STEREOTYPES,

WHEREAS: THESE STEREOTYPES AND LACK OF AWARENESS OF THE NEEDS OF THE ELDERLY CONTRIBUTE TO THE LACK OF SUFFICIENT SERVICE PROVIDERS TO THE ELDERLY,

THEREFORE BE IT RESOLVED THAT:

COURSES IN AGING AND THE NEEDS OF THE ELDERLY BE REQUIRED IN BOTH GRADE SCHOOLS AND HIGH SCHOOLS IN ORDER TO ENCOURAGE MORE PEOPLE TO WORK AS PROVIDERS OF SERVICE TO THE ELDERLY.

RESOLUTION

ISSUE AREA - MANPOWER FOR LONG-TERM CARE, HOME SUPPORT
AND IN-HOME SERVICES

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST
VIRGINIA FOUND THAT:

WHEREAS: THE AVAILABILITY OF LONG-TERM CARE, HOME
SUPPORT AND IN-HOME SERVICES CANNOT BE FULLY
IMPLEMENTED AND UTILIZED BY OLDER ADULTS DUE
TO A LACK OF MANPOWER, AND

WHEREAS: THE SOCIETIES, ATTITUDES AND LAWS DO NOT
FOSTER THE DEVELOPMENT OR USE OF PARA-PRO-
FESSIONAL AND OTHER MANPOWER THAT WOULD
PERMIT FULL DEVELOPMENT OF THESE SERVICES,

THEREFORE BE IT RESOLVED THAT:

A NATIONAL POLICY BE IMPLEMENTED THAT WILL INCREASE
MANPOWER TO MAKE LONG-TERM CARE, HOME SUPPORT AND IN-
HOME SUPPORT SERVICES AVAILABLE TO OLDER ADULTS CON-
TINUOUSLY, AND NATIONAL POLICY BE CHANGED TO PERMIT THE
FULL UTILIZATION OF OUR NATION'S PARA-PROFESSIONALS AND
TO ASSIST OLDER ADULTS THROUGH TAX CREDITS OR OTHER
FINANCIAL INCENTIVES THAT WOULD ASSIST IN FULL DEVELOP-
MENT OF LONG-TERM CARE, HOME SUPPORT AND IN-HOME
SERVICES FOR OUR NATION'S ELDERLY.

PRIORITY
RESOLUTION

ISSUE AREA - MEDICARE, MEDICAID AND SUPPLEMENTAL HEALTH
INSURANCES

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST
VIRGINIA FOUND THAT:

WHEREAS: WE BELIEVE THE MEDICARE/MEDICAID AND SUP-
PLEMENTAL HEALTH INSURANCE PROGRAMS ARE
BASICALLY GOOD PROGRAMS WHICH TEND TO SUPPORT
AND SUPPLEMENT THE MEDICAL NEEDS OF THE
SENIOR CITIZENS OF WEST VIRGINIA, AND

WHEREAS: THE MEDICARE/MEDICAID AND SUPPLEMENTAL
HEALTH INSURANCE PROGRAMS IN THE 80'S ARE NOW
IN NEED OF ADDITIONAL EDUCATION FOR PROVIDERS
AND CONSUMERS AND EXPANSION OF SERVICES,

THEREFORE BE IT RESOLVED THAT:

AN AGGRESSIVE PROGRAM OF EDUCATION SHOULD IMMEDIATELY BE
ESTABLISHED AT ALL LEVELS, I.E., PROFESSIONAL COMMUNITY,
BENEFICIARIES AND THE GENERAL PUBLIC TO INSURE THAT THE
BENEFITS, AS WELL AS THE LIMITATIONS, OF MEDICARE/
MEDICAID AND SUPPLEMENTAL HEALTH INSURANCE ARE COMPLETELY
UNDERSTOOD BY ALL CONCERNED;

BE IT FURTHER RESOLVED THAT ASSIGNMENT OF PART B OF
MEDICARE BE MADE MANDATORY AND BE EXPANDED TO INCLUDE
THE FOLLOWING:

PRESCRIPTION DRUGS, ROUTINE DENTAL AND EYE CARE,
HEARING AIDS AND MENTAL HEALTH INCLUDING DRUG AND
ALCOHOL ABUSE;

BE IT FURTHER RESOLVED THAT, BASED UPON THE CURRENT
ADMINISTRATION'S CUTBACK IN SERVICES AFFECTING THE
ELDERLY, PRIORITIES SHOULD BE GIVEN TO PROVIDING
NECESSARY FUNDS FOR EDUCATION, COMMUNICATION, LEGISLA-
TION FOR MANDATORY ASSIGNMENT OF PART B OF MEDICARE AND
EXPANSION OF SERVICES.

PRIORITY
RESOLUTION

ISSUE AREA - MENTAL, EMOTIONAL AND SPIRITUAL WELL-BEING

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

- WHEREAS: OLDER ADULTS ARE PERSONS WHOSE LIVES ARE AFFECTED BY ANYTHING WHICH HAPPENS TO THEIR PHYSICAL, MENTAL, EMOTIONAL AND SPIRITUAL WELL-BEING; THERE IS A TOTALITY OF EXPERIENCE WHICH NECESSITATES THE AWARENESS OF INVOLVEMENT IN AND SUPPORT TO OLDER ADULTS TO ASSURE THAT EXPERIENCES ARE AS POSITIVE AS POSSIBLE IN ALL AREAS,
- WHEREAS: OLDER ADULTS MUST COPE WITH MANY CHANGES IN THEIR LATER LIFE, THE IMPORTANCE OF THE MENTAL, EMOTIONAL AND SPIRITUAL RESOURCES OF THE PERSON, THE FAMILY, THE COMMUNITY AND THE MEDIA MUST BE RECOGNIZED AND STRENGTHENED,
- WHEREAS: OLDER ADULTS IN THEIR OWN LIFE EXPERIENCES HAVE GARNERED MANY RESOURCES IN MENTAL, EMOTIONAL AND SPIRITUAL WELL-BEING, THEY THEMSELVES MUST BE THE CORNERSTONE OF RESOURCES AVAILABLE TO ASSIST OLDER ADULTS, THE FAMILY, THE COMMUNITY AND THE NATION,
- WHEREAS: THE DECADE OF THE 60'S WAS INVOLVED WITH CIVIL RIGHTS AND THE 70'S WITH WOMEN'S LIBERATION, THE 80'S EMPHASIS MUST BE ON AGING BECAUSE OF THE MAGNITUDE OF THE PROBLEM AND THE URGENCY OF THE NEEDS,
- WHEREAS: OUR CULTURE CONTAINS MANY MYTHS ABOUT THE PROCESS OF AGING, BELIEVED BY THE OLDER PERSONS THEMSELVES AS WELL AS SOCIETY IN GENERAL, EDUCATIONAL RESOURCES MUST BE REDIRECTED TO CORRECT THE MYTHS AND UNDERGIRD THE POSITIVE VALUES OF AGING, ALONG WITH DEVELOPING RESOURCES TO PROMOTE MORE EFFECTIVE AGING,
- WHEREAS: OLDER ADULTS LIKE TO STAY IN A FAMILIAR ENVIRONMENT, IT IS COST EFFECTIVE TO PROVIDE COMMUNITY AND FAMILY SERVICES, MANY OF WHICH ARE ALREADY IN PLACE, WITH EXPANDED FUNDING

FOR CREATIVE AND INNOVATIVE LIVING ARRANGEMENTS AND SERVICES WITHIN MORE FLEXIBLE GUIDELINES.

THEREFORE BE IT RESOLVED THAT:

WE REDUCE BARRIERS SUCH AS INDIVIDUAL AND PUBLIC APATHY, LACK OF FUNDS, (BOTH PUBLIC AND PRIVATE) THAT INTERFERE WITH THE EMOTIONAL AND SPIRITUAL WELL-BEING OF THE ELDERLY, WITH SPECIFIC ATTENTION BEING DIRECTED TOWARD:

- 1) EDUCATION GEARED TO THE EXPANSION AND DEVELOPMENT OF LATER LIFE BEGINNING IN EARLY YEARS AND INCLUDING LAY AND PROFESSIONAL PEOPLE AND WHICH FOCUSES ON PREVENTING THE DEVELOPMENT AND CONTINUATION OF MYTHS AND STEREOTYPES OF AGING;
- 2) EDUCATION GEARED TOWARD THE AVAILABILITY AND UTILIZATION OF SUPPORTIVE SERVICES (MENTAL, PHYSICAL AND SPIRITUAL);

BE IT FURTHER RESOLVED THAT THE SPIRITUAL, EMOTIONAL AND MENTAL NEEDS OF ALL SENIOR CITIZENS ARE NOT BEING ADEQUATELY MET AT THIS TIME. THEREFORE, THERE SHOULD BE INCREASES IN EXISTING SERVICES AND THAT THEY SHOULD BE MANDATED BY LAW;

IN ADDITION, WE NEED SERVICE PROVIDERS TO CREATE NEW PROGRAMS. AN EXAMPLE WOULD BE PROTECTIVE SERVICES LEGISLATION FOR ADULTS;

BE IT FURTHER RESOLVED THAT THERE ARE AGENCIES AND SUPPORTIVE GROUPS, SUCH AS SERVICE ORGANIZATIONS AND CHURCHES, NOW IN EXISTENCE THAT PROVIDE SERVICES TO MEET THE MENTAL, EMOTIONAL AND SPIRITUAL WELL-BEING OF THE AGING;

AND BE IT FURTHER RESOLVED THAT THERE BE MORE EFFICIENT COORDINATION AMONG SAID AGENCIES IN ORDER TO ELIMINATE NOT ONLY OVERLAPPING AND DUPLICATION BUT GAPS IN SERVICES AND TO PROVIDE A MORE EXPEDIENT AND EFFICIENT DELIVERY OF SERVICES TO CONSUMERS.

PRIORITY
RESOLUTION

ISSUE AREA - NUTRITION/CONGREGATE AND IN-HOME MEAL SERVICES

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

- WHEREAS: THE SENIOR CITIZENS OF WEST VIRGINIA HAVE IMPROVED THEIR MENTAL AND PHYSICAL HEALTH THROUGH NUTRITION PROGRAMS,
- WHEREAS: NUTRITION SERVICES PROVIDE OPPORTUNITIES FOR SOCIAL CONTACTS,
- WHEREAS: NUTRITION SERVICES GIVE ASSISTANCE AND ARE A VEHICLE FOR IDENTIFYING OTHER NEEDS,
- WHEREAS: SENIOR CITIZENS ARE ENCOURAGED TO HAVE A BETTER SELF IMAGE,
- WHEREAS: NUTRITION SERVICES ARE MORE IN DEMAND THAN WE HAVE THE ABILITY TO PROVIDE,
- WHEREAS: SENIOR CITIZENS HAVE SPECIAL NUTRITIONAL NEEDS THAT HAVE NOT BEEN MET,

THEREFORE BE IT RESOLVED THAT:

NUTRITION SERVICES BE REINFORCED BY PROVIDING MEANINGFUL NUTRITION EDUCATION AND IMPROVED QUALITY OF MEALS SERVED AT CONGREGATE SITES AND IN HOMES.

AN ADDITIONAL SUPPORT SYSTEM BE PROVIDED TO DEVELOP NEW NUTRITION SITES AND EXPLORE NEW SERVICE DELIVERY SYSTEMS.

PRIORITY
RESOLUTION

ISSUE AREA - OLDER AMERICANS AS A NATIONAL RESOURCE

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

WHEREAS: THE KNOWLEDGE AND SKILLS OF OLDER AMERICANS ARE A VALUABLE AND UNDER-UTILIZED NATIONAL RESOURCE;

THEREFORE BE IT RESOLVED THAT:

THE GOVERNMENT ACT UPON THE NEEDS OF OLDER AMERICANS BY PROVIDING MONEY FOR TRAINING SENIORS, SERVICE PROVIDERS AND THE PUBLIC IN RECOGNIZING AND UTILIZING THE SKILLS OF OLDER AMERICANS.

RESOLUTION

ISSUE AREA - OLDER AMERICANS AS A NATIONAL RESOURCE

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

WHEREAS: AMERICANS ARE LIVING LONGER, ARE HEALTHIER AND NEED TO HAVE MORE OPTIONS FOR REMAINING ACTIVE IN RETIREMENT;

THEREFORE BE IT RESOLVED THAT:

- 1) A PORTION OF THE FUNDING FOR SMALL BUSINESS LOANS SHALL BE ALLOCATED FOR OLDER AMERICANS.
- 2) AGE SHALL NOT BE A CRITERIA FOR RETIREMENT.
- 3) THE JOB SERVICE AGENCY BE REQUIRED TO DEVELOP AND PROMOTE JOB OPPORTUNITIES FOR SENIOR CITIZENS.

RESOLUTION

ISSUE AREA - OLDER AMERICANS AS A NATIONAL RESOURCE

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

WHEREAS: OLDER AMERICANS ARE A VALUABLE VOLUNTEER RESOURCE;

THEREFORE BE IT RESOLVED THAT:

- 1) VOLUNTEER SERVICE BE EXPANDED AND PROMOTED IN
A) INDUSTRY, B) COMMUNITY AND C) PUBLIC AGENCIES.
- 2) EXPAND THE FOSTER GRANDPARENT PROGRAM, SENIOR COMPANION PROGRAM, SCORE AND VISTA TO MAKE IT AVAILABLE TO ALL OLDER AMERICANS WHO ARE INTERESTED.

RESOLUTION

ISSUE AREA - OLDER AMERICANS AS A NATIONAL RESOURCE

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

WHEREAS: THE CURRENT ATTITUDES TOWARD AGING PROHIBITS THE FULL UTILIZATION OF THE RESOURCES AVAILABLE OF OLDER AMERICANS;

THEREFORE BE IT RESOLVED THAT:

A POSITIVE IMAGE OF AGING SHALL BE FOSTERED BY:

- 1) EDUCATION OF ALL AGE GROUPS TO CLEAR UP UNDESIRABLE MYTHS.
- 2) MEDIA SHALL PORTRAY A MORE REALISTIC AND ACCURATE PICTURE OF THE AGING PROCESS.
- 3) PROMOTE INTER-GENERATIONAL SHARING OF SKILLS AND TALENTS.

PRIORITY
RESOLUTION

ISSUE AREA - PHYSICAL HEALTH

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

WHEREAS: PHYSICAL HEALTH IS PRACTICING GOOD HEALTH HABITS IN ONE'S ENVIRONMENT,

WHEREAS: PHYSICAL HEALTH IS KEEPING THE MIND AND BODY FUNCTIONING PROPERLY,

THEREFORE BE IT RESOLVED THAT:

WE PROMOTE THE HEALTH AS OPPOSED TO THE ILLNESS MODEL OF CARE BY MAXIMIZING THE USE OF FUNDS AND PERSONNEL TO DEVELOP:

- 1) EARLY CHILDHOOD TRAINING AND MAINTAINING CONTINUING HEALTH EDUCATION THROUGHOUT THE LIFE SPAN.
- 2) A MINIMUM OF ONE MULTI-PURPOSE HEALTH CARE CENTER IN EACH COUNTY BY UTILIZING EXISTING PROGRAMS, PROFESSIONALS AND FACILITIES WHEREBY A MINIMUM OF AN ANNUAL COMPLETE HEALTH CARE ASSESSMENT WILL BE AVAILABLE.

PRIORITY
RESOLUTION

ISSUE AREA - RETIREMENT

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

- WHEREAS: THE AMOUNT OF INCOME A PERSON WILL RECEIVE AFTER RETIREMENT OFTEN AFFECTS HIS/HER DECISION AS TO WHEN TO RETIRE AND AFFECTS THE QUALITY OF LIFE EXPERIENCED IN RETIREMENT; AND
- WHEREAS: INCOME FROM ACCRUED INTEREST ON SAVINGS AND INVESTMENTS IS TAXED; AND
- WHEREAS: THE COST OF LIVING FACTOR ADDED TO SOCIAL SECURITY BENEFITS BASED ON EMPLOYMENT EARNINGS ARE EXCEEDED BY ECONOMIC FACTORS SUCH AS THE STEADILY INCREASING COSTS OF UTILITIES, HOUSING, FOOD, TRANSPORTATION AND MEDICAL CARE; AND
- WHEREAS: ESPECIALLY AFFECTED BY INCOME PROBLEMS ARE THOSE WHOSE INCOMES ARE TOO HIGH FOR THEM TO BE ELIGIBLE FOR SOCIAL WELFARE PROGRAMS FOR THE POOR AND TOO LOW FOR THEM TO PURCHASE THE SERVICES THEY NEED;

THEREFORE BE IT RESOLVED THAT:

THE COST OF LIVING FACTOR ADDED TO SOCIAL SECURITY BENEFITS BE CONTINUED IN ACCORDANCE WITH INFLATION; AND THAT

PENSION BENEFITS EARNED BY BOTH A HUSBAND AND WIFE BE PAID IN FULL WITHOUT REGARD TO MARITAL STATUS; AND THAT

PENSION BENEFITS FOR WIDOWS AND/OR WIDOWERS NOT BE RESTRICTED BECAUSE OF INCOME FROM ANOTHER SOURCE, AS IS PRESENTLY BEING DONE TO THE WIDOWS AND/OR WIDOWERS OF THOSE WHO HAD EARNED RAILROAD RETIREMENT BENEFITS AND/OR VETERANS BENEFITS; AND THAT

THE FIRST \$20,000 OF INCOME FROM SAVINGS AND INVESTMENTS NOT BE TAXED.

RESOLUTION

Issue Area - Retirement

WE, THE OLDER CITIZENS OF ~~WEST VIRGINIA~~, PROPOSE THAT:

WHEREAS: THE WORK PLACE IS AN IMPORTANT ASPECT OF THE LIFE OF THE ELDERLY AND THE QUALITY OF LIFE CAN GREATLY DIMINISH WHEN LIFE-LONG JOBS ARE LOST AND NO PLANS FOR RETIREMENT ARE MADE;

THEREFORE BE IT RESOLVED THAT:

THE DECISION TO RETIRE SHOULD BE AN INDIVIDUAL'S CHOICE. THOSE WHO WISH TO WORK BEYOND THE AGE OF 65 SHOULD BE PERMITTED TO DO SO.

BE IT FURTHER RESOLVED THAT:

WHEREAS: EMPLOYERS ARE FREQUENTLY INSENSITIVE TO THE NEEDS OF INDIVIDUALS WITH REGARD TO THE ~~THE DECISION AS TO WHEN TO RETIRE;~~

THEREFORE BE IT RESOLVED THAT:

MORE PREPARATION FOR RETIREMENT IN THE WORK PLACE BE PROVIDED FOR PROSPECTIVE RETIREES.

RESOLUTION

Issue Area - Retirement

PROPOSE THAT NUTRITION BE TAUGHT IN SCHOOL FROM KINDERGARTEN TO COLLEGE DEGREE BECAUSE MOST INFIRMITIES OF OLD AGE ARE ATTRIBUTABLE TO BAD EATING HABITS;

THAT SCHOOLS CONCENTRATE ON TEACHING SUCH SOCIAL GRACES AS DANCING, ART AND MUSIC APPRECIATION, AND GAMES FOR OLD AGE, INEXPENSIVE RECREATION;

THAT TEXT BOOKS IN SCHOOL, ALONG WITH TEACHING THE BASICS, INDIRECTLY TEACH MORAL AND ETHICAL PRINCIPLES;

THAT COUPLES, ALONG WITH THEIR REQUIREMENT FOR PASSING BLOOD TESTS, BE SUBJECTED TO A LITERACY TEST AND, IN CASE OF ILLITERACY, PLEDGE THEMSELVES TO CORRECT THE MATTER BEFORE COMMITTING PARENTHOOD;

THAT PENALTIES FOR DISCIPLING STUDENTS IN SCHOOL BY TEACHERS BE EASED TO GIVE THEM INCREASED FREEDOM OF CLASSROOM CONTROL;

THAT ALL FEDERAL FUNDING OF SCHOOLS BE GRADUALLY REDUCED UNTIL THERE IS NO FUNDING AND THUS NO CONTROL AND ALL CONTROL OF A CHILD'S EDUCATION BE COMPLETELY IN THE HANDS OF THE STATE;

THAT COURSES BE INSTITUTED IN HIGH SCHOOLS AND COLLEGE TO TRAIN PERSONS TO LIVE IN HOMES AND CARE FOR AGED PEOPLE AND SPARE THEM LIVING IN CONVALESCENT OR NURSING HOMES;

THAT YOUTH BE TAUGHT A USEFUL TRADE IN HIGH SCHOOL, WHICH, IF AUGMENTED IN HIS EARNING YEARS, EITHER AS A PRINCIPLE INCOME OR A HOBBY, OR MOONLIGHTING JOB, BE USED TO VARYING DEGREES OF APPLICATION TOWARD SUPPLEMENTING HIS INCOME DURING RETIREMENT.

PRIORITY
RESOLUTION

ISSUE AREA - SOCIAL SECURITY/ECONOMIC SECURITY

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

WHEREAS: FEDERAL SUPPLEMENTAL SECURITY INCOME PAYMENTS HAVE LONG BEEN INADEQUATE AND WERE ORIGINALLY INTENDED TO BE AUGMENTED TO ASSURE A DECENT LEVEL OF LIVING;

WHEREAS: INFLATION, PARTICULARLY IN BASIC NECESSITIES SUCH AS ENERGY AND MEDICAL CARE, INCREASINGLY REQUIRE TERRIBLE CHOICES BETWEEN FOOD, WARMTH AND MEDICINE;

WHEREAS: OUR STATE HAS REVENUE SOURCES WHICH COULD BE TAPPED WITHOUT UNDUE BURDEN ON THOSE WHO CANNOT AFFORD TO PAY;

WHEREAS: MORE THAN FORTY (40) STATES HAVE LONG SINCE RECOGNIZED THE PRIORITY THAT A COMPASSIONATE PEOPLE SHOULD GIVE THE NEEDIEST OF THE NEEDY AND HAVE BEEN PROVIDING SSI SUPPLEMENTS AVERAGING AT LEAST \$50;

WHEREAS: GOVERNOR JOHN D. ROCKEFELLER IV IN HIS LAST STATE OF THE STATE ADDRESS PLEDGED TO HELP BRING WEST VIRGINIA ON A PAR WITH OTHER STATES AND WE SUPPORT THIS ISSUE;

THEREFORE BE IT RESOLVED THAT:

THE WEST VIRGINIA LEGISLATURE, DURING ITS CURRENT SESSION, ENACT AN SSI SUPPLEMENT SIMILAR, BUT NOT LIMITED TO, THE PROGRAM AS OUTLINED IN S.B. 400, AND MAKE APPROPRIATIONS ACCORDINGLY.

ADOPTED BY 425 DELEGATES ASSEMBLED AT THE WEST VIRGINIA STATE WHITE HOUSE CONFERENCE ON AGING - 3/25/81.

RESOLUTION

Issue Area - Social Security/Economic Security

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF
WEST VIRGINIA FOUND THAT:

WHEREAS: PEOPLE WHO NEVER CONTRIBUTE TO THE SOCIAL
SECURITY TRUST FUND ARE COVERED AND RECEIVE
BENEFITS;

WHEREAS: MANY PROGRAMS ARE WHOLLY OR PARTIALLY FUNDED
FROM THE SOCIAL SECURITY TRUST FUND;

WHEREAS: ADMINISTRATIVE COSTS ARE TOO HIGH DUE TO
THESE MANY PROGRAMS;

THEREFORE BE IT RESOLVED THAT:

NO FUNDS BE SPENT FROM THE TRUST FUND EXCEPT FOR THE
BENEFIT OF THOSE WHO WERE CONTRIBUTORS DURING THEIR
WORKING YEARS OR THEIR DEPENDENTS AS DEFINED BY LAW
AND THE NECESSARY ADMINISTRATIVE EXPENSES TO PAY THESE
BENEFITS.

RESOLUTION

Issue Area - Social Security/Economic Security

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF
WEST VIRGINIA FOUND THAT:

WHEREAS: SENIORS HAVE MARKETABLE SKILLS AND UNTAPPED
RESOURCES TO OFFER;

WHEREAS: RETIRED SENIORS RECOGNIZE THE FINANCIAL
CRISIS FACED BY THE SOCIAL SECURITY SYSTEM;

WHEREAS: SENIORS AFFIRM THE IMPORTANCE OF SELF-HELP;

THEREFORE BE IT RESOLVED THAT:

OPPORTUNITIES FOR EMPLOYMENT BE INCREASED THROUGH:

PROVIDING PAID POSITIONS IN SENIOR CENTERS TO BE
OFFERED FIRST TO SENIORS; AND

EXPANDING JOB POOLING AND TRAINING PROGRAMS CENTRALIZED
IN SENIOR CENTERS AND ADMINISTERED BY SENIORS.

RESOLUTION

Issue Area - Social Security/Economic Security

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

WHEREAS: THE ECONOMIC SECURITY OF SENIOR WEST VIRGINIANS IS SERIOUSLY ERODED BY INFLATION INCLUDING THE COST OF FIXED EXPENSES SUCH AS UTILITY RATES;

WHEREAS: CONSIDERATION IS CURRENTLY BEING GIVEN TO REDUCTION OF SOCIAL SECURITY BENEFITS WHICH WOULD FURTHER ERODE THE STANDARD OF LIVING OF SENIORS;

WHEREAS: CONSIDERATION IS NOW BEING GIVEN TO THE ESTABLISHMENT OF A DIFFERENT AGE FOR QUALIFYING FOR FULL RETIREMENT BENEFITS WHICH WOULD ELIMINATE OPTIONS NOW OPEN TO SENIORS;

THEREFORE BE IT RESOLVED THAT:

SOCIAL SECURITY BENEFITS INCLUDING SSI CONTINUE TO BE INCREASED IN RELATION TO THE COST-OF-LIVING INDEX;

CONSIDERATION BE GIVEN TO IMPOSING A FLAT RATE UTILITY FEE FOR CONSUMERS; AND THAT

THE RETIREMENT AGE FOR QUALIFYING FOR SOCIAL SECURITY BENEFITS REMAIN AT THE AGE OF 65.

RESOLUTION

Issue Area - Social Security/Economic Security

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF
WEST VIRGINIA FOUND THAT:

WHEREAS: THE SOCIAL SECURITY RETIREMENT PROGRAM
IS IN POTENTIALLY SERIOUS FINANCIAL
DIFFICULTY;

WHEREAS: SENIORS RECOGNIZE THAT SOCIAL SECURITY
WAS NEVER DESIGNED TO BE THE SOLE RETIRE-
MENT INCOME;

WHEREAS: SENIORS BELIEVE THAT PERSONAL SAVINGS
PLANS MUST BE ENCOURAGED AND INCENTIVES
PROVIDED FOR ADDITIONAL RETIREMENT
EARNINGS;

THEREFORE BE IT RESOLVED THAT:

FEDERAL AND STATE INCOME TAX BE ABOLISHED ON THE FIRST
\$3,000 OF INTEREST ACCUMULATED BY AN INDIVIDUAL;

BE IT FURTHER RESOLVED THAT:

THE SOCIAL SECURITY ADMINISTRATION IN COOPERATION WITH
THE AGING NETWORK AND SENIORS PLAN AND CONDUCT COMPRE-
HENSIVE PRE-RETIREMENT TRAINING SESSIONS FOR THE
POPULATION DURING EARLY WORKING YEARS WITH AN EMPHASIS
ON FINANCIAL PLANNING AND SAVING.

PRIORITY
RESOLUTION

Issue Area - Transportation

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

- WHEREAS: THERE IS LIMITED OR INADEQUATE FUNDING FOR RURAL TRANSPORTATION TO MAINTAIN WHAT EXISTS AND TO EXPAND WHERE CURRENTLY THERE IS NO TRANSPORTATION AVAILABLE;
- WHEREAS: THERE IS A NEED FOR TRANSPORTATION PROGRAM INNOVATIONS, FLEXIBILITY WITHIN PROGRAMS AND OF REGULATIONS AND COORDINATION AMONG RURAL SOCIAL SERVICES AGENCIES AND OTHER TRANSPORTATION PROVIDERS;
- WHEREAS: THERE IS A NEED FOR ADDITIONAL GUIDANCE AND TECHNICAL ASSISTANCE RELATED TO IMPLEMENTATION OF RURAL TRANSPORTATION ACCORDING TO EACH UNIQUE LOCALITY.

THEREFORE BE IT RESOLVED THAT:

ADDITIONAL FUNDING IS NEEDED TO REVITALIZE VARIOUS MODES OF TRANSPORTATION IN RURAL AREAS SO THAT SENIOR CITIZENS HAVE THE OPPORTUNITY TO NOT ONLY MEET THEIR OWN MINIMAL NEEDS, BUT TO CONTRIBUTE TO THE ECONOMIC DEVELOPMENT OF THEIR COMMUNITIES.

TO ACCOMPLISH THIS, WE PROPOSE FEDERAL SUPPORT IN THE FOLLOWING AREAS:

- ESTABLISHMENT OF NETWORK OF FEEDER SYSTEMS
- ENHANCEMENT OF INCREASED FLEXIBILITY AND COORDINATION BETWEEN SOCIAL SERVICE AGENCIES PROVIDING TRANSPORTATION AT LOCAL LEVEL
- INCENTIVES FOR COMPREHENSIVE GROUP INSURANCE FOR VOLUNTEERS TO ENCOURAGE THE AVAILABILITY OF VOLUNTEER RESOURCES
- EQUITABLY DISTRIBUTE TRANSPORTATION FUNDS TO ASSURE AVAILABILITY TO EVEN VERY RURAL AREAS.

PRIORITY
RESOLUTION

Issue Area - Women in Aging

THE 1981 STATE WHITE HOUSE CONFERENCE ON AGING OF WEST VIRGINIA FOUND THAT:

WHEREAS: WE BELIEVE IN EQUAL RIGHTS FOR WOMEN OF ALL AGES, GROUPS, ETHNIC BACKGROUNDS, CREEDS AND HANDICAPPED, AND

WHEREAS: THE ELDERLY WOMEN OF THE STATE OF WEST VIRGINIA HAVE PROBLEMS BECAUSE OF ITS RURALNESS IN THE AREAS OF FINANCIAL SECURITY, EMPLOYMENT, HEALTH/MENTAL HEALTH CARE, LEGAL PROBLEMS, LACK OF KNOWLEDGE OF THE AGING PROCESS IN WOMEN AND THEIR ADVOCACY,

THEREFORE BE IT RESOLVED THAT:

THE ECONOMIC CONCERNS OF ELDERLY WOMEN OF WEST VIRGINIA BE ADDRESSED AND GIVEN PARTICULAR CONSIDERATION BY THE U.S. CONGRESS;

AND BE IT FURTHER RESOLVED THAT HUMAN SERVICE PROGRAMS FOR ELDERLY WOMEN IN WEST VIRGINIA BE CONTINUED AND STRENGTHENED BY APPROPRIATING SUFFICIENT MONIES, THROUGH VARIOUS FUNDING SOURCES, SUCH AS THE SMALL BUSINESS ADMINISTRATION FOR THE CREATION OF A PROGRAM FOR THE EXPRESS PURPOSE OF CONTRACTING OUT SERVICES, UTILIZING THE EXPERTISE OF OLDER WOMEN, FOR THE BENEFIT OF SENIORS IN WEST VIRGINIA;

AND BE IT FURTHER RESOLVED THAT A TAX BREAK BE PROVIDED TO PRIVATE BUSINESS FOR EMPLOYING OLDER WOMEN IN WEST VIRGINIA;

AND BE IT FURTHER RESOLVED THAT A CONCERTED EFFORT BE MADE TO PROMOTE BETTER COMPREHENSIVE COORDINATION OF ALL PROGRAMS AND SERVICES BEING PROVIDED FOR THE OLDER WOMEN IN WEST VIRGINIA;

AND BE IT FURTHER RESOLVED THAT THERE BE STRICTER ENFORCEMENT OF LAWS GOVERNING FRAUD IN NURSING HOME CARE AND REHABILITATION, ESPECIALLY MEDICARE/MEDICAID ABUSES;

AND BE IT FURTHER RESOLVED THAT CONCERNS OF ELDERLY
WOMEN FOR PROTECTION OF THEIR PHYSICAL WELL-BEING AND
PROPERTY BE ADDRESSED IN SUCH A WAY THAT PRESENT LAWS
BE ENFORCED AND STRENGTHENED;

AND BE IT FURTHER RESOLVED THAT STRICTER ENFORCEMENT
AND MONITORING OF HOME MAINTENANCE UNDER SECTION 8
OF THE HUD LIST BE REQUIRED.

ADVISORY COMMITTEE
STATE WHITE HOUSE CONFERENCE ON AGING

Pat Ahwash
Charleston, West Virginia

Bruce Parmelee
Charleston, West Virginia

Paula Bland
Charleston, West Virginia

Eula Sinette
Grantsville, West Virginia

Lenore Booher
Millstone, West Virginia

Glenna Spaur
Weston, West Virginia

Inez Irons
Buckhannon, West Virginia

Jean Taylor
Charleston, West Virginia

Geraldine Noell
Charleston, West Virginia

Woodrow Taylor
Lewisburg, West Virginia

Lou Panepinto
Wheeling, West Virginia

Peggy Weil
Fairmont, West Virginia

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

WISCONSIN

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

WHITE HOUSE CONFERENCE ON AGING
SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Texas STATE COORDINATOR Mrs. Chris Kyker
TOTAL # FORUMS 450 % URBAN 68 % RURAL 32
TOTAL # PARTICIPANTS 18,664

ISSUES OF CONCERN (top 10 priorities):

1. Economic Security
2. Social Security
3. Employment
4. Health and Medical Care Services
5. Housing
6. Minorities
7. Transportation
8. Nutrition
9. Social Service Delivery
10. Research in Aging

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Initiate tax relief.
2. Remove Social Security limitations on earnings of elderly.
3. Encourage employers to provide flexible employment schedule to the older worker.
4. Provide a continuum of health care services and increase the array of medicare benefits.
5. Develop more housing alternatives to institutionalization.
6. Provide more information, outreach and referral for minorities concerning existing programs.
7. Coordinate transportation resources and promote research on transportation requirements of elderly.
8. Increase nutritional programs.
9. Streamline eligibility and place elderly services under one system of guidelines.
10. Increase research and education in aging process.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Texas 2) Date of Conference 3/29-31/1981
3) Place of Conference Dallas, Texas
4) Name of Person Submitting Report Mrs. Chris Kyker
5) Title of Person State Coordinator of Aging

Participation

- 6) Total No. of Participants 900 7) Sex: Number of Female 576
Number of Male 324
8) Ethnicity/Race: 14% Black; 15% Hispanics; 70% Caucasian;
-- Pacific/Asian; 1% American Indian; -- Other
(Please state approximate % for each)
9) Handicapped 5% (Please state approximate % only)
10) Age: 297 under 55 603 55 and over

Summary of Issues and Recommendations by Major Topics

(This summary does not include recommendations for local and state policies or action. And it does not include all the national level issues and recommendations identified. The issues and recommendations contained in this report are subject to verification in public open forums to be held in June and July, 1981.)

AGING IN AMERICAN SOCIETY

A. Issue

1. The nation must be preparing now for the increasing number of older adults it will have by the year 2000.

B. Policy Recommendation

1. Establish a continuum of housing options, social services, transportation and health care services to maintain older people in their own environment.

TEXAS

A. Issue

1. The negative stereotypes of the aged must be reduced.

B. Policy Recommendation

1. To bring a favorable impression of the aging process we should encourage independence of older adults and education on the aspects of growing older; maintain senior adults in productive roles, and utilize media for positive images.

ECONOMIC (NON-SOCIAL SECURITY) ISSUES

A. Issue

1. The provision of economic benefits external to the Social Security System is necessary for older adults.

B. Policy Recommendation

1. Provide tax incentives for private sector to employ older workers; encourage increased use of private pensions and tax shelters.

C. Action Recommendation

1. Establish catastrophic insurance program to protect elderly from losing all resources due to accidents or major illness.

A. Issue

1. The tax burden must not unjustly favor one group over another, yet older adults on fixed incomes must have some tax relief.

B. Policy Recommendations

1. Raise tax exemptions for those on fixed incomes at the appropriate taxing authority level.
2. Provide savings incentives for everyone.
3. Continue and increase efforts to reduce waste and graft from administration level down to the delivery of services.

C. Action Recommendations

1. Raise income tax deduction to \$2000 level for individuals 65 and over.
2. Remove taxes from utility bills for retired individuals.

TEXAS

EDUCATION AND TRAINING

A. Issue

1. The educational system must be altered to meet the changing needs of the elderly and to provide educational experience in non-traditional settings.

B. Action Recommendation

1. Encourage older people to participate politically in influencing the social system concerning the content and delivery of education and services.

A. Issue

1. Educational efforts should be mounted to change the behaviors and attitudes of people of all ages towards growing older.

B. Policy Recommendation

1. Earmark and increase Title III funds for the provision of continuing education for families of elderly, service providers, and older people on the aging process.

A. Issue

1. Older adults and educational institutions must work together for their mutual benefit.

B. Policy Recommendation

1. Increase support for the Community Services Program (Title I Higher Education Act).

A. Issue

1. The curriculum content of the educational process of service provider training must be altered to maximize sensitivity to the needs of the elderly.

B. Policy Recommendation

1. Improve curriculum in professional schools in terms of knowledge of aging and attitudes toward the aged.

TEXAS

EMPLOYMENT

A. Issue

1. Incentives are required to insure availability of employment opportunities for older adults.

B. Policy Recommendations

1. Remove income barriers/limitations/penalties in Social Security System on earnings.
2. Enforce Age Discrimination Act to insure equitable pay.

A. Issue

1. There needs to be an appropriate match between the older workers' talents and capabilities and full or part-time employment.

B. Action Recommendations

1. Develop flexible full time, part-time, split time, and per diem senior job opportunities.
2. Develop vocational guidance programs for the benefit of older workers. (To help elderly actually find a job.)

HOUSING

A. Issue

1. Adequate and affordable housing with an environment conducive to the quality of life must be available to the older adult.

B. Policy Recommendation

1. Make available public federal housing in neighborhoods where elderly are currently residing.

A. Issue

1. The range of alternative housing must be expanded to encompass the great variety of housing needs of the elderly.

B. Policy Recommendation

1. Develop tax incentives for individuals caring for an elderly person in their home and for private industry to encourage housing alternatives for the elderly.

TEXAS

INFORMAL SUPPORT SYSTEMS

A. Issue

1. Churches and volunteer organizations must be used in meeting the needs (spiritual and other) of the elderly.

B. Action Recommendation

1. Develop models of community organization which provide and coordinate services to the aging.

A. Issue

1. The American family needs to be strengthened in order to be able to help aging relatives in times of need.

B. Action Recommendation

1. Establish demonstration modules to educate families about the aging process and potential resources for assistance.

A. Issue

1. Neighborhoods need to be strengthened so that elderly persons can continue to live in safe and secure environment.

B. Policy Recommendation

1. Develop clear policies concerning the security and safety of the elderly.

C. Action Recommendation

1. Develop life-long educational programs regarding the dignity of all persons.

A. Issue

1. More appropriate ways in which families/churches/neighbors can assist and be assisted must be identified.

B. Policy Recommendation

1. Develop various incentives and educational programs which encourage community participation in services to the elderly.

TEXAS

LONG TERM CARE

A. Issue

1. Long Term Care costs must be contained and Long Term Care (including institutional and non-institutional) must be made available to those who need it.

B. Policy Recommendation

1. Provide a policy which favors a unified, cohesive continuum of health care services, with more emphasis on less expensive and community based alternatives to institutionalization.

MEANINGFUL ROLES

A. Issue

1. Volunteer activities for older adults which are meaningful to them and in which they feel they are making a real contribution to others need to be developed.

B. Policy Recommendation

1. Reinforce intergenerational volunteer programs and services.

A. Issue

1. The natural resource of the older people must be used.

B. Policy Recommendation

1. Provide meaningful employment and volunteer opportunities for older adults and encourage the older adult to offer their talents.

C. Action Recommendation

1. Give a tax break to senior adults as an incentive to volunteer.

TEXAS

MENTAL HEALTH

A. Issue

1. Advocacy needs to be undertaken in behalf of mental health services for the elderly.

B. Policy Recommendation

1. Mental Health services should be given equal emphasis with other health programs within the continuum of health care services.

A. Issue

1. The mental health needs of the elderly such as depression, loneliness and isolation should be recognized as problems which require identification, prevention, and treatment.

B. Policy Recommendation

1. Provide educational programs which address the aging process, provide counseling skills to service providers at community level, change attitudes, and offer information on support systems available.

MINORITY ELDERLY ISSUES

A. Issue

1. Minority input in the planning process must be improved in designing programs to serve their needs.

B. Policy Recommendation

1. There needs to be more minority representation on boards, committees, and as employees of organizations which develop policy, and plan and implement mainline programs.

A. Issue

1. Special consideration needs to be given to the unique problems of older women (economic, employment, health).

B. Policy Recommendation

1. Revise the Social Security System so that women who work inside or outside the home are insured equitable benefits.

TEXAS

PHYSICAL HEALTH

A. Issue

1. Incentives need to be instituted to insure services to the medically underserved (rural, inner city, minorities).

B. Policy Recommendation

1. Develop a mobile unit system of health care and in-home care for rural and urban underserved areas.

A. Issue

1. Changes need to be made in the health care systems to insure available health care to the medically indigent.

B. Policy Recommendation

1. Medicare and medicaid should provide reimbursement for health maintenance/preventive care costs.

A. Issue

1. The health care system needs to be more cost effective for both the recipient of third party payment benefits and the private pay beneficiary.

B. Policy Recommendation

1. Establish a method of controlling cost including prevention of inappropriate utilization of health care facilities, and standardization of fees for medical care.

RESEARCH

A. Issue

1. Appropriate ways to translate research into practice must be identified and implemented.

B. Action Recommendations

1. Train service providers as pararesearchers to use data to set policies.
2. Research findings with implications for policy and service program development should receive the widest possible distribution.

TEXAS

RETIREMENT

A. Issue

1. In the United States there is no comprehensive, coordinated retirement policy for older adults.

B. Policy Recommendation

1. Articulate a comprehensive retirement policy which must include:
Elimination of mandatory retirement
Removal of limitations on employment under Social Security
Encouragement of savings
Tax incentives to private sector to provide pre-retirement planning and programs
A retirement program for all individuals either from the Federal government or private sector
Cost of living adjustments
Provision of assistance to dependents.

SOCIAL SECURITY

A. Issue

1. In this time of budget restraint priorities for reform of the Social Security System must be established.

B. Action Recommendations

1. Remove from Social Security unrelated programs, disabled workers benefits, hospital benefits under medicare, benefits to students, and death benefits.
2. Insure the stability and integrity of Social Security.

A. Issue

1. Incentives are needed to encourage people to plan and prepare for economic supplementation of their Social Security income in retirement.

B. Policy Recommendation

1. Incentives should take the form of educating individuals of their responsibility to prepare financially for retirement and should offer tax incentives to employers to sponsor transferable pension plans.

TEXAS

SOCIAL SERVICE DELIVERY

A. Issue

1. Legislative changes need to be made in order to insure that large numbers of elderly are not systematically excluded from services.

B. Policy Recommendation

1. All social services for elderly should be under one set of guidelines.

A. Issue

1. The intense needs for social services for some elderly must be balanced against the more limited needs of most elderly, to insure both sets of needs are met.

B. Policy Recommendation

1. Utilize a centralized service delivery mechanism such as case management through focal points, community centers, and senior centers to assess properly the individual needs of the elderly and to prescribe the correct mix of service(s).

TRANSPORTATION

A. Issue

1. Older adults who live in rural areas should have transportation available to them.

B. Policy Recommendation

1. Provide tax and insurance incentives for volunteers providing transportation.

A. Issue

1. The various governmental levels (local, state, national) need to cooperate to provide affordable and accessible transportation for older adults.

B. Action Recommendations

1. Eliminate restrictive guidelines and regulations which act as barriers to effective transportation.
2. Coordinate all transportation funding sources.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

WYOMING

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SUMMARY REPORT: THIRTY-ONE COMMUNITY FORUMS:

Major areas of concern for Wyoming senior citizens are:

- 1) Social Security benefits;
- 2) The effect of the high cost of energy on the well-being of the elderly;
- 3) The gap in provision of housing and care between independent living and nursing homes;
- 4) High medical care costs;
- 5) The lack of awareness of and/or the lack of services to seniors;
- 6) Insufficient and/or inadequate housing;
- 7) Other.

Social Security Benefits:

The overriding concern of the forum participants related to insecurity about stability of the program and inadequacy of current benefits. Specific suggestions for improvement included:

- 1) Provide assurance that social security is secure.
- 2) Designate a separate "retirement pension only" fund.
- 3) Eliminate the limitation on income that can be earned without forfeiting a portion of the retirement income.
- 4) Change cost-of-living index adjustment to semi-annually.
- 5) Provide blanket cost-of-living amount instead of percentage to prevent discrimination against those with lowest pensions.
- 6) Equate guidelines for "covered costs" on medicare to reflect current medical care costs.
- 7) Expand medicare coverage to include physicals.
- 8) Remove term "welfare" from social security payment envelope.
- 9) Improve survivors' retirement benefits for widows.

The Effect of the High Cost of Energy on the Well-Being of the Elderly:

Skyrocketing energy costs require the elderly to expend a disproportionate share of their fixed incomes for utilities and transportation. Suggested remedies are:

- 1) Curtail rate increases.
- 2) Prevent "cut-off" of services during winter months.
- 3) Establish eligibility for low-income assistance programs, excluding excessive utility and medical bills.
- 4) Utilize outreach workers in energy assistance.

The Gap in Housing Facilities and Care Between Independent Living and Nursing Homes:

The major concern is the total void in Wyoming of housing and care facilities for those who fall somewhere between being able to reside independently in their own homes and institutionalization in a nursing home. Senior citizens recommend the following:

- 1) Congregate homes for the elderly including facilities for middle-income as well as low-income.
- 2) More and improved home health care.
- 3) Dependent living short of nursing homes such as "share-a-home."
- 4) Community resource bank of temporary live-in help for use during a recuperation period.
- 5) Government subsidies for caring for the elderly.
- 6) Respite care facilities.
- 7) Day care centers for the elderly.

High Medical Care Costs:

The cost of medical care, especially surrounding nursing homes is much too high for persons on fixed incomes. Suggested remedies are:

- 1) Moderation in doctor, hospital and nursing home charges.
- 2) Alternatives to nursing homes.
- 3) A nursing home insurance policy which actually covers nursing home care costs.

- 4) All nursing homes in the state accept medicare patients.
- 5) Doctors accept medicare allowance.
- 6) Appropriate medigap insurance policy seniors can rely on.
- 7) Preventative health care programs.
- 8) Health screening programs.
- 9) Free "well-Oldster" clinics patterned after "well-Baby" clinics.
- 10) Establish accountability system for doctors' visits in hospitals and nursing homes.
- 11) National health insurance program.
- 12) Health insurance programs to be aware of--cancer, nursing home, etc.
- 13) Discounts for seniors from doctors, dentists, druggists, etc.

The Lack of Awareness of and/or the Lack of Services to Seniors:

The Wyoming elderly are aware that we have many excellent service programs for the elderly, some of which they are aware and some of which they are not aware. They also see some obvious needs for improved, increased and additional services. They suggest:

- 1) Help seniors to be aware of and participate in services that will be of value to them.
- 2) Continue to develop existing programs with special emphasis on:
 - a) Chore services
 - b) Homemaker services--free and for hire.
 - c) Evening, weekend, out-of-town, necessity and pleasure transportation and escort including alternatives such as using school buses.
 - d) Outreach.
 - e) Meals seven days a week with special emphasis on increased home-delivered meals.
 - f) Improved legal services including support for community service advisors.
- 3) Extend the hours of the senior centers to include evenings and weekends and extend the planned activities to include exercise facilities, study areas, musicals, etc.

- 4) Develop a community skills bank to include all ages.
- 5) Develop handyman services program.
- 6) Provide job information service for seniors.
- 7) Provide help with bill paying.
- 8) Emphasize services for the frail elderly.
- 9) Insure satellite sites for minorities who do not feel comfortable at senior centers.
- 10) Use recipients of unemployment insurance to provide services to seniors.

Insufficient and/or inadequate housing:

There is not sufficient, appropriate housing for Wyoming senior citizens--low-income or otherwise. It is suggested that:

- 1) Block grants to states for housing for the elderly be provided.
- 2) Low interest home repair loans be made available.
- 3) Develop community landlord-tenant arbitration committees.
- 4) Need more low income housing.
- 5) Relief for high rentals in impacted areas.
- 6) Housing is too costly for those on fixed incomes.
- 7) Locate housing projects so they are close to shopping.
- 9) Develop common housing in older, large homes.
- 10) Provide group homes.

Other:

Various concerns were expressed that have been consolidated under a group of subheadings:

- 1) Economic concerns:
 - a) Need homestead exemption
 - b) Expand tax rebate program
 - c) Revise state retirement system to provide annual cost-of-living increase.
 - d) Develop a food coop or food discount system for seniors.

- e) Eliminate cutting veterans pensions when social security increases due to a cost-of-living increase.
 - f) Cut tax loopholes so "rich" do not escape paying taxes.
 - g) Freeze prices and wages.
 - h) Implement program like WPA where idle are put to work.
 - i) Institute welfare reform.
 - j) Eliminate tax on interest income.
 - k) Willing to be taxed on income earned after retirement.
 - l) Use part of severance tax for services to seniors.
 - m) Provide free hunting and fishing licenses as well as free parking in state parks for the elderly.
- 2) Nursing homes:
- a) Improve care provided by nursing homes.
 - b) Provide training for care-givers in nursing homes.
 - c) Provide help for nursing home residents to get to activities.
- 3) Mental health problems:
- a) Educate individuals and families on mental health problems of the elderly.
 - b) Provide training on coping with the stresses of living with terminal disease.
 - c) Provide training on coping with loneliness and ambiguity of life-style.
- 4) Older Americans as a resource:
- a) Utilize the semi-retired.
 - b) All elderly should be gainfully employed, or serving as volunteers.
 - c) Provide incentives for employment of older workers.
 - d) Flexible retirement plans (age-wise) should be available.
 - e) Elderly should share hobbies and talents with others.

STATE PRIORITY ISSUES:

- 1) Detrimental effects of inflation on the fixed income of the elderly - utilities, taxes, transportation.
- 2) Additional publicly provided/funded transportation for evenings and weekends. Additional funding for transportation.
- 3) Improved in-home services including homemaker and home health care as an alternative to nursing homes. Additional funding for homemaker services.
- 4) Additional need for low income housing for the elderly.
- 5) Expanded nutrition services to provide Saturday and Sunday meals.
- 6) Expanded senior center hours to cover seven days per week.
- 7) Additional funding required for impacted areas.
- 8) Outreach program should function better to keep "at risk" elderly in their own homes by linking them with in-home service.
- 9) Relief from high health care costs
- 10) Homemaker and handyman services
- 11) Homestead home owner tax relief
- 12) Winterization of homes
- 13) Improvement of nursing home ombudsman program
- 14) Protection for the elderly against crimes, fraud, etc.
- 15) Elimination of duplication of programs such as Title III of the Older Americans Act, Title XVIII, XIX, and XX, etc.
- 16) Strong central organization to administer aging programs in Wyoming
- 17) Improved nursing home standards and regulation

5) Creating an age-integrated society:

- a) Increase use of volunteers in the care of seniors.
- b) Organize a community skills bank with all ages involved.
- c) Provide community pre-retirement programs.
- d) Educate today's youth on the forces that affect the elderly.
- e) Project positive image of the elderly.
- f) Bridge gap between generations through communications, passing on of skills, etc.

6) Research:

- a) Disseminate results of research related to the elderly.
- b) Need additional research on arthritis.
- c) Need research and possible vaccine for shingles.

7) Miscellaneous:

- a) Develop local problem-solving skills.
- b) Organize live-alones into telephone reassurance groups.
- c) Plan for aging on state rather than national level.
- d) Strong central organization to administer aging programs.
- e) Protection against vandalism, crimes, fraud.
- f) Fewer government employees.
- g) "Holler" about age-discrimination.
- h) Allow seniors off-road travel to cut wood; help in cutting wood.
- i) Provide stronger protective laws.
- j) Make available driver's license options.
- h) Advocate for gerontology speciality in medical schools.
- l) Eliminate oldest in congress by limiting number of terms.

NATIONAL PRIORITY ISSUES:

- 1) Economic Security: improving the economic well-being of older Americans with special regard to retirement income and employment
- 2) Physical and Mental Health: strengthening health services, health maintenance and promotion, plus the social and health aspects of long term care
- 3) Social Well-being: examining social services, family and other support systems, housing needs and alternatives, and transportation
- 4) Older Americans as a Growing National Resource: exploring ways to utilize the skills and experience of older people
- 5) Creating an Age-Integrated Society: analysing trends within societal institutions; the economy, the family, mass media, governmental structures, educational systems and the religious community
- 6) Research: encouraging biomedical research in the aging process and examining research needs in health maintenance, health promotion and self care

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STATE CONFERENCE REPORT
FROM
DISTRICT OF COLUMBIA

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WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE District of Columbia STATE COORDINATOR D. Richard Artis, Executive Director
D.C. Office on Aging

TOTAL # FORUMS 50 % URBAN 100% % RURAL

TOTAL # PARTICIPANTS 1500

ISSUES OF CONCERN (top 10 priorities):

1. economic well-being
2. housing
3. physical health
4. health care financing
5. transportation
6. in-home services
7. crime
8. institutional long term care
9. mental health
10. older Americans as a community resource

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Employment income ceiling for social security recipients should be raised or eliminated.
2. Property tax relief for elderly homeowners.
3. Neighborhood health centers should replace hospital emergency rooms as health care provider of first resort.
4. Medicare should cover dental care, eye care (including glasses), hearing care (including hearing aides) and expanded in-home services.
5. Specialized transportation system for senior citizens.
6. Availability of more in-home services.
7. More attention to various aspects of elderly protection such as escort services, security at public and private residences for the elderly, increased use of banks by senior citizens and better handling of youth offenders.
8. Licensing and oversight for all group residences.
9. More self help peer support groups, case finding in each neighborhood/apartment building to counteract feeling of being alone. Counseling in self help, coping, utilizing available community resources.
10. Increased community awareness of older adults as a community resource and increased participation of older adults in identifying and resolving social problems.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State District of Columbia 2) Date of Conference May 1-2, 1981
May 15, 1981
International Inn, Washington, D.C.
3) Place of Conference Departmental Auditorium, Washington, D.C.
4) Name of Person Submitting Report Barbara Hartzell
5) Title of Person Staff Assistant, D.C. Office on Aging

Participation

- 6) Total No. of Participants 800 7) Sex: No. of Female 500
No. of Male 300
8) Ethnicity/Race: 70% Black; 3% Hispanics; 25% Caucasian;
1% Pacific/Asian; 1% American Indian; Other
(Please state approximately % for each)
9) Handicapped 1% (Please state approximate % only)
10) Age: 10% under 55 90% 55 and over

Summary of Issues and Recommendations by Major Topics

COMMUNITY AND INSTITUTIONAL SERVICES FOR THE FRAIL ELDERLY

A. Issue

1. In meeting the long-term care needs of frail elderly, a comprehensive, coordinated, and flexible system of services is needed.

B. Policy Recommendation

1. Resolve that the state unit on aging's role be expanded to encompass implementation of a comprehensive multi-disciplinary service delivery system which includes the public and private sector. Therefore, the frail elderly person could contact one service provider for entry into a total health care system.

A. Issue

1. There are frail elderly in the community who are at high risk and are subject to abuse.

B. Policy Recommendation

1. Resolve that protective services legislation be enacted.

A. Issue

1. There is a failure of society to accept aging as part of the life-cycle and provide services accordingly. Our society needs to change its attitude toward aging and to assume the cost of caring as well as curing.

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B. Policy Recommendations

1. Resolve that aging concepts (valuable assets as well as problems) be incorporated into the total educational system beginning with children and including the general public, professionals and para-professionals, and service providers.
2. Resolve that the media be encouraged to have on-going programs on education and attitudinal acceptance of aging.
3. Resolve that the lobbying efforts for the aging be united to educate legislators.

A. Issue

1. Home care and non-skilled health services are not sufficiently reimbursed.

B. Policy Recommendations

1. Resolve that funding for home care be covered.
2. Resolve that non-skilled services be covered.
3. Resolve that respite care services and reimbursement for families caring for the elderly in their homes be covered.

CRIME

A. Issue

1. Major sources of crime against the elderly are high levels of unemployment, prevalence of drug use, and diminished discipline and supervision of young people in the family and community.

B. Policy Recommendations

1. Resolve that to enhance full employment of youths, CETA and other work related programs should be strengthened rather than being cut.
2. Resolve that the penal system be reformed to eliminate an atmosphere of luxury and to reemphasize discipline, work experience and restitution for imprisoned offenders.
3. Resolve that vocational programs within penal institutions be restructured to provide skills which will realistically enhance employment opportunities when offenders return to the community.
4. Resolve that drug laws be revamped to bring those in the states in line with federal drug laws so that the penalty fits the substance abused as well as the nature of the violation.
5. Resolve that the role of the truant officer be reactivated in the schools and on the streets.
6. Resolve that corporal punishment (under supervision) be reinstituted in the schools.
7. Resolve that more responsibility be placed on parents for crimes committed by their children.

A. Issue

1. Elderly persons frequently live in fear of being robbed, physically assaulted, and incurring bodily harm not only on the streets in their own neighborhoods, but also within their own homes.

B. Policy Recommendations

1. Resolve that a comprehensive security planning program be more widely instituted, to include "Operation Identification," more secure locks, increased outside lighting, neighborhood watch, etc.

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2. Resolve that higher law enforcement visibility in local neighborhoods be accomplished through the increased use of foot patrols.
3. Resolve that distress whistles be distributed and their use encouraged.
4. Resolve that youth escort programs be encouraged to reduce the vulnerability to crime of the elderly and to promote more favorable attitudes toward the elderly by youth.
5. Resolve that Adopt-A-Grandparent programs be more widely publicized and encouraged through schools, community organizations, and religious institutions.
6. Resolve that young elderly persons adopt older elderly persons as a measure to insure feelings of personal and psychological security.
7. Resolve that more extensive use of hot lines for fraud be encouraged.
8. Resolve that educational programs be established which aim at encouraging citizens to be more willing to report crimes and to serve as witnesses at court proceedings.
9. Resolve that a uniform federal hand gun control law be enacted.

A. Issue

1. Elderly victims of robberies and thefts oftentimes are very poor so that monetary losses may produce devastating hardships for them.

B. Policy Recommendations

1. Resolve that legislation be enacted to provide monetary compensation for elderly robbery and theft victims from the federal government and/or from the offender himself.
 - a. Resolve that restitution to victims be made by offenders while incarcerated, wherever possible, from earnings from vocational training.

A. Issue

1. Lack of uniformity and excessive leniency with regard to bail and parole decisions frequently result in apprehended offenders being released to commit the same offenses again and again.

B. Policy Recommendation

1. Resolve that bail and parole systems be reformed and strengthened so that accused and convicted criminals be prevented from rapidly returning to the community to continue victimizing elderly persons.

A. Issue

1. Though English is the predominant language in America, other languages are spoken by members of various ethnic groups. Exclusive use of English has the effect of preventing members of these groups from fully participating in American society.

B. Policy Recommendation

1. Resolve that, wherever possible, implementation of the above recommendations be done bilingually.

ECONOMIC WELL-BEING

A. Issue

1. The age of eligibility for full Social Security benefits may be raised to age 68.

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B. Policy Recommendation

1. Resolve that the eligibility age for Social Security benefits not be increased from age 65 to 68.

A. Issue

1. Pension benefits do not accurately address the needs of older persons and for most retirees, Social Security and personal savings alone will not provide a decent level of economic security in later years.

B. Policy Recommendations

1. Resolve that Congress extensively study the desirability of financing part of the Social Security System through general tax funds.
2. Resolve that Social Security primary benefits be increased by one-eighth and spouses' benefits, except in the case of a divorced spouse, be reduced by one-third, so that the combined benefit for a one-earner couple continues to equal one and one-half times the present primary benefit. Benefits would thus be increased for, among others, the two classes of beneficiaries -- single women and widows -- who generally get the lowest benefits and are the least well off. Also, benefits would be significantly increased for two-earner, as against one-earner, couples. A divorced spouse would receive 45% of the increased primary benefit, or about 50% (as now) of the present primary benefit.
3. Resolve that persons regularly covered under Social Security, even at minimum wages, for most of their work lives be assured of benefits at least sufficient to keep them out of poverty.
4. Resolve that the benefit formula be adjusted so that for each added dollar of contributions paid, the worker who has high earnings can expect, as all other workers, at least an additional dollar of benefits.
5. Resolve that additional "drop out years" be allowed in figuring the benefits of persons who remain out of the work force while they have young children.
6. Resolve that a special benefit be paid for one year to assist widows in entering or reentering the work force.
7. Resolve that cost-of-living adjustments in benefits be made, when prices rise rapidly, every six months, instead of, as at present, on an annual basis.
8. Resolve that serious consideration be given to changes in the system which recognizes that marriage represents an economic partnership. The so-called "earnings sharing" concept is deserving of special consideration. Care must be taken, however, not to endanger present dependency-based benefits unless some better alternative is put into place.
9. Resolve that the Social Security Administration be established as an independent agency, and the transactions of the Social Security Trust Fund be separated from the unified federal budget.
10. Resolve that Social Security benefits be adjusted, not only for changes in the cost of living, but also to reflect increases in the standard of living in the country.

A. Issue

1. The present Delayed Retirement Credit is not an adequate incentive to encourage individuals to remain employed beyond age 65.

B. Policy Recommendation

1. Resolve that the present Delayed Retirement Credit (3% bonus effective in 1982 -- for those persons aged 65 to 72 who do not receive Social Security due to excess earnings) be liberalized.

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A. Issue

1. The present Social Security Retirement Test allows beneficiaries to keep their benefits when earnings increase, but has only recently been encouraged.

B. Policy Recommendation

1. Resolve that a continued liberalization in the Social Security Retirement Test be encouraged -- which permits Social Security beneficiaries to keep their benefits when their earnings increase.

A. Issue

1. Many elderly citizens have found that if their work history is fragmented due to job changes they lose their pension benefits.

B. Policy Recommendations

1. Resolve that the Employee Retirement Income Security Act of 1974 be liberalized, especially with regard to portability, so that workers who change jobs will not lose pension benefits.
2. Resolve that a comprehensive study be made to examine issues regarding pension portability.

A. Issue

1. Supplemental Security Income does not adequately address the needs of the elderly.

B. Policy Recommendations

1. Resolve that the Federal Supplemental Security Income Program guarantee the aged, blind, and disabled a minimal income of at least 10% above the Office of Management and Budget's established poverty guidelines.
2. Resolve that Congress guarantee that Supplemental Security Income benefits will not be reduced when Social Security benefits rise.
3. Resolve that the one-third reduction in benefits, imposed when a Supplemental Security Income recipient lives in another person's household, be ended.

A. Issue

1. Although sponsors of the original legislation establishing Supplemental Security Income (SSI) intended to create a clear and simple program that would distribute assistance to people fully in need, it has evolved into a complex and often intrusive bureaucratic nightmare.

B. Policy Recommendations

1. Resolve that a permanent outreach and information program by the Social Security Administration be established to inform potential recipients of their rightful benefits, including public service announcements.
2. Resolve that it be mandated that processing by the Social Security Administration of all applications for Supplemental Security Income benefits be done with the utmost promptness, preferably within 30 days. Furthermore, the present advance should be increased to cover full amount of the standard monthly payment for two months; the present provision for advance payments on the basis of presumptive disability should be broadened to include presumptive blindness.
3. Resolve that legislation be enacted to provide a permanent mechanism for on-going emergency assistance, to be used as often as needed, effective within 24 hours of a recipient's application for such aid.

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4. Resolve that ombudsmen be used at the state or regional level to respond to claims that individuals have been denied benefits to which they are entitled, based on the results of the current Social Security Administration's experimental program.

FORMAL AND INFORMAL SUPPORT SYSTEMS

A. Issue

1. There has been limited participation by local senior citizens in Congressional hearings on the Older Americans Act.

B. Policy Recommendations

1. Resolve that senior citizens advocate on Capitol Hill either through testimony or letters before the appropriate subcommittees.
2. Resolve that senior citizens advocate for the continued exclusion of Older Americans Act funds from multi social service block grants to states.

A. Issue

1. There is an ineffective information and referral system within the local communities.

B. Policy Recommendations

1. Resolve that local senior citizen advocacy organizations assist in developing a more effective information and referral system by doing the following:
 - a. Identify resource providers within the community to assist in distributing information to targeted populations (churches, other volunteer organizations, hospitals, centers, employers, libraries, schools, etc.)
 - b. Develop a plan to coordinate services through service providers to insure an effective and comprehensive system (vendors, transit agencies, legal agencies, consumer protection agencies, and other federally and/or locally subsidized programs.)
 - c. Provide for a regular examination and monitoring of the systems to ascertain their effectiveness, and efficiency to reach the proper targeted population.

A. Issue

1. There is a need to establish mechanisms that link churches and non-profit organizations in the provision of services to the elderly.

B. Policy Recommendations

1. Resolve that the churches and other nonprofit organizations which provide services to the elderly be compensated by a direct grant from Older American Act/multi social service block grants.
2. Resolve that churches and other nonprofit organizations set up committees for the elderly with the sole responsibility of providing services not only to the members of the said organization but to the community as a whole.

HEALTH

A. Issue

1. The existing health care delivery system focuses on acute care needs,

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while aging persons have a major need for chronic and preventive care services.

B. Policy Recommendations

1. Resolve that a major effort be undertaken to develop a comprehensive, coordinated health care system that emphasizes continuity of care and balances hospital and institutional care with home health and community care, including, for example, outreach, prevention and screening services, dental health, podiatry, and other health services.
2. Resolve that the role of the family as a resource for health care be recognized and financially supported.
3. Resolve that medical coverage for mental health care be expanded, both in terms of financial reimbursement and coverage for a broader range of mental health services, including adult day care, outreach, prevention and screening services, and other social services.
4. Resolve that standards be established for home health care provider agencies. Quality assurance should be enforced broadly throughout the health care system, including both public and private agencies.

A. Issue

1. Existing health care financing arrangements under Medicare, Medicaid, and private insurance for the aging do not adequately cover costs.

B. Policy Recommendations

1. Resolve that, along with cost containment efforts, new avenues for generating revenue to support aging health services be found. Corporate and individual tax credits, incentives and write-offs for contributions to public and private health care programs should be expanded to provide incentives for voluntary contributions.
2. Resolve that an insurance plan for long-term care be developed.
3. Resolve that public funds be directed to the meeting of human needs rather than the advancement of a particular discipline or technology.
4. Resolve that health care be established as a right rather than a service available on the basis of ability to pay.
5. Resolve that community based programs receive greater financial support, including direct financial support for families maintaining older persons in the home.
6. Resolve that there be no cuts or caps on Medicaid funding for aging health care services.
7. Resolve that health care funds be redistributed to achieve a balance between acute and institutional care and community based services.

A. Issue

1. The nature of health care for aging persons requires a team approach which includes professionals, paraprofessionals and volunteers.

B. Policy Recommendations

1. Resolve that sufficient educational support be made available to insure future adequate supply of needed health professionals prepared with content specifically related to aging.
2. Resolve that professional licensure examinations test knowledge related to aging persons and aging.
3. Resolve that health care continuing education be required and available to professionals, paraprofessionals and volunteers.
4. Resolve that efforts be made to insure appropriate utilization and distribution of health manpower personnel.

DISTRICT OF COLUMBIA

A. Issue

1. There is inadequate consumer knowledge of preventive, maintenance and restorative health care services.

B. Policy Recommendations

1. Resolve that greater use be made of the media to disseminate knowledge and understanding of aging.
2. Resolve that attention be given to increasing the nutritional knowledge of aging persons and their families.
3. Resolve that efforts be made to insure greater knowledge of healthful living patterns, with emphasis on promoting the older person as their own resource for healthy living which includes content such as proper use of medication, alcohol and stress management.

A. Issue

1. Research related to aging persons is in the formative stage.

B. Policy Recommendations

1. Resolve that there be a continuation of basic and applied research in the bio-medical and social science fields.
2. Resolve that research which enhances the direct provision of services be encouraged.

HOUSING

A. Issue

1. There is a shortage of affordable rental units for the elderly.

B. Policy Recommendations

1. Resolve that elderly tenants who are displaced by condominium conversions be assisted in purchasing their units.
2. Resolve that developers who undertake condominium conversions be required to set aside a number of rental units in order to prevent displacement of the elderly.
3. Resolve that the number of subsidized rental housing units be increased.
4. Resolve that housing alternatives be developed that will maximize use of the existing housing stock, e.g.: (a) conversions to shared housing, (b) granny flats, (c) equity conversion programs, (d) sale-lease back programs, (e) congregate housing services.

A. Issue

1. Many elderly are unaware of housing programs that could benefit them.

B. Policy Recommendations

1. Resolve that the elderly be educated in the processes of government regarding housing legislation, regulations, and programs.
2. Resolve that an Office of Elderly Affairs be established in the Office of the Secretary of HUD, and an elderly housing ombudsman in each HUD area office.
3. Resolve that reports be made to the community on the outcome of recommendations made at public hearings dealing with housing issues.
4. Resolve that minority elderly, especially those with different languages, be provided with opportunities to participate in all housing programs.

DISTRICT OF COLUMBIA

A. Issue

1. Because of the lack of training programs or certification requirements for management positions in public housing, managers are often insensitive to the special needs and physical limitations of elderly tenants. Secondly, the physical planners of housing for the elderly lack the training necessary to design units that meet the frailty needs of many tenants.

B. Policy Recommendations

1. Resolve that housing managers and other individuals dealing with the elderly be trained in the physical and psychological aspects of aging.
2. Resolve that architects and designers receive appropriate training in order to improve the design and environment of elderly housing.
3. Resolve that HUD be required to develop housing design, management, and certification standards for housing for the elderly.

A. Issue

1. Confusion and inequities arise from the different age and income eligibility requirements, as well as funding cycles, for federal programs serving the elderly. Secondly, the requirement to mix young handicapped (e.g., drug addicts or mentally retarded) persons with elderly persons in federally assisted housing leads to unsatisfactory relationships and management problems.

B. Policy Recommendations

1. Resolve that eligibility requirements (age, income, funding cycles) for housing and other programs for the elderly be standardized.
2. Resolve that the age eligibility for Social Security not be raised.
3. Resolve that the increase to 30% of income for rental assistance be repealed.
4. Resolve that the requirement to include young handicapped persons in housing for the elderly be dropped.

A. Issue

1. Spiralling costs of energy, maintenance, repairs, and property taxes are forcing many elderly homeowners from their homes.

B. Policy Recommendations

1. Resolve that policies be implemented to assist the elderly to remain in their own homes.
2. Resolve that financial assistance for home repairs be made available to elderly homeowners.
3. Resolve that energy and weatherization assistance be provided to elderly homeowners.

A. Issue

1. The elderly who need special housing need it because of diminished health and income. Hence they require other services which cannot be provided by housing authorities.

B. Policy Recommendations

1. Resolve that a Director of Elderly Affairs be established at the Office of the Secretary level in each agency that administers program impacting on the elderly.
2. Resolve that coordinating roles be established at lower levels of government.

DISTRICT OF COLUMBIA

3. Resolve that all elderly housing projects be required to file a report with HUD on the physical state of residents.
- A. Issue
1. There are elderly poor who have no homes at all. Some of them wander about the city, carrying their few belongings with them, and take food and shelter wherever they can find it.
- B. Policy Recommendation
1. Resolve that housing be developed for the homeless elderly.

OLDER AMERICANS AS A COMMUNITY RESOURCE

- A. Issue
1. The current failure to utilize older persons as a resource to increase productivity results not only in lower productivity but also in their increasing dependence on tax-supported programs for income maintenance and services.
- B. Policy Recommendation
1. Resolve that, to enhance their opportunities for productive service, the government undertake a national public education program portraying the elderly as a growing national resource rather than a liability, and emphasize the dollar value of their being employed or serving as volunteers. The purpose would be to change attitudes toward aging. The education program should be directed to the media, the schools beginning in primary grades, private employers, and government agencies, especially employment agencies.
- A. Issue
1. There are many discriminatory practices which force older workers out of the labor market, and insufficient monitoring and enforcement of the law preventing discrimination because of age.
- B. Policy Recommendations
1. Resolve that federal, state and local governments be model employers for: (a) using persons according to ability regardless of age, (b) designing part-time and flex-time options in employment, (c) enforcing the law preventing discrimination because of age.
 2. Resolve that placement services for older persons be reinstated in all public employment offices.
- A. Issue
1. Older persons are discouraged from contributing to their own well-being as well as to the well-being of others through volunteer work because of several factors -- ageism fostered by the news media, lack of remuneration for expenses, inappropriate use of skills, exploitation in assignments and lack of recognition.
- B. Policy Recommendations
1. Resolve that agencies utilizing volunteers provide staff orientation concerning acceptance and utilization of volunteers in their organizations.
 2. Resolve that agencies designate a staff person to be responsible for orientation, interviewing, job placement, training, recognition and the general satisfaction of the volunteer.

DISTRICT OF COLUMBIA

3. Resolve that agencies budget for out-of-pocket expenses of their volunteers.

A. Issue

1. Many senior citizens do not know about opportunities for service in their own communities.

B. Policy Recommendation

1. Resolve that churches, news media, libraries, nutrition sites, senior centers, etc. be utilized in the development of awareness programs.

A. Issue

1. Many of the services available to the elderly are fragmented or duplicated by various private and public agencies, thus reducing their effectiveness.

B. Policy Recommendation

1. Resolve that the nation-wide network of state and area agencies on aging serve as catalyst and coordinator for providing counseling, referral, placement and training services for older persons for both paid and volunteer work.

A. Issue

1. There are insufficient mechanisms to efficiently utilize available senior citizen manpower.

B. Policy Recommendation

1. Resolve that the state unit on aging create a centralized (national) talent bank to tap manpower when or where needed (doctors, educators, social workers, carpenters, etc.).

TRANSPORTATION

A. Issue

1. Public transit is not accessible to the elderly for a number of reasons.

B. Policy Recommendations

1. Resolve that there be more communication regarding transit service between the public transit system and senior citizens through their organizations such as senior centers, neighborhood councils and other organizations.
2. Resolve that the needs of the elderly be viewed separately from those of the handicapped. For example, kneeling buses are more important for the elderly than are lift buses.
3. Resolve that there be better enforcement of parking restrictions in bus zones, in order to allow buses to pull directly up to the curb. In this context, there needs to be more coordination between transit and appropriate city agencies.
4. Resolve that the transit system provide better signs and information about bus destinations and routes, especially on the vehicles.

A. Issue

1. Neighborhood travel and special travel needs of the elderly are not well met by present services of public, private or other agencies.

DISTRICT OF COLUMBIA

B. Policy Recommendations

1. Resolve that a policy be established requiring transportation service coordination among all agencies and groups providing transportation in order to assure the most effective use of resources. But, note that some elderly indicate that they do not want to have their service carry non-elderly riders.
2. Resolve that greater consideration be given by public transit and specialized transportation services to provide a broader range of trip purposes beyond medical and basic trips. Examples are recreational, social and similar trips.
3. Resolve that the urgent need be recognized for greater neighborhood and local transportation services not now being met by the transit system.
4. Resolve that the need be recognized for more crosstown and feeder service to bus stops and stations.
5. Resolve that local communities be allowed greater flexibility in setting the trip purposes to be served and in choosing between mass transit and specialized services (such as neighborhood service).
6. Resolve that greater enforcement of taxi regulations be provided to assure that taxi drivers not discriminate against the elderly.
7. Resolve that payment procedures for Medicaid and other transportation vouchers be simplified and reimbursement to taxi drivers expedited.

A. Issue

1. Resources currently available do not meet the transportation needs of the city's elderly.

B. Policy Recommendations

1. Resolve that greater efforts at coordination among transportation providers be initiated in order to use existing resources more efficiently and effectively.
2. Resolve that the Reagan administration be informed of the passionate plea by participants in this session for reevaluation of budget cuts in terms of their negative impact on the elderly.

A. Issue

1. Advocacy by the elderly is necessary to assure attention to their special needs.

B. Policy Recommendations

1. Resolve that the elderly undertake an aggressive role of advocacy and citizen participation.
2. Resolve that IRS allow volunteers to take deductions for their auto use, time, and other expenses.

A. Issue

1. The minority elderly have complex transit problems, combinations of the problems of being elderly and being minority.

B. Policy Recommendations

1. Resolve that the public transit system provide greater protection on vehicles, at stations and bus stops, especially in the high crime areas where minority elderly often live.
2. Resolve that the public transit system periodically evaluate routes to assure that the needs of the minority elderly are being met, especially with reference to neighborhood transportation.
3. Resolve that bus operators and other public transit employees receive periodic sensitivity training on the needs of the elderly and be trained to respond to questions by the elderly regarding routes and uses of the system.

DISTRICT OF COLUMBIA

4. Resolve that the public transit system provide multilingual communication and information services in those areas where minority elderly have language problems.

A. Issue

1. The elderly have special problems as pedestrians.

B. Policy Recommendations

1. Resolve that federal policy regarding "right turn on red" be evaluated in terms of the elderly pedestrian.
2. Resolve that signs and signal lights be designed to be easily read by those with vision problems--elderly or otherwise.
3. Resolve that signal lights and walk/wait signals be set to provide adequate time for the older pedestrian (and others with movement limitations) to cross streets and intersections safely.
4. Resolve that programs of driver and pedestrian education as to rights and responsibilities be initiated along with more enforcement.

A. Issue

1. The elderly have special problems regarding automobile transportation.

B. Policy Recommendations

1. Resolve that driver licensing and renewal requirements be based on specific criteria related to driving skills and accident experience, not age.

* U.S.G.P.O. 720-019/1302-4583

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT
FROM
GUAM

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

In preparation for the 1981 White House Conference on Aging scheduled for November 30 - December 3, 1981, the Conference Office invited the governors of each state to designate a White House Conference on Aging Coordinator who would serve as liaison in the planning and implementation of all pre-conference activities at the local and state levels. These activities began in 1980, with a series of community forums involving thousands of people of all ages who came together to discuss the concerns of older Americans. The forums were sponsored by a wide range of interested organizations as well as Area Agencies on Aging, and were held in a variety of settings across the country. In each state, the views and opinions generated at these forums were forwarded to the convenors of the state White House Conferences on Aging.

State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE Guam STATE COORDINATOR Judge Joaquin V.E. Manibusan

TOTAL # FORUMS 16 % URBAN -0- % RURAL 100

TOTAL # PARTICIPANTS 693

ISSUES OF CONCERN (top 10 priorities)

1. Public Assistance programs categorically disqualify many older people who own land despite the fact that many of them have inadequate incomes, if any, and that the property is non-income producing.
2. The standards for Public Assistance have not, for the past 12 years, been adjusted or indexed to the cost-of-living.
3. The elderly of Guam are not receiving the benefits of the SSI program due to Guam's exclusion in the legislation governing that program.
4. Medicaid and Medicare coverage is extremely inadequate.
5. Aging service programs are not effective because of fragmentation and lack of coordination.
6. The absence of public transportation and the inefficient private-vehicle mode of transportation prevent proper service delivery.
7. Bureaucracy often frustrates many older people from applying for assistance.
8. Many older people are in need of non-institutional care particularly therapeutic and maintenance care outside of a hospital setting.
9. The high cost of medical and dental care is beyond the economic means of most elderly on Guam.
10. As a result of limited income and the lack of discount programs, many elderly are not active consumers.

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. The welfare agency must advocate vigorously to have the standards on assets limits raised or eliminated.
2. The welfare agency must seek to have changed the fixed benefits levels for public assistance so that it more closely meets the cost-of-living.
3. Local legislators and Guam's single congressional delegate must request the federal government to extend the SSI program to Guam.

4. Medicaid and Medicare coverage should be expanded to include more medical and health services.
5. Service programs should be integrated and coordinated so that it functions as an efficient system.
6. Guam should have some sort of public transportation specifically for the elderly and handicapped.
7. Public agencies must administer programs with as little bureaucratic "red tape" as possible.
8. Day care and day health programs should be implemented within the near future.
9. A low cost medical/health insurance program for the elderly should be developed.
10. Private businesses should address more the needs of an older consumer market.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Guam Date of Conference March 13, 1981
3) Place of Conference Hafa Adai 1, Theater, Tamuning, Guam
4) Name of Person Submitting Report Judge Joaquin V.E. Manibusan
5) Title of Person State Coordinator

Participation

- 6) Total No. of Participants 705 7) Sex: Number of Female 508
Number of Male 197
8) Ethnicity/Race: .2 Black; .4 Hispanics; 2 Caucasian'
96.4 Pacific/Asian; -0- American Indian; 1 Other (Please state approx-
imate % of each)
9) Handicapped 4 (Please state approximate % only)
10) Age: 44 under 55 661 55 and over

ECONOMIC WELL-BEINGSummary of Issues and RecommendationsA. (1) Issue

Public Assistance programs categorically disqualify many older people who own land despite the fact that many of them have inadequate incomes, if any, and that the property is non-income producing.

B. (1) Policy Recommendation(s)

1. Legislation should be introduced to have the assets limit for determining eligibility raised or eliminated.
2. The aging authority should advocate for exclusion of older people who fall into the category of economically needy from the assets limit regarding real property.

A. (2) Issue

The standards for Public Assistance have not, for the past 12 years, been adjusted or indexed to the cost-of-living.

B. (2) Policy Recommendation(s)

1. The welfare administration must seek to have changed the fixed benefits levels for public assistance so that it more closely meets the present cost-of-living.

A. (3) Issue

The elderly of Guam are not receiving the benefits of the SSI program due to Guam's exclusion in the enabling legislation.

B. (3) Policy Recommendation(s)

Local legislators and Guam's congressional delegate must request the federal government to amend the law and extend the SSI program to Guam.

A. (4) Issue

Benefits for elderly who are Social Security recipients are not sufficient to meet the high cost of living on Guam.

B. (4) Policy Recommendation(s)

1. Social Security benefits should be indexed to cost-of-living rather than to the maintenance of the income of older people.
2. The Social Security Agency on Guam should become more aware of the growing number of elderly on welfare and resolve to curtail that growth through a more vigorous outreach program.

A. (5) Issue

As a result of limited and fixed incomes and the lack of discount programs many older people are not active consumers.

B. (5) Policy Recommendation(s)

1. Private businesses should address the needs of an expanding older consumer market.
2. Government agencies should begin to deal directly and exclusively with the aging consumer.

HEALTH CARE

A. (6) Issue

The high cost of health care is beyond the economic means of most elderly therefore they often neglect their health.

B. (6) Policy Recommendation(s)

1. Policy makers should enact legislation prohibiting a means test on elderly who are clearly in need of treatment regardless of their economic status.
2. A cost containment program for medical care should be implemented.
3. Providers of health care must be encouraged to offer lower cost alternative types of care through the use of financial incentives.

A. (7) Issue

Medicaid and Medicare benefits are not adequate to cover many of the health needs of the elderly.

B. (7) Policy Recommendation(s)

1. Both Medicaid and Medicare should include coverage for home care, diagnostic and preventive services, dental, eye and hearing care and aids, as well as for other prosthetic devices.
2. Both programs should be re-designed so that the emphasis will be placed on prevention and monitoring of chronic conditions rather than an acute care orientation.
3. Both programs should provide for adequate reimbursement in cases where there is not coverage for physician charges from payments by the program.

SOCIAL SERVICES

A.(8) Issue

Many elderly are not aware of benefits, entitlements, and services available to them because of the absence or lack of information from provider agencies.

B.(8) Policy Recommendation(s)

Provider agencies, public and private, should initiate a broad-based public information program which would serve to educate as well as inform.

A.(9) Issue

Bureaucracy often frustrates many older persons from applying for assistance.

B.(9) Policy Recommendation(s)

The bureaucratic system of forms administering and channeling should be revamped to alleviate much of the "red-tape" and therefore much of the frustration.

A.(10) Issue

Aging services programs are not effectively serving the elderly because of fragmentation and lack of coordination.

B.(10) Policy Recommendation(s)

1. Service programs should be integrated and coordinated so that it functions as an efficient system.
2. The aging authority should be under one central planning and administration agency.
3. Older people should have active roles in the development and implementation of all service programs.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

NAVAJO NATION

Note: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

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WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE NAVAJO NATION STATE COORDINATOR Richard Collins

TOTAL # FORUM 5 % URBAN % RURAL 100%

TOTAL # PARTICIPANTS 438

ISSUES OF CONCERN (top 10 priorities):

1. Reauthorization of Older American Act: 1. Nutrition 2. Social Services including Title VI.
2. Reauthorization Food Stamps & Commodities/Food Nutrition Services.
3. Supporting opposition of Relocation of elderly of the Navajo/Hopi Joint Use Area.
4. Reauthorization of the Special Elderly/Handicapped Housing Program/ HUD.
5. Reauthorization of the Energy Assistance Low Income/Community Service Administration.
6. Reauthorization of the Legal Service Corporation through H.R. 2506.
7. Status Report - BIA/IHS of '71 WHCOA Recommendations.
8. Reauthorization of Public Service Employment/Comprehensive Employment Training Act as assistance to Aging Program/DOL.
9. Title XX - Improvement and Changes - Nutrition and Social Services.
10. Amend Code regarding Public Service Volunteers.

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Congress reauthorize the Older Americans Act with appropriate amendments including Title VI.
2. Congress reauthorize funds for Food Stamps and USDA Commodities Program with existing eligibility requirements.
3. Congress rescind PL. 93-531, Navajo and Hopi Land Settlement Act and request and investigation of effects of this forced relocation of elderly.
4. Congress mandate 15% of HUD allocation to be identified for elderly and handicapped housing needs, with special emphasis on rural and alternative housing programs.
5. Congress reauthorize Low Income Energy Assistance Programs with special provisions for rural areas.
6. Congress authorize Legal Service Corporation through H.R. 2506.
7. Congress mandate BIA and IHS establish an Aging Policy regarding service to Indian elderly in addition to a formal report in response to recommendations of the 1971 and 1981 WHCOA.
8. Congress reauthorize CETA Public Service Employment with emphasis on assistance to Elderly Services Program.
9. Congress amend Title XX of the Social Security Act to include single grant appropriation to Navajo Nation and eliminate required cash match.
10. Congress amend U.S. Internal Revenue Code in regard to Public Service Volunteers.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State NAVAJO NATION 2) Date of Conference Mar.24-26, 1981
3) Place of Conference Navajo Community College, Tsaile, Arizona
4) Name of person submitting report Richard F. Collins
5) Title of Person State Coordinator/Director-Navajo Aging Services Department

Participation

- 6) Total No. of Participants 438 7) Sex: No of Female 236
No of Male 202
8) Ethnicity/Race: Black; Hispanics; .01% Caucasian;
Pacific/Asian; 99.9% American Indian; Other (Please
state approximate % for each)
9) Handicapped 1% (Please state approximate % only)
10) Age: 134 under 55 304 55 and over

Summary of Issues and Recommendations by Major Topics.

FEDERAL LAW AND POLICY CHANGES

A. Issues

1. Recommendations for Reauthorization of Older Americans Act, specifically Title VI, Grants for Indian Tribes.
2. Congressional hearings on the reauthorization of the Act have not included minority testimony.
3. The Navajo elders wish to modify the Act to make it more responsive to their needs.

B. Policy Recommendations

1. No services be mandated by Titles III or VI.
2. Eligibility for services under Title VI be lowered from 60+ to 55+.
3. The population requirement for tribes to receive Title VI funds be lowered from 75 elders to 50 elder, or deleted completely.
4. Title VI be funded at a level of \$25,000,000.
5. Congress identify an equitable funding formula for Title VI.

NAVAJO NATION

6. Congress shall encourage the use of the Title VI and other funds for intergenerational programs.
7. An Indian Desk to be established within the Administration on Aging.
8. Target monies for minority elderly, be incorporated in Title III.

C. Action Recommendations

1. That Congress amend Title VI (in accordance with the above identified) recommendations.
2. That AoA identify funds to establish an Indian Desk.

A. Issue

1. Title XX funds are appropriated separately to the Navajo Nation by the states of Arizona and New Mexico and Title XX funding is inadequate to meet needs.
2. There are no Title XX funds appropriated by the State of Utah specifically for the Utah portion of the Navajo Nation.
3. Title XX regulations are overly restrictive and prohibit maximum potential of service delivery.
4. Title XX requires a local cash match of 25% which directly limits the use of available Title XX funds.

B. Policy Recommendations

1. Title XX funds be funded directly to the Navajo Nation in a single grant inclusive of all three states: (Arizona, Utah and New Mexico).
2. Title XX appropriation levels be increased.
3. The Navajo Tribal Program be allowed to develop its own eligibility requirements and service definitions.
4. Requirement for cash matching of funds be eliminated.

C. Action Recommendations

1. Congress amend Title XX of the Social Security Act in accordance with the above recommendations.

A. Issue

1. The present income tax provisions of the U.S. Internal Revenue Code do not allow public service volunteers to deduct transportation costs incurred by use of their own vehicles during the course of volunteer work.

B. Policy Recommendations

1. Allow public service volunteers a deduction for transportation and/or cost of private vehicle operation while in the course of volunteer work.

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C. Action Recommendation

1. Congress amend the U.S. Internal Revenue Code.

HUMAN RIGHTS

A. Issue

1. In accordance with Public Law 93-531, Navajo and Hopi Land Settlement Act, as amended by P.L. 96-305, Navajo and Hopi Indian Relocation Amendment Act, Congress has mandated that 6,000 Navajo Citizens of the United States including over 1,000 elderly and handicapped, be subject to forced relocation from their homelands.
2. Congress is uninformed and is not aware of the adverse impact and consequences which will be suffered by all relocatees and the United States if Congress continues to perpetuate this inhumane treatment and disregard of individual Human Right.
3. The Older Americans Act was originated to protect the rights of all elderly of the United States. The relocation of elderly and their families is in direct conflict with the intent of Congress in establishing the Older American Act, and is in violation of all Human Rights.

B. Policy Recommendations

1. Request that the WHCOA officially oppose all Federal Law & Policies which do not protect the rights of the elderly and will cause extreme and unnecessary hardship.
2. Request that Public Law 93-531 be rescinded.

C. Action Recommendations

1. WHCOA request an investigation of the effect of relocation by the Executive Branches of the U.S. Governments (Interior, Health and Human Services, Housing and Justice) to be monitored by the Federal Council on Aging.
2. Congress rescind Public Law 93-531, Navajo and Hopi Land Settlement Act.

SOCIAL SERVICES

A. Issue

1. Proposed cuts of the Food Stamp Program will adversely effect hundreds of low income Navajo families who will not be able to substitute cash for the loss of food stamps.
2. Proposed cuts and possible elimination of the USDA Commodity Food Program will have drastic effects on Navajo participants, especially the elderly who rely on the commodities due to their low income, lack of mobility and rural isolation.

NAVAJO NATION

B. Policy Recommendations

1. The Food Stamp Program maintain the present eligibility requirements and current levels of funding.
2. The USDA Commodity Program maintain current funding levels.

C. Action Recommendation

1. Congress appropriate funds for the Food Stamp and USDA Commodities Program at an increased level of funding.

A. Issue

1. Inadequate housing is available for elderly and handicapped individuals.
2. Funds are not available for alternative housing systems to facilitate deinstitutionalization.
3. Many housing programs do not consider the conditions of rural and reservation areas.

B. Policy Recommendations

1. Recommend that HUD allocate at least 15% of its total budget to housing for the elderly and amend regulations which create difficulties for local housing agencies to implement elderly priority.
2. Special funding for other government agencies which support Navajo Nation housing programs; e.g. IHS, BIA Rural Electrification Administration.

C. Action Recommendations

1. Congress mandate that 15% of allocation to HUD be set aside for elderly and handicapped housing needs with special emphasis on rural communities.
2. Congress identify special funds for alternative housing program.
3. Congress appropriate increased amounts for other government agencies which support Indian Tribal housing programs; IHS, BIA, Rural Electrification Administration.

A. Issue

1. The energy assistance needs of Navajo and other rural elderly require increased financial assistance to meet the unique situations which create increased fuel costs.
2. The State of Arizona has been categorized within the "Sunbelt Policy", of the Low Income Energy Assistance guidelines thereby reducing the amount of assistance available to the NAVAJO NATION which is located in the northern portion of the State where winters are severe.

NAVAJO NATION

B. Policy Recommendations

1. Increase appropriation for Low Income Energy Assistance with special provisions for rural elderly.
2. Delete the northern portion of the State of Arizona, including the Navajo Nation, from the "Sunbelt Policy" of the Energy Assistance guidelines in consideration of the severe winters.

C. Action Recommendations

1. Congress increase appropriations for Low Income Energy Assistance Programs with special provisions for rural areas.
2. Implement necessary steps to delete the northern portion of the State of Arizona, including the NAVAJO NATION, from "Sunbelt Policy" category.

A. Issue

1. The potential abolishment of all programs under the Legal Services Corporation, will seriously jeopardize the rights of low income families, especially elderly, to receive legal services.

B. Policy Recommendations

1. Continuation of funding of the Legal Service Corporation.

C. Action Recommendation

1. Reauthorization of Legal Services Corporation through H.R. 2506.

PROGRAM ADMINISTRATION

A. Issue

1. The 1971 WHCOA made specific recommendations to the U.S. Bureau of Indian Affairs and the Indian Health Service in reference to services to be provided to Indian Elderly through these agencies.
2. To date there has been no response by either the BIA or the IHS in reference to the recommendations.
3. There is no established Aging policy in regards to services to be provided to elderly Indian by the BIA or IHS.

B. Policy Recommendations

1. 1981 WHCOA request a report by both the BIA and the IHS addressing the recommendations made by the 1971 WHCOA.
2. Request the BIA and IHS establish an Aging policy in specific reference to services to the elderly.

NAVAJO NATION

C. Action Recommendations

1. Congress request a formal report from the BIA and IHS in response to the recommendations of the 1971 and 1981 WHCOA.
2. Congress mandate that the BIA and the IHS establish an Aging policy regarding services to Indian elderly in conjunction with public hearings and recommendations and to be reviewed by Indian Tribes.

A. Issue

1. CETA-Public Service Employment and other Department of Labor program are of vital importance to the operation of most aging programs throughout the United States.
2. The reduction of available CETA funds will drastically effect the delivery of services to needy elderly, as well as a loss of potential employment to elderly.

B. Policy Recommendations

1. Continue funding of CETA Public Service Employment under Department of Labor with special emphasis in relation to Elderly Service Programs.
2. Reinforce the requirement that 10% of local funds be set aside to employ eligible elderly.

C. Action Recommendations

1. Congress authorize funds to Comprehensive Employment Training Act to maintain level of assistance provided to Elderly service programs.
2. Congress reinforce the mandate that 10% of appropriation be utilized to employ eligibe elderly.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT
FROM

NORTHERN
MARIANA ISLANDS

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State White House Conferences on Aging were held in each of the states and territories, and by the Navajo Nation from September 1980 through June 1981. The state conferences allowed citizens, organizations, and government leaders to examine the quality of life for older Americans within each state and to analyze the capacity of existing programs and social institutions that serve the needs of this special population. Organized by the state coordinators, and in some cases by state steering committees, the state conferences were designed so that the views of the local and the state citizenry might be assimilated in order to prepare formal recommendations for the National Meeting. These recommendations are reproduced as they were received in the text of this report for your information and review.

WHITE HOUSE CONFERENCE ON AGING
1
SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE QMI STATE COORDINATOR Edward M. Cabrera

TOTAL # FORUMS 6 % URBAN _____ % RURAL 100

TOTAL # PARTICIPANTS 150

ISSUES OF CONCERN (top 10 priorities):

- 1., There is a need to develop a transportation systems that address transportation needs of the elderly.
 - a., There is a need to provide a comprehensive Health Services delivery systems that address the Health Care needs of the elderly.
- 2., Often times criteria established for eligibility requirements/determinations in programs specifically developed to benefits the elderly tends to disrupt the culture of the Pacific Territories.

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

- 3., Resolve that the Administration on Aging within the Office of Human Development Services allows State and Area Agencies on Aging flexibility to transfer funds from Title III Part C (Congregate) to Title III Part B (Social Services) under the Older American Act.
 - a., Resolve that the U.S. Congress allow transfer of funds from Part C- Congregate to Part B - Social Services by amending the Older Americans Act of 1965 as Amended.
 - b., Resolve that the U.S. Congress should increase funding appropriated under the Older Americans Act of 1965 as Amended to allow State and Area Agencies to expand Home Health Care Program for the elderly.
 - c., Resolve that the U.S. Congress established a commission consisting of Federal Representative and Pacific Territories to review existing Federal Regulations that are inapplicable to the U.S. Pacific Territories.

STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State CNMI 2) Date of Conference 4/24/81
3) Place of Conference Susupe, Saipan, CM
4) Name of Person Submitting Report Edward M. Cabrera
5) Title of Person Coordinator, White House Conference on Aging

Participation

- 6) Total No. of Participants 43 7) Sex: Number of Female 26
Number of Male 17
8) Ethnicity/Race: Black; Hispanics; Caucasian;
 X Pacific/Asian; American Indian; Other (Please
state approximate % for each)
9) Handicapped (Please state approximate % only)
10) Age: 1 under 55 42 55 and over

Summary of Issues and Recommendations

TOPIC

A. Issues

(State the issues your state identified in a brief, concise and clear manner).

B. Policy Recommendations

(State what administrative and/or legislative policy/policies your state is recommending to resolve the issues).

C. Action Recommendations (Optional)

State how the recommendation/s can be implemented and by whom it can be implemented).

NOTE: Reports are not to exceed 10 pages, single spacing (plus your community forum summary).

(Please see sample report attached)

SERVICE DELIVERY SYSTEMS

A., Issues

- 1., There is a need to develop a transportation systems that address transportation needs of the elderly.

B., Policy Recommendations

- 1., Resolve that the Administration on Aging within the Office of Human Development Services allows State and Area Agencies on Aging flexibility to transfer funds from Title III Part C (Congregate) to Title III Part B (Social Services) under the Older American Act.

C., Action Recommendations

- 1., Resolve that the U.S. Congress allow transfer of funds from Part C - Congregate to Part B - Social Services by amending the Older Americans Act of 1965 as Amended.

A., Issue

- 1., There is a need to provide a comprehensive Health Services delivery systems that address the Health Care needs of the elderly.

B., Policy Recommendations

- 1., Resolve that the U.S. Congress should increase funding appropriated under the Older Americans Act of 1965 as Amended to allow State and Area Agencies to expand Home Health Care Program for the elderly.

PHYSICAL & SOCIAL ENVIRONMENT

A., Issue

- 1., Often times criteria established for eligibility requirements/determinations in programs specifically developed to benefits the elderly tends to disrupt the culture of the Pacific Territories.

B., Policy Recommendations

- 1., Resolve that the U.S. Congress established a commission consisting of Federal Representative and Pacific Territories to review existing Federal Regulations that are inapplicable to the U.S. Pacific Territories.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

PUERTO RICO

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WHITE HOUSE CONFERENCE ON AGING
SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE	<u>Puerto Rico</u>	STATE COORDINATOR	<u>Dr. Jenaro Collazo</u>
TOTAL # FORUMS	<u>315</u>	URBAN	<u>49.0</u>
		RURAL	<u>51.0</u>
TOTAL # PARTICIPANTS	<u>6,834</u>		

ISSUES OF CONCERN (top 10 priorities):

1. Housing
2. Health Services
3. Economic Security
4. Older Americans As a National Resource
5. Social Services
6. Long- Term Care
7. Employment
8. Transportation
9. Retirement
10. Community Integration

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities)

1. Increase funds to improve housing conditions.
2. Create community awareness in regard to problems and ways of relating to elders.
3. Increase part-time employment.
4. Improve physical and mental services.
5. Increase income for elders to meet basic needs.
6. Orient elders and community in regard to rights, duties and existing services.
7. Improve public transportation.
8. Serve medicines free of charge or at low prices.
9. Increase homes for the elderly.
10. Increase house-keepers' services.

Identifying Data

- 1) State Puerto Rico 2) Date of Conference March 12-13, 1981
3) Place of Conference Convention Center
4) Name of Person Submitting Report Dr. Jenaro Collazo- Collazo
5) Title of Person WHCoA State Coordinator

Participation

- 6) Total No. of Participants 301 ^{1/} 7) Sex: Number of Female 222
Number of Male 79
- 8) Ethnicity/Race: Black: 100% Hispanics: Caucasian:
 Pacific/Asian: American Indian: Other:
(Please state approximate % for each)
- 9) Handicapped 10% (Please state approximate % only)
- 10) Age: 199 under 55 102 55 and over
- 1/ 301 Returned questionnaires
91 Did not return questionnaires

Summary of Issues and Recommendations

AGE INTEGRATED SOCIETY

A. Issue

1. It is an undeniable fact that a democracy the general well being of all its citizens is the most important concern. The aging citizen of the nation is not an exception.

B. Policy Recommendations

1. A clear and appropriate definition of public policy guaranteeing the rights and expanding the services of elderly citizens is necessary.
2. The needs of elderly citizens demand nation-wide awareness; an effort to meet the current and enlarging serving needs of the fastest growing segment of our population must be strengthened and maintained.

C. Action Recommendations

1. The Congress of the United States must exhibit leadership and wisdom promoting sensitivity toward elderly citizens among the rest of the population and in the industrial and private enterprise sectors.
2. Action by the Congress through legislation addressed towards meeting the recommended public policy.

A. Issue

1. The actual situation of the elderly and their relation to society as a whole suggests problems arising from our society's trend to undervalue the philosophical and spiritual needs of its citizenry. Education and human relations emphases have been extremely one-sided in the areas of material acquisition and mundane success.

B. Policy Recommendations

1. All programs dealing with the elderly must attempt to meet needs at the physical, intellectual and spiritual levels. Thus, the well-being of the aging citizen must be seen as an integral expression of his life needs and human beings' search for meaning.
2. It must be understood by all decision making bodies that the spiritual well-being of the elderly should be safeguarded through the provision of ethical, aesthetical, religious and intellectual experiences in their daily life.

A. Issue

1. Prevailing attitudes towards the elderly are the product, in many cases, of insufficient information, lack of awareness and traditional prejudices. There is need for different and more constructive attitudes towards the elderly.

B. Policy Recommendations

1. Education must reevaluate its responsibilities in the area of general information about the elderly. Existing curricula and curriculum development must be reevaluated.
2. Educational experiences should promote activities that integrate generations and promote intergenerational sensitivity and interaction.

C. Action Recommendations

1. Universities must create programs to assist all agencies working with senior citizens in the training of the personnel so that they may relate more effectively with and serve the elderly better.

PUERTO RICO

2. Universities must provide degrees and promote research in the area of gerontology.
3. Current social changes affecting the family within society and elderly members within the family must be studied in order to obtain an adequate comprehension of their overall meaning and their implications for attitude formation.
4. Provisions must be made so that information of what is being done and what has been achieved regarding the elderly is publicized in order to promote new and constructive attitudes.

ECONOMIC SECURITY

A. Issue

1. Age discrimination in employment, both governmental and private, is a well known fact in our society.

B. Policy Recommendations

1. Discrimination due to age should be eliminated immediately

C. Action Recommendations

1. All national and state regulations dealing with employment must be revised to eliminate discrimination because of age.
2. All norms in private industries must be revised to eliminate discrimination due to age.
3. An official at all levels must be responsible for the enforcement of the laws and norms that eliminate age discrimination.

A. Issue

1. At present a considerable percentage of the senior citizens does not meet the basic standards of living.

B. Policy Recommendations

1. The economic security of the elderly must be guaranteed so that the minimum standards of decent living are met.

C. Action Recommendations

1. The right to a retirement pension should be requested from the private sector.
2. Supplemental Security Income (SSI) must be extended to all American citizens.

PUERTO RICO

3. Employment programs for the elderly should be created, extended and retained.

PHYSICAL AND MENTAL HEALTH

A. Issue

1. Health, both physiological and mental, is an area of importance among the elderly. Health care is a need, in many cases, inadequately met among the elderly.

B. Policy Recommendations

1. Pilot programs should be established in Health Centers and in any other agency that work with health programs that serve the senior citizen.
2. Coordination of all health programs should be the responsibility of the agency dealing with the health of the senior citizens nation and state wide.

SOCIAL WELL-BEING

A. Issue

1. The social well-being of the elderly is a crucial problem in contemporary society.

B. Policy Recommendations

1. The social well-being of the elderly must be improved immediately with special attention to the areas of housing, transportation and personal security.

C. Action Recommendations

1. Provisions should be made in all programs for the elderly so that each state may meet the needs according to their established priorities.
2. Legislation must be encouraged at national and state level to promote access to appropriate housing facilities for the elderly citizens.
3. Mass transportation must meet the physical needs of the aging.
4. The aging citizens must be protected against the dangers of fires, robbery and personal attacks. Special efforts to provide the means to help themselves and to procure assistance in meeting these dangers should be undertaken.

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OLDER AMERICANS AS A GROWING NATIONAL RESOURCE

A. Issue

1. Retired professionals, technicians and laborers represent a well trained and experienced working force that is not being used fruitfully and economically.

B. Policy Recommendations

1. Public and Private sectors should be aware of the many opportunities to use retired persons in the development of their programs and activities.

C. Action Recommendations

1. Training and retraining centers should be established through adequate legislation for the elderly so that their skills may be developed in accordance to their capabilities.
2. Orientation centers should be established to direct the trained and retrained elderly to the job compatible with skills.
3. Private and public sectors should be encouraged to use capable elderly citizens to assist in the development of their programs and activities.
4. Universities should develop programs for retired professors so that they may continue studies and, at the same time, participate in the academic counseling programs.

RESEARCH

A. Issue

1. Research in gerontology is an urgent need in our scientifically oriented society. The identification of needs and planning of services can only become efficient on the basis of sufficient and appropriate data.

B. Policy Recommendations

1. Legislation should be encouraged to provide the means for coordinated and well planned research in gerontology.

C. Action Recommendations

1. A nation-wide research program in gerontology should be established.
2. A compulsory data collection system should be developed and implemented to determine the needs of the elderly.

PUERTO RICO

3. The collected data can be used as a resource for research and other activities in the field of gerontology.
4. Leaders in the field of gerontology must participate in the creation of the intellectual environment that will promote research in the area of gerontology.

the 1981
White House
Conference
on
Aging

STATE CONFERENCE REPORT

FROM

TRUST TERRITORIES
OF THE
PACIFIC ISLANDS

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STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State I.I.P.I. 2) Date of Conference _____
3) Place of Conference Marshall's, Palau, and Ponape, FSM
4) Name of Person Submitting Report Augustine H. Moses (Mr.)
5) Title of Person State Coordinator, WHCoA

Participation

- 6) Total No. of Participants 294 7) Sex: Number of Female 150
Number of Male 144
8) Ethnicity/Race: Black; Hispanics; Caucasian;
X Pacific/Asian; American Indian; Other (Please
state approximate % for each)
9) Handicapped (Please state approximate % only)
10) Age: 25 under 55 269 55 and over

Summary of Issues and Recommendations

TOPIC

A. Issues

(State the issues your state identified in a brief, concise and clear manner).

B. Policy Recommendations

(State what administrative and/or legislative policy/policies your state is recommending to resolve the issues).

C. Action Recommendations (Optional)

State how the recommendation/s can be implemented and by whom it can be implemented).

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(Please see sample report attached)

WHITE HOUSE CONFERENCE ON AGING

SUMMARY OF COMMUNITY FORUM ACTIVITY

STATE T.T.P.I. STATE COORDINATOR AUGUSTINE H. MOSES (MR.)

TOTAL # FORUMS 3 % URBAN % RURAL 100

TOTAL # PARTICIPANTS 294

ISSUES OF CONCERN (top 10 priorities):

1. There is a need to adopt an affirmative action commitment for employment opportunities for all, including elderly.
2. There is a need for more funds to be made available for upgrading homes of elderly.
3. There is a need to develop a comprehensive, coordinated, and accessible health care system in rural areas for elderly.
4. There is a need for special emphasis and continuing commitment to be placed upon planning, funding, and implementation of transportation programs in rural areas for elderly.

RECOMMENDATIONS MADE BY THE PARTICIPANTS (top 10 priorities):

1. Resolve that the Federal government make categorical grants to the states to develop comprehensive public transportation system.
2. Resolve that there be increasing availability of funds for home renovation of elderly.
3. Resolve that a national policy on long-term health care should be adopted for elderly.
4. Resolve that a national program be developed to provide employment opportunities for all, including elderly.

SERVICE DELIVERY SYSTEMS

A. Issues

1. There is a need for special emphasis and continuing commitment to be placed upon planning, funding and implementation of transportation programs in rural areas for elderly.

B. Policy Recommendation

1. Resolve that the Federal government make categorical grants to the states to develop comprehensive public transportation system.

A. Issue

1. There is a need to adopt an affirmative action commitment for employment opportunities for all, including elderly.

B. Policy Recommendation

1. Resolve that a national program be developed to provide employment opportunities for all, including elderly.

PHYSICAL AND SOCIAL ENVIRONMENT

A. Issue

1. There is a need for more funds to be made available for upgrading homes of elderly.

B. Policy Recommendation

1. Resolve that there be increasing availability of funds for home renovation of elderly.

A. Issue

1. There is a need to develop a comprehensive, coordinated and accessible health care system in rural areas for elderly.

B. Policy Recommendation

1. Resolve that a national policy on long-term health care should be adopted for elderly.

the 1981
White House
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on
Aging

STATE CONFERENCE REPORT

FROM

VIRGIN ISLANDS

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STATE WHITE HOUSE CONFERENCE REPORT

Identifying Data

- 1) State Virgin Islands 2) Date of Conference 5-4 & 5/5-81
3) Place of Conference Sapphire Beach Resort, St. Thomas, V. I.
4) Name of person submitting report Mrs. Gloria M. King
5) Title of Person State Coordinator

Participation

- 6) Total No. of Participants 235 7) Sex: No of Female 189
No of Male 46%
8) Ethnicity/Race: 89% Black; 4% Hispanics; 7% Caucasian;
0 Pacific/Asian; 0 American Indian; 0 Other (Please
state approximate % for each)
9) Handicapped 3% (Please state approximate % only)
10) Age: 29 under 55 206 55 and over

Summary of Issues and Recommendations by Major Topics

ECONOMIC WELL BEING

AND

EMPLOYMENT ISSUES

I OVERVIEW OF POLICY ISSUE

A STATEMENT OF ISSUE

THE ECONOMIC WELL BEING OF THE ELDERLY. The high rate of inflation coupled with the lack of a clear rational and unified national policy has had a devastating effect on the economic well being of the elderly. This adverse situation is compounded in the territories by certain inequities in Federal legislation which, from time to time, places limitations or exemptions on the territories. For example: Title XX and SSI. The existing fragmented and piece-meal approach to the problems of the elderly results in large numbers of the elderly not receiving adequate services, despite a multitude of agencies at a multitude of levels providing various kinds of services at various levels. The Federal posture regarding the pooling of resources at the State level is somewhat questionable in that, various disciplines establish different eligibility requirements as to age, income, etc.

SUMMARY

The national policy should address options that insure the well-being of older adults. This could be accomplished by establishing an organized and unified approach to linkages between various programs; eliminating discrimination at all levels, and providing broader options in employment and tax laws. Many people fall between programs because they do not fit into strict categories of programs; guidelines should be more flexible to meet the needs of borderline cases.

Economic well-being of older persons will require changing many federal, state and local laws.

Early education of youth regarding the importance of planned savings to assure monetary resources in later years should be instituted.

Tax systems must be reviewed with regard to the fixed income status of older persons.

Health and Home-care resources must be made available to assure an improved quality of life for older persons.

ECONOMIC WELL-BEING

AND

EMPLOYMENT

WHEREAS: The national policy shall include options which assure the Economic Well-Being of Older Americans. These options should be facilitated by the provisions of opportunities and, when needed sufficient resources including, but not limited to finance, to allow for the enjoyment of a full, healthy life with dignity and respect. Barriers to labor force participation should be removed. The elderly should assume the responsibility of remaining active alert, self-supporting and useful as long as health and circumstances permit; therefore be it

RESOLVED: That the medicare and medicaid system be revised to provide a reimbursement for home care which is parallel to long-term care.

RESOLVED: That restrictions on earning limits now in effect for Social Security and other retirement programs be eliminated.

RESOLVED: That Federal legislation provide equitably for all older Americans including those who live in the territories.

AGING
THE PROCESS
AND
THE IMAGE

OVERVIEW OF POLICY ISSUES

STATEMENT OF ISSUES

The status of the elderly in our ever changing society must of necessity be geared to their needs, built upon their potentials, in order to benefit society and contribute to their own self esteem.

If the elderly are to develop positive self images they must first be helped to develop an understanding of the processes of aging. They must be alerted to the fact that these processes are individual in nature, and that having established ones individual potential, capabilities and limitation, the task ahead involves the development of a life style that will allow for an enriching and satisfactory existence.

This understanding of the aging process must extend beyond the individual to the family, the community and the nation.

One's self esteem is highly dependent on the role one plays. Generally the older adult has experienced many role changes at different stages in the life cycle. Roles reflect the culture, mores, customs and lifestyle of one's primary group and are affected by serious social changes in the environment.

It is from these roles that the individual draws his identity, and the group's definition of these roles and the group's expectations govern the individual's behavior.

Role changes are natural occurrences through-out the life cycle, but for the elderly they become major occurrences because they involve such drastic and possible multiple shifts. These may include separation from employment or from children; loss of spouse or friend; changes in health, dexterity or mobility; etc. Preparation is needed for such role realignments.

Negative stereotyping by employees, the media, service providers and government officials at all levels may be transferred to the elderly themselves. Society's actions on behalf of the elderly may be seriously hampered by traditional myths about old age. The old are as heterogeneous as any other age cohort. Some are energetic and productive at 80. Lumping them into one chronological age bracket can be harmful to society and injurious to the elderly.

AGING

THE IMAGE

AND

THE PROCESS

WHEREAS: In order to influence realistic and positive perceptions on aging it is imperative that we address four significant areas namely, mass communications, role identification, education on aging and community resources; therefore be it

RESOLVED: That direct media producers and sponsors be pressured to portray older people in more realistic and positive roles in order to present a more balanced view of aging.

RESOLVED: That the elderly be used as resources in educating the youth, sharing expertise, preserving culture and assuring continuity of life style.

RESOLVED: That increased recognition be given to the role of housewife, placing a value on her services in determining Social Security benefits.

RESOLVED: That there be special legislation striking a balance between the historically lower wages of women and their greater longevity than men in order to assure that women may age in dignity.

RESOLVED: That the elderly be encouraged to assume responsible and participating citizenship as intelligent voters, allowing their voices to be heard as their own advocates.

RESOLVED: That educational institutions develop and implement school curricula concerning the process of human aging.

RESOLVED: That families of the elderly be provided with counselling to meet the needs of elderly family members.

RESOLVED: That efforts be made to secure bilingual staff as increasing numbers of non-english speaking elderly are outreached and involved in programs.

HEALTH

OVERVIEW OF POLICY

STATEMENT OF ISSUE

A continuum of services should address the range of health needs: Physical, mental, spiritual, environmental and social.

Health Education and Health Services should be geared toward the promotion of wellness, maintenance of good health and the support of those services aimed at preventing disease, disability and premature death of the elderly.

Care providers can still be found who function under false assumptions about old age and tolerate levels of pathology that would not be allowed to remain untreated in younger people. This 'What can you expect at your age' syndrome is of particular concern in view of the current increased longevity, and the fact that an older person may live thru these additional years with a correctable handicap.

Medicare, while providing significant coverage for beneficiaries, provides a confusing system of ever increasing deductibles and co-insurance amounts, liability for differences between physician charges and medicare payment, and inadequate coverage for such initial needs as vision, dental, foot, prosthetic care, outpatient prescription drugs, routine physical examinations and convalescent care after acute illness. Plagued with ever-increasing public costs for medicare and medicaid, government seeks to 'control' expenditures by placing 'caps' on payments to providers, resulting in poor or inadequate services and increasing financial burdens on a fixed income group, already victimized by an inflationary economy and increasing cost of living.

The right of doctors to refuse assignment of payment hits hardest at the poor and those living on low fixed incomes.

Limited incomes have forced some aged to choose to pay for other, more essential items (food, rent) and delay medical treatment until crisis prevails.

Unorthodox health care may be chosen which though seemingly affordable on a short term basis may in the long run result in an endless and useless regime and purchases of expensive quack remedies.

HEALTH CARE

WHEREAS: Gerontologists and Geriatric Specialists have agreed that the only sound approach in dealing with health, is the wholistic approach, involving body emotions and spiritual values. Consideration must be given to preventive health care for the well-elderly as well as to the provision of appropriate health care for the physically and mentally ill. Adequate funding is necessary to assure sufficient competent staff, on-going training, an array of services to enhance long-term community and institutional care and an emphasis on good nutrition and physical fitness; therefore be it

RESOLVED: That the Federal Government provide an expanded program for the continued care of the elderly by subsidizing training programs in specialized health care for the elderly.

RESOLVED: That the effectiveness of Medicare and Medicaid be expanded to cover a broader range of services and provide for bi-annual health checks and other checks as needs indicate.

RESOLVED: That Federal funds should be made available to establish Geriatric Clinics which will provide physical examinations and check-ups according to the needs of the individual.

RESOLVED: That health care services to the elderly homebound be expanded to assure comprehensive services, including homemaker, meals on wheels, social services, legal, physical and occupational therapy, nutrition education as well as organized medical and nursing care.

RESOLVED: That there should be an expansion of community based services financed by the private sector which function and operate under the same federal guidelines which control community based services under the government sector.

RESOLVED: That Mental Health Services including counseling, should be provided to assist the elderly to cope and adapt to aging with dignity and some sense of belonging and self esteem. There should also be an increased emphasis on establishment of residential treatment group homes to accommodate persons who can best benefit from such homes.

HOUSING

OVERVIEW OF POLICY ISSUES

A. STATEMENT OF ISSUES

Housing for all age groups is a complex fundamental dimension of existence. More than bricks and mortar, it is most basically a source of shelter and physical protection. While many of today's younger generation enjoy lives of mobility, for most elderly persons, the home in a psychological sense is a place where one belongs and has roots. In the context of neighborhood and community, it is a key factor in personal identity and orientation to life.

Housing policy is frequently concerned with availability and affordability with very little emphasis placed on the psycho-social and socio-cultural aspects of life and living.

The increasing costs of rising taxes, energy and home maintenance and repair makes it difficult for aging home owners or tenants on fixed incomes to carry out basic life functions.

Housing policies should focus on the availability of increased options for the aging at all income levels and should take into consideration property tax and rent rebates: Supportive services to assist the elderly to remain independently in their familiar residences where appropriate; and innovative public and private initiatives to develop alternate living arrangements especially for the frail and handicapped.

B. RESOURCES

Currently major resources are from the public sector, particularly the Federal level

The Department of Housing and Urban Development (HUD), and Farmers Home Administration (FHA) have played a tremendous role since the previous White House Conference on Aging.

Some states have made major contributions where possible, however, the private sector has great potential for increased involvement in alleviating the housing problems of the elderly, having contributed comparatively little in the past. Financial Institutions, private and non-profit organizations and families could increase their involvement.

HOUSING

WHEREAS: The increaseing number of older persons in the population and the increasing knowledge about our elderly that is constantly being made available, it is no longer feasible to think of housing for the elderly from the limited perspective of affordability and availability. A comprehensive housing policy must address the psycho-social and socio-cultural aspects of aging with a view towards providing a continuum of living alternatives and supportive services which impact and affect the lives of older persons; therefore be it

RESOLVED: That State and National Housing Agencies should encourage the training and education of managers of elderly housing facilities, using all resources available, by providing courses in psycho-social-cultural aspects of aging and through the communications media, as well as the health, social, educational, recreational and transportation service needs, which affect the elderly's independence and quality of life.

RESOLVED: That because of the anticipated cuts by the present administration, private developers be encouraged by various incentives to provide housing for the elderly better suited to their needs, with facilities for the handicapped.

RESOLVED: That earnings tests which result in reduction in some benefits as a result of income from other benefit programs, including Social Security benefits and pensions, should be amended to allow older workers to increase their income without penalty, and to work without a reduction of benefits.

RESOLVED: That increased Federal funds be made available for the construction of nursing homes with three levels of care provided to cover independent living, limited health care, and nursing care for sparsely populated (rural) areas accessible to community services, with more emphasis on homes for retired persons who do not require custodial care.

RESOLVED: That Section 504 requirements be enforced for all residential facilities for the elderly with necessary options such as bathtubs, high edged showers for sitz baths or roll-in showers for wheel chairs, screens in tropical areas and the required ramps, hand rails and grab-bars throughout.