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Series E: General Alphabetical Files. 1960-1992

Box 94, Folder 1, White House Conference on Aging, July-December 1981.

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NICA INFORM

INFORMATION FOR CHURCH AND SYNAGOGUE LEADERS AND PROFESSIONALS CONCERNED WITH PROGRAMS FOR OLDER ADULTS

Vol. 7 No. 4
July-August '81

Highlights

. . . an affirmation of life in relationship with God

Oh God, Beloved Creator, Guide and Constant Companion, you have shared with me the joy of my triumphs, the despair of my disasters, the remorse for my sins, the buoyancy of health and the pain of illness, the discomfort of harsh circumstance, and the occasional weariness of the long march. If I have had moments of questioning and doubt, somehow and from somewhere the great warm light of your divine presence has always found some surprising way to shine through the cluttered byways of my pilgrimage, and, thus, direct my footsteps higher upon the path of reason, comprehension, adoration and faith.

You who know the motivation of my every thought will know all that I say here before it is spoken. Yet, I am grateful you have made it possible for me to speak with complete confidence that you will hear and respond with the answer most suitable for my spiritual growth and for deeper understanding of your being. Let me express once again my devout appreciation for the gift of life within the form which you have presented to me, and for the many years I have had to enjoy the munificence of your bounty. And though I treasure all the multitude of experiences, persons, and adventures I have known, the most rewarding gift is that I am happier, by far, where now I stand...in age, in vigor, and in future prospect. Despite any diminishment of my powers and perceptions, I have been amply compensated by the far-greater gifts which you have bestowed upon my increase of years. My life has been filled with wonder and beauty, but there is no single moment, no matter how thrilling, which I would prefer above this moment of our communion, or indeed, above any other moment of my day-to-day existence, for you have endowed me with contentment, the greatest treasure of all.

Today, my thoughts and my feelings dwell not with the past, nor upon a distant future in some resplendent sphere, for I have come to realize that happiness, yea, salvation and heaven itself, are here now, in this moment and in every moment during which one may contemplate the wonder of your universe and your eternal presence. If I had anything left to ask for, it would be for guidance on how one could best direct others to seek the awareness which you have given to me.

Oh God, the very breath of my existence, thank you for encouraging me to set down the words of this prayer, a prayer which you have put into my heart as a reflection of the unqualified affection and devotion you bear for all the creatures of your unending creation. Amen.

Lew Ayres, actor and lecturer, also wears other hats, i.e., septaugenarian, psalmist, and NICA individual member. We rejoice that Lew wrote and agreed to share the above prayer; we encourage INFORM readers to use it during **CELEBRATION OF AGING DAYS, November 26-29, 1981. (See pp. 2 & 11).**

NATIONAL INTERFAITH COALITION ON AGING
• P.O. Box 1924, Athens, GA. 30603 • (404) 353-1331 •
Thomas C. Cook, Jr., Executive Director – Donna L. McGinty, Editor

NICA and the WHCOA-- MOMENTUM ACCELERATES!

• Celebration of Aging Days, Nov.26 (Thanksgiving Day) through Sunday, Nov.29. On p.11 INFORM readers have a copy of material sent with a NICA cover letter to all denominational agencies and chief executive officers. (The call to action was backprinted with NICA's definition of spiritual well-being.) Denominational leaders were asked to reproduce the materials and channel it to their congregations with a cover letter of support. The mailing has not been out long but letters of response to NICA indicate that specific Celebration of Aging planning is underway through channels of the United Methodist Church, Synagogue Council of America, United Church of Christ, the Christian Church (Disciples of Christ), National Federation of Temple Sisterhoods, Albanian Orthodox Diocese of America, National Conference of Catholic Charities....and we're sure the letters will keep coming in! INFORM readers may pick-up the gauntlet, also, by involving their individual congregations and by spreading the word to other congregations in their local communities. Remember, the Celebration of Aging campaign is tied to the Interfaith Worship event scheduled at the National Cathedral on Sunday, Nov.29th, 4:00 pm and, also, to the White House Conference on Aging (Nov.30-Dec.4). These are all once-in-a-decade opportunties. ACT NOW! The prayer by Lew Ayres, p.1, is commended to all congregations and agencies as may be appropriate during the celebrations.

• Hospitality suite and exhibit booth. In addition to NICA's substantive contributions through the WHCOA mini-conference symposium, input to the spiritual well-being technical committee, and inclusion in the Ecumenical Event Committee, plans are progressing to secure a suite in one of the two primary WHCOA hotels and to design an appropriate NICA information booth now reserved in the exhibit area at the Sheraton-Washington Hotel. While the suite will provide coffee and relaxation for WHCOA participants, more importantly it will function as a strategy room--complete with staff, typewriter, and copying capabilities. The suite and the exhibit space will work together to accomplish several important objectives: (1) to make NICA's presence felt during the days of the Conference, (2) to increase NICA's "recognition" level. More than 4,000 delegates, observers, staff, etc. will be in and out of the exhibit area, hundreds of whom are likely to become NICA supporters post-conference and many more will recognize NICA in our follow-up of WHCOA recommendations, and (3) to keep the concern for national policy in aging which is cognizant of ethical and spiritual values viable as delegates go about making recommendations. This will be a back-up to whatever can be accomplished during the formal conference breakouts which involve religious concerns (see p.7). NICA volunteer Board members and staff will assist with the special suite and in manning the exhibit booth, thus providing for one-to-one encounters with interested delegates and observers.

Funds are needed to assure that NICA's suite and exhibit area are first-class ventures. Ten of NICA's voting agencies have made special contributions to-date, but the budget has not yet been met. Contributors to these activities will be specially acknowledged in a display in the area of the suite and booth. Of course, all NICA organizational members will be highlighted on a large-print display board. PLEASE, WON'T YOU SEND A GENEROUS CONTRIBUTION TO THESE EFFORTS? Just mark your tax-deductible check for "WHCOA Suite/booth."

• Last call for WHCOA delegates. NICA has requested the master list of delegates. However, this list will not identify for us those delegates who may be instrumental in bringing spiritual and ethical values to bear in making recommendations and drafting resolutions. If you know of a WHCOA delegate who fits the bill, please send us his or her name and address--religious affiliation, also, if known. A special mailing will go out to this select group in September. Invitations to use the NICA suite will be extended first to members of this known group of delegates.

FALL MEETING OF NICA BOARD TO PRECEDE WHCOA

The NICA Board of Directors will hold its regular fall meeting November 27 & 28, 1981, in Washington, DC, at the Park Central Hotel. Board members are reminded to make room and air reservations early! As usual, NICA committees will meet prior to the full

(cont. on p.4)

AGING and the RELIGIOUS SECTOR

√ The Episcopal Society for Ministry on Aging (ESMA) and the Board of National Ministries, American Baptist Churches are co-sponsoring a "Training for Advocacy" conference during the week of the 1981 White House Conference on Aging. Place: National 4-H Center, Washington, D.C. Dates: November 29 through December 2. The Ecumenical Event of the WHCOA at the National Cathedral, Sunday, Nov.29th, will be used as conference kick-off with convening of the working session at 7:15 pm. Dr. Robert N. Butler, Director of the National Institute on Aging, will be keynote speaker. Participants will be chiefly older adults from regions and congregations where there is readiness for more direct social action. For more info, contact: Lorraine D. Chiaventone, ESMA, RD#4, Box 36, Milford, NJ 08848 or Dr. Emma Lou Benignus, American Baptist Churches, Valley Forge, PA 19481. (Co-sponsors are NICA member-agencies. Other denominations have plans for a Washington presence during the WHCOA; please keep INFORM posted.)

√ TRANSITIONS....

Sr. M. Laurice Beaudry, OSF, has resigned after 10 years as director of long term care, The Catholic Health Association. For a year, beginning August 17, she will care for her aging mother and write. She can be contacted c/o Mrs. Laura Beaudry, 9666 93rd Ave. N., Osseo, MN 55369.

Rosalind Calandro, coordinator of the very successful Spiritual Well-being Program of the Springfield Area Council of Churches, has resigned to become a hospital volunteer coordinator. New address: 1930 Ventura, Springfield, MO 65804.

Rabbi Sanford Seltzer and the Union of American Hebrew Congregations have a new address: 1330 Beacon St., Suite 355, Brookline, MA 02146. (Just a few numbers different from the old address on the same street.)

Thomas E. Akins has replaced Dr. Elbert C. Cole as executive director of the Shepherd's Center. Dr. Cole has become a member of the Executive Committee of the Board of Directors.

√ The Christian Church (Disciples of Christ) Office of Research indicates that at least 24.5% (conservative estimate) of their parishoners are age 65+. (Other denominations are equally "gray.")

√ Some upcoming conferences/meetings...

- October 20-22. CONSULTATION ON SMALL MEMBERSHIP CHURCH MINISTRIES WITH OLDER ADULTS. Co-sponsored by the Hinton Rural Life Center & the Mid-America Resource and Training Center. To be held at the Hinton Center, Hayesville, N.C. (contact Ann Janzen, P.O. Box 27, ZIP 28904). Among those serving on the design team were Paul Maves and Wayne Lindecker.
- Sept. 23-25/Philadelphia; Oct. 12-14/Chicago; Nov. 16-18/Denver. CREATIVE MINISTRY WITH THE AGING AND DISABLED. For more info contact Sr. M. Laurice, OSF, The Catholic Health Association, 4455 Woodson Rd., St. Louis, MO 63134.
- November 5-6. THE SPIRITUAL ASPECTS OF HEALTH AND ILLNESS, employing a "holistic" perspective. Contact: Thompson Center, 12145 Ladue Rd., St. Louis, MO 63141 (meeting location).

√ An October, 1980, questionnaire submitted to the Presbyterian Panel of the United Presbyterian Church, U.S.A. dealt with ministry with older adults. Here's a sampling of some of the findings: age 65 marks "older adulthood" according to the majority of panelists, but 1 in 5 view it as beginning in the 70s...92% of panelists age 65+ agreed that the congregation should "encourage older persons to be involved in every aspect of the congregation's life, including leadership roles" (substitute "community life" for "congregation's life" and 89% of older panelists agreed)...the most frequent request of pastors who were panelists was for information on program models and ideas which might be used in their congregations, especially intergenerational programs...14% of the pastors who responded would welcome help in understanding the special needs and problems of older adulthood, especially psychological and spiritual needs...approximately one-half (47%) of the pastors reported that older adults constitute a majority of their congregants...among the many workshops, study groups, etc. offered by congregations during the past year, only one topic drew widespread attention: death and dying. For more info contact: The Rev. Arthur Benjamin, UPC Support Agency, Rm 1740, 475 Riverside Dr., New York, NY 10115.

Board meeting. Agenda will include a preview of the scope of the WHCOA and final preparation of NICA delegates, observers, and exhibitors. The Board will also attend en mass the opening Interfaith Event at the National Cathedral. Other business will include follow-up strategies for the policy recommendations of the WHCOA, the 1982 Dying and Death Consultation, development plans for NICA, etc.

NEW NICA STANDING COMMITTEES IN PLACE

President Betty J. Letzig has circulated a list of newly appointed NICA committees for the current term. Functioning of these committees was effective August 1, with the following chairpersons: EXECUTIVE COMMITTEE/Betty J. Letzig, president and chairperson; NOMINATING AND BYLAWS/Eleanor Schwartz; EDUCATION AND RESEARCH/Wayne Lindecker; MEMBERSHIP AND FINANCE/Donald F. Clingan (Membership) and Earl N. Kragnes (Finance) and co-chair; PUBLIC POLICY COMMITTEE/Nils G. Axelson; PLANNING AND DEVELOPMENT COMMITTEE/Mary E. Verner; INTERPRETATION COMMITTEE/Stanley V. Michael; PUBLICATION COMMITTEE/Paul B. Kennedy; BIENNIAL CONFERENCE COMMITTEE/Grover Hartman; and 1981 WHCOA TASK FORCE/Helen Webber.

WASHINGTON, DC, CLUSTER MEETING—SEPT. 26

Following up the May 8th D.C. cluster meeting reported in the last issue of INFORM, the 24 NICA member representatives in DC will be invited to the Sept. 28th meeting to be convened and hosted by the Rev. Earl N. Kragnes, at the headquarters of NRTA/AARP. The cluster meeting is designed to assist NICA Executive Director, Tom Cook, Jr., with interim NICA business related to the nation's capitol. A New York area cluster meeting is planned for later in the fall.

NICA MEMBERSHIP GROWING STRONGER!

A bimonthly review of membership status reveals growth in all categories. Joining religious-body agencies is The Wesleyan Church, Dept. of Local Church Education, Best Years Fellowship, represented by DAVID L. KEITH, General Secretary. Joining as an Associate Member is St. Paul's School of Theology, Center for Health and Welfare Studies, represented by DR. DAVID B. OLIVER, Chairman. This brings to 35 the total of voting member agencies. A new Reciprocal Member is: The Western Gerontological Society (WGS), represented by MS. BARBARA FREDA, Associate Director for Educational Development. Two new Affiliate Members are: East Tennessee Human Resources Agency, represented by MRS. PEGGY WIRTZ; and the Kansas City Diocese, Catholic Church Office for Services, represented by SISTER MARY AUSTIN SCHIRMER. Individual members added since the last report represent the largest increase for a two-month period--up from 271 to 311! Much appreciation is expressed to all who are actively engaged in recruitment of members for NICA. Membership blanks are available on request from the NICA office. However, a $20 check with name and address is the easy way to join as an individual. Local congregations may join with a $50 check and designation of representative. Is your congregation a member?

Changes in membership representation. Ms. Dorothy ("Dot") Savage has recently replaced the Rev. G. William Sheek as representative to NICA from the National Council of Churches, Division of Education and Ministry. ...Mrs. Helen Holt, Special Advisory to the Elderly, has been designated special liaison to NICA from the Department of Housing and Urban Development. Both Dot and Helen have participated in NICA annual meetings. Welcome to both!

TORONTO—SITE OF INTERNATIONAL EXCHANGE IN AGING

On November 7th, the Canadian Institute on Religion and Aging (CIRG) will hold its annual meeting in Toronto. NICA Executive Director, Tom Cook, Jr., will deliver the keynote address on spiritual well-being of the elderly. CIRG is a NICA reciprocal member. ...On November 10th, in Toronto, there will be a special symposium on Church and Synagogue as Service Provider to the Elderly, as part of the joint Annual Meeting of the Gerontological Society of America and the Canadian Association on Gerontology. Dr. Sheldon S. Tobin will chair the session. Participants will include Rev. Tom Cook, Jr., Dr. James Ellor, Msgr. Charles Fahey, Dr. Chuck Longino, and Dr. Lucy Steinetz.

(Cont. on p.8)

News Notes

- The 1981 WHITE HOUSE CONFERENCE ON AGING process and progress remain difficult to follow. It now appears that the 16 Technical Committee's full reports will be made available only to section members assigned to the specific subject area. Executive Summaries of the reports will apparently go to all delegates. Earlier this summer INFORM learned that the recommendations issuing from Technical Committees, mini-conferences, and state conferences on aging tallied this way: of some 2,000 recommendations about 845 dealt with what the government should be doing vis-a-vis aging! This result was said to have upset the Administration and may result in limited distribution of input to the WHCOA. For more WHCOA news, see p.7.

- On July 31st, the House and Senate agreed to a reconciliation bill which includes some $32 billion in cuts from the fiscal'82 federal budget, effective October 1. Here are a few tip-of-the-iceberg examples of what the massive bill includes:

  -An end to the Social Security special minimum benefit ($122 a month) to some three million recipients, effective February'82. (The House already has in process a bill which would bring back the minimum payments; this is expected to be a hot issue when Congress reconvenes in the fall.)

  -Decreases in the proportion of overall Medicaid costs paid by the federal government: 3% in fiscal'82, 4% in fiscal'83, and 4 1/2% in fiscal'84. (Rejected was the President's proposed 5% cap and the Senate's proposed 9% cap on spending.)

  -The Secretary of HHS is required to issue guidelines for home health service reimbursement.

  -The Older Americans Act has been reauthorized for three years. (Separate bills are also being pursued by the House and Senate to modify provisions.)

  -Cuts the number of subsidized housing units to a total of 153,000 new units (less than was requested by Reagan!). The amount the poor pay for subsidized housing is gradually increased to 30% of monthly income (now 25%).

  -Ups from $228 to $256 the amount the elderly must pay toward hospital care before Medicare contributes; this will rise to $328 by 1984.

  -Phase-out of college benefits for children of deceased or retired beneficiaries under Social Security.

  -Weatherization and the low-income energy assistance program were funded at $1.88 billion (more than the President asked for).

  -Cuts $1.65 billion in food stamp benefits, a move that is expected to remove some 1 million Americans from the rolls and reduce benefits for millions of others. (The rolls now total 22.9 million.)

  -Omits funds for the Legal Services Corporation which provides legal aid for the poor. (A separate legal aid bill which calls for restoration of funding will be fought out this fall.)

  -Three block grants to the states will include 20 of 26 health programs, with a 25% reduction in funding. They are: a community health center grant; a prevention grant; and a mental health, alcohol and drug abuse grant.

- The Senate has unanimously passed a resolution that would have the President declare the week of September 6-12, 1981, as OLDER AMERICANS EMPLOYMENT OPPORTUNITY WEEK. Only 22% of Americans age 60+ are presently employed. National research findings indicate that many more older Americans need and would welcome fulltime or part-time jobs.

- Deaths due to stroke are declining at a rate of about 5% a year. The president of the American Heart Association predicts that someday it will be rare to see a patient who has had a stroke!

- The revoluntionary Congressional tax bill will be law by the time you read this. The greater benefits accrue to those taxpayers who make over $50,000 and/or who are in business for themselves or make major investments. There are a few provisions which are good news for the average taxpayer, such as:

  -Some credit will be allowed for charitable contributions made by those who do not itemize deductions (effective 1982).
  -The so called "marriage penalty" has been ameliorated by permitting the lower-paid spouse to deduct up to 10% of earnings up to $30,000.
  -Starting in 1985, the zero-bracket amount and personal exemptions will be indexed by adjusting them for the previous year's increase in the consumer price index. This will mean that a raise will have less chance of pushing the recipient into a higher tax bracket.
  -Individual Retirement Accounts (IRAs) will be opened up to workers who already are covered by a retirement plan. The maximum annual contribution will rise to $2,000, up from the current $1,500.

- Back in 1938, Walter S. Mack played a pivotal role in turning Pepsi-Cola into the second largest selling soft drink. He's left retirement and now, at age 85, heads King-Cola, a company that plans by 1987 to have 7-10% of the 12.5 billion cola market. His vice-chairman is age 70+ and the secret formula is guarded by a man in his 60s. King-Cola delivers only to central warehouses, a marketing strategy that brings their cola to the public 20¢ to 30¢ cheaper than Coke or Pepsi.

- Rep. Claude Pepper (D-FL) is pushing now for a separate national research institute devoted solely to arthritis. At the moment, arthritis research is conducted by the National Institute of Arthritis, Metabolism and Digestive Diseases, with less than 2% of its budget going to arthritis research (about $54 million in FY'81). National research findings indicate that arthritis and other musculoskeletal disorders top the list of ailments leading to handicapped elderly.

- The "granny flat" may become an increasingly popular and relatively cost-efficient housing alternative for the elderly. Australia pioneered the "granny flat," a prefabricated, self-contained living unit which is attached to but is not a permanent part of a larger house, i.e., the home of a care-giving relative. Experiments in the U.S. are generally funded by federal or state sources and rented to an elderly person or family group at a subsidized rent level. Only 4% of elderly (220,000) live in long-term care facilities. Up to 40% (88,000) of institutionalized elderly could remain in their communities if organized care support facilities were available.

- Jack Ossofsky, NCOA Executive Director, is the new chairperson of the 22-member Leadership Council of Aging Organizations which was previously chaired by Cyril Brickfield, Executive Director of the NRTA/AARP.

- The 1982 UNITED NATIONS WORLD ASSEMBLY ON AGING is scheduled for August, in Vienna. William Kerrigan, general secretary of the International Federation on Aging (IFA) has been appointed secretary general of the World Assembly. On June 15-19, 1981, the North American Regional Technical Meeting on Aging (U.S. and Canada) was held in Washington, DC, in preparation for the World Assembly. That meeting, convened by the National Council on the Aging (NCOA) at the request of the U.N., was called to assist the World Assembly in identifying resources and to help national governments in policy formulation.

  Strangely enough, the final report of the June Technical Meeting may not play an official role in the 1982 World Assembly; to do so it would have to be embraced by the U.S. delegation to the Vienna Assembly. According to NCOA's Jack Ossofsky, U.S. and Canadian officials were "appalled" by the Reagan administration views of aging, as expressed by Dorcas Hardy, a high official at the Dept. of HHS. Hardy stressed the goal of finding "nonservice" alternatives for the elderly...a "passive approach" not requiring "daily observation." (Older American Reports, June 24, 1981.)

UPDATE: 1981 White House Conference on Aging

● Printed below are the conference topics which will be deliberated by the 2,000 WHCOA delegates. Although labeled "proposed," no changes are anticipated. As yet, conference process has not been finalized. The role of observers has not been clarified.

● Clearly, tough ethical questions must be debated by each committee as recommendations for national policy on aging are formulated. The role of the religious sector has been pigeonholed in two committees--FAMILY AND COMMUNITY SUPPORT SYSTEMS and PRIVATE SECTOR ROLE AND OPPORTUNITIES. While "Spiritual well-being (SWB)" is not an assigned topic, SWB concerns were successfully introduced through numerous community forums, several state WHCOAs, NICA's official mini-conference, and through the Technical Committee on Spiritual Well-being. Thus, materials distributed by the WHCOA to delegates/observers will reflect the message that was delivered by so many nationwide: there can be no truly wholistic national policy on aging without incorporation of spiritual well-being concepts. Meanwhile, NICA continues to identify WHCOA delegates who will carry the SWB message, as appropriate, into their committees' deliberations (see p.2). (More WHCOA news over and p.5).

CONFERENCE TOPICS

Committees at the Conference are structured around fourteen major aging issues which cover over sixty specific areas.

PROPOSED COMMITTEE STRUCTURE FOR WHITE HOUSE CONFERENCE ON AGING

Implications for the Economy of an Aging Population
- Effects of inflation on people and resources
- Older Americans as a market
- The labor force, productivity, and employment opportunities
- Capital formation
- Tax policies

Retirement Incomes
- Social Security programs
- Public and private retirement programs
- In-kind benefits
- Self-help
  - Continued employment
  - Savings and investments
  - Tax incentives
- Improvements and remaining gaps

Health Education, Promotion and Maintenance
- Physical and mental
- Nutrition
- Alcohol and drug use and misuse
- Physical fitness and exercise
- Prevention
- Self - and mutual-care
- Continuity of care

Health Care and Services
- Physical and mental
- Availability, coordination, quality, and financing
- Special aspects of health services for older Americans
  - Chronic conditions; multiple disabilities and diseases
- Delivery
  - In home
  - To ambulatory patients
- Health manpower
- Hospices

Options for Long-Term Care
- Planning and coordinating health and social services
- Self - and mutual-care
- Delivery
  - In home
  - Family care
  - To ambulatory patients
- Community/informal support services
- Institutional care
- Financing
- Assurances of quality care/evaluation
- Outreach, information, and referral

Older Americans as a Continuing Resource
- Full and part-time, voluntary and self-employment
- Self - and mutual-help
- Contributions of older Americans to the nation
- Ombudsman
- Media/stereotyping
- Age discrimination
- Preparation for further careers

Family and Community Support Systems
- Capacity of family
- Religious institutions/programs
- Intergenerational households
- Self - and mutual-help
- Neighborhood support
- Outreach, information and referral

Housing
- Energy
- Crime
- Community change; dislocations
- Options and alternatives
- Independent living
  - Home maintenance
- Landlord-tenant issues

Conditions for Continuing Community Participation
- Transportation, mobility, and accessibility
  - Planning and coordination
  - Outreach
  - Innovative transportation programs
- Security in homes and on streets
- Leisure and recreation
- Cultural activities
- Educational opportunity

Education
- Continuing learning and preparation
  - Innovative programs
- Pre-retirement planning
- Vocational/professional training for further careers
- Leisure and recreation
- Cultural activities
- Advocacy/self-help
- Education about older Americans
  - Intergenerational exchange

Concerns of Older Women
- Income adequacy
- Employment opportunities
- Health
- Sex discrimination

Private Sector Role and Opportunities
- Business involvement
- New markets
- Public services
- Nonprofit corporations, unions, foundations, and religious organizations
- Private/public partnerships

Public Sector Roles and Structures
- Program planning/implementation
- Accountability
- Centralized vs. decentralized
- Inter-governmental
- Management
- Information and referral
- Reality of resources
- Private/public partnerships

Research
- Biomedical
- Behavioral, social, and economic
- Evaluative/policy-related
- Utilization
  - Dissemination of results
  - Technology transfer

WHCOA NEWS CONTINUED

Appointees of President Carter to the WHCOA National Advisory Committee and Technical Committees, who were not "carried over" by the Reagan administration were notified in July that they would be delegates to the WHCOA. That was a just decision.

Recollections: Ten Women of Photography, a Corcoran Gallery of Art exhibition, will open November 26 and continue through December 27. It will be sponsored in-part by the White House Conference on Aging, as an example, said David Rust, WHCOA Executive Director, of the "type of public-private partnership that can be forged again and again as we plan for the future of our 'graying society.'" The 10 women photographers represented in the exhibition were all born around the turn of the century.

NICA News cont.

NICA DEVELOPMENT ON THE MOVE

With the stimulus and challenge of the $25,000 Maclellan grant reported in the May/June INFORM, staff and Board are busily working toward matching of these funds and toward long-range undergirding of NICA's budget and program goals. Professional assistance is being provided from several sources. Lutheran Resources Commission--Washington has been identifying potential foundation resources. Dr. Don Elam, University of Georgia Development Office, is formulating recommendations for an overall development plan to be presented to the Board in November. The NICA Planning & Development Committee, chaired by Lt. Col. Mary E. Verner, is providing immediate input into development and related activities of staff. Provisional steps to increase NICA's strength were reported in the May/June INFORM. Since then, additional contributions have been received from the National Benevolent Association (Disciples), $1,000; United Church of Christ, Board of Homeland Ministries, $1,000; The United Methodist Church, Board of Global Ministries, $500; and a number of smaller, but important, individual contributions. Nearly $2,000 has been specifically contributed to NICA expenses related to the 1981 WHCOA; however, this special budget has not yet been met. Additional unrestricted contributions are needed. Your check will make you ONE FOR AGING IN '81! Mail it to NICA today!

NICA BOARD MEMBER ASSUMES NGO LEADERSHIP. Lt. Col. Mary E. Verner, National Consultant for Health and Social Services, The Salvation Army, and immediate past-president of NICA, was elected chair of the United Nations Non-Governmental Organizations (NGO) Committee on Aging at its June 4, 1981, meeting. First priority is being given to the U.N. World Assembly on Aging to be held in August, 1982, in Vienna (see p.6).

NICA & NCCC CONFER

National Council of Churches of Christ Special Consultant, Dr. Neil McCluskey, and NICA Executive Director, Tom Cook, Jr., met in Washington, DC, June 21st, to confer on potential aging program foci for NCCC and the facilitative role of NICA in such development. Planning for program emphasis in aging grows out of the report from an earlier NCCC consultation held in May, 1980, prior to NICA's 9th Annual Meeting.

5th PRESBYTERIAN CONFERENCE ON AGING

"Growing and Caring Forever and for All" is the theme of the annual aging conference to be held in Montreat, N.C., October 12-16. Speakers include Dr. Thomas B. Robb, Rev. Tom Cook, Jr., Dr. Donald F. Clingan, Dr. Albert Dimmock, Dr. Bea Mills, Mrs. Henrietta Wilkinson, and Dr. Theron Neace, most of whom are on NICA's roster. For more info contact: Jim and Jere Bowden, c/o Box 907, Montreat, NC 28757.

WGS MEETING TO FEATURE SESSION ON SPIRITUAL WELL-BEING (SWB)

NICA's Executive Director and Dr. Donald F. Clingan, Board member, have been asked to serve as reviewers of papers submitted for the SWB special session of the Western Gerontological Society, Feb. 28 - March 3, 1982, in San Diego. Deadline for submission of proposals to WGS was August 15th. Presentors will be notified of their acceptance after October 20, 1981.

RESOURCES

Order all resources directly from source(s) given or check with your local bookstore or library.

Spiritual and Ethical Values and National Policy on Aging. 117pp/spiral/1981. A compilation of addresses and resources used in the National Symposium on Spiritual & Ethical Value System Concerns in the 1981 White House Conference on Aging. Among the contributors: Msgr. Charles Fahey, Dr. Arthur S. Flemming, Dr. David O. Moberg, Dr. Andrew Achenbaum... Send $10 ($9 NICA members) to: NICA, P.O. Box 1924, Athens, GA 30603. (Canadian orders in U.S. currency only, please.)

Spiritual well-being. H. Bremer. 1981 California State House Conference on Aging. Two tapes (No.6AB)/$10 + $1 handling. Payment in advance required. Order from: Info-Medix, 12800 Garden Grove Blvd., Suite E, Garden grove, CA 92643.

The hour of our death. Philippe Aries (translated from the French by Helen Waver). New York: Knopf, 1981. Documents changing attitudes toward death over more than a millenium of human history, reflecting 20 years of research and synthesis.

Hospice volunteers: A guide for training. 355pp/looseleaf binder/$30 + $2 postage. Order from the Riverside Hospice Project Staff Office of Consumer Health Education, Rutgers Medical School, Piscataway, NJ 08854. A comprehensive "how-to" guide, including first-year budget, role of the volunteer, training info, etc.

Society for the Right to Die--1981 Handbook. $5 per copy from Society for the Right to Die, 250 West 57th St., NYC 10107. Includes comparison and texts of existing right-to-die laws, court decisions, model bill, religious attitudes, etc.

Following available from Broadman Press, Nashville, TN:

Kingdom within: A musical worship experience for senior adults. Lyrics by Bob Oldenburg, music by Lanny Allen. 64pp/paper/1981/$3.50. Inspired by Matthew 6:9-13. Provides roles for older persons as narrator, soloists, plus non-speaking roles. Staging suggestions given.

Drama for senior adults. Sarah Walton Miller. 80pp/paper/$2.25. Skits (both fun and serious), a one-act play, choral readings, and monologues.

Through grandpa's eyes. Patricia MacLachlan. Harper & Row, 1979. A young child "sees" many wonders through the blind eyes of his grandfather. Warm and happy story suitable for children in the elementary grades.

"Age of discovery." 5 cassettes/workbook/$39.95. Produced for Catholic adults 55 and older facing the challenges of retirement and aging. Five 30" dramatizations for individual listening or group discussion. Order from: NCR Cassettes, P.O. Box 281, Kansas City, MO 64141.

Preparing for retirement: A program for survival. Trainer's kit: looseleaf notebook & workbook/$39.95. Organized for five session group participation program led by a facilitator. Numerous structured experiences, activities, questionnaires, case studies, role plays, etc. Order from: University Associates, 8517 Production Ave., P.O. Box 26240, San Diego, CA 92126.

Empowering ministry in an ageist society. Dieter Hessel (ed.). Proceedings of a Princeton Symposium with Maggie Kuhn, Carroll Estes, Richard Schaull, et al. 92pp./paper/1981. Critique of existing policies of government, business, and church. Proposal of alternative policies which would move us toward a non-ageist society and away from ageist policies of dependency and segregation. Single copy $1.50 from: Presbyterian Office on Aging, 341 Ponce de Leon Ave., N.E., Atlanta, GA 30365.

"'Honor thy elderly'--Six keys for ministering with the aged." Lisa Osterman. Catholic Update, July, 1981. Reprints 15¢ each 25-99 copies. Crammed full of concrete suggestions for ministering to the elderly with key #5 devoted to the encouragement of ministry by the aged. (Published with ecclesiastical approval.)

Prepunched for use in three-ring resource notebook

To honor your parents: The chance for a lifetime. Alvera Mickelsen. Christianity Today, June 12, 1981, pp.22-25. Helpful analysis of what the Bible says to adult children re care of aging and, often, failing parents. Section on financing the dependency of old age.

Aging in the eighties. engage/social action, June, 1981. Largely reprints of some of the major addresses given at NCOA's annual meeting last March. Single copies 75¢ from UMC Board of Church and Society, 100 Maryland Ave., N.E., Washington, DC 20002.

Biomedical ethics: Theological perspectives and Biomedical ethics: Death and Dying (Proposed social states of the Lutheran Church in America). For more info re these excellent statements contact NICA Board member, Dr. Cedric Tilberg, Division for Mission in North America, Lutheran Church in America, 231 Madison Ave., New York, NY 10016.

Memoirs of an anti-semite. Gregor von Rezzori. Viking Press. 287pp/$13.95. Strange, disturbing autobiography of a 65 year old Romanian; loaded with historical details of life in Europe between 1919 and the present. "Recommended" lest we forget... and as a case study of bigotry.

Towards mental health of the rural aging. Lanham, MD: University Press of America. (In press). Chapter 10, contributed by NICA member, Warren B. Scott, discusses the role of the Cooperative Extension Service in meeeting the needs of rural elderly.

FunOlympics program. A way to provide nursing homes, in cooperation with community involved organizations, with effective means to raise funds for the purchase of wheelchairs, walkers, etc. For more info contact: Kim K. Wermersen, Renewable Energy Development, P.O. Box 1238, Malta, MN 59538.

Golden Age Fun'n Fitness is an extension of the program which enables schools to receive free athletic equipment. Under the Golden Age Program, retirement villages, service clubs, etc. may obtain free recreational equipment by collecting proof-of-purchase seals from Post Cereals and Sanka Brand coffee. The sponsor is General Foods Corporation. For more info call 800-435-7678 (exc. Illinois) and 800-892-1869 for Illinois only.

Realtalk: Exercises in friendship and helping skills. William C. Childers, George Gazda, and Richard Walters. Atlanta: Humanics, 1981. Communications skills are the focus; useful to all human service workers.

Opening doors: Access and acceptance for the disabled (a Christopher News Note). $3 a hundred or $25 a thousand from The Christophers, 12 E.48th St., NYC 10017.

Special friend: An experiment in caring (demonstation project). A pilot program to demonstrate that volunteers could make a positive contribution to the lifestyle adjustment of nursing home residents who have behavior problems and related mental illness. For more info contact: Cesar M. Elizondo, M.D., Texas Dept. of Health, Bureau of Long Term Care, 1100 W.49th St., Austin, TX 78756.

Foll. available from U.S. Govt. Printing Office, Washington, DC 20402:

- Social Security & Supplemental Security Income: Basic program charts, 1981. SN#341-185-201. Easy-to-comprehend rundown of all programs under the Social Security Administration, including appeals process, eligibility criteria, etc.
- Family Folklore: Interviewing guide and questionnaire. 1979/8pp/$1.00. S/N 047-000-00352-1.
- Taking time. 1980/63pp/$3.50. S/N 017-042-00152-8. Describes ways patients and their families have found to deal with the special problems of people who have cancer.
- Sex and the handicapped: A selected bibliography (1927-1975). 1975/55pp/$1.45. S/N 051-000-00091-9.

NATIONAL CELEBRATION OF AGING DAYS — NOVEMBER 26-29, 1981

A CALL TO ACTION TO CHURCHES AND SYNAGOGUES NATIONWIDE!

***"...I trust in thee, O Lord, I say, 'Thou art my God.'
My times are in thy hand;" (Ps 31:14, 15 RSV)***

WHAT YOU SHOULD KNOW

If you are over 30 years old you will be in the majority of the American population just 20 years from now. By the year 2000, 50% of us will be at least 50 years old. Right now, only about 5% of persons age 65+ are nursing home residents, leaving 95% living out their lives in rural and urban communities nationwide.

This decade's **WHITE HOUSE CONFERENCE ON AGING (WHCOA)** will be held in Washington, D.C., **November 30 - December 4, 1981.** Two thousand delegates will formulate national policy recommendations regarding vital issues: Social Security, health, long-term care, transportation, nutrition, age vs. need as a policy base, spiritual well-being, and the role of religion in an aging society. Two thousand observers will also be present during the WHCOA. An **Interfaith Worship Service at the National Cathedral will take place Sunday, Nov. 29, 4:00 p.m.**, for WHCOA participants and other interested citizens.

WHAT YOU CAN DO

Congregants of all faiths can participate locally in **CELEBRATION OF AGING DAYS, November 26 (Thanksgiving Day) through Sunday, November 29.** This national observance has three objectives: (1) to honor older Americans within the community of faith, (2) to sensitize the wider community to the spiritual needs of older citizens—independent, frail, homebound, or institutionalized, and (3) to offer prayers for the White House Conference on Aging, that recommendations will reflect spiritual values and, thereby, call for a wholistic national policy.

Each church or synagogue may plan its own events for CELEBRATION OF AGING DAYS, including, if possible, a local interfaith event. Here are a few suggestions:

Thanksgiving Day, November 26

Focus on **family/friends/home** (elderly without family could be "adopted"). Celebration with the well elderly in homes and/or churches might include a Thanksgiving meal, prayers of thanksgiving, and sharing of life histories. Visitation programs for those unable to participate in the preceding could be scheduled to express the love and support of friends and congregations. **Prayers for the 1981 WHCOA!**

Friday, November 27

Community-wide "awareness of aging" day. An interfaith luncheon or worship service...an open house for local elderly with intergenerational entertainment...volunteers might provide respite for family members caring for elderly or provide transportation to isolated elderly or schedule "fix-it" teams to assist elderly homeowners...**Prayers for the 1981 WHCOA!**

Saturday and/or Sunday, November 28/November 29

Jewish and Christian Sabbaths. Celebration of aging with special recognition of the elderly in worship services...An interfaith worship service and/or ringing of bells, Sunday, Nov. 29, 4:00 p.m., to coincide with the national Interfaith Worship Service in Washington, D.C....**Prayers for the 1981 WHCOA!**

WHO WILL HELP

- Many religious bodies will provide congregations receiving this Call to Action with other helpful materials. Your denomination may have a position statement on aging, an Office of Aging, or Center on Aging. Nearby seminaries may be of help.
- **The National Interfaith Coalition on Aging (NICA),** P.O. Box 1924, Athens, GA 30603, Tel: (404) 353-1331 can supply, **at cost/prepaid,** a definition of & commentary on "spiritual well-being," 50 copies/$2.00. For other helpful information send a stamped, self-addressed business envelope to NICA/Celebration Days (address above).

NATIONAL INTERFAITH
COALITION ON AGING, INC.
298 SOUTH HULL STREET
P. O. BOX 1924
ATHENS, GEORGIA 30603

Rabbi Marc H. Tanenbaum
Nat. Dir. Inter-religious Aff's
The American Jewish Committee
165 E. 56th St.
New York, NY 10022

What are you doing to assure that the U.S. never becomes
"a nation of stern countenances who shall not regard the person
of the old or show favor to the young?" (Deut.28:50)

Join NICA Today!

National Interfaith Coalition On Aging, Inc.

From its inception, the National Interfaith Coalition on Aging has been committed to the following primary objectives:

(1) To develop an awareness of and to vitalize the role of the church and synagogue with respect to their responsibilities in improving the quality of life for the aging.

(2) To identify and give priority to those programs and services for the aging which best may be implemented through the resources of the nation's religious sector.

(3) To stimulate cooperative and coordinated action between the nation's religious sector and national private and public organizations and agencies whose programs and services relate to the welfare and dignity of aging people.

(4) To encourage the aging to continue giving to society from the wealth of their experiences and to remain active participants in community life.

the White House Conference on Aging
330 Independence Avenue S.W.
Washington, D.C. 20201

What is the 1981 White House Conference on Aging?

The White House Conference on Aging is an event that will bring together citizens from across the nation to make recommendations that can be used in developing a proposed national policy on aging. This policy, together with recommendations for its implementation, will be presented to the President and Congress. This is the fourth time a national forum on aging has been held in Washington since 1950, although the first one was not officially designated as a White House Conference. Others were in 1961 and 1971.

When and where will the conference take place?

The conference will take place in Washington, D.C., November 30 to December 3, 1981. Registration and various events scheduled in conjunction with the conference will begin November 29. The conference will be held at two hotels: the Sheraton Washington and the Washington Hilton.

Why have a White House Conference on Aging?

When Congress authorized the 1981 White House Conference on Aging in 1978, it noted that dramatic demographic and societal changes have made it necessary for a new national policy to be developed. Congress also called for emphasis to be placed on the "right and obligation of older individuals to free choice and self-help in planning their own futures."

Older Americans have become the fastest growing segment of our population. Because of lower death rates and longer life spans, the number of people aged 60 and over has increased four times as fast as the number under 60 since the year 1900. At the turn of the century, there were only 4.9 million Americans aged 60 and over, and the average life expectancy at birth was 47. Today, there are 34 million older Americans, and the average life expectancy is 73.

The trend toward a "graying" America will continue in the future. In 1981, one out of every seven Americans is 60 or over. But when today's preschoolers turn 60, one out of every four will be that age or older. These changes will have profound implications for the economic and social affairs of our country. For example, many older Americans want or need to work--and the nation will increasingly need their productive capacity as the number of older people continues to increase relative to the number of younger people. But negative stereotypes about the abilities of older people still push many of them out of the work force prematurely.

What are the major questions facing the conferences?

How will the "graying" of America affect our social institutions? How will it affect our families, economy, educational system, and government programs?

How can we enhance the extra years of life bestowed upon us? How can we tap the skills and experience of the growing elderly population so that it can truly serve as a contributing and productive force within our society? And how can we address the needs of those older people who, because of limited means or frailty, require assistance of one kind or another?

What role should governments--and the taxpayers who are required to support them--play in dealing with these vital issues? And in those areas where a government role is appropriate, should it be at the local, state or federal level? What roles can be played by such private sector institutions as business, labor unions and professional associations, voluntary charitable organizations, religious groups and others? What are the areas in which the public and private sectors can work together?

What pre-conference activities have taken place?

Pre-conference activities began more than a year ago and were designed to allow people of all ages, all walks of life, all areas of the country, and all religious and ethnic groups to present their views. Pre-conference activities have included:

- 10,000 community forums held in towns and cities across the nation to begin discussions of aging issues at the grass roots level;
- 58 statewide conferences (for each state and territory, as well as for the Navajo people) to assimilate the views of citizens from each area of the country;
- 43 "mini" conferences which took a look at special aging issues--issues such as consumer concerns, saving for retirement, mental health, long-term care, and the special concerns of various minority groups;
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Reports from these activities are being made available to delegates who will take part in the national White House Conference on Aging.

Who will attend the conference?

Approximately 2,000 voting delegates and 1,500 official observers will attend the conference. One thousand delegates were designated by governors of states and territories. Another 540 delegates were selected by individual members of Congress, including one each by the representatives of the District of Columbia, American Samoa, Guam, Puerto Rico, and the Virgin Islands. The remaining delegates are being selected through nominations by a variety of national organizations and the conference leadership.

The travel and lodging expenses of all delegates will be paid for by the conference. Official observers will be credentialed and assigned to committees, but they will not vote, nor will they function as alternates for absent delegates. Observers' expenses will not be covered.

What is the budget of the conference?

Congress has appropriated $6 million in connection with the 1978 law which authorized the conference. In addition to paying for arrangements for the conference itself and for expenses of the 2,000 delegates who attend it, the money has been used to pay a staff which began initial planning in mid-1979 and which will continue to work into mid-1982, in order to compile the delegates' recommendations into a report and develop a proposed national policy on aging.

Who are the leaders of the conference?

Constance D. Armitage of Inman, S.C., is chairman of the conference. She was appointed by Secretary of Health and Human Services Richard S. Schweiker, whose department is responsible for carrying out conference activities. Mrs. Armitage also is chairman of a 58-member national advisory committee, composed of people from all sections of the country and representing various racial, ethnic, social and economic groups, which provides guidance to the conference staff. She is aided by six deputy chairmen: J.Glenn Beall Jr. of Frostburg, Md.; Anna V. Brown of Cleveland, Ohio; Dr. Arthur S. Flemming of Alexandria, Va.; Consuelo L. Garcia of Houston, Tex.; William F. Kieschnick Jr. of Beverly Hills, Calif.; and Eleanor Storrs of Coronado, Calif.

Secretary Schweiker appointed David A. Rust executive director of the conference. He is a Maryland native and resident who previously spent four years on the staff of the Senate Special Committee on Aging, the last two years as Minority Staff Director.

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August, 1981

Office of Public Affairs
White House Conference on Aging
330 Independence Avenue, S.W., Room 4059
Washington, D.C. 20201

Main Telephone: (202) 245-1914
Public Affairs: (202) 755-8001

the White House Conference on Aging
330 Independence Avenue S.W.
Washington, D.C. 20201

August 20, 1981

Marc H. Tanenbaum
American Jewish Committee
165 East 56th Street
New York, NY 10022

Dear Delegate Marc H. Tanenbaum:

This letter serves as your official credential, appointing you a national Delegate to the 1981 White House Conference on Aging. You, as a Delegate, will have an important role to play and we are confident that your participation will be a significant contribution to the success of our work and a service to our nation.

The Conference is a unique opportunity to give recognition to the resources of the aging population and to help make a better future for us all. We look forward to our association with you, and we are making every effort to assure that you find the Conference a productive and memorable experience.

We extend our appreciation to you for the role you have accepted. Some background information on the Conference is enclosed. Information on travel, housing and Conference arrangements will be mailed to you in the next few days.

Sincerely,

David A. Rust
Executive Director

the White House Conference on Aging
330 Independence Avenue S.W.
Washington, D.C. 20201

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Washington, D.C. 20201

August 28, 1981

Marc H. Tanenbaum
American Jewish Committee
165 East 56th Street
New York, NY 10022

Dear Delegate Marc H. Tanenbaum:

To help manage the numerous logistical tasks involved in arranging for and operating a meeting such as the 1981 White House Conference on Aging (WHCoA), the Conference Office has contracted with Moshman Associates, Inc. located in Washington, D.C.

As the contractor to the White House Conference on Aging, Moshman Associates, Inc. is responsible for a number of administrative and logistical tasks. These tasks include making arrangements for travel, lodging, and meals. The staff of the White House Conference on Aging continues its responsibility for all substantive matters, such as the structure and format of the Conference and the development and provision of information relative to the policy and other issues to be addressed by the delegates and observers.

The policies established by the White House Conference on Aging will be followed by Moshman Associates in performing all tasks. In order that Moshman Associates can proceed in making specific arrangements for the delegates and observers, we are sending you the enclosed questionnaire to obtain information on your plans and needs. This information will be used for making necessary arrangements, committee assignments, and responding to special requirements.

It is necessary that you read the entire questionnaire before completing it. Please be sure to review carefully the instructions at the beginning of each section. There are seven sections labeled: A through G. Please print or type your responses to the questions. It is important that your completed questionnaire be returned to Moshman Associates no later than September 10 in the enclosed postage paid envelope.

Before completing the questionnaire we request that you review the enclosed Guidelines which include the policies set by the White House Conference on Aging to insure a smooth operation during the planning period.

As a Conference participant you will probably receive information from a variety of organizations and be invited to many meetings, training sessions, and orientation activities. We want you to be as well informed as possible, but you will have to make a personal decision about when and what meetings to attend. The National Office does not plan to convene meetings of delegates prior to the National Conference. All official orientation material will be mailed directly to you from Mrs. Constance Armitage, Chairman of the National Advisory Committee, or from me. You may, however, be contacted directly by Moshman Associates regarding travel or lodging plans and follow-up on special needs.

My Staff and I look forward to working closely with you to ensure the success of the 1981 White House Conference on Aging.

Sincerely,

David A. Rust

David A. Rust
Executive Director

the White House Conference on Aging
330 Independence Avenue S.W.
Washington, D.C. 20201

November 1, 1981

Marc H. Tanenbaum
American Jewish Committee
165 East 56th Street
New York, NY 10022

Dear Delegate Marc H. Tanenbaum:

We thank you for your cooperation in completing the questionnaire sent to you by the WHCoA. From the responses to the question on committee preferences, we have made the final allocation of delegates and observers to each of the fourteen committees. The committee in which you will participate is number 09. (Please refer to the Attachment.)

This selection was based on a number of considerations such as your preferences, where specified, as well as other factors which included minority status, sex, state residence and preferred committee size. Committee information packets are being assembled and will be sent to you shortly.

In the meantime, Moshman Associates, contractor to the WHCoA, will work closely with the State Coordinators to pair roommates at the hotels according to the information you provided on the questionnaire.

Meals will be arranged for at the hotel in which your committee will meet. Room reservations developed from the roommate lists which will be given to each hotel will be the only room reservations honored by the WHCoA for payment.

Sincerely,

Betty H. Brake

Betty H. Brake
Executive Director

ATTACHMENT

WHITE HOUSE CONFERENCE ON AGING
COMMITTEES

01 Implications for the Economy of an Aging Population
Sheraton Washington Hotel

02 Economic Well-Being
Sheraton Washington Hotel

03 Older Americans as a Continuing Resource
Washington Hilton Hotel

04 Promotion and Maintenance of Wellness
Washington Hilton Hotel

05 Health Care and Services
Washington Hilton Hotel

06 Options for Long-Term Care
Sheraton Washington Hotel

07 Family and Community Support Systems
Washington Hilton Hotel

08 Housing Alternatives
Washington Hilton Hotel

09 Conditions for Continuing Community Participation
Washington Hilton Hotel

10 Education and Training Opportunities
Washington Hilton Hotel

11 Concerns of Older Women: Growing Number, Special Needs
Sheraton Washington Hotel

12 Private Sector Roles, Structures and Opportunities
Sheraton Washington Hotel

13 Public Sector Roles and Structures
Sheraton Washington Hotel

14 Research
Sheraton Washington Hotel

PROGRAM HIGHLIGHTS OF THE WHITE HOUSE CONFERENCE ON AGING

Sunday November 29		
6:30-8:30 p.m.	Exhibit Hall Opening Buffet Supper and Entertainment	Sheraton
Monday November 30		
6:30-8:30 a.m.	Breakfast	Sheraton Hilton
9:00 a.m.	Opening Plenary Session Keynote Address	Sheraton
12:30-2:00 p.m.	Luncheon - Speakers	Sheraton Hilton
2:15-5:00 p.m.	Convening of Committees	Sheraton Hilton
7:00 p.m.	Reception - Buffet, Entertainment	Sheraton
Tuesday December 1		
6:30-8:30 a.m.	Breakfast	Sheraton Hilton
9:00 a.m.-12 noon	Committee Sessions	Sheraton Hilton
12:30-2:00 p.m.	Luncheon - Speakers	Sheraton Hilton
2:15-5:00 p.m.	Committee Sessions	Sheraton Hilton
6:30-8:30 p.m.	Dinner - Speakers, Entertainment	Sheraton Hilton
Wednesday December 2		
6:30-8:30 a.m.	Breakfast	Sheraton Hilton
9 a.m.-12 noon	Committee Sessions	Sheraton Hilton
12:30-2:00 p.m.	Luncheon - Speakers	Sheraton Hilton
2:15-5:00 p.m.	Final Committee Sessions	Sheraton Hilton
7:00 p.m.	Banquet Entertainment	Hilton
Thursday December 3		
6:30-8:30 a.m.	Breakfast	Sheraton Hilton
9:00 a.m.-12 noon	Closing Plenary Session Adjournment	Sheraton

10/29/81

the White House Conference on Aging
330 Independence Avenue S.W.
Washington, D.C. 20201

TRANSPORTATION INFORMATION

TO AND FROM WASHINGTON AREA AIRPORTS

Enclosed is your round trip bus ticket which entitles you to transportation from the airport to your hotel inbound and from your hotel to the airport outbound. This ticket is complimentary for all delegates. Observers, spouses or companions can purchase these transportation tickets upon their arrival in Washington on November 28th or 29th. The ticket cost is:

From Washington National Airport	$7.00 per person
From Baltimore-Washington Airport	10.00 per person
From Dulles Airport	10.00 per person

Tickets are good for passage from the airport to your hotel on November 28 or November 29 - and return to the airport on December 3. Those wishing to purchase tickets can do so upon boarding the bus. All tickets are non-refundable.

When you arrive in Washington, proceed to the baggage claim area. There, you will be met by a White House Conference on Aging Volunteer who will assist you with your luggage and direct you to the proper bus which will take you to your hotel. If you have any physical disability which prohibits you from travelling by bus, you must contact us toll-free at 1-800-556-6882 by November 20th so that we may make the necessary arrangements for you. Please have the following information ready when you call.

1. Your name, address and phone number.
2. Date you will arrive and at which airport.
3. Airline, flight number and time of arrival

Thank you for your cooperation.

NEW YORK STATE OFFICE FOR THE AGING
GOVERNOR'S CONFERENCE ON AGING
WHITE HOUSE CONFERENCE ON AGING

November 6, 1981

Dear New York State Delegation Member:

There are only 22 days left before we all meet in Washington on November 29. This will be the last mailing that you will receive from me before the beginning of the White House Conference. I have enclosed materials which may be of interest and assistance to you.

By now you should have received from Moshman Associates (1-800 638-8082) your transportation reservations, committee and hotel assignments. My staff will be compiling this information into a complete list which you will receive from us in Washington. In order to finalize this list, would you please call our toll free Senior Citizen Hot Line at 1-800 342-9871 and provide them with the following information:

Your hotel assignment
Committee assignment
Date of arrival in Washington
Approximate time of arrival

When you arrive and check into your hotel in Washington, would you please call the New York delegation headquarters which will be located in a suite at the Washington Hilton hotel. The suite is listed in the names of Terry Pollacek and Elaine Richter. Give your room number at your hotel in Washington to Terry or Elaine when you call our headquarters. We will then add this information to the delegation listing.

As you recall during the September training meeting a motion was passed to establish a fund-raising committee in order to pay for the expenses of staff to assist you in Washington. It was unnecessary for us to establish this committee since in reviewing our expenses for the September training, we underspent and were able to take the remaining funds to pay for staff support. There will be a number of Office for the Aging persons available to assist you in Washington

Nelson A. Rockefeller Empire State Plaza, Albany, NY 12223
Hugh L. Carey, Governor Lou Glasse, Director Jane Gould, State Coordinator

including persons from our Policy Analysis Unit who can be helpful regarding substantive issues. We will also have Counsel with us as well as our Public Information Officer to work with the media.

I am sure that some of you have heard through other sources the difficulty that delegations have encountered in locating caucus rooms. All of the meeting rooms in the Sheraton and Hilton had been booked by the White House Conference on Aging staff and were unavailable to us. I have been able to arrange for the use of St. Margaret's Episcopal Church which is located across the street from the Washington Hilton hotel. Our first caucus will be held on Sunday, November 29 at 5:30 P.M. Additional caucuses can be called by any member or members of our delegation, but I would request that you arrange these caucuses through my staff since the church is holding me responsible for the use of their facilities. We have access to the church for a substantial number of hours each day and I am sure it can be equitably divided among groups in our delegation.

The rules and procedures of the Conference have still not been sent to any of you or even to the State Coordinators. We are urging Washington to make those rules available to you prior to your arrival at the Conference. In the meantime, since it is our understanding that all proposals or motions must be made in writing and must include a recommendation for implementation, we are taking your 30 recommendations that came out of the Governor's Conference, analyzing them on the basis of which committee (out of the 14) would be considering it, and re-wording them as appropriate motions with implementation included. This will be made available to all members of our delegation on the first day in Washington.

I know that you all have spent many months, hours and energy preparing for the White House Conference on Aging. It has been an unusual experience for me and I am sure for all of you. There is no way to predict what the outcome of the Conference will be or the degree to which we will be satisfied with the results. But what we have already accomplished here in New York State should provide all of you with a sense of satisfaction and confidence that New York has already done an outstanding job and will go on to Washington committed to ensuring that recommendations emanating from the Conference will be worthy of our efforts. I am looking forward to seeing all of you in Washington and spending those days joined with you in a mutual

effort. Please remember that my staff and I are available to you and will be of any assistance that you require.

Best wishes for a happy Thanksgiving.

Sincerely,

Jane

Jane G. Gould
State Coordinator

RULES COMMITTEE

Willaim Arnone

David Glaser

James Mullaley

Craig Polhemus

Matthew Schoenwald

Dr. Raymond Vickers

STEERING COMMITTEE

Dr. Encarnacion Armas

Dorothy Gray

Mrs. Leora Hills

Vito Lopez

Garson Meyer

Earl Webber

Ethel Torgeson

Robert Maier

Robert Popper

Jean Janover

Lou Glasse, Chair

11/6/81

Testimony of Lou Glasse,
Director of New York State Office for the Aging

As delivered Oct. 22, 1981
House Select Committee on Aging
Washington, D.C.

Good morning Mr. Chairman, ladies and gentlemen. I am Lou Glasse, Director of the New York State Office for the Aging and chairperson of the New York State delegation to the White House Conference on Aging.

It is a great privilege to appear again before this distinguished Committee which has so many times been a strong and effective advocate in Congress for our nation's older citizens.

To the members of this Committee from New York, we bring special thanks for your leadership from the Empire State's three million older persons.

In the deliberations which lead to the 1978 amendments to the Older Americans Act, many of you took part in the development of the 1981 White House Conference on Aging Act (P.L. 95-478 Title II). At the heart of this important legislation is the expression of Congress' intent to emphasize the "right and obligation of older individuals to free choice and self help in planning their own futures." (Section 2-2, 11b[2]).

It is that intent which is now being threatened.

The White House Conference on Aging offers the possibility of a strong, well-reasoned expression of the hopes, wishes and needs of America's millions of older persons.

The 1981 White House Conference on Aging also presents the opportunity to build upon the history of the great accomplishments of the two previous gatherings. The 1961 conference led to the Medicare system and the Older Americans Act. The 1971 conference was prelude to Supplemental Security Income, improvements in the Social Security system and establishment of the national network of Area Agencies on Aging.

The 1981 White House Conference again should offer the possibility of a free, democratic process which would give full voice to its participants and those they represent in producing solid recommendations for public policy toward our elderly citizens in the 1980's.

I am sorry to have to tell you, though, that we are becoming increasingly afraid that the democratic process may stop at the door of the White House Conference on Aging.

In my position as Director of the New York State Office for the Aging, I have overseen the three-year process which has brought us to today -- just five weeks from the opening gavel of the White House Conference on Aging.

The convening of more than 400 local forums at which more than 10,000 New Yorkers participated was the beginning of that three-year process, constituting an effort by our office to encourage the involvement of as many persons at the grass roots level as possible. Those who attended the local forums ranged from older citizens subsisting on minimum Social Security benefits, to representatives of labor, corporations and local and state government.

Later, under the guidance of State Coordinator Jane Gould, my staff travelled to every corner of New York State to attend hundreds of local meetings, and dozens of regional sessions and spent many, many weeks working with Governor Hugh Carey's office in selecting a representative, non-partisan delegation to carry New Yorkers' opinions to Washington. The delegation includes members recommended by the Majority and Minority leaders of both houses of the New York State Legislature.

Last winter, my staff analyzed the suggestions of those community forums and suggestions from our advisory councils and assembled panels of experts and specialists in the field of aging, health, economiocs, housing, transportation and energy to prepare technical papers.

Our goal throughout was to set up a process which allowed for the greatest citizen involvement in the planning, rulemaking and decisionmaking for our State Conference.

In May, New York held its Governor's Conference on Aging in Albany, drawing together nearly 700 persons for three days of discussion, debate and voting.

Out of 250 proposals for elements of New York's platform to carry to Washington, the delegates winnowed the number down to 60. They debated about home care, health issues, Social Security and home-delivered meals. They argued over the placement of commas, they voted on the meaning of semi-colons. And, then, in a final general session, after additional debate, they cast their ballots to select and order their 30 top recommendations.

Mr. Chairman -- I'm telling you this to show how we in New York, along with many other states, took to heart the call for an open White House Conference on Aging.

And let me tell you -- the 700 attendees at Governor Carey's Conference on Aging, and the 122 appointed delegates from New York to the White House Conference have also taken their call seriously.

They are ready to come to Washington to express their opinions and to take part in a democratic process which would lead to a freely drafted statement of position on the issues which affect older Americans, and to set an agenda for the 1980s.

It is because of that deep commitment that we in New York have been so troubled by the developments of recent weeks.

In January of 1981, a new President took office, and understandably wanted his own team. President Reagan appointed David Rust as Director of the White House Conference -- Mr. Rust is a well-respected individual who has worked with aging advocacy groups and the Senate.

In the weeks and months since, though, it became obvious that there was serious disagreement with the format of the coming conference. In August, I joined several State Coordinators in a meeting with Mr. Rust at which we had a vigorous discussion about White House Conference on Aging plans to limit the opportunity for debate and voting.

Partly as a result of that meeting, the states were invited to submit to Mr. Rust their own proposals on how to run such a large conference. New York's suggestions were sent.

Among our recommendations was the suggestion that facilitators for the committees and subcommittees should be recruited from an unbiased source, such as the League of Women Voters; that a resolution process be established to provide the delegates with an appropriate channel in which to pursue minority concerns, and that a process be developed that would allow for brief pro or con statements by delegates during a plenary session prior to a final vote by delegates on each individual recommendation proposed for the national platform.

As far as we know today, those suggestions from New York and other states were not followed.

Mr. Chairman, you are aware, I believe, of the various changes which have been made in the make-up of the executive staff of the White House Conference on Aging, including the replacement of Mr. Rust and his deputy Leon Harper.

Mr. Chairman we don't understand why several of the top persons in the executive ranks of the White House Conference on Aging were removed from their posts in a highly unusual fashion with the conference only weeks away. The changes in personnel -- even connected with a promotion or transfer to another government post -- can only add to the disorganization within the conference.

There are a number of other troubling issues before us.

They all seem to raise the same question: Is it the intention of the White House Conference on Aging to allow for a free, democratic exchange of ideas and a meaningful vote on a national platform?

Today, Mr. Chairman, is October 22, 1981. There are only 39 days remaining until the start of the conference on November 30.

And yet, today, the following is true:

-- The delegates from New York, and I believe this is true for the rest of the nation as well, have not yet received their assignments to one of the 14

planned workshops at the White House Conference. I understand that these assignments are due to be sent out very soon. Nevertheless, this does present a real problem to the many serious delegates who wish to prepare for the subjects he or she hopes to discuss in Washington.

-- Similarly, the delegates from New York have not yet been told of their hotel assignments. We believe all of the delegates will be split between two Washington hotels, according to their workshop assignments. Doesn't this interfere with a delegation's ability to discuss the carrying out of their state's platform?

-- One of the most serious problems is the fact that delegations have not yet received copies of the proposed rules and procedures for the conference. We hope this Committee hearing will ask conference officials about this today.

-- Delegates were to have received the technical papers prepared on behalf of the White House Conference, the reports from the mini-White House Conferences and the reports from each of the states' conferences. To date, none of these have been received by the delegates.

-- None of the delegates or state coordinators from across the nation have received an official schedule of events from the White House Conference.

Let me tell you, though, about what we have learned unofficially from Washington. We were told that there are plans for only two general plenary sessions of the delegates. The first meeting will be held on Monday, November 30 in the morning for the purpose of greetings and explanation of the workshop process. From then until Thursday, Dec. 3, the delegates will not gather in formal session.

And, that second and final plenary session will <u>not</u> include any voting on a national platform -- there will only be an opportunity to accept the reports of the 14 committees or possibly a simple yes-or-no vote on the total package at the conference or by mail later.

In other words, a delegate who is assigned to a workshop studying health issues will have no input on the drafting of a platform issue about housing policy. And, he or she may or may not even have the right to reject or accept a specific platform plank.

Most of the explanations we have received from Washington have centered on the perceived difficulty of allowing for discussion, debate and voting on a large number of issues by a large group of delegates.

We recognize that difficulty -- but we believe it is so important delegates have the real opportunity to deliberate, debate and vote that such an effort be made.

I should point out to Members of Congress and other participants in politics that there is a basic similarity to the national political conventions of the Republican and Democratic parties. Those are gatherings of several thousand people, many with greatly divergent opinions and backgrounds. Yet, I think you'll agree with me that the political process works at its most open level at such conventions. A platform is hammered out and put to a vote. Rules decisions are made by the body. Complex issues are decided.

As I explained before, New York took great pains to set up its Governor's Conference on Aging as a democratic process. Our rules were drafted with the assistance of outside groups including the League of Women Voters of New York State and representatives of aging advocacy groups.

The package was presented to the delegates and alternates for consideration and adoption at the conference.

Mr. Chairman, our conference in New York was a difficult, difficult task -- but we are proud of what we accomplished.

I think we succeeded because we approached the issue with the end result -- a democratic process -- in mind.

If you start off with the premise that you want a conference to be democratic, then you make sure it happens.

What I would like to bring to the attention of this committee today is another, more troubling occurence -- an event which some people across this country consider a direct intervention in the democratic process by political agents.

During the Columbus Day weekend of Oct. 9-12 past, delegates to the White House Conference from New York began to receive phone calls asking them questions related to the coming conference.

Some of the callers reportedly identified themselves as being "from" the White House Conference on Aging. Some of the callers apparently said they were calling "for" the White House Conference. A few of those called said they were told, or later determined that the survey was being conducted by a marketing firm.

The questions asked "yes" or "no" or gave multiple-choice possibilities for subjects including Social Security, Medicare, health issues and the general subject of President Reagan's budget plans.

Those called were asked how many conventions or conferences they had attended in the past. And, they were questioned about their membership and offices held in organizations.

I can tell you that the reactions in New York ranged from confusion to shock to outrage to intimidation to fear.

The delegates who called us told us they were afraid that the information gathered would be used to punish them as individuals or as members of the New York delegation. They said the questions which dealt with their membership in groups, together with answers to questions they considered political opinions might be used to develop strategies to mute their voices in Washington. They told us they thought the questions which asked about their attendance at conventions and meetings were aimed at singling out persons who understood how conferences were conducted, and were therefore dangerous to those who would want to control the White House Conference.

The bottom line was that those who were called felt that they had been called on behalf of persons unknown who sought to manipulate the coming conference.

"Why do they want to know all of our opinions before we go to Washington," several of the delegates asked us. "Aren't we going to all of the trouble and expense of travelling to Washington to take part in a democratic process?"

Jane Gould, the coordinator for our delegation, began to receive telephone calls at home from delegates on Sunday night. She was also given the toll-free telephone number which had been left as a message for one of the members of the delegation who was not at home.

Ms. Gould called that number -- (800) 424-7278 -- Sunday night. She told me that she identified herself as coordinator of the state delegation, and was eventually referred to a Mr. David Sherill. Mr. Sherill told Ms. Gould that the survey was being conducted to assist the White House Conference in its planning for workshops, staffing assignments and other events.

Over the next several days, calls continued to come into my office from delegates who were upset by the survey. We felt it was important to find out who was being called, and if the survey went beyond New York.

Here is what we found:

-- in New York, at least 56 of 122 delegates had been called by the surveyors.

-- at least 17 other states told us they were aware of calls placed to their delegates. Those states were Arkansas, California, Connecticut, Delaware, Florida, Kansas, Louisiana, Maine, Maryland, Massachusetts, Mississippi, Nebraska, Nevada, New Jersey, Oklahoma, Rhode Island and Washington.

We believe the fact that so many delegates were called in New York alone indicates this was not a random sample survey, but instead an effort to reach every delegate headed for Washington.

We also believe the fact that there was no attempt to promise anonymity to those questioned gives those who sponsored the survey the opportunity to know opinions and information of specific individuals and delegations.

The White House Conference on Aging has now denied its direct involvement in the sponsorship of the survey. Therefore, it is now also obvious that at least some of the callers gave misleading information to delegates when they said or implied they were calling on behalf of the conference.

On Tuesday, Ms. Gould placed another telephone call to the toll-free number and after she questioned them further was finally told that the calls were coming from an operation calling itself Campaign Marketing Group.

The New York Times later reported that Campaign Marketing Group is a political survey company which has performed a number of services for the national Republican Party, and we were told it is physically located in the Washington headquarters building of the Republican National Committee.

Mr. Chairman, the delegates to the White House Conference on Aging from New York have been asking:

-- What is the Campaign Marketing Group?

-- Who commissioned Campaign Marketing Group to conduct a survey of delegates to the White House Conference on Aging?

-- How was the survey paid for?

-- Was there misrepresentation of the true nature of the survey and the identity of the sponsor?

-- For what purpose was the survey conducted?

-- Who will receive the completed document?

-- How did the Campaign Marketing Group obtain the names and telephone numbers of the more than 2,000 delegates to the conference?

The question of access to the list of delegates is of more than passing interest to my office in New York. We had made several requests to the White House Conference on Aging this summer for such a list -- it had been our

intention to contact the delegates from states which had adopted similar platforms to that of New York to begin the process of coalition-forming. We had been informed, though, that the list would not be made available to us because to do so would be an invasion of privacy of the delegates.

And there is another situation -- late yesterday we learned, by accident, that New York had gained 61 mystery delegates. We don't know anything about them. What we do know is that they did not participate in our State Conference, in our training sessions or in any of our State discussions on the problems faced by the aging.

Mr. Chairman, these are the concerns of New York.

You Members of Congress, who made it possible for older people to have this conference -- we appeal to you to make the coming White House Conference on Aging more than a social gathering.

We have just five weeks before the start of the conference, or to state it another way: It is 6 a.m. It's time to wake the President. We need his help in making this an open conference so that he may hear the voices of Older Americans.

Thank you.

PRESS CONTACT: Corey Sandler
(518) 473-7343

THE NEW YORK TIMES, FRIDAY, OCTOBER 23, 1981

G.O.P. Draws Fire for Polling Delegates to Forum on Aging

By WARREN WEAVER Jr.
Special to The New York Times

WASHINGTON, Oct. 22 — The Democrat who heads the House Select Committee on Aging accused the Republican national chairman today of trying to "pervert and prostitute" the forthcoming White House Conference on Aging by inducing about 900 delegates to divulge their political views in a survey in advance of the event.

Representative Claude Pepper of Florida, the panel chairman, formally asked the Department of Justice to determine whether Richard Richards, the party chairman, or his aides had violated Federal laws on impersonation, privacy and freedom of information in their telephone survey of the delegates.

At a four-hour committee hearing, Mr. Richards testified that he was given a list of conference delegates by Richard S. Schweiker, the Secretary of Health and Human Services, on Sept. 11, when requests from all other organizations for the same material were being refused.

Mr. Pepper said his committee was still being denied access to the delegate list, and other witnesses said private groups had had the same experience. Without the list, the Republican National Committee would have been unable to conduct its survey earlier this month.

About 2,200 delegates, mostly appointed by governors and members of Congress, will attend the conference Nov. 30 through Dec. 3 in Washington. The purpose of the session is to draft recommendations on issues affecting the elderly. For example, the first such conference, held in 1961, is credited with having led to the creation of Medicare.

Mr. Richards said the national committee had been eager to determine the mood of the delegates and see if they seemed to lack information about the Republican position on Social Security and other issues. If the survey results were of interest, he said, he would give them to the White House.

"I don't see anything wrong" with the survey, he said. "I think it's a sound political move to make."

Earlier, witnesses testified that delegates called by a private marketing company hired by the Republicans, were told that the questioners represented the conference.

Lou Glasse, director of the New York State Office for the Aging, said that reactions of New York delegates called in the survey "ranged from confusion to shock to outrage to intimidation and fear." She called the questioning "a direct intervention in the democratic process by political agents."

Mr. Richards denied that the survey questions were intended to influence committee assignments at the conference or to determine who might be chosen for leadership roles.

"The idea that we're doing something to politicize this conference is ridiculous," he contended.

In a letter to Attorney General William French Smith, Mr. Pepper and Representative Mario Biaggi, Democrat of the Bronx, suggested that Secretary Schweiker's passing the delegate list to Mr. Richards could have violated the Privacy Act of 1974 and that the subsequent refusal to give other groups the list could have run counter to the Freedom of Information Act.

The department was also asked to determine whether the surveyors had violated a Federal ban on impersonating Government officials by identifying themselves with the White House Conference.

NYTimes 10/23/81

G.O.P. Official Says Party Paid for a Poll On Issues of Aging

By WARREN WEAVER Jr.
Special to The New York Times

WASHINGTON, Oct. 20 — A recent survey of the delegates to next month's White House Conference on Aging, in which their views on President Reagan's policies and other issues were sought, was commissioned by the Republican National Committee and financed by political contributions.

William Greener of the committee staff acknowledged today, in response to questions, that telephone interviews had been conducted with about 900 of the 2,200 delegates "to ascertain a consensus of their views of issues concerning senior citizens."

Mr. Greener said that this consensus would be "matched up to the agenda" of the White House conference, which is to open Nov. 30. He said he did not know where the group that did the interviewing obtained a list of delegates.

Representative Claude Pepper, Democrat of Florida, chairman of the House Select Committee on Aging, said that he had asked the Republican National Committee to send someone to testify at a hearing before his panel on Thursday.

"If the purpose of this effort was to gather information to stack the important committees that will be considering President Reagan's Social Security and budget cuts," Mr. Pepper said, "it would amount to an outrageous attempt to politicize what has historically been a bipartisan function."

Most conference delegates are selected by governors and members of Congress. Officials of interest groups representing the elderly have speculated that the White House is concerned that the conference, whose earlier versions have been largely nonpolitical, might criticize the President and his proposals to cut some Social Security benefits.

At the Republican National Committee, Mr. Greener said he did not know what use would be made of the survey, which he described as "raw data."

THE WHITE HOUSE

WASHINGTON

November 9, 1981

I am delighted to extend my warm greetings and welcome to all those attending the 1981 White House Conference on Aging.

As we approach the twenty-first century, the average age of Americans will become progressively higher. This will present many new challenges to our society's educational, health, and financial institutions. For this reason the significance of this conference cannot be overestimated.

But the challenges ahead also will present equal or even greater opportunities for growth, personal fulfillment, and a renewed sense of commitment to the betterment of our nation and our people.

This commitment should be the focal point for utilizing the rich resources of talent, experience, and knowledge that older Americans represent. Proposals to expand the participation of our older citizens in American life will be a major area of interest and consideration for this conference.

You have my every wish for a successful conference, one reflecting the best insights and wisdom of all who have worked so hard to make this event meaningful for the nation.

Ronald Reagan

the White House Conference on Aging
330 Independence Avenue S.W.
Washington, D.C. 20201

August 20, 1981

Marc H. Tanenbaum
American Jewish Committee
165 East 56th Street
New York, NY 10022

Dear Delegate Marc H. Tanenbaum:

This letter serves as your official credential, appointing you a national Delegate to the 1981 White House Conference on Aging. You, as a Delegate, will have an important role to play and we are confident that your participation will be a significant contribution to the success of our work and a service to our nation.

The Conference is a unique opportunity to give recognition to the resources of the aging population and to help make a better future for us all. We look forward to our association with you, and we are making every effort to assure that you find the Conference a productive and memorable experience.

We extend our appreciation to you for the role you have accepted. Some background information on the Conference is enclosed. Information on travel, housing and Conference arrangements will be mailed to you in the next few days.

Sincerely,

David A. Rust
Executive Director

United States
Department of
Agriculture

Farmers
Home
Administration

Washington
D.C.
20250

November 9, 1981

Dear WHCOA Delegates:

Attached is a "WHCOA Fact Sheet" that reflects the problems of the rural elderly. This fact sheet was prepared by Joncier Greene, Rural Elderly Program Specialist, and Sue Harris, Program Assistant, Farmers Home Administration, U.S. Department of Agriculture.

We recognize that many organizations have an interest in providing you with materials; however, we believe our fact sheet captures the problems of rural elderly Americans in concise and easily readable fashion. It is important that each delegate come to the conference with the best possible knowledge of the issues to be discussed. It is clear that the WHCOA delegates will be given a tremendous opportunity to identify and thoroughly examine important rural aging issues and to recommend new and better ways to make the 1980's a decade of progress for all older Americans--urban and rural.

I hope you will find the attachment helpful and that it will help meet the objective of conference planners that each delegate take personal responsibility for his/her own orientation on the issues.

Sincerely,

CHARLES W. SHUMAN
Administrator

Attachment

1981 WHITE HOUSE CONFERENCE ON AGING
NOVEMBER 30 - DECEMBER 3, 1981
WHCOA FACT SHEET

A Window to the Problems of the Rural Elderly

The elderly are the fastest growing segment--and possibly the most lacking in public services--of our population. Further, there has never been a special effort to meet the needs of those elderly who are among the most difficult to reach, the rural elderly.

How Many Older People Live in Rural America?

One out of every nine Americans is 65 years of age or older. Approximately 8.5 million of these older Americans live in nonmetropolitan (rural) areas. In 1970 (the most recent year for which data are available), about 5.4 million older Americans--one in every four Americans 65 years or older--lived on farms or in rural communities with populations of less than 2,500. Preliminary 1980 census data show that nonmetropolitan population increased 15.4 percent from 1970 to 1980.

What Are the Facts on the Rural Elderly?

- Thirty-six percent of the elderly poor live in rural areas.
- Two-thirds of all substandard housing in the United States is in rural America and much of it is occupied by older people.
- One-half of the rural elderly are without adequate transportation. Public transportation is nearly nonexistent in rural America--a situation that greatly affects the ability of older people to get to needed services or to receive proper and timely medical care.
- Lack of nearby medical care often means older people go untreated or make long, expensive journeys to urban medical facilities, if transportation is available.
- Dietary studies suggest that the rural elderly do not get the needed amounts of calories and nutrients such as calcium, iron, protein, and vitamins A and C.

The Major Problems the Rural Elderly Face

It is important as we review the major problems the rural elderly face to keep two issues in mind. First, each one of the problems poses a significant threat to the stability of their lives, and the cumulative effects are impossible to measure. Second, these are problems society faces now.

Transportation

More than any other single factor, transportation is the key to the problem of serving the rural elderly. Just as distance makes services in rural areas more costly, it make it more difficult to reach those who need services.

- It is reported that "transportation disadvantaged" people comprise 59 percent of the rural households in 46 States.

- Among the rural elderly, 49 percent have transportation problems; 47 percent of these people are not licensed to drive and seek transportation from family and friends.

- For many older people without access to an automobile or bus, there is no way to cash a retirement check, no way to see the doctor, no way to pick up prescription drugs, no way to go to religious services, no way to go to the grocery store.

Income and Employment

In a time of spiraling inflation when the purchasing power of the average American is eroding, those hit hardest are the elderly living on fixed incomes. Because of increases in the price of food, housing, utilities, medical care, and transportation, the elderly are spending a higher percentage of their income for these necessities than any other age group.

- Insufficient incomes is a greater problem for the rural elderly than it is for most of their urban counterparts. A 1977 Census Bureau housing survey showed that elderly couples in nonmetropolitan areas had a median income of $7,602--about 18 percent less than that of similar couples in metropolitan areas.

- Twenty-eight percent of nonmetropolitan elderly couples had incomes under $5,000. Older people living in nonmetropolitan areas reported a median income of less than $3,790, and 69 percent of the rural elderly had incomes under $5,000.

- The economic status of the elderly who are minorities is even worse. In rural areas, half of all the black elderly and more than 34 percent of the Hispanic elderly live below the poverty level (1977).

- The rural elderly have fewer opportunities than those living in urban areas to earn supplemental income.

- Many rural residents who are 70 or older are still able to work, but in most areas there are limited job opportunities for them. Technology has made the skills of many rural seniors obsolete and has not generated enough new jobs in rural areas.

- In economically depressed rural areas, the limited availability of jobs for the entire work force and lower than average wages have a particularly severe impact on older people who need to and want to work.

Housing

Rural housing problems are most acute in remote areas and among the elderly.

Dilapidated dwellings built 30, 50, or more years ago, with no running water, no indoor bathrooms, no electricity, and no insulation from cold in the winter or heat in the summer--these are homes for an appalling number of elderly people in rural America.

- Approximately 3,250,000 nonmetropolitan homes make up 60 percent of the nation's substandard housing. Of those inadequate houses, 25 percent are occupied by elderly persons (1977).

- Although rural areas contained only 32 percent of the nation's households in 1976, they had 44 percent of the homes that lacked complete plumbing or were overcrowded.

- Rural communities and areas have a much higher percentage of poor housing facilities than do urban places. This situation is partly due to the political clout of the cities that has enabled them to obtain a greater share of available financial resources. But it is probably also a function of their greater expertise in securing and utilizing housing and development resources. Small towns and rural counties frequently lack the capabilities necessary to compete for financial assistance. They also have a relative lack of expertise in packaging and utilizing housing and development resources. In addition, the poorer rural communities often do not have the fiscal capability to match grants or repay loans.

Health and Nutrition

Health and the cost of health care rank at the top of the list when older people--urban and rural--are surveyed about their needs and problems.

It is also important to note the direct link between health and nutrition among the elderly. Many chronic diseases including coronary disease, hypertension, diabetes, and atherosclerosis have been connected with malnutrition.

- Rural residents--who make up more than one-fourth of the nation's population--often lack adequate private health insurance coverage. Services reimbursed by Medicare or Medicaid that are available in urban areas are not always available to rural clients. While 49 million U.S. citizens reside in medically underserved areas (MUA's), over 27 million--56 percent--live in rural areas. This means that 47 percent of the total rural population live in MUA's. Ninety-five percent of the nation's 1,500 medically underserved counties are nonmetropolitan.

- On a per capita basis, rural areas have 58 percent fewer physicians, 38 percent fewer dentists, and 29 percent fewer nurses than urban areas.

WHCOA Delegate Involvement

The White House Conference on Aging will provide an excellent opportunity for delegates to make an impact on future policies and programs affecting the rural elderly. As representatives of the American people, the delegates will hammer out a comprehensive national aging policy that will be presented to the President and Congress.

The support of each delegate is needed to ensure that there is a focus on the special needs of the rural elderly at the WHCOA.

- WHCOA delegates must become very familiar with rural aging issues.
- Delegates must articulate the needs and problems of the rural elderly at the White House Conference.
- Delegates, especially the rural delegates, should obtain support on particular or specific issues from other delegates.
- Delegates should come to the Conference with plans for improving service delivery to the rural elderly.

Moshman Associates. Inc.

6400 GOLDSBORO ROAD. WASHINGTON. D.C. 20034
TELEPHONE (301) 229-3000

Consultants to Management

M E M O R A N D U M

TO: Delegates and Observers
White House Conference on Aging (WHCoA)
November 29 - December 3, 1981

FROM: Elaine M. Kokiko, Executive Vice President

DATE: November 10, 1981

SUBJECT: Important Information

The following information is for your review prior to your arrival at the WHCoA. Delegates and Observers and companions of Delegates and Observers will be housed in the Sheraton Washington Hotel and the Washington Hilton Hotel. Your committee assignment has been previously forwarded to you in a letter from Mrs. Brake, the Executive Director of the WHCoA. The hotel to which you were assigned is the same one in which your Committee will meet and where your meals will be served.

REGISTRATION

All Delegates and Observers must first register in the lobbies of the hotels in which they are assigned in order to obtain their room assignments and the keys to their rooms. Moshman Associates, assisted by volunteers, will be available in the hotel registration area. The second step in the process is Conference registration which will be set up at both the Hilton and the Sheraton. Your Conference registration package will be in the hotel to which you are assigned. In the package will be the Conference program, your badge and other informational material. Admission to the Opening Reception, which begins at 6:30 p.m. on Sunday, requires a badge so please register as soon as possible.

When you register for the Conference please be sure to bring an ID which you must show in order to receive your package.

BADGES

Each participant will be supplied with a badge which must be worn during all Conference activities. The color of the badge indicates whether you are a Delegate or an Observer and the number on the badge indicates the committee in which you will participate. This badge will admit you to this committee only.

Both WHCoA staff and Moshman Associates staff will wear a white badge so that you might identify them.

Volunteers will have special badges so that you might identify them in the hallways, in the lobbies, outside the hotel and at all sessions if you need assistance.

RIBBONS

Each Delegate and Observer has been supplied with a ribbon in this package. We request that you wear this ribbon on your outer clothing throughout your travel to the Conference so that airport personnel, stewardesses and particularly the personnel at the airports in Washington, D.C. will know that you are with the WHCoA.

BUSES TO THE HILTON AND TO THE SHERATON FROM THE AIRPORTS

Buses secured by the WHCoA will transfer you from National Airport, Baltimore/Washington International Airport, and Dulles International Airport to the two Conference hotels. Assistance will be provided to you by volunteers stationed at the airports. Please review the information on the separate sheet concerning airport buses.

HAND LUGGAGE

We suggest that you carry on the plane any medications or personal items that you cannot do without should a problem occur with your luggage. We have made every effort to identify your luggage and prevent loss by sending you in this mailing special baggage tags. Please be sure to affix these tags to your baggage before you leave your home and tear off the perforated stub which has a number on it to match the number on the tag. We suggest you keep the stubs in your pocket or purse for easy retrieval on arrival at the Conference hotel. These baggage tags will help us and the bellhops identify your bags when they are delivered to the hotel.

GRATUITIES TO BELLHOPS AT THE HOTELS

The WHCoA will be providing tips to the bellhops for the handling of the Delegates' baggage. Observers will be responsible for tipping bellhops for this service. Please tip according to your ability to do so.

CHECK-IN AND CHECK-OUT OF THE HOTEL

Everyone, regardless of whether their lodging expenses are paid by the WHCoA or by their own sources, must check into the hotel. If you are a Delegate, you are responsible for payment of any incidentals, such as room-service, laundry, telephone calls, etc. The WHCoA pays for the cost of half of a double room each night. If you are an Observer or companion, you are responsible for payment for both your room and incidentals.

We suggest that if you have a credit card you use it as your major method of payment. If you do not have a credit card, please have travellers' checks which can be replaced should you lose them. We also suggest that you bring only a small amount of cash.

All Delegates and Observers, and their companions, must check-out of the hotel so that you may pay for any incidentals if you are a Delegate, and for your entire bill if you are an Observer or companion.

MEALS

Delegates will be served their meals in the hotel in which their committees are assigned. Observers who purchased tickets by mail will also be served their meals in the hotel in which their committees are assigned. The meal tickets will be in the registration package for the Delegates, and for the Observers who purchased them in advance. A limited number of tickets for each evening meal may be available for purchase by those who did not do so in advance. These will be sold in the registration area at each hotel on Sunday afternoon and on Monday until 6:00 p.m. Their availability is strictly a matter of capacity. No tickets can be purchased after 6:00 p.m. on Monday.

CLOTHING

During the Conference period, the weather in Washington, D.C. will be brisk and therefore you will need a warm coat and a sweater. For the Banquet and the Opening Reception, you may wish to bring some dressy outfit although we do not expect the need for formal attire. We suggest that you dress for your comfort.

SHUTTLE BETWEEN HOTELS

Transportation between hotels will be available on a regular basis. Extra capacity will be available when there is a Conference-wide event scheduled, such as the Opening Reception on Sunday night. There is no charge for the shuttle bus, so that participants can take advantage of it as needed.

EMERGENCY MEDICAL UNITS

Infirmaries will be located in each hotel and will be staffed around the clock by a physician, nurse and a first aid technician. Therefore, those individuals who need the attention of a doctor, who need to have medications stored in a refrigerator or have any medical problems during the Conference will be accommodated at this facility. We suggest that, in case of an emergency, you have with you in your purse or pocket your identification and any medical insurance cards in case of hospitalization. No one will be turned down for emergency medical care, regardless of whether he or she has insurance. You should also have in your wallet the name and telephone number of the person to contact in case of an emergency.

LIBRARIES

The Conference will have, in each hotel, reference materials on aging and related topics, which you are welcome to use. These libraries will be staffed by professional librarians and volunteers and will be open throughout the Conference.

MESSAGE CENTER

There will be a message center in the registration area of both the Hilton and Sheraton hotels. Messages will be posted in sealed envelopes. Emergency messages will be hand-delivered when possible. Therefore, it is important that, if we need to locate you, you will be with the Committee to which you are assigned. The telephone numbers of the hotel switchboards are:

Sheraton Washington Hotel (202) 328-2000
Washington Hilton Hotel (202) 483-3000

You may wish to give the appropriate number to your family or friend in case of an emergency. Once they have made contact with the switchboard, he or she should ask for the White House Conference Message Center. The call will be expedited as quickly as possible, if it is an emergency. Otherwise, we will post it in the message center for your retrieval at your convenience.

THE NATIONAL COUNCIL ON THE AGING, INC.
Since 1950 working to improve the lives of older Americans

600 MARYLAND AVE., SW • WEST WING 100 • WASHINGTON, DC 20024 • TELEPHONE (202) 479-1200

November 12, 1981

Dear Colleague:

As a participant in the White House Conference on Aging you will soon have the opportunity to help shape the policies of our nation on behalf of the aging for the next decade and perhaps longer. The National Council on the Aging congratulates you on being chosen for this important role and hopes the Conference will be a productive one.

NCOA, a private non-profit organization has, with the support of a number of corporations, commissioned a major new poll by Louis Harris and Associates to document the conditions and concerns of older Americans, as well as the perceptions of aging by younger adults. This study was undertaken in large measure to provide the participants in the White House Conference on Aging with the latest data for use in their deliberations.

With this in mind, we are pleased to share with you the enclosed fact sheets and survey highlights based on the extensive study, Aging in the Eighties: America in Transition. We hope you find it of value.

Also enclosed is a summary of some of the policy recommendations adopted by the National Council on the Aging which relate to subject matter expected to come before the fourteen Conference committees. These too are offered to you with the hope that you will find them of interest as you participate in the Conference.

As we have over the past thirty-one years, NCOA will continue during and after this conference to serve the nation and its older citizens. We invite you to join us in this continuing work through membership in our organization. While in Washington, drop in to our headquarters, The National Center on Aging. It will be open every day and evening of the Conference to enable you to see our facility, our publications and services, and to meet our staff over a cup of coffee.

We look forward to seeing you in Washington and hope you find the enclosed materials useful.

Sincerely yours,

Jack Ossofsky
Executive Director

JO:bam

Enclosures

THE NATIONAL COUNCIL ON THE AGING, INC.
Since 1950 working to improve the lives of older Americans

600 MARYLAND AVE., SW ◦ WEST WING 100 ◦ WASHINGTON, DC 20024 ◦ TELEPHONE (202) 479-1200

The National Council on the Aging (NCOA), founded in 1950, is the leading national organization for professionals and volunteers, with an across-the-board involvement in all matters affecting the quality of life of older Americans. A nonprofit membership organization open to any individual or group, NCOA is a central national resource for research, planning, training, information projects, technical consultation and publications relating to older persons.

NCOA's membership includes individuals, voluntary agencies and associations (social, health, education, housing, religious, etc.), business organizations and labor unions who are united by a commitment to the principle that the nation's older people are entitled to lives of dignity, security, physical, mental and social well-being, and to full participation in society.

NCOA works to make society more equitable, caring and understanding of older persons, so their rights are protected, opportunities advanced and needs met in a humane, effective and efficient manner.

- NCOA conducts research, undertakes demonstration programs, sets standards, disseminates information and promotes the development of a continuum of opportunities and quality services with, by, for and to older persons.

- NCOA develops and advocates improvements, as well as new directions, in public and private policies and practices that affect the aging.

- NCOA provides training, education, technical assistance and consultation for those working with current and future generations of older persons.

- NCOA develops relationships and coalitions with voluntary nonprofit, public, business and labor organizations as well as with associations of older persons.

In all its efforts, NCOA seeks to help meet the current and changing needs of all older persons, regardless of sex, race, color, creed, national origin or special handicap, and to tap the vast resources which older people offer the nation.

NCOA invites you to continue your involvement on behalf of older people through membership in our organization. NCOA members receive PERSPECTIVE ON AGING, a bimonthly magazine for those working with or concerned with the aging; CURRENT LITERATURE ON AGING, a comprehensive quarterly bibliography of books, articles and periodicals relating to aging; program newsletters and information updates on specialized programs, public policy, new developments; collaboration and information exchange among peers and colleagues on a wide range of programs and age-related issues; reduced rates on NCOA books, monographs, training materials; program guides and tapes; reduced registration fees for NCOA conferences, meetings and seminars; priority for consultation and field service; access to NCOA's unique information resources, including the nation's most comprehensive library in the field of aging; opportunities to attend and vote in NCOA membership meetings and elections; and participation in the nation's leading technical and professional resource and advocacy organization in aging.

TOGETHER WE CAN MAKE THINGS HAPPEN !

NCOA serves the field of aging in a variety of ways:

- As a provider of services to individuals, agencies, corporations and organizations through the following departments:

  - Community Services
  - Publications
  - Conferences & Seminars
  - Training & Technical Assistance
  - Life Enrichment
  - Media
  - Library
  - Research & Evaluation

- As a developer of new methodologies and creator of new opportunities that enhance the lives of older persons through its programs that include:

  - Senior Community Service Employment Program
  - Retirement Planning Program
  - Senior Center Humanities Program
  - National Center on Arts and the Aging
  - Public Policy Center
  - National Aging Policy Center on Education, Leisure and Continuing Opportunities for Older Persons

- As an umbrella organization for associations of practitioners, service providers and other concerned groupings that include:

  - National Association of Older Worker Employment Services
  - National Center on Rural Aging
  - National Instiute of Senior Centers
  - National Institute of Senior Housing
  - National Institute on Adult Daycare
  - National Institute on Age, Work and Retirement
  - National Voluntary Organizations for Independent Living for the Aging

NCOA's income is derived from the sale of services under contracts with Federal, state and local governments, and private organizations, as well as contributions and grants from foundatons, corporations, unions and local United Way units. It also receives funds from dues, sale of publications and individual contributions. The bulk of NCOA's budget is transferred to local agencies for the employment of older people and for services for special projects at the community level.

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600 MARYLAND AVE., SW
WASHINGTON, DC 20024
(202) 479-1200

APPLICATION FOR MEMBERSHIP

Date _____

AME _____
please print

OME ADDRESS _____

ITY _____ STATE _____ ZIP _____

OME TELEPHONE _____
Area Code Number

RGANIZATION _____ TITLE: _____

DDRESS _____

ITY _____ STATE _____ ZIP _____

USINESS TELEPHONE _____
Area Code Number

mount Dues Enclosed $_____ Plus Contribution Of $_____ Total $_____

Contributions and Membership Dues Are Tax Deductible

TYPES OF MEMBERSHIP **ANNUAL DUES**

New Membership ☐ Renewal ☐

CHECK MEMBERSHIP DESIRED	ANNUAL DUES
☐ Individual	$4[illegible]
☐ Full Time Student	[illegible]
☐ Retiree	[illegible]
☐ Organization or Corporation	[illegible]
☐ Life Membership—May be paid in four installments	Life Du[illegible] $1[illegible]

Contributions by individuals, organizations and corporations are invited.

Special Interest—Please Check

- ☐ National Institute of Senior Centers (NISC)
- ☐ National Institute on Age, Work and Retirement
- ☐ Senior Employment Agencies
- ☐ National Task Force on Adult Day Care
- ☐ National Center on Rural Aging
- ☐ National Voluntary Organizations for Independent Living for the Aging (NVOILA)
- ☐ Other _____

Policy Recommendations

of the

THE NATIONAL COUNCIL ON THE AGING, INC.

in connection with

1981 WHITE HOUSE CONFERENCE ON AGING

Prepared by the Public Policy Department
The National Council on the Aging, Inc.
600 Maryland Avenue, SW • Washington, DC 20024

POLICY RECOMMENDATIONS

of the

National Council on the Aging, Inc.

in connection with the

1981 WHITE HOUSE CONFERENCE ON AGING

Enhancing the quality of life for older persons has always been the reason for NCOA's existence. While the 1970's represented an era in which progress in that direction was substantial, momentum as we move into the early 1980's has noticeably slowed. Sluggish economic growth, inflation rates that are anything but sluggish and the inexorable graying of our demographic profile have changed the texture of the public debate from pursuit of fulfilling unmet needs of older people, to puzzling over whether we can afford to continue to do what we, as a society, have promised to do.

In this climate, NCOA reaffirms its intention to continue to seek for America's older citizens a life free from material want and from other barriers inhibiting full participation in society, a life of personal and economic security.

We further recognize the need to be creative in our approaches to achieving these goals. The private sector--both proprietary and voluntary--must be a full partner with the public sector. Family and other community support systems must be strengthened. Yet we cannot allow a general retreat by the public sector from our commitments to the well-being of the elderly, including especially women and racial minorities whose disproportionate number among the vulnerable aging calls for priority attention.

Further, NCOA asserts that the Federal government has an obligation to allocate sufficient resources to meet the needs of millions of older Americans.

The Comptroller General of the United States and the Congressional Budget Office have independently identified hundreds of millions of dollars of potential savings in Defense Department activities which, if implemented, would not adversely affect DoD's ability to fulfill its mission. To ignore those possible savings, while seeking to balance the budget by taking from those who are most defenseless, the frail, the ill, the poor, the vulnerable-is unconscionable.

We believe that the 1981 White House Conference on Aging offers a unique challenge for Americans of all ages: in these times of economic uncertainty, can we forge national policies in ways that simultaneously tap fully the potential contributions of our older citizens, guarantee them a decent level of living, and extend the hand of compassion to those who need it? Our response must be affirmative.

Set out below are a series of policy recommendations based on positions taken by NCOA's richly diverse and broadly representative Board of Directors. We have

also noted the White House Conference committees to which the recommendations might most directly pertain. In making these NCOA positions available we are cognizant of the many recommendations put forward by state conferences, pre-White House Conference mini-conferences and by the Leadership Council of Aging Organizations. We join with other National Organizations in vigorous support for the "8 For The 80's" recommendations of the Leadership Council of Aging Organizations. We submit these more detailed goals and recommendations for a national policy as more detailed steps to flesh out in specific ways achievable recommendations for the 1981 White House Conference on Aging. We believe that the adoption by the Conference of such a policy agenda is a goal worth working toward as we plan for the next decade, in a responsible, responsive way, with optimism and faith in our Nation's capacity. We solicit your assistance in that task.

I INCOME

Employment

Over the past 30 years participation by older workers in the labor force has declined rapidly, despite the growing number of older persons in the population. This can be largely attributed to improved private pension plans and Social Security. Another factor blocking continued employment or re-employment of healthy, capable older persons in less benign age bias. This bias has been documented in studies by NCOA and The U.S. Civil Rights Commission, among others. At the same time, older men and women who remain employed often lost out on promotions, salary increases and training opportunities because of the prevalent bias against older workers. The pool of older workers in America remains a largely untapped resource that could be utilized for the benefit of all.

NCOA recommends that the following steps be taken:

- The Age Discrimination in Employment Act (ADEA) be amended to remove the upper limit (for protection--now age too--for all employees) and to remove all exceptions to its prohibitions.

- Enforcement efforts be stepped up for both the ADEA and the related statute for federally aided employment programs, the Age Discrimination Act of 1975 (ADA) and qualifications of staff assigned to enforce those laws.

- The Equal Employment Opportunity Commission (EEOC) be provided with enough resources to increase private and public sector awareness of the ADEA's provisions.

- Affirmative action plans be required for state and area agencies on aging and recipients of title V (community service employment) funds in order to reinforce the OAA's emphasis on employment of older workers.

- o As a model for non-federal employers, greater use be made by the U.S. Office of Personnel Management of flexible employee systems, including part-time jobs, shared jobs, phased retirement and "flex-time" schedules to encourage greater labor force participation by older workers.

- o Incentive plans, developed by national, state and local governments, to encourage both public and private sectors to provide comprehensive preretirement planning opportunities for employees well in advance of retirement.

These recommendations relevant to--

Committee #1 - Implications for the Economy of an Aging Population

Committee #2 - Economic Well-Being

Committee #6 - Options for Long-Term Care

Committee #9 - Conditions for Continuing Community Participation

Committee #11- Concerns of Older Women; Growing Number, Special Needs

Committee #12- Private Sector Roles, Structures and Opportunities

Retirement Income

Very few older Americans, regardless of income level, depend on wages as their sole or major source of income. In fact, over 75% of all persons 65 years or older receive no wages or salary and depend on Social Security, Supplemental Security Income (SSI), Veterans' benefits, pensions from government employment, private pensions and other public support programs for survival. Thus, if the elderly poor are vulnerable in any one area, the limitations imposed by the unavailability of work combined with inadequate levels of existing forms of retirement income would take precedence over other serious but less dominant problems.

Moreover, a decade of progress toward reducing the incidence of elderly poverty has begun to be reversed in the last two years. One in every four older people can be classed as poor or near-poor.

At the same time, confidence in the Social Security system has been badly shaken. Short-term problems brought on by a stagnated, inflation-plagued economy, and demographic shifts that point toward longer range shortfalls, have prompted reckless predictions of disaster by public officials and others. They do a disservice to all Americans. The system will not be permitted to fail.

Any short-term financing problems can be addressed through relatively simple means; solutions for any longer range shortfalls demand painstaking scrutiny.

In order to insure a more nearly adequate income for the nation's elderly, NCOA recommends that the following steps be taken:

- o The level of SSI payments be immediately raised to the official poverty line.
- o The SSI assets test be eliminated as an eligibility factor, and the allowed earnings level be lifted, thereby leavening a policy which now acts as a disincentive to work.
- o Ages for eligibility for Social Security and SSI benefits should be retained.
- o The Social Security System should not continue to be financed solely through payroll taxes. General revenues and other revenue sources related to the ability to pay should be contributed, in recognition of the system's weighting of benefits in favor of low earners, and other social elements.

These recommendations relevant to--

Committee #1 - Implications for the Economy of an Aging Population

Committee #2 - Economic Well-Being

Committee #6 - Options for Long-Term Care

Committee #11- Concerns of Older Women: Growing Number, Special Needs

Committee #12- Public Sector Roles, Structures and Opportunities

II. MEETING HUMAN NEEDS

Health

Maintaining good health is a major challenge of growing old. The health problems most frequently observed in older people are chronic and degenerative rather than acute. Because the elderly are more likely to suffer from chronic disabilities, they incur health care expenses that are extremely high--three times the average per capita expenditure for health care. To minimize costs and to offer more humane care, it is imperative that we balance the pronounced bias toward institutional care by broadening the in-home, adult daycare and other community based services available to older people. Moreover, new emphasis is needed on practices that prevent illness--nutrition education,

counselling and other public health measures. Specific steps to improve the health of older people should be taken as follows:

- o A national, lifelong health security program should be established for all Americans, with strict cost and quality controls.

- o Medicare should close present gaps in services and benefits by including coverage for such items as diagnostic and preventive services, prescription drugs, dental care, hearing aids, and vision care.

- o National and state policies should be established that recognize the vital role and encourage the availability and accessibility of adult day care/ day health programs.

- o Existing community services should be integrated and consolidated to provide comprehensive, accessible health care to the elderly poor, using Medicare, Medicaid, Older Americans Act, and title XX (Social Security Act) funds.

These recommendations relevant to--

Committee #1 - Implications for the Economy of an Aging Population

Committee #3 - Older Americans as a Continuing Resource

Committee #4 - Promotion and Maintenance of Wellness

Committee #5 - Health Care and Services

Committee #6 - Options for Long-Term Care

Committee #7 - Family and Community Support Systems

Housing

NCOA affirms the goal enunciated in Title I of the Older Americans Act that every older American is entitled to suitable, affordable housing. At a time when the American economy is struggling, it is ironic that our national leaders have failed to utilize an effective lever for strengthening the economy while meeting a great need: the construction of elderly housing.

The goal set by the 1971 White House Conference on Aging--120,000 additional units of publicly financed housing for the elderly each year--was never achieved, and was established at a time when need for such housing was lower, and the performance of the private market in producing housing stock was much healthier.

Before turning completely to the private sector to meet the housing needs of older people, we must exercise caution to avoid replacing real housing units with rhetoric about the market place.

NCOA specifically recommends the following:

- Programs for low--and moderate--income older persons to be funded so that a minimum of 200,000 assisted units of housing for the elderly become available each year of the next decade.

- Federal emphasis be placed on congregate housing facilities for the elderly which provide access to supportive services enabling residents to continue independent lives and to avoid unnecessary institutionalization.

- That a major national effort be launched to meet the housing needs of older adults in rural America.

- The U.S. Department of Housing and Urban Development be mandated to develop affirmative action plans to ensure that the housing needs of minority older persons are addressed in Federal housing programs.

These recommendations relevant to--

Committee #1 - Implications for the Economy of an Aging Population

Committee #2 - Economic Well-Being

Committee #8 - Housing Alternatives

Committee #11- Concerns of Older Women: Growing Number, Special Needs

Committee #13- Public Sector Roles and Structures

Energy

The majority of an elderly person's time is spent in his or her home, and more than 50 percent of the elderly live in homes 40 years old or older. The U.S. Senate Special Committee on Aging recently concluded that at least 30 percent of these homes are substandard and therefore thermally inefficient. The average elderly poor family must spend one-third of its income for energy, and often keeps the heat down in an effort to reduce heating expenses. This may be hazardous due to the increased risk of hypothermia with advanced age. In this area, NCOA recommends the following:

- Comprehensive consumer information on energy conservation and home weatherization be developed and distributed to the elderly; it should acknowledge their limited resources.

- o Federal departments continue to provide weatherization/ winterization funds for housing of low income elderly persons.

- o Maintain energy assistance payments to help compensate for a federal policy that is permitting home energy costs to escalate far faster than prices in general.

- o Federal, State and local legislative bodies establish thermal efficiency incentives.

These recommendations relevant to--

Committee #2 - Economic Well-Being

Committee #8 - Housing Alternatives

Committee #11- Concerns of Older Women: Growing Number, Special Needs

Committee #13- Public Sector Roles and Structures

Social Services

For older persons a social services system makes the difference between independence and institutionalization. The problem of older people not only affect the older persons themselves, but have great impact on their families and communities. Most people need social services at some time in their lives; such services for the elderly may include senior centers, nutrition programs, transportation, legal services and health delivery systems.

NCOA, aware of the need for vast improvement in the social service system, recommends the following:

- o To promote maximum independence, comprehensive in-home services for older adults of all income levels must be made available.

- o The maintenance of national standards to ensure high quality services is crucial. Especially if the Federal Government hopes to withdraw from financing service directly, there must be funds for monitoring and enforcing of such standards to protect older persons from abuse and neglect.

- o The Older Americans Act mandate that older persons with the greatest economic or social need receive preference in aging programs should be enforced vigorously.

- Support and funding of services of all kinds in rural areas must come from all levels of government.

These recommendations relevant to--

Committee #3 - Older Americans as a Continuing Resource

Committee #4 - Promotion and Maintenance of Wellness

Committee #5 - Health Care and Services

Committee #7 - Family and Community Support Systems

Committee #11- Concerns of Older Women: Growing Number, Special Needs

Committee #12- Private Sector Roles, Structures and Opportunities

Committee #13- Public Sector Roles and Structures

Senior Centers

Over the years, senior centers have demonstrated their ability to enhance the physical, social and emotional well being of large numbers of older persons. Senior centers are an essential part of the community's continuum of care. The senior center is a community focal point which serves the elderly with dignity and respect, supports their capacity to grow and develop, and facilitates their continued involvement in the community.

NCOA, believing there must be support for senior centers at all levels of government as well as in the private sector, recommends the following:

- Federal policy reflect and support the senior center as an important cost effective service delivery system for:
  - brokering services;
  - fostering a team approach of community wide services; and
  - addressing inflationary and energy crisis.
- Administrative practices be examined and modified where necessary to help eliminate duplication and inconsistencies in programs by fostering maximum coordination of services between senior centers and other components of service delivery systems.

- The Older Americans Act be amended to include operating funds for senior centers. Senior centers are proving to be efficient vehicles for delivery of services, but the absence of operating money hinders most development efforts.

- Senior centers become an entry point into the network of all types of community services.

These recommendations relevant to--

Committee #3 - Older Americans as a Continuing Resource

Committee #4 - Promotion and Maintenance of Wellness

Committee #5 - Health Care and Services

Committee #6 - Options for Long-Term Care

Committee #7 - Family and Community Support Systems

Committee #8 - Housing Alternatives

Committee #9 - Conditions for Continuing Community Participation

Committee #10- Education and Training Opportunities

Committee #11- Concerns of Older Women: Growing Number, Special Needs

Committee #12- Private Sector Roles, Structures and Opportunities

Committee #13- Public Sector Roles and Structures

III TAPPING OLDER PEOPLE'S POTENTIAL

Arts and Humanities

Older Americans have the opportunities to enrich their lives through participation in the arts and humanities. To extend life without extending positive meaning to people's later years can be a cruel hoax. Aging must not be equated with punishment, with isolation. It is through sharing in the arts and humanities, both as givers and receivers, that people of all ages experience a sense of well-being, personal growth, life enrichment and self-worth. Public policy at all levels must recognize and support the rights of

older people to experience fulfillment through the arts and humanities.

NCOA therefore recommends that:

- Local, state and federal governments promote the function of the arts and humanities in improving the quality of life of older Americans.

- Social service agencies make available programs in the arts and humanities which provide opportunities for older people to utilize their skills, talents and interests as teachers, lecturers, professional artists, trained amateurs and advisors. Local artists and scholars should also be involved in the creation and operation of programs.

- Information about accessible arts and humanities programs be included in information and referral systems for older people.

- All arts and humanities programs, projects and events provide access for impaired older persons and the operators of such programs improve their outreach efforts to locate and serve the isolated and frail aged in their communities.

These recommendations relevant to--

Committee #1 - Implications for the Economy of an Aging Population

Committee #3 - Older Americans as a Continuing Resource

Committee #6 - Options for Long-Term Care

Committee #9 - Conditions for Continuing Community Participation

Committee #10- Educational and Training Opportunities

Committee #12- Private Sector Roles, Structures and Opportunities

Committee #13- Public Sector Roles and Structures

Education and Intergenerational Activities:

The relationship between education and older persons has three aspects: (1) education for the elderly, (2) education by the elderly and (3) education about the elderly.

The desire to learn increases with the level of education achieved. As the median level of education of people age 60 and over continues to rise, the need for educational programs for the elderly also increases.

Moreover, the education of professionals and the general public about the aging process and about older people is lagging sadly behind the need for such education. There are uncounted benefits for everyone in more realistic perspectives of older persons and in learning about the implications of aging for society.

Finally, older people have much to offer as educators at all levels of society. They have knowledge, experience, and a rich cultural heritage to pass on to others. They have too long been ignored as a valuable resource in the education of people of all ages. The value of intergenerational cooperation and exchange has also been ignored for too long. Young and old people are perhaps the most age-isolated groups in society. Intergenerational exchange of learning and service provides opportunities for people of all ages to form friendships and to share perspectives and knowledge.

NCOA recommends the following actions as contributing to educational and intergenerational policies affecting older people:

- Public and private sectors promote a policy of making educational opportunities available to the aged, which include the arts and humanities, retirement-related skills and knowledge, civic issues and advocacy techniques.

- Older persons be employed either as paid or volunteer instructors in their areas of expertise in all segments of society.

- Curricula be developed concerning the aging of individuals and the aging of the population for all levels of formal education and also for non-traditional educational settings.

- Public and private agencies look for ways to involve older, middle-aged and younger persons in intergenerational projects in all types of settings, including community, social and business.

These recommendations relevant to--

Committee #3 - Older Americans as a Continuing Resource

Committee #6 - Options for Long-Term Care

Committee #7 - Family and Community Support Systems

Committee #9 - Conditions for Continuing Community Participation

Committee #11- Concerns of Older Women: Growing Number, Special Needs

Committee #12- Private Sector Roles, Structures and Opportunities

Committee #13- Public Sector Roles and Structures

IV PUBLIC/VOLUNTARY COLLABORATION AND COORDINATION

The need to maximize the effectiveness of services and to reduce costs of delivering them is clear. Success lies in cooperation and in the uniquely diverse composition of the voluntary sector. Collaborative efforts by public and voluntary organizations-as both achieve better understanding of community needs-can increase and improve services for older persons in general and the more vulnerable elderly in particular.

Toward this end NCOA recommends:

- o A community-wide planning and coordination process for all health and social services should be carried out by a locally designated community body; that this process include consumers, representatives of planning agencies, voluntary, private, non-profit and public sector providers and representatives from all funding sources.

- o To enhance the quality of life, to enable older adults to live independently and to protect their right of choice, that a "continuum of services" system for each community be supported by a national policy that assures a comprehensive, coordinated system of services. All components of the system must be available, accessible and acceptable to all who need them. Older adults must be included in the planning, providing and evaluating of such services. Achieving this goal for each community is a joint public/voluntary responsibility.

- o Voluntary organizations should be encouraged to form coalitions and/or other forms of cooperative relationships with the public sector; to assess the unmet needs of older adults; to recommend the establishment of comprehensive programs and to monitor and evaluate these programs on a continuing basis.

- o That the informal service network be strengthened and supported by providing needed information, resource materials and technical assistance. That voluntary agencies in concert with public agencies provide training, support and access to neighbors, friends and families caring for the aged.

- o That the voluntary sector take a leadership role in raising public consciousness regarding the continuing needs and strengths of older adults and seek ways to demonstrate and innovate in tapping the resources represented by the aging.

These recommendations relevant to--

Committee #1 - Implications for the Economy of an Aging Population

Committee #2 - Economic Well-Being

Committee #3 - Older Americans as a Continuing Resource

Committee #4 - Promotion and Maintenance of Wellness

Committee #5 - Health Care and Services

Committee #6 - Options for Long-Term Care

Committee #7 - Family and Community Support Systems

Committee #9 - Conditions for Continuing Community Participation

Committee #10- Educational and Training Opportunities

Committee #11- Concerns of Older Women: Growing Number, Special Needs

Committee #12- Private Sector Roles, Structures and Opportunities

Committee #13- Public Sector Roles and Structures

Survey Highlights
and
Fact Sheets

based on

AGING IN THE EIGHTIES: AMERICA IN TRANSITION

A National Poll
conducted for

THE NATIONAL COUNCIL ON THE AGING, INC.

by

LOUIS HARRIS AND ASSOCIATES

1981

Prepared by the Research Department,
The National Council on the Aging, Inc.
600 Maryland Avenue, SW • Washington, DC 20024

DESCRIPTION OF NCOA'S AGING IN AMERICA

Aging in the Eighties: America in Transition is a report based on a survey conducted in the summer of 1981, commissioned by The National Council on the Aging, Inc. Louis Harris and Associates conducted the survey for NCOA. The survey instrument (or questionnaire) was a joint product of NCOA staff, an advisory committee consisting primarily of researchers in gerontology, and Louis Harris and Associates.

More than 3,400 persons 18 and older were interviewed, including more than 1,800 who are 65 and older. In addition to this 65-plus group, persons 55-64 and blacks and Hispanics were also oversampled disproportionately to their representation in the general population. They were then weighted back to their actual proportions in reporting overall national results.

The 1981 study repeated a large number of questions covered in NCOA's previous 1974 Myth and Reality of Aging in America, thus allowing for trend analysis on such issues as planned retirement age, perceptions of problems and status of the aged among the under-65 public, as well as the feelings of older Americans themselves.

In addition to these previously asked items, the new survey included questions related to current issues as changes in social security; awareness of the Age Discrimination in Employment; health care and health costs; income adequacy; capacity to save, etc.

Support for the $400,000 study was provided by the Corporation for Older Americans (a non-profit group established to receive funds fy the White House Conference on Aging), and the following companies: Atlantic Richfield, Exxon, Levi Strauss, Colonial Penn, Bankers Life and Casualty of Chicago, and the Equitable Life Assurance Society.

Members of the research committee are Robert Havighurst (chairman), Ethel Shanas, Maurice Jackson, Professors Ismael Dieppa, George Maddox, and David Maldonado; and Dr. Harris Schrank, William Bennington, Phyllis Quan, Earle Gerson, Carolyn Setlow, Dr. Matthew Greenwald, and Dr. Robert Hill.

Dr. Harold Sheppard, Associate Director for Research and Evaluation, is NCOA's director of the project.

Copies of the full 170-page report on Aging in the Eighties will be made available soon by NCOA.

SURVEY HIGHLIGHTS

The following is an overview and summary of the major findings of the survey. When summarizing a study of this size, many important details are unavoidably lost. Therefore, interested readers are urged to examine the full report which may be purchased from the Publications Department at the National Council on the Aging.

A. The Myth and Reality of Aging: Overall Trends

1. When asked what the "two or three greatest problems facing the elderly in this country today" might be, all age groups are in basic agreement. "Inflation, the high cost of living, high prices" are most likely to be volunteered -- by 21% of those aged 18 to 54, by 26% of those in preretirement years (55 to 64), and by 24% of those aged 65 and over. Inadequate income, lack of money, and finances are mentioned as another side of the inflation picture. "Poor, failing health" and "crime, being afraid to go out" are mentioned next most often.

2. As in 1974, however, the public in general and older people themselves tend to overestimate the prevalence of problems facing the majority of people over 65. Substantial majorities of younger adults (18 to 64) think that the high cost of energy, fear of crime, not having enough money to live on, and loneliness are very serious problems for most older people. In

reality, only minorities of the elderly cite these as very serious personal problems. Nevertheless, the rank order of problems viewed as very serious is the same for both the under 65 and over 65 populations.

3. Today and in 1974, over 8 in 10 adults 18 to 64 and 65 and over agree that people over the age of 65 are generally better educated today than they were ten or twenty years ago. Over 6 in 10 adults aged 18 to 64 and over 7 in 10 in the 65 and over group share the belief that health status has improved for older Americans.

4. In a turnaround since 1974, when by 44-41% the public felt older people were not worse off, a 56-37% majority of the public 18 to 64 years of age believe that older people today are worse off financially than they were ten or twenty years ago. Most people aged 65 and over do not yet agree with this statement, but they disagree by only a close 47-43% margin. In 1974, older people aged 65 and over rejected this proposition by a far greater 58-31%.

5. Increasing dissatisfaction with their lot in life may be prevalent among people 65 and older. As measured by a series of eighteen positive and negative statements[1] about their personal sense of optimism or pessimism, the life satisfaction of older Americans shows a decline since 1974. While reaction to most of the statements remains unchanged, there has been slippage in the percentages of older people agreeing that "as I grow older, things seem better than I thought they would be" and that "I am just as

[1]The Life Satisfaction Index Z, developed by Dr. Robert Havighurst.

happy as when I was younger"; conversely, more older Americans agree that "my life could be happier than it is now" and that "in spite of what some people say, the lot of the average person is getting worse, not better."

6. Among the 65 and over group, blacks, Hispanics, those in the lower income brackets, and those who have retired without pensions continue to feel a greater share of the problems of the aged. The life satisfaction scores for the public 65 and over with incomes of under $10,000 show significantly greater declines than the scores for older Americans in higher income brackets. Older Americans living on less than $5,000 a year, blacks, and Hispanics are in strong agreement that the financial well-being of the elderly has declined in the past ten or twenty years.

B. Problems Facing the Elderly

1. Of ten problems, the one most often faced personally by the public aged 65 and over is the "high cost of energy such as heating oil, gas, and electricity," cited by 42% as "very serious." A comparable percentage of the public aged 18 to 64 (43%) put the cost of energy at the top of their own list of problems. Energy cost problems accordingly are shared by all Americans.

2. "Fear of crime" is mentioned by 25% of the public aged 65 and over as a very serious problem, about the same number who mentioned it in 1974. Among the public aged 18 to 64, fear of crime is also a serious

problem, but even today fewer of them (20%) than of older people express this concern.

3. "Poor health" is a very serious problem for 8% of those 18 to 54, 16% of those 55 to 64, and 21% of those 65 and over. It is a more widespread problem for older Americans with incomes of under $5,000 (31%) and for older blacks (35%) and Hispanics (48%). Similarly, "not enough medical care" affects only 9% of all Americans 65 and over, but rises to 16% among the elderly in the lowest income group, 17% among older blacks, and 33% among Hispanics 65 and over.

4. According to Americans 18 to 54, the two or three greatest problems of health and medical care facing people 65 and over are "costs of medical bills" (31%), "lack of money" (24%), and "transportation to and from medical facilities" (23%). Those 65 and over are more likely to cite the costs of doctors' visits in particular (18%), along with generally high medical costs (19%) and transportation barriers (18%). They are less likely to see lack of quality medical care or personal attention as a problem (6%).

5. "Not having enough money to live on" and "loneliness" are also very serious problems for over 10% of those 65 and over. Loneliness is significantly more likely to be a problem of older age; not having enough money to live on, on the other hand, is a more serious problem for adults under the age of 65 (22%) than it is for adults 65 and over (17%).

6. "Not having enough money to live on" is a very serious problem for majorities of blacks and Hispanics aged 65 and over (55% and 45%,

respectively) and for 33% of all older Americans with incomes under $5,000. It is a more prevalent problem among those over 65 not covered by pensions (23%) than among those who are covered by pensions (8%), and among those who have retired (18%) than among those still in the labor force (9%).

Nevertheless, it should be noted that even in lower income groups those 18 to 54 are significantly more likely than those 65 and over to feel that "not having enough money" is a very serious problem (47% and 33%, respectively).

C. The Economic Status of the Elderly

1. Despite significant age differences in average household income, elderly Americans, as we have seen, are no more likely than younger Americans to feel financially strapped. This may reflect, in part, the fact that more than 3 in 5 individuals 65 and over (from 64% to 68%, depending on age) have bought and paid for their own house and therefore have a relatively low monthly housing expense. Only 12% of the public 18 to 54 have bought and fully paid for their own home.

2. Median household income levels decline as age increases, from a high of $22,400 among the 18-54 age group to a low of $6,000 among persons 80 and over. Not surprisingly, among older Americans, median income is higher among those who are still working than among those who have retired. Individuals 65 and over who remain in the work force have more than one and

one-half times the median household income of their retired colleagues ($14,200 vs. $8,700).

3. The benefits of two incomes are apparent among the elderly. Among individuals 65 and over with household incomes of $10,000 or more, the large majority report that two or more members contribute to their household's finances (61% in households with incomes from $10,000 to $19,999, and 67% in households with incomes of $20,000 or more). By comparison, only 18% of those with less than $5,000 in annual income live in households with two or more income contributors.

4. Elderly blacks and Hispanics once again differ from their white counterparts, tending to be poorer and to be renters or without paid off mortgages. Among the 65 and older group, the median household income of whites ($9,100) is nearly twice that of either blacks ($5,000) or Hispanics ($5,600). The median household incomes of both blacks and Hispanics are well below the poverty level. Whites are markedly more likely to have paid off the mortgage on their own home (70% among whites vs. 44% among blacks and 27% among Hispanics).

5. There is a segment of the white elderly population with more serious financial problems than others. About 1 in 5 (19%) of whites over the age of 65 have incomes under $5,000; another 25% have incomes of $5,000 to $9,999. A 55% majority and 49% plurality, respectively, in each of these income groups reports that "not having enough money to live on "is a

very serious personal problem. These groups are nearly overwhelmingly female: 80% of elderly whites with incomes under $5,000 are women; 58% of elderly whites with incomes of $5,000 to $9,999 are women.

6. While a majority of Americans continue to save and invest, 57% of those with savings have been forced in the past year to take money from their savings to pay bills and meet expenses. And despite the popular notion that it is the elderly who are most likely to live off their savings, these findings show that older Americans are less likely (between 43% and 47%, depending on the specific age group) than individuals 18 to 54 (62%) to have used savings to meet their expenses in the past year. Yet 59% of elderly Americans living on less than $5,000 a year have been forced to reach into their savings, if they have any. What is more, 28% of such individuals have no savings at all to fall back on.

It is among the minority elderly that one finds the bleakest picture. While less than one-quarter (23%) of older blacks and Hispanics have escaped having to use savings to pay their bills and expenses, 3 in 5 (61% and 58%, respectively) in each group have been forced to do so. Even more telling of their economic plight is the finding that more than 1 in 3 blacks (38%) and Hispanics (35%) 65 and over have no savings reserve, compared to only 1 in 11 (9%) of elderly whites.

7. Substantial numbers of older people supplement their Social Security with other sources of income in their later years:

-- 33% receive income from savings and 22% receive monies from investments;

-- 32% receive a company pension or a pension from federal, state, or local government employers;

-- 13% receive part of their income from their current job.

-- Only 5% receive financial help from their own children.

8. Among older Americans who receive income from more than one source and who make less than $20,000 a year, the vast majority say that Social Security provides the largest part of their income (from 53% to 89%, depending on the specific income group). Older Americans with incomes of $20,000 or over, however, are more likely to receive their main income from personal investments (26%), with company or government pensions (17%) as common as Social Security (17%).

Elderly individuals who are poor or members of a racial minority group, however, are more likely to receive their income primarily from two government sources: Social Security benefits and Supplemental Security Income (SSI). Fully 22% of elderly blacks and 25% of elderly Hispanics, receive SSI, compared to 5% of elderly whites.

D. Retirement

1. Virtually all adults nationwide (90%, up from 86% in 1974) agree that "nobody should be forced to retire because of age, if he wants to continue working and is still able to do a good job." Equally important is the marked change in the strength with which people now support this idea: 78%, compared with 66% in 1974, agree strongly. At the same time, however, nearly 8 in 10 continue to believe that "most employers discriminate against older people and make it difficult for them to find work." Younger adults are

most likely to agree with this, but those 55 to 64 and 65 and over agree by more than 7 in 10.

Those 65 and over agree by 50-44% that "older people should retire when they can to give younger people more of a chance on the job"; but those 18 to 54 disagree by 66-31%. These results run contrary to reports of widespread intergenerational competition for jobs.

2. A majority of the public have not heard or read anything about a federal law about mandatory retirement. Among those who have, most know that it has something to do with raising the retirement age, but about 3 in 10 have limited or no understanding of its implications. And an even greater majority of the public as a whole -- 60% -- feel that the law will have no effect on their retirement plans.

3. Several findings may help explain the strong feelings against forced retirement. Most working Americans in all age groups don't look forward to retiring, and nearly half of retired Americans (46%, about the same percentage as in 1974) say they did not look forward to their retirement. Most (62%) retired Americans say they retired by choice. However, nearly 4 in 10 (37%) say they were forced to do so, primarily because of poor health or disability. Those in lower income groups, most likely in need of continuing their work, report most often that they were forced into retirement, but again, primarily because of poor health.

4. On the other hand, over 9 in 10 retired adults who recall having looked forward to retiring feel they retired at the right time. Only 7% of those 55 to 64 and 5% of those 65 and over feel they retired too early.

5. The vast majority of people in the pivotal 55 to 64 age group reject retirement prior to the age of 65. By 67-24%, a majority of this key group either plan to retire at the age of 65 or past that age. This is up from a comparable 57-23% who rejected early retirement in 1974.

6. Most of those who plan to retire at or before the age of 65 would not postpone their retirement to the age of 68 even if it meant "a much larger pension or retirement benefit." By 57-31%, those 25 to 39 reject this proposal, those 40 to 54 reject it by a wider 65-25%, and those 55 to 64 reject it by the widest margin -- 72-22%.

7. Most of the public who are now working would like, when the time comes to retire, to be given the option of working part time instead of retiring completely. This has a great deal of appeal among all age groups: younger adults (75-18%), among those in preretirement years (79-18%), and among those 65 and over who are still working (73-21%). Among those who want to continue working part time, people in the 55 and over group would prefer to stay with the same kind of job they have now, while younger adults are more likely to imagine retiring into a part-time job that is different than what they now do.

8. Some flexible work arrangements are viewed with favor by most working Americans 55 years of age and older, particularly by those aged 55 to 64:

-- A greater availability of part-time work in general is viewed to be of potential help by 80%;

-- Job sharing is viewed as a potentially helpful idea by 71%;

-- A job allowing a day or two of work at home is seen as a boon by 74%;

-- Freedom to set a 70-hour work schedule over two weeks is considered helpful by 57%.

Others are not:

-- 54% feel that a greater availability of full-time jobs would be of little or no help;

-- 57% would not find four-day workweeks with longer days and three-day breaks helpful.

9. Of nine key steps that may be taken in preparation for retirement--ranging from drawing up a will to building up savings to learning about Social Security and other benefits--fully 49% in the key 55-64 year age group have not undertaken 5 or more.

This overall "lack of preparedness" figure masks significant differences by race, income, and education. While 43% of whites have neglected at least 5 of these 9 basic preparatory actions, a higher 71% of blacks and 75% of Hispanics have failed to prepare adequately. Compared with a relatively small 14% of those with household incomes of $35,000 or more, 67% of those with incomes of less than $10,000 are ill-prepared for retirement.

Finally, while 35% of the college-educated have neglected some important aspects of retirement planning, a 69% majority of those with less than a high school education have not accomplished most of the basic steps. Ultimately, those least capable of coping with retirement are also least likely to be preparing in advance of retirement.

E. The Role of Government And Social Security in the Lives of Older Americans

1. Most Americans look toward government (54%) and the children of the elderly (46%) to assume greater responsibility than they do now for older Americans. Roughly half as many members of the public nationwide look to the elderly themselves (23%) or employers (19%) to pick up more responsibility. Some exceptions to this emphasis on government occur among conservatives, who by 54-43% feel the children of the elderly rather than government should take more responsibility, and among adults in the 40-54 age group, who feel that way by 53-48%.

2. Looking at the equity of government programs, a slim majority of Americans believe that "most government programs to help the elderly should be available only to those older people who have little or no income" rather than "to all people 65 and over" (51-43%). However, it must be noted that a sizable majority (64-32%) would not apply this same standard to Social Security.

Americans 65 years of age and older are closely divided, with 49% favoring most government programs only for the most needy, 43% favoring

programs for all, and 6% saying "it depends." Political philosophy is a strong indicator of attitudes on this question: Conservatives favor programs only for the needy, middle-of-the-road Americans are closely divided, and liberals strongly lean to programs for all older Americans.

3. Specifically with regard to health and medical care, Americans come down squarely in favor of government programs being available to all older Americans 65 and over, and not only to those of limited income, by 54-41%. Older Americans feel that way by 52-40%; only conservatives are divided on this question, 48-47%.

4. Two proposals regarding long term health care at home for the elderly, both of which would involve government support, receive widespread approval from all segments of the public, including conservatives. By 90-7%, the public favors the idea that "families that provide health care at home for the elderly should be given a tax break." By 87-8%, they agree that "Medicare, the health insurance program for the elderly, should cover more health care services provided at home."

5. By 54-33%, most Americans have hardly any confidence that the present Social Security system will be able to pay them benefits when they retire. This percentage rises to a high 68-29% among Americans aged 18 to 54. Most Americans (75-9%) understand that the Social Security taxes working people pay today are used to pay for the benefits of retired people today, and not set aside for their own retirement.

6. A majority of Americans (51-39%) support raising Social Security taxes if necessary to provide adequate income for older people. Americans aged 25 to 54 are more closely divided on raising taxes, but those in both the 18-24 and the 65 and over age groups support this solidly. Only Americans

with household incomes of $35,000 and over have a higher proportion rejecting rather than supporting an increase in Social Security taxes.

7. Majorities support three other measures designed to bolster Social Security. Those include recommendations to:

-- "Require workers who do not pay Social Security taxes now -- for example, employees of the federal government -- to pay these taxes," supported by 76-18%;

-- "Use federal monies such as income taxes to pay for part of Social Security," supported by 62-30%;

-- "Base cost-of-living adjustments on increases in either wages or prices, whichever is lower," supported by 56-26%.

8. However, a number of recommendations proposed to bolster the future of Social Security are rejected by Americans -- all involve the elimination or reduction of benefits. Majorities reject proposals to:

-- "Reduce benefits for people already retired? (92-6%);

-- "Reduce benefits only for people who retire in the future" (85-11%);

-- "Reduce the cost-of-living adjustments in retirement benefits" (73-21%);

-- "Give Social Security benefits only to elderly people who can prove they have little or no other income" (64-32%);

-- "Eliminate benefits for minor children of retired workers" (62-29%); and

-- "Gradually raise the retirement age for full Social Security benefits from 65 to 68 years of age" (59-35%).

THE STATUS OF THE AGED

The NCOA survey findings highlight the fact that the 26 million Americans 65 and older are not a homogeneous, undiversified group. Their circumstances vary with income, age, race and ethnicity, and by sex. Responding to these findings therefore requires great sensitivity to the commonalities of major segments of the aged as well as to their individual and group differences.

The responses of the public of all ages and the aged themselves underscore the major concerns of the aged as related to income and health. Whether expressed in terms of inflation, lack of adequate income, high energy costs, or the costs of health care, the issues of income security and affordable health care dominate the concerns of America's older people.

Despite considerable progress made by older Americans over the past two decades, certain segments of the aged continue to lag far behind. These include blacks, Hispanics, women, and those who have been old the longest, the "old-old." As a group, older people in the main display lower life satisfaction and are more pessimistic about the future than they were seven years ago.

While the proportion of minority aged in vulnerable circumstances exceeds that of whites, the number of whites with low incomes, poor health, etc., nevertheless, exceeds that of the total minority aged.

SERIOUS PERSONAL PROBLEMS CITED BY THE AGING

- The high costs of energy (e.g., heating oil, gas, and electricity) are a major personal problem for older Americans. Nearly 7 out of every 10 older Americans say this is a very or somewhat serious problem personally for them.

- Along with high energy costs, not enough money to live on, fear of crime, and poor health, are singled out by at least two-fifths and as much as 68 percent of the elderly.

- Since 1974, fear of crime as a problem has increased among the elderly from 47% to 52%.

- Poor health, while still cited often as a problem, may have declined somewhat since 1974.

- Loneliness is cited by 30% of the elderly as a serious problem for them personally -- and by the "very old" (80 and older) especially (30%). These figures in 1981 remain basically unchanged since 1974.

- Not enough medical care is cited as a serious personal problem by one-fifth of the elderly -- especially among those with low incomes, and among blacks and Hispanics.

- Overall, not having enough medical care as a personal problem remains the same as it was in 1974. From 23% in 1974 to 21% in 1981.

- Not enough job opportunities is more of a serious problem for the under-65 population than it is for the elderly. More than a third of the under-65's, but only one-eighth of the elderly cite jobs as a problem.

- But among elderly blacks and Hispanics, one-third of elderly blacks, and more than one-half of the Hispanics report not enough job opportunities as a personal problem.

- Not enough education is a serious personal problem for 30% of the under-65 population, but for only 20% of the elderly.

- But among minority groups, one-half of the blacks, and nearly two-thirds of the Hispanics, report inadequate education as a serious personal problem.

- Transportation and poor health, on the other hand, are more serious problems for the elderly than for the younger public.

MOOD OF THE AGED, 1974 - 81

Judging from our measure of Life Satisfaction, the "mood" of America's elderly today is not as sanguine as it was seven years ago. Their average scores declined over those seven years. The same downward trend occurred also among persons 55-64.

- The drop in Life Satisfaction occurred among both the elderly whites and elderly blacks. For both the 55-64 year olds and those 65 and older, the downward change was experienced especially among the lesser-educated (with some high school or less), and among women 65 and older.

- As just one dramatic example, in 1974 only one-third of the elderly, but nearly one-half in 1981 (48%) agreed with the statement that: "In spite of what some people say, the average lot of the average man is getting worse, not better."

- The strongest "predictor" of Life Satisfaction is health status. For Americans 55-64 years old in excellent or good health, the average Life Satisfaction score was 28.7 -- in sharp contrast to the score of only 21.5 for those reporting only fair or poor health. The corresponding scores for the 65-plus population were 28.0 and 19.8.

- These facts suggest that <u>health</u>, and not age, is a major influence in Life Satisfaction.

THE "MAJORITY AGED"

<u>Aging in the 80's</u> underscores the sharp differences between white, black, and Hispanic elderly, and differences between elderly men and women. However, <u>23 million</u> or 90 percent of the aged are white. With that population size, even small percentages can run into millions. A few illustrations:

- While more than one-fifth of the minority elderly report Supplemental Security Income (SSI) as a source of income, the 5% of elderly whites receiving SSI amounts to nearly 1.2 million.

- While much higher percentages of minority elderly than of whites report extremely low personal incomes, the number of elderly whites receiving less than $4,000 is nevertheless substantial -- over 5.0 million.

- This five million is nearly twice the total number of <u>all</u> minority aged.

- Eleven million elderly whites report that they can't make ends meet, or can just about manage to get by, with the income they have now.

- More than 4.1 million white elderly say their health is "excellent," but at the same time, nearly 2.8 million say their health is "poor."

OLDER WOMEN

Today, the more than 15 million women 65 and older make up more than 60% of all older Americans. Among the "old-old" alone (80+), 3.5 million are women.

- Few elderly women (25%) are married with spouse still alive -- in sharp contrast to 76% of elderly men.

- Nearly three-fifths of the women (57%), but only less than one-fifth of the men (17%) actually live alone.

- Their median personal income is only 57% of the median income of elderly men.

- While the higher age of the elderly women partly accounts for this, that factor does not explain why women 55-64 have median personal income amounting to only 40% of the income of men of the same age.

- Only 32% of elderly women are covered or receiving a pension (other than Social Security) -- in contrast to 55% of elderly men.

- To a greater extent than men, they can't make ends meet, or can just about manage to get by, with the income they have now.

- More of them than do men have no savings, and were less able to save over the past year.

- If they do have savings, they had to dip into them to pay bills, more than did elderly men.

- They complain more than men about (1) not having enough money to live on; (2) poor health; (3) loneliness; (4) fear of crime; and (5) getting transportation to go to stores, doctors, etc.

- They believe more than men that the children of the elderly should assume more responsibility for the elderly than they do now.

- If they are working, they look forward to retiring completely less than do men.

- And if already retired, elderly women -- more than men -- did not look forward to being retired. They miss the people at work more than do retired men.

INCOME AND INCOME ADEQUACY

The income of the elderly -- whether household or personal -- is far below that of the public under 65. This is particularly so for those 70-79, and 80 or older; for elderly women; and especially for elderly blacks and Hispanics.

- For the elderly as a whole, median personal income is about half that for the public under 65; for the "very old," 40%.
- For older women, it is 40% of the median personal income of the under-65 public, and 71% of that for all women.
- Being old and also black or Hispanic is a "double jeopardy" as far as income is concerned. The personal median income of elderly blacks is 50% of that for whites; 69% in the case of Hispanics.
- The median personal income for older persons who are employed is twice the median for all the elderly retired; and among those 55-64, the income of those still in the labor force is 1.7 times greater than for those of the same age, but retired.

Sources of Income

- The overriding importance of Social Security in the lives of the older retired population is reflected in the fact that for this group in America today, Social Security is the largest single source of support in their households for 63%.
- While 37% of the retired public report a private or public employer pension as one of several sources of income, only 12% say it is the largest single source.
- Another 6% cite savings as the largest single source.
- Among those 65 and older, 75% to 89% of the lowest income groups (under $5,000 and $5-9,999, respectively) have Social Security as their largest single source of income. For those with $10,000 or more, only 39%.
- Only 1%-7% of the same two low income groups cite a private or public employer pension plan as the single largest income source. For those with $10,000 or more, 17%.

- Less than one-fifth of blacks (19%), and only 8 percent of Hispanics -- compared to 34 percent of the white aged -- report a company pension as a source of income.

- Hardly any (5 percent or less) of the two elderly minority groups cite savings and investments. For whites, 36 percent cite savings; 25 percent cite investments.

- Fewer elderly women, than men, report earnings (either by oneself or spouse), or private pensions.

- Twice as many elderly women report SSI as do men (nine percent vs. four percent) -- one out of 11, vs. one out of 25.

- Income adequacy, as judged by the elderly themselves, is severely low among blacks and Hispanics. Less than one-fifth (19 percent) say they have enough income to get along, or can buy pretty much anything they want, compared to 52 percent of the elderly whites.

- Among the white elderly alone, only 24 percent of those with household incomes of under $5,000, and 44 percent of those with $5,000-$9,999, report they have at least enough income to get along, or better. (54% of elderly whites reporting household incomes are in these two lower-income brackets).

Pension Coverage

- Less than one-half of those retired who are 65 and older now receive a pension (46%) compared to a much higher three-fifths of the 55-64 retired group (59%). For those 70 and older, the proportion receiving a pension is much lower than for the elderly as a whole.

- The significance of pension coverage of, or receipt by, the elderly shows up in how adequate they judge their income. If they are covered or are receiving a pension (other than Social Security), nearly two-thirds (64%) say their income provides them with either enough to get along and even a little extra, or it allows them to buy pretty much anything they want -- compared to less than two-fifths (38%) of those without a pension who say the same thing.

- The sources of household income of the elderly reveal dramatic differences, by race and sex. Even when it comes to the basic retirement income source -- Social Security -- Hispanics cite it less than whites or blacks: only 82 percent vs. 94 percent and 91 percent, respectively.

- But the 5% of older whites reporting SSI amounts to nearly 1.2 million persons.

- For both elderly blacks and Hispanics, Supplemental Security Income (SSI), one of this country's "safety nets," is the second most frequently cited source of income, 22 percent and 25 percent, respectively.

- Compared to elderly whites, much lower percentages of the two minority groups cite pensions (other than Social Security), savings or investments as sources of income.

HEALTH AND HEALTH CARE COSTS

● More than half of all the elderly (56%) rate their own health as excellent or good--compared to 85% of the public under 65. But (1) whites, (2) those with higher household incomes ($10,000 and over) and (3) the "young-old" (65-69), report better health ratings than their counterparts--blacks and Hispanics; those with lower incomes; and those 70-79, and 80 or older.

● When it comes specifically to identifying health and medical care problems of persons 65 and older, the elderly themselves are preoccupied primarily with the cost problem. Out of nine particular kinds of health-problems cited by 10% or more of the 65 and older group, six of those problems relate to high costs or expenses.

● The other three have to do with (1) transportation to and from doctors and health facilities (18%); poor or failing health (14%); and availability of home care (11%).

● Transportation and home care are also related to the cost factor.

● It is especially the "very old"--80 and older--who cite the availability of home care as a problem (15%)

● The lower the elderly's household income, the greater their identification of high doctor bills, medication, and availability of home care.

● Thanks to Medicare, protection against the costs of health care through insurance is quite high for the elderly. Only 5% of the total 65-plus population report no coverage (compared to 13% of the under-65 public).

● But among the Hispanic elderly, the non-covered proportion rises to a high 19%; and to 8% among elderly blacks.

● About one out of every eight elderly Americans (13%)--about the same among the 18-64 public--told the interviewers that in the past year they did not see a doctor when they thought they should have because of something about their health.

● This type of "health behavior" is especially high among the elderly in only fair or poor health (22%) and among those with low incomes.

RETIREMENT AND WORK OPTIONS

Retirement Age

The American labor market, and employers in particular, should anticipate extended participation of older workers in the world of work. The labor force 55-64 years old in 1981 plans to retire completely later than the same age group planned to retire in 1974.

0 Today, 67% of 55-64 year-old workers plan to retire no sooner than age 65--compared to only 57% in 1974.

0 The average age of actual retirement may also have increased over the past seven years, from 62.9 to 63.5. This upward shift took place especially among men (from 63.1 to 64.3) and among persons with a college degree (from 60.3 to 63.9).

0 Among those retired who are 55-64, the proportions who did not look forward to retiring also increased, from 1974 to 1981.

0 Income adequacy is a factor influencing this attitude: the lower the adequacy, the higher the percent who did not retire enthusiastically.

0 Despite the fact that a large proportion of the 55-64 labor force today (46%) looks forward to retiring completely, a larger proportion (59%) nevertheless says that when they do "retire," they would prefer to continue in some kind of part-time paid job. This preference is even greater among those still in the labor force who are 65 and older.

0 Compared with 1974, the 65-69 labor force today looks forward to retiring completely much less than seven years ago. In 1974, it was 24%. Today it is only 15%.

Part-Time "Post-Retirement" Employment

0 Part-time employment is preferred to total retirement. For the entire labor force, of all ages, three-fourths today would prefer some kind of part-time paid work after "retiring." This preference is as high as 79% among those workers 55-64, and 73% among those 65 and older.

- Today, as in 1974, nearly three-fifths of retired workers said they retired by choice. In the case of those reporting in 1981 that they were "forced" to retire, two-thirds retired because of poor health or disability. Only 20% of those "forced" to retire did so because of a fixed, compulsory retirement age policy.

- But, among those 65 and older who were covered by a pension plan, 44% reported that they were forced to retire because of a fixed compulsory retirement age policy.

Retiring to Give Younger People More of a Chance

- Contrary to popular belief, younger persons disapprove of the notion that "older persons should retire when they can to give younger people more of a chance on the job."

- In fact, this disapproval rate in 1981 is higher than it was in 1974 -- 63% in 1981, only 48% in 1974 among the under-65 public.

- Older retired people are more inclined than are the young to approve of retirement for this purpose -- 52% of the retired, only 35% of those under 65.

- Workers 65 and older who are still in the labor force are against the idea -- by 68%.

- As in 1974, overwhelming majorities of all ages -- but especially younger persons today (79%) -- agree that employers discriminate against older people.

- Even higher percentages agree -- and agree strongly -- that nobody should be forced to retire because of age, if willing and able. 91% of the under-65 public agree with this (79% strongly).

INTERGENERATION CONFLICT?

The much-touted conflict or competition between the young and the old does not stand up in the light of our findings. There may be more altruism among younger Americans than may be attributed to them. These findings include the following:

- 80 and 83% of the 18-24 and 25-39 year olds, respectively, agree strongly that "Nobody should be forced to retire because of age, if he wants to continue working and is still able to do a good job."
- 69% disagree that "Older people should retire when they can to give younger people more of a chance on the job."
- By 48-41%, 18-39 year olds agree that "Social Security taxes should be raised if necessary to provide adequate income for the elderly."
- 70% of this younger group believe that retired older Americans have too little or no influence in this country today.
- The younger public seems to express a deeper concern about the severity of the aged's problems than do the aged themselves.

PUBLIC POLICY ISSUES

Who Should Assume More Responsibility for the Elderly?

- More than one-half (55%) of the public under 65 believes that government should assume more responsibility for the elderly than it does now.

- An even greater proportion of the youngest (18-24) believe that government is not doing enough (66%).

- But this sentiment for taking more responsibility also applies to the children of the elderly. 48% of the under-65 public feels that the children of the elderly should take on more responsibilities.

- Far fewer (22%) believe that the elderly should do more for themselves; and 21% point to employers.

- At a time when the private "voluntary" sector is being called upon to take a greater role in meeting this country's problems, only 1 of every 7 in the under-65 public believes that religious and charitable organizations should take on more responsibility for the elderly.

- Level of income of the 18-64 public is related to how this "more responsibility" issue is viewed: among the lower-income groups (under $20,000) government, more than the children of the elderly, is singled out. The opposite is true for those in the higher income brackets: the children of the elderly are cited as needing to take on more responsibility more than is government.

- As for the 65-plus population itself: one-half cite government; one-third, children of the elderly (considerably less than in the case of the under-65s); and more than one-fourth believe that the elderly themselves should take on more responsibility than they do now.

- But these preferences vary by the elderly's income level and by ethnicity. Among those in lower-income brackets, far more point to government than they do to other institutions or groups, although there is very little difference by income when it comes to the role of the elderly's children (32% to 39%, from lowest to highest income).

While government is cited more frequently than other groups by elderly whites, they cite it far less than do either blacks or Hispanics.

Social Security

● The most immediate (and long-term) issue associated with aging in America today involves the central source of retirement support for the elderly, and in which nearly every worker and non-worker is involved--our Social Security system.

● Nevertheless, 1 out of every 5 Americans under 65, and 1 out of every three 65 and older, believe that the taxes paid by working people are set aside for them for their own retirement, or are not sure, instead of believing that those taxes are used to pay benefits for today's retirees.

● Despite the fact that 65% of the labor force has hardly any confidence that "the present Social Security system will be able to pay you benefits when you retire," only 41% of that same labor force disagrees that "Social Security taxes should be raised if necessary to provide adequate income for older people." (One-half agrees; 9% are not sure).

● On the more controversial current proposals for changes in the system, only three out of nine recommendations asked about in the survey receive majority approval of the total public:

	% Approve	% Disapprove
1. Require workers who do not pay Social Security taxes now--for example employees of the Federal government--to pay these taxes	76%	18%
2. Use Federal monies such as income taxes to pay for part of Social Security	62%	30%
3. Base C-O-L Adjustments on increases in wages or prices, whichever is lower	56%	26%

Six of the recommendations receive overwhelming majorities disapproving of them:

	% Approve	% Disapprove
1. Reduce benefits for people already retired	6%	92%
2. Reduce benefits only for people retiring in future	11%	85%
3. Reduce C-O-L adjustments in retirement benefits	21%	72%

	% APPROVE	% DISAPPROVE
4. Give Social Security benefits only to elderly persons who can prove they have little or no income	32%	64%
5. Eliminate benefits for minor children of retired workers	29%	62%
6. Gradually raise the retirement age for full Social Security benefits from 65 to 68	35%	59%

The "Retirement Test"

- On another controversial proposal, regarding the "earnings" or "retirement test" under Social Security, a plurality of the total public (43%) think the best policy is to eliminate it altogether (allow people to receive Social Security benefits when they reach retirement age no matter how much they earn on a job).

- 27% would continue the current policy, of reducing benefits by one dollar for every two they earn over a certain amount.

- 21% think the best policy is to allow people to receive benefits only if they are completely retired.

- The greatest popularity for eliminating the test is among the labor force 55 and older: 50% prefer elimination of the earnings limit, while 43% prefer continuing present rules or making them even stricter.

The "Entitlement" Issue

- While only one-third of the 18-64 public approves of a "means" test for Social Security benefit eligibility (and conservatives, to an even smaller extent), the story is not the same when the same group was asked a more general question, "Do you personally believe that most government programs should be available to all people 65 and older, or available only to those older people who have little or no income?"

- By 43%-52%, the 18-64 year olds say that most government programs should be available to all older people.

- The scales are reversed among blacks and Hispanics: Higher percentages of these two groups favor availability to all older persons than favor a "means test."

- But when asked specifically about medical and health care, most 18-64 year-olds believe that government programs for this type of care should be available to all older Americans (54%-41%). Only conservatives are evenly split on this issue (47%-48%).

- By a very wide margin (86%-7%), the 18-64 public approves of a proposal that Medicare should cover more health care services provided at home.

- By a wider margin (90%-7%), the 18-64 public approves of the idea of giving tax breaks to families that provide home health care for the elderly.

- There is little, if any, variation in these approval ratings by income or race.

AMERICAN ACADEMY OF OPHTHALMOLOGY

BRUCE E. SPIVEY, MD
Executive Vice-President

DAVID J. NOONAN
Deputy Executive Vice-President

November 13, 1981

TO: All Delegates White House Conference on Aging

We are writing to call to your attention a concern of all older Americans -- that of seeing well as one grows older. Earlier this year a Mini-White House Conference on Vision and Aging was convened by the American Foundation for the Blind at the request of the White House Conference on Aging. The American Academy of Ophthalmology co-sponsored that important event and would like to highlight major outcomes endorsed by the Conference delegates.

Basically, the conferees were strong in support of recommending that this fall's White House Conference on Aging endorse the expansion of Medicare and Medicaid coverage to include low vision services. This is an endorsement of the Academy's policy which is enclosed for your information.

Within the area of low vision services are three specific concerns to be addressed:

1. Federal benefits for the partially sighted should include initial and periodic medical evaluations to ensure that the availability of the latest medical technology is offered to improve sight. Low vision programs involve repeated therapy sessions with low vision aids at significant expense. To ensure that each person does not remain handicapped unnecessarily or lose one's remaining vision, periodic medical evaluation should be part of any program. Low vision evaluation examination should be done by someone who would not have a vested interest in keeping the person in the program.

2. Environmental engineering to accommodate the partially sighted and blind, when economically effective and reasonable and with emphasis on the aging population, would be desirable in future planning. Removal of environmental barriers to mobility and safety of elderly people with low vision problems would allow these people to live normal lives. Some solutions to these environmental barriers include more legible signs with sharp color contrast, curb cuts and

1833 Fillmore / P.O. Box 7424 / San Francisco / California 94120 / (415) 921-4700

"Walk" and "Don't Walk" signs in contrasting colors and large enough to be visible to people with low vision. These signs should be placed on the near side of the street to be more visible.

3. Research for partially sighted should include, not only better ways to improve their life style through skills and optical aids, but must include basic and clinical research of the diseases and abnormalities which continually create the problem. Research to improve aids to the visually handicapped should be performance oriented and correlated with the kind of vision remaining for the individual. For example, the loss of central vision requires a quite different approach from one used for loss of peripheral vision or for night blindness. Research to learn more about diseases of the vitreous and retina, which are responsible for most of the currently incurable visually handicapped, should be continued and emphasized.

Your concern for the older American through your participation in this Conference is to be commended. We hope you will keep the above points in mind when considering vital programs to improve the quality of life for our aging population.

Sincerely,

Bruce E. Spivey, M.D.
Executive Vice President
American Academy of
Ophthalmology

A.E. Maumenee, M.D.
Professor Emeritus
The Wilmer Institute
Johns Hopkins University
Official Delegate
White House Conference on
Aging

Enclosure

11/29/81

November 13, 1981

WASHINGTON CATHEDRAL + MOUNT SAINT ALBAN + WASHINGTON, D.C. 20016 + (202) 537-6200

Dear Friend of the Elderly:

The Washington Cathedral and the Interfaith Conference of Metropolitan Washington wish to extend to you a very special invitation to attend an Interfaith Worship Service to be held at the Washington Cathedral, Massachusetts and Wisconsin Avenue, NW, at 4:00 p.m., Sunday, November 29, 1981, in preparation for the opening of the 1981 White House Conference of Aging. A musical prelude will begin at 3:30 p.m.

This service is to celebrate aging in all generations as a part of God's on-going gift of creation; celebrate the presence, wisdom, and gifts of old people; affirm that the well-being of the aging is vital to the health of society and to lift up the spiritual and political concerns of old people.

This invitation is to you and your staff to join us not later than 3:30 p.m. in order to be seated for the processional. The barrier-free entrance for handicapped persons is on the north side of the Cathedral.

Please be kind enough to call the Interfaith Conference (202/234-6300) to indicate your plans to be present.

Faithfully,

+John T. Walker

The Right Reverend John T. Walker
Episcopal Bishop of Washington
Dean of the Washington Cathedral

+Eugene A. Marino SSJ.

The Most Reverend Eugene A. Marino
Auxiliary Bishop,
Catholic Archdiocese of Washington
President, Interfaith Conference of
Metropolitan Washington

THE SENATE
STATE OF NEW YORK
ALBANY 12247

HUGH T. FARLEY
44TH DISTRICT

CHAIRMAN
COMMITTEE ON AGING

ROOM 903
LEGISLATIVE OFFICE BUILDING
TELEPHONE:(518)455-3171

November 19, 1981

Rabbi Marc Tannenbaum
165 East 56th Street
New York, New York 10022

Dear Rabbi Tannenbaum:

In just a few days we will be in Washington, working together to identify and suggest solutions to the problems facing older Americans. As you prepare to depart for the White House Conference on Aging, I'd like to share with you a few thoughts on how we may best ensure that our work will be remembered, and our recommendations implemented.

We share a special responsibility, for our individual actions will help to share policies affecting the elderly for at least the next decade. I think that we can make a major impact on the quality of life of older citizens if we choose routes of cooperation and understanding, instead of confrontation and antagonism, and if we accept individual responsibility for our actions, and do not allow others to speak for us.

It is tempting to concentrate our efforts on the political personalities of the present moment. Although this is clearly one legitimate topic for discussion, we must not be distracted from the real reason we will be in Washington - to help federal policymakers shape programs for the elderly in the years ahead. We cannot achieve long-term benefits if we restrict ourselves to short-term thinking.

There's a little secret which has served me well as an elected representative: never make up your mind until you have heard all the debate and have convinced yourself of the best answer. It's too easy to fall into the trap of "commitments" before you've heard the whole story, and it's awfully hard to make the change to what's right if you "jump on the bandwagon" by allowing others to speak for you. I've found that my constituents respect this process of accepting personal responsibility for my actions, and I believe that America's elderly expect us to take similar personal responsibility at the White House Conference.

We will be meeting the President, a senior citizen himself who, by his actions, is every day demolishing the myths about the abilities of older persons. I hope that you will join me in working together cooperatively and responsibly to help the President formulate policies which recognize the contributions, as well as the problems, of older Americans.

See you in Washington!

Cordially,

Hugh T. Farley

Hugh T. Farley
Senator

HFT/mlc

- ☐ Directs the commissioner of education to establish at two state medical schools statewide Resource Centers for Geriatric Education. These centers will promote the integration of geriatric training and education into the curricula of medical schools. (Chapter 777)
- ☐ Increases the supplemental pension benefits for most public retirees and, for the first time, provides pension supplementation for employees who retired since 1970. (Chapter 422)
- ☐ Eliminates the automatic challenge to a juror who is between the age of 70 and 76. Previously an attorney could exclude a juror who was between 70 and 76 simply because of his or her age. (Chapter 176)
- ☐ Increases the availability of the "Nursing Home Without Walls" long-term home health care program by allowing the participation of private proprietary nursing homes. (Chapters 746 & 747)
- ☐ Establishes a senior citizen employment opportunity program pilot project in three urban areas of the State in which staff, specially trained in meeting the employment needs of older workers, will be placed in local employment service offices. (Chapter 993)
- ☐ Raises the income guidelines for employees of Green Thumb Environmental Beautification, Inc. (Chapter 88)
- ☐ Lowers from 60 to 55 the age at which members of a bona fide senior citizens' organization can conduct bingo games for recreational purposes. (Chapter 332)

10/81

New York State Senate

Senator Hugh T. Farley
44th Senatorial District

1981 Significant Laws for the Aging

During the 1981 Legislative Session, many significant laws were passed by the New York State Senate to benefit the older citizens of our state. This year major tax reduction bills became law as well as bills to assist families caring for the elderly at home and legislation to aid the institutionalized elderly.

Circuit Breaker Legislation

New York's innovative "circuit breaker" property tax reduction program will be expanded and liberalized beginning with State Income Tax returns filed in 1983 for the 1982 tax year. The new additions to the program include an increase in the maximum income limit to $16,000 (from the current $13,500 for 1981 taxes) and a simplification of filing requirements. (Chapter 103)

Pension & Annuity Exemption

Another new law exempts from State income taxes the first $20,000 of pension and annuity income received by private, federal or military retirees who are 59 1/2 years of age or over. Withholding tax will stop or be reduced on January 1, 1982. The tax exemption will be taken on state tax forms filed in 1983 for the 1982 tax year. This tax exemption, which was previously available only to state and local pensioners, will benefit about 270,000 New Yorkers. (Chapter 103)

The following is a brief listing of other legislation signed into law which affects senior citizens:

- ☐ Passes through to state recipients the 11.2-percent increase in SSI benefits provided by the federal government and increases other personal allowances. (Chapter 85)
- ☐ Increases to $40 the personal allowance of Medicaid-eligible residents in residential health care facilities such as nursing homes. (Chapter 1005)
- ☐ Establishes a respite demonstration project for frail or disabled adults. Respite is infrequent care of 24 hours or more duration provided in a home or an institutional setting. This will serve mainly as a relief for families in their daily care of an elderly dependent person or during a crisis situation. (Chapter 767)
- ☐ Directs the Commissioner of Social Services and the Director of the Office for the Aging to prepare a plan of special services and incentives designed to ease the burden of families providing care for elderly relatives. (Chapter 979)
- ☐ Provides for the study of the feasibility and advisability of establishing a chair in geriatrics at a state medical school. (Chapter 619)

NATIONAL SENIOR CITIZENS LAW CENTER
Suite 300
1424 - 16th Street, N.W.
Washington, D.C. 20036
Telephone (202) 232-6570

November 18, 1981

BURTON D. FRETZ
EXECUTIVE DIRECTOR

NEAL S. DUDOVITZ
DIRECTING ATTORNEY
LOS ANGELES

Dear Fellow Delegate:

As a member of the Continuing Community Participation Committee of the 1981 White House Conference on Aging you will have the special responsibility of carrying forward the recommendation on legal services for the elderly made by the 1971 White House Conference. In the decade since 1971 the legal needs of older people have grown as has the number of older people and the complexity of the programs that serve them and the society in which we live. Yet the 1981 White House Conference on Aging's Technical Committee that reviewed legal services stated that "less than 10 percent of the legal needs of the country's 25 million elderly are being met."

> "The term "equal justice" under law applies to all citizens, regardless of age. For the elderly, legal services take on an added dimension for it is a primary vehicle by which the equitable and efficient delivery of services is ensured. Consequently, legal services can be considered a gateway to improving quality of life."
>
> The 1981 White House Conference on Aging's Executive Summary of the Technical Committee on the Physical and Social Environment and Quality of Life, page 10.

Being a Delegate appointed to the Committee on Continuing Community Participation you will address a wide range of issues that will demand your attention, your deliberation and your decision. One vital issue that your Committee will consider is legal services for the elderly.

> "Legal services are essential to ensure that older persons have access to vital social services and to protect their right to be treated with dignity and without discrimination...It is imperative, therefore, that a clear focus remains on the legal needs of the elderly."
>
> The National Retired Teachers Association and American Association of Retired Persons' 1981 White House Conference on Aging Delegate Handbook, Volume on Social Environment, page 23.

As a member of the Continuing Community Participation Committee you have received the Report of the Mini-Conference on Legal Services for the Elderly. We urge you to read it and consider it carefully. As the Mini-Conference Report submits, the effort to meet the legal needs of older Americans - to ensure that Equal Justice Under Law is a reality - must continue to be a high priority. The provision of legal assistance must involve both public and private efforts.

> "While financial support for legal services to the elderly can, in part, come from the Older Americans Act, the primary source should continue to be the Legal Services Corporation, funded at adequate

levels. Equal access to justice should not be based on ability to pay. Finally, private bar associations must take a far more active role in helping fixed-income households with their legal concerns."

National Council of Senior Citizens, A Platform for the Eighties for All Older Americans.

Legal services enable older needy Americans to secure fundamental rights to which they are entitled. Legal services open doors for the needy elderly to other services. Legal services enhance the independence and dignity of needy older individuals.

American Bar Association Commission on Legal Problems of the Elderly Statement before U.S. Senate Committee on Labor and Human Resources, 1981.

We know that after careful consideration you will want to be sure that the 1981 White House Conference on Aging adopts a recommendation that legal services for the elderly be strengthened so that Equal Justice Under Law is available to all older Americans.

Sincerely yours,

Lyman Tondel, Delegate from New York, Chair, ABA Commission on Legal Problems of the Elderly

Arthur Flemming, Delegate from Virginia, Chair, U.S. Civil Rights Commission

Maggie Kuhn, Delegate from Pennsylvania, Convener, Gray Panthers

Charles Schottland, Delegate from Arizona, Commissioner of Social Security in the Eisenhower Admin.

Martin Levine

Martin Levine, Delegate from California, Professor, USC Law Center

Morris W. Hood Sr

Morris W. Hood, Sr., Delegate from Michigan, Chair, UAW Retirees Chapter 212

Grace Keeling

Grace Keeling, Delegate from Texas, Vice Chair, National Retired Teachers Association, Board of Directors

P.S. Be sure to see the 1971 White House Conference on Aging's Recommendation on Legal Services for the Elderly which is attached.

P.P.S. Both the American Bar Association and the Legal Services Corporation will have booths in the Exhibition Hall. Any questions you may have can be answered there.

Encl:

RECOMMENDATION XII

Legal Services for the Elderly

Government funded legal service shall be available to older persons in all communities. To ensure this:

——The Federal Government should earmark adequate funds so that older persons will have a guaranteed full range of legal services, including advocacy, administrative reform, litigation and legislation. The funds provided should be a fair proportion of all legal service funding.

——Bar associations, private law firms, law schools, and university research institutes should be encouraged to provide legal assistance and research findings to older persons.

——Lay people and older paraprofessionals should be used to perform advocacy roles that advance the legal concerns of older people.

——Congress should establish an independent legal service corporation in which older persons will have a fair share of direction, that will provide free services for those who cannot afford them (including rights and property of older homeowners), will charge a reasonable fee for those persons whose incomes permit a modest payment, and whose services will be accessible wherever older people live.

——Funds should be made available for research into the legal problems of older persons.

TOWARD A NATIONAL POLICY ON AGING
Proceeding of the 1971
White House Conference on Aging,
Volume II, page 73.

the White House Conference on Aging
330 Independence Avenue S.W. Washington, D.C. 20201

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FOR RELEASE AT NOON, EST
Wednesday, November 25, 1981

HHS Secretary Richard S. Schweiker today announced the names of the chairmen and vice chairmen of the 14 committees for next week's White House Conference on Aging.

The conference is held every 10 years to examine aging issues and make recommendations for legislative and administrative action to improve the quality of life of older Americans. This year's conference will be held in Washington, D.C. from Nov. 30 to Dec. 3. It will bring together 2,200 delegates from all 50 states, along with 1,200 observers.

The Department of Health and Human Services is charged by law with organizing the conference.

The chairmen and vice chairmen are:

Committee I: Implications for the Economy of an Aging Population--

Kenneth Austin, Des Moines, Iowa; chairman and chief executive officer of the Equitable Life Insurance Company of Iowa; former director of the American Association of Homes for the Aging.

Anna V. Brown, Cleveland, Ohio; deputy chairman, White House Conference on Aging; Executive Director, Mayor's Commission on Aging, Cleveland, Ohio; Board Member, National Council on Aging and National Center on Black Aged.

Committee II: Economic Well Being --

Robert H. Steele, Norwich, Conn.; president of the Norwich Savings Society; former member of Congress from Connecticut.

Robert P. Bynum, Oneonta, Ala.; former associate commissioner for operations and deputy commissioner of the Social Security Administration.

(More)

Committee III: Older Americans as a Continuing Resource --

James Balog, Spring Lake, N.J.; senior executive vice president of Drexel, Burnham and Lambert.

Consuelo L. Garcia, Houston, Texas; deputy chairman, White House Conference on Aging; owns and operates hospice for low income elderly; former delegate, 1961 White House Conference on Aging; chairman, Mexican-American Cultural Society, Houston, Texas.

Committee IV: Promotion and Maintenance of Wellness --

Madge Myers, Kansas City, Mo.; former assistant professor of dietetics and nutrition at Tufts University School of Medicine and the University of Kansas Medical Center.

Virginia Boyack, Ph.D., Valencia, Calif.; vice president for life planning and educational development of the California Federal Savings and Loan Association; member of the White House Conference on Aging National Advisory Committee; visiting professor, USC, Andrus Gerontology Center Summer Institute

Committee V: Health Care and Services --

William R. Hunt, M.D., McKeesport, Pa.; practicing physician; commissioner of Allegheny County, Pa.

Jerald Schenken, M.D., Omaha, Neb.; professor of pathology at the University of Nebraska College of Medicine and at the Creighton University School of Medicine; a consultant in laboratory medicine to the surgeon general of the Navy.

Committee VI: Options for Long-Term Health Care --

Denham Harman, M.D., Omaha, Neb.; professor of biochemistry, Millard Professor of Medicine, and chief, Division of Clinical Gerontology, University of Nebraska College of Medicine; chief, Nebraska Geriatric Service, Douglas County Hospital; Fellow, American Geriatric Society and Gerontological Society.

Malcolm O. Scamahorn, M.D., Pittsboro, Ind.; chairman of the American Medical Association's Committee on Aging and Long-Term Care; former president of the Indiana State Medical Association.

Committee VII: Family and Community Support System --

Adelaide Attard, Carle Place, N.Y.; commissioner of the Nassau County Department of Senior Citizen Affairs; former president, New York State Association of Area Agencies on Aging.

William G. Fisher, Prior Lake, Minn.; national commander of the Veterans of World War I; volunteer gerontology consultant and a past committee member of the President's Council on Aging.

(More)

Committee VIII: Housing Alternatives --

Nicholas A. Panuzio, Fairfax, Va.; president of Panuzio Associates; former Connecticut state legislator and mayor of Bridgeport, Conn.

James N. Broder, Esq., Washington, D.C.; senior resident partner of Thaxter, Liply, Stevens, Broder, and Micocau; former staff director, House Republican Task Force on Aging; member of the board of directors, National B'nai B'rith Housing Foundation.

Committee IX: Conditions for Continuing Community Participation --

Martin Janis, Columbus, Ohio; director of the Ohio Commission on Aging; founder of first state mental health department and Golden Age Village.

Katie Dusenberry, Tucson, Ariz.; member, Board of Supervisors, Pima County, Arizona; president, National Association of County Aging Programs; member, Transportation Steering Committee, National Association of Counties.

Committee X: Education and Training Opportunities --

Bernice Neugarten, Ph.D., Chicago, Ill.; lecturer and author in the fields of aging and human development; professor of human development at Northwestern University; past president, Gerontological Society.

Gerald Felando, D.D.S., Sacramento, Calif.; chairman of the Assembly Committee on Aging, State of California

Committee XI: Concerns of Older Women; Growing Numbers, Special Needs --

Josephine Oblinger, Esq., Springfield, Ill.; member of the Illinois House of Representatives; former director of Illinois Department of Aging.

Mildred Althouse, Omaha, Neb.; former teacher and vice principal; currently coordinator of Reading Aids in the Omaha Schools Reading Clinics; serves on the Advisory Council for the Nebraska Commission on Aging as well as the Council for Nutrition of the East Nebraska Office on Aging; member, Black Caucus of Nebraska.

Committee XII: Private Sector Roles and Opportunities --

George Davy, Elkhart, Ind.; executive vice president of Miles Laboratories, Inc.

Malcolm MacKillop, Esq., San Francisco, Calif.; senior vice president for corporate relations, Pacific Gas and Electric Co.

(More)

Committee XIII: Public Sector Roles and Structures --

Doris Dealaman, Somerville, N.J.; county commissioner, Board of Freeholders, Somerset County, N.J.; chairwoman of the Committee on Aging of the National Association of Counties.

Constance St. Clair Solan, Rockville, Md.; research associate, NAACP; Ford Foundation Fellow, 1975-78; former consultant, World Bank.

Committee XIV: Research --

Edward Young, Los Angeles, Calif.; assistant director, Center for Health Services Research, University of Southern California School of Medicine.

Janice Caldwell, Ph.D., Silver Spring, Md.; executive director of the Gerontological Society of America; commissioned officer in the U. S. Public Health Service.

# # #

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

November 29, 1981

Dear Delegate:

Welcome to the 1981 White Conference on Aging.

I wanted to take this opportunity to communicate directly with you to correct some misinformation about the Official Rules of Procedure for this Conference. That misinformation consists of statements from some individuals that the Rules do not provide for fair delegate participation.

Nothing could be further from the truth. In fact, the 1981 Conference provides for much greater individual delegate participation than any previous White House Conference on Aging. More specifically, the Official Rules provide for:

-- Free-wheeling debate and votes on all issues in the 14 Committees of the Conference. There are no holds barred in the Committee meetings.

-- Minority points of view, even those of a small percentage (10%) of the Committee, will be included in the Committee Reports. No viewpoints will be shunted aside.

-- A vote in the final plenary session on acceptance of the 14 summary Committee Reports. This will be the first plenary session vote ever in a White House Conference on Aging. Neither the 1961 nor the 1971 Conferences permitted any plenary session votes.

-- Every delegate and observer will, soon after the Conference, be given the opportunity to register a personal judgment on every recommendation from every committee. Never before have delegates and observers had a chance to express themselves on all recommendations of the Conference.

Those who say these unprecedented opportunities for maximum delegate participation are not enough need to be reminded that this is a White House Conference, not a political convention. Our mandate, in the law passed by Congress which allowed President Reagan to call this Conference, is to "arrive at facts and recommendations concerning . . . the improvement of the conditions of older individuals."

If we are to accomplish this statutory mandate, we need to devote our full energies to developing approaches to improve economic well-being, promote good health, increase opportunities for fulfilling lives, and deal with the other critical issues before this Conference.

(over)

The simple fact is that it is not feasible in a Conference lasting only several short days to have more than 2200 delegates develop, debate, amend, and vote in plenary session upon scores of resolutions.

The 1981 White House Conference on Aging provides unprecedented and maximum feasible delegate participation. I hope you will take every advantage of this and make this Conference a success.

Sincerely,

Dick Schweiker

Richard S. Schweiker
Secretary

Attachment: Official Rules

1981 WHITE HOUSE CONFERENCE ON AGING

OFFICIAL RULES OF PROCEDURE

Pursuant to the authority vested in the Secretary of Health and Human Services by section 203 of the White House Conference on Aging Act (Public Law 95-478), these Official Rules of Procedure are established:

RULE 1: PURPOSE OF THE CONFERENCE

(a) Statutory Purpose. Pursuant to statutory mandate, it shall be the purpose of the Conference to determine facts and develop recommendations concerning the utilization of skills, experience, and energies and the improvement of the conditions of older Americans.

(b) Final Report of the Conference. Pursuant to statutory mandate, a final report of the Conference, which shall include a statement of a comprehensive coherent national policy on aging, together with recommendations for the implementation of the policy, shall be submitted to the President not later than 180 days following the date on which the Conference is adjourned. This final report shall be based upon:

(1) Reports of Committees of the Conference, developed in accordance with the provisions of Rule 2, and adopted by majority vote of the members of each Committee, after open discussion and debate;

(2) The vote of the plenary session of the Conference on the acceptance of the summary reports of the Committees, as provided in Rule 3; and

(3) Personal judgments of all delegates and observers on all recommendations contained in all Committee reports, Supplemental Statements, and Additional Views, as provided in Rule 4.

RULE 2: COMMITTEES OF THE CONFERENCE

(a) Establishment of Committees. The deliberations of the Conference will be conducted by 14 Committees, each with jurisdiction, as follows:

Committee on Implications for the Economy of an Aging Population

Committee on Economic Well-Being

Committee on Older Americans as a Continuing Resource

Committee on Promotion and Maintenance of Wellness

Committee on Health Care and Services

Committee on Options for Long-Term Care

Committee on Family and Community Support Systems

Committee on Housing Alternatives

Committee on Conditions for Continuing Community Participation

Committee on Education and Training Opportunities

Committee on Concerns of Older Women

Committee on Private Sector Roles, Structures and Opportunities

Committee on Public Sector Roles and Structures

Committee on Research

(b) Committee Reports to the Conference. Each Committee Chairman shall present to the Conference a concise report on the subjects within the Committee's jurisdiction. Each Committee shall also submit to the Conference Chairman a full written report. Each Committee Report shall include all Supplemental Statements and Additional Views.

(c) Supplemental Statements and Additional Views. Each Committee Report shall include all Supplemental Statements and Additional Views of the Committee. To be included in the Committee Report, Supplemental Statements must represent the views of not less than 20 percent of the members of the Committee, and Additional Views not less than 10 percent of the members of the Committee.

(d) Committee Chairman and Vice-Chairman. Each Committee shall have a Chairman and Vice-Chairman, selected by the Secretary of Health and Human Services. The Chairman shall preside at all meetings of the Committee. The Vice-Chairman, or, if unavailable, a delegate assigned to the Committee designated by the Chairman, shall assume the duties of the Chair in the absence of the Chairman. It shall be the responsibility of the Chairman to assure that the Committee proceeds in an orderly fashion to complete development of the Committee Report. The Chairman shall have the authority to recess the Committee subject to the call of the Chair.

(e) Committee Staff Secretariat. Each Committee shall have a Staff Secretariat, consisting of a Staff Director, Assistant Director, Parliamentary Clerk, Sergeant-at-Arms, resource experts, clerical staff, and other support personnel necessary to assist the Chairman and Committee. The Parliamentary Clerk will be the Chair's immediate resource as to rules and procedures. The Clerk will read matters before the Committee, call the roll when required, and certify the actions of the Committee. The Clerk should not be a voting delegate. The Staff Secretariat shall be appointed by the Executive Director of the Conference.

(f) Expert Presentations to Committee. The first order of business in each Committee shall be two presentations on the issues of jurisdiction of the Committee. These presentations shall be by recognized authorities in the subject areas. The presentors shall be designated by the Executive Director of the Conference.

(g) Committee Agendas. Each Committee Chairman shall submit to the Committee a suggested agenda to guide the deliberations of the Committee. The agendas shall not be binding. Matters not included in the suggested agenda, but which are within the jurisdiction of the Committee, shall be in order for consideration by the Committee.

(h) Committee Deliberations. When seeking recognition, delegates will identify themselves, and will not be recognized until their identification has been acknowledged by the Chairman. Proposals to include statements and recommendations in the Committee Report may be made only by official delegates. Any recommendation or proposal shall be made in the form of a motion and must be submitted in writing to the Committee Staff Director, and be read by the Clerk, before it will be in order for discussion. A delegate offering a motion may be recognized for five minutes. A delegate speaking in opposition to a motion may be recognized for five minutes. Other delegates may be recognized to speak for or against the motion for two minutes. Extensions of time may be granted only by unanimous consent. Limitations on debate may be agreed to, in which case the Chairman shall divide the time as equally as possible between delegates speaking in favor of, and delegates speaking in opposition to, the motion.

(i) Observers. Official observers may be permitted to address a Committee, as time is available, subject to the same rules as debate applicable to Delegates.

(j) Voting in Committees. Only official delegates may vote on motions before the Committee. Should one-fifth of the delegates present object to a voice vote, the Chairman shall direct a vote by division, by teller, by roll call, or by any other means which will enable the Chairman to accurately ascertain the will of the Committee.

(k) Procedural Matters. The will of the majority of the Committee shall decide such procedural questions as motions to close or limit debate, matters of consideration, and the previous question.

(l) Germaneness. Each Committee Chairman shall have the authority and responsibility to insure that motions presented to the Committee are germane to matters within the subject matter jurisdiction of the Committee.

(m) Status of Committee Reports. In accordance with the precedents of previous White House Conferences on Aging, and in recognition of the degree of expertise and extent of deliberations within each Committee, the recommendations of the Committees will be, consistent with the provisions of Rule 1(b), the recommendations of the Conference.

RULE 3: PLENARY SESSIONS

(a) Presiding Officer. The Chairman of the Conference shall preside over the plenary sessions of the Conference. In the absence of the Chairman, or otherwise at the discretion of the Chairman, the Chairman may designate a temporary presiding officer from among the members of the National Advisory Committee.

(b) Summary Reports of Committees. Each Committee Chairman, or a designee of the Chairman, shall present to the final Plenary Session a summary report, not to exceed ten minutes, on the recommendations of the Committee. The summary report shall include a summary of any Supplemental Statements and Additional Views of the Committee. Printed copies of these summary reports shall be made available to each delegate.

(c) Acceptance of Summary Reports. At the conclusion of the presentation of all of the summary reports, the Chairman of the Conference shall put the question: "Shall the summary reports be accepted?", which question shall be decided without further debate or amendment.

RULE 4: DELEGATES' JUDGMENT ON ALL RECOMMENDATIONS

(a) Purpose. It is the purpose of this Rule to provide the maximum feasible participation by each delegate in the development of Conference recommendations.

(b) Procedure. As soon as possible following the conclusion of the Conference, the Executive Director shall provide each delegate and observer an opportunity to register the delegate's or observer's personal judgment with respect to every recommendation included in all Committee Reports, Supplemental Statements, and Additional Views.

RULE 5: GENERAL PROVISIONS

(a) Credentials. Throughout the Conference, delegates and observers will wear their official identification badges at all official functions, and will occupy those seats provided especially for them. Any disputes regarding the credentials of any delegate or observer shall be decided by the Credentials Committee, appointed by the Chairman of the National Advisory Committee from among the members of the National Advisory Committee.

(b) Schedule of Conference Plenary and Committee Sessions. The Conference Plenary Sessions shall be held Monday, November 30, from 9:00 a.m. to 11:00 a.m., and Thursday, December 3, from 9:00 a.m. to 11:30 a.m. Committee Sessions will be held Monday, November 30, from 2:15 p.m. to 5:00 p.m., Tuesday, December 1, from 9:00 a.m. to 12:00 noon, and from 2:30 p.m. to 5:30 p.m., and Wednesday, December 2, from 9:00 a.m. to 12:00 noon, and from 2:15 p.m. to 5:00 p.m.

(c) Supplement to Rules. With respect to procedural matters not dealt with by these Official Rules, and to the extent consistent with the purposes and provisions of these Official Rules, the Conference and its Committees shall be governed by accepted parliamentary practice and Roberts Rules of Order.

(d) Resolution of Questions. The Conference Chairman shall have the authority to resolve any procedural question or problem which is not otherwise resolved during the Conference.

(e) Promulgation of these Rules. These Official Rules of Procedure are promulgated by the Secretary of Health and Human Services pursuant to his statutory authority and responsibility to direct the conduct of the Conference. These Rules are intended to facilitate accomplishment by the Conference of its statutory purpose, and have been adopted after due consideration of the recommendations of the National Advisory Committee, precedents established at previous White House Conferences on Aging, and comments from many interested parties. These are the final and definitive Official Rules of Procedure of the 1981 White House Conference on Aging.

Approved: NOV 27 1980

Richard S. Schweiker

Richard S. Schweiker
Secretary of Health
and Human Services

1981 WHITE HOUSE CONFERENCE ON AGING ACT

(P.L. 95-478, Title II)

SHORT TITLE

SEC. 201. This title may be cited as the "1981 White House Conference on Aging Act".

FINDINGS AND POLICY

SEC. 202. (a) The Congress finds that—

(1) the number of individuals fifty-five years of age or older was approximately 43,000,000 in 1976, and will, by the end of this century, be over 57,000,000;

(2) nearly 5,200,000 individuals fifty-five years of age or older had incomes below the poverty level in 1976, as determined by the Federal Government;

(3) there is a great need to improve the economic well-being of older individuals;

(4) there is a great need to make comprehensive and quality health care more readily available to older individuals;

(5) there is a great need for expanding the availability of suitable and reasonably priced housing for older individuals, together with services needed for independent or semi-independent living;

(6) there is a great need for a more comprehensive and effective social service delivery system for older individuals;

(7) there is a great need for a more comprehensive long-term care policy responsive to the needs of older patients and their families;

(8) there is a great need to promote greater employment opportunities for middle-aged and older individuals who want or need to work;

(9) there is a great need to develop a national retirement policy that contributes to the fulfillment, dignity, and satisfaction of retirement years for older individuals;

(10) there is a great need for a national policy with respect to increasing, coordinating, and expediting biomedical and other appropriate research directed at determining the causes of the aging process; and

(11) false stereotypes about aging and the process of aging are prevalent throughout the Nation and policies should be developed to overcome such stereotypes.

(b)(1) It is the policy of the Congress that the Federal Government should work jointly with the States and their citizens to develop recommendations and plans for action to meet the challenges and needs of older individuals, consistent with the objectives of this title.

(2) In developing programs for the aging pursuant to this title, emphasis should be placed upon the right and obligation of older individuals to free choice and self-help in planning their own futures.

AUTHORITY OF THE PRESIDENT AND SECRETARY; FINAL REPORT

SEC. 203. (a) The President may call a White House Conference on Aging in 1981 in order to develop recommendations for further research and action in the field of aging which will further the policies set forth in section 202. The Conference shall be planned and conducted under the direction of the Secretary in cooperation with the Commissioner on Aging and the Director of the National Institute on Aging, and the heads of such other Federal departments and agencies as are appropriate. Such assistance may include the assignment of personnel.

(b) For the purpose of arriving at facts and recommendations concerning the utilization of skills, experience, and energies and the improvement of the conditions of older individuals, the Conference shall bring together representatives of Federal, State, and local governments, professional and lay people who are working in the field of aging (including researchers on problems of the elderly and the process of aging), and representatives of the general public, including older individuals.

(c) A final report of the Conference, which shall include a statement of a comprehensive coherent national policy on aging together with recommendations for the implementation of the policy, shall be submitted to the President not later than 180 days following the date on which the Conference is adjourned. The findings and recommendations included in the report shall be immediately available to the public. The Secretary shall, within 90 days after submission of the report, transmit to the President and to the Congress his recommendations for administrative action and the legislation necessary to implement the recommendations contained in the report.

ADMINISTRATION

SEC. 204. (a) In administering this title the Secretary shall—

(1) request the cooperation and assistance of the heads of such other Federal departments and agencies as may be appropriate in carrying out the provisions of this title;

(2) render all reasonable assistance, including financial assistance, to State agencies on the aging and to area agencies on aging, and to other appropriate organizations to enable them to organize and conduct conferences on aging prior to the Conference;

(3) prepare and make available background materials for the use of delegates to the Conference which he deems necessary, and prepare and distribute any such report of the Conference as may be necessary and appropriate; and

(4) engage such additional personnel as may be necessary to carry out the provisions of this title without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and without regard to chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates.

(b) In carrying out his functions under clause (2) of subsection (a) the Secretary shall assure that conferences will be so conducted as to assure broad participation of older individuals.

(c) In carrying out his responsibilities under this title the Secretary shall assure that current and adequate statistical data and other information on the well-being of older individuals in the United States are readily available, in advance of the Conference, to participants in the Conference, together with such information as may be necessary to evaluate Federal programs and policies relating to aging. In carrying out the requirements of this subsection the Secretary may make grants to, and enter into contracts with, public agencies and nonprofit private organizations.

ADVISORY COMMITTEES

SEC. 205. (a) The Secretary shall establish an advisory committee to the Conference which shall include representation from the Federal Council on Aging and other public agencies and private nonprofit organizations as appropriate. The Secretary shall establish such other committees, including technical committees, as may be necessary to assist in planning, conducting, and reviewing the Conference. Each such committee shall be composed of professional and public members and shall include individuals from low-income families and from minority groups. A majority of the public members of each such committee shall be 55 years of age or older.

(b) Appointed members of any such committee (other than any officers or employees of the Federal Government), while attending conferences or meetings of the committee or otherwise serving at the request of the Secretary, shall be entitled to receive compensation at a rate to be fixed by the Secretary but not to exceed the daily rate prescribed for GS-18 under section 5332 of title 5, United States Code (including travel time). While away from their homes or regular places of business, such members may be allowed travel expenses, including per diem in lieu of subsistence, as authorized under section 5703 of such title for persons in Federal Government service employed intermittently.

DEFINITIONS

SEC. 206. For the purpose of this title—

(1) The term "area agency on aging" means the agency designated under section 305(a)(2)(A) of the Older Americans Act of 1965.

(2) The term "State agency on aging" means the agency designated under 305(a)(1) of the Older Americans Act of 1965.

(3) The term "Secretary" means the Secretary of Health, Education, and Welfare.

(4) The term "Conference" means the White House Conference on Aging authorized in section 203(a).

(5) The term "State" includes the District of Columbia; the Commonwealth of Puerto Rico, Guam, American Samoa, the Virgin Islands, the Trust Territory of the Pacific Islands, and the Northern Mariana Islands.

AUTHORIZATION OF APPROPRIATIONS

SEC. 207. There are authorized to be appropriated such sums as may be necessary, for fiscal years 1979, 1980, and 1981, to carry out the provisions of this title.

the White House Conference on Aging
330 Independence Avenue S.W. Washington, D.C. 20201

SCHEDULE FOR

MAJOR SPEAKERS

MONDAY, NOVEMBER 30, 1981

OPENING PLENARY SESSION — 9 to 11 a.m. — Ballroom/Sheraton Washington Hotel

Presiding: Constance D. Armitage, WHCoA Chairman

Keynote Speaker: The Honorable Richard S. Schweiker, Secretary
U.S. Department of Health and Human Services

Remarks: The Honorable John Heinz, WHCoA Honorary Chairman
Chairman, Senate Special Committee on Aging

The Honorable Claude Pepper, WHCoA Honorary Chairman
Chairman, House Select Committee on Aging

LUNCHEON EVENTS — 12:30 to 2 p.m.

SHERATON WASHINGTON HOTEL/BALLROOM

Master of Ceremonies: The Honorable J. Glenn Beall Jr., WHCoA Deputy Chairman

Remarks: The Honorable Lawton Chiles, WHCoA Honorary Chairman
Ranking Minority Member, U.S. Senate Special Committee on Aging

WASHINGTON HILTON HOTEL/INTERNATIONAL BALLROOM

Master of Ceremonies: Anna Brown, WHCoA Deputy Chairman

Remarks: The Honorable Matthew Rinaldo, WHCoA Honorary Chairman
Ranking Minority Member, U.S. House of Representatives
Select Committee on Aging

TUESDAY, DECEMBER 1, 1981

LUNCHEON EVENTS — 12:30 to 2 p.m.

WASHINGTON HILTON HOTEL/INTERNATIONAL BALLROOM

Master of Ceremonies: Consuelo Garcia, WHCoA Deputy Chairman

Remarks: Dorcas Hardy, Assistant Secretary/Human Development Services
U.S. Department of Health and Human Services

SHERATON WASHINGTON HOTEL/BALLROOM

Master of Ceremonies: Arthur Flemming, WHCoA Deputy Chairman

Remarks: Dr. Lennie-Marie Tolliver, Commissioner, Administration on Aging
U.S. Department of Health and Human Services

WEDNESDAY, DECEMBER 2, 1981

LUNCHEON EVENTS — 12:30 to 2 p.m.

SHERATON WASHINGTON HOTEL/BALLROOM

Master of Ceremonies: William Kieschnick,Jr., WHCoA Deputy Chairman

Remarks: Dorcas Hardy, Assistant Secretary/Human Development Services
U.S. Department of Health and Human Services

WASHINGTON HILTON/INTERNATIONAL BALLROOM

Master of Ceremonies: Eleanor Storrs, WHCoA Deputy Chairman

Remarks: Dr. Lennie-Marie Tolliver, Commissioner, Administration on Aging
U.S. Department of Health and Human Services

WHCoA KEYNOTE COMMITTEE SPEAKERS

2:00 p.m. Monday, November 30, 1981

1. Implications for the Economy of Aging Population

Larry Olson
Data Resources
Washington, D.C. 20006

James Schultz
Heller School
Brandeis University
Waltham, Mass. 02254

2. Economic Well-Being

Michael Boskin, Director
National Bureau of Economic Research
Stanford, California 94305

Bert Seidman
AFL-CIO
Washington, D.C.

3. Older Americans as Continuing Resource

Glenn Northrop
AARP
Washington, D.C. 20049

Sen. Gerald Rehm
Dunedin, Florida 33528

4. Promotion and Maintenance of Wellness

Elliot Stern
Miami Jewish Home and Hospital for Aged
Miami, Florida 33137

Agnes Taylor
Maryland Office on Aging
Baltimore, Maryland 21201

5. Health Care and Services

Robert Butler
National Institute on Aging
Bethesda, Maryland 20205

Judy Feder
Urban Institute
Washington, D.C. 20037

6. Long-Term Care Options

Robert Benedict
Institute on Aging
Temple University
Philadelphia, Pa. 19122

William Weissert
Urban Institute
Washington, D.C. 20037

7. Family and Community Support Systems

Betty Letzig
General Board of Global Ministries
United Methodist Church
New York, N.Y. 10115

Mrs. Bernice Neugarten
Northwestern University
Evanston, Illinois 60201

8. Housing Alternatives

Bruce Jacobs
University of Rochester
Rochester, New York 14627

Michael Sumichrast
National Association of Homebuilders
Washington, D.C.

9. Conditions for Continuing Community Participation

G. Richard Ambrosius
Iowa Lakes Area Agency on Aging
Spencer, Iowa 51301

Ann Harvey
NRTA/AARP
Washington, D.C.

10. Educational and Training Opportunities

Margaret Arnold
AARP
Washington, D.C. 20049

Harold Johnson
Institute of Gerontology
University of Michigan
Ann Arbor, Michigan 48109

11. Concerns of Older Women: Growing Number, Special Needs

Dallas Salisbury
Washington, D.C.

Tish Sommers
Older Women's League
Oakland, California 94611

12. Private Sector Roles

Carole Hayes-Ionita
ADIA
Washington, D.C.

William Kieschnick
Atlantic Richfield Company
Los Angeles, California 90071

13. Public Sector Roles and Structures

Robert B. Hudson
Fordham University
New York, N.Y. 10023

Elizabeth Ann Kutza
University of Chicago
Chicago, Illinois 60637

14. Research

Prof. Ewald W. Busse, M.D.
Medical and Allied Health Education
Duke University Medical School
Durham, North Carolina 27710

Ethyl Shanas
University of Illinois
Chicago Circle Campus
Chicago, Illinois 60680

Operational Strategies for 1981 White House Conference on Aging

Between January 1980 and May 1981, (Phase I of the White House Conference), activities at the State and local levels are primarily focusing on the following objectives:

- To develop an awareness of the upcoming 1981 White House Conference in as broad a manner as possible.

- To provide a means for the selection/election of delegates to the National Conference.

- To provide a means for issues development and recommendations from a variety of sources.

The mechanisms for achieving the above objectives are currently proposed to include the following:

- Linking the traditional Older Americans Month (May, 1980) into the kick-off for the White House Conference with National publicity but somewhat unstructured local activities around a "positive" National theme (Community Forums).

- Conducting of State White House Conferences during the time frame beginning September, 1980 through April, 1981 in every State and Territory around topic areas determined by the Advisory Committee, with each State developing a report on the issues and recommendations covered at the State Conference.

- A series of other mini-conferences (some regional, some National) around specific topics (such as retirement and employment) and around special concerns (such as minority aging issues). Such mini-conferences are expected to result in reports to the National Conference Office on issues and recommendations.

- Delegate criteria as determined by the National Conference Office being shared with States, and States developing a process for the election/selection of their allotted number of delegates. Such selections should be ended by the completion of the State White House Conferences. The remaining at-large selection of delegates should be completed within a month after the last State Conference, i.e., May 1981.

Between June 1981 and December 1981, (Phase II of the White House Conference), activities become centered around orienting the delegates to the issues and finalizing in the National Conference with the development of a final Conference position. The objectives for Phase II are as follows:

- To provide a means for delegates to hear from local constituencies (elderly individuals, in particular).

- To provide a means for delegates to become more familiar with their assigned topic area and to begin to form a working relationship among the delegates.

- To provide a means for additional input into the delegates (around topic areas) from representatives of aging groups, National organizations, private sector.

- To provide a means, prior to the National Conference, for deliberations of issues at the long-range policy level by delegates.

- To provide an opportunity for the National Conference to result in well-thought out issues with extensive input, with a final product resulting from delegates who have both been trained in the committee process and exposed through a variety of means to the concerns for aging.

The mechanisms for achieving the above objectives are currently proposed to include the following:

- Concerted effort to alert the Governors to the importance that should be given to the selection of State delegates.

- Participation by the delegates in sub-state hearings to provide a means for citizen input to the delegates.

- The holding of regional-based (multi-state level) hearings for organizations. Such hearings would be Chaired by the delegates, organized around delegate committees (topic areas). Following the hearings, each delegate Committee per region would develop a committee hearing report. (September 1981)

- Synthesizing of all regional reports per topic area for National meeting.

- Sharing of all regional committee reports among the appropriate subject committees.

- At National meeting, committees resolve differences among regions and deal with any new relevant issues for given committees.

- At National meeting, presentation of each committee's consolidated report as developed and resolved at the National meeting.

- Development of a final Conference position.

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PHASE I
State and Local
Activities

COMMUNITY FORUMS
DURING
OLDER AMERICANS' MONTH

MAY 1980

STATE
WHITE HOUSE CONFERENCES

SEPTEMBER 1980 - APRIL 1981

PHASE II
National Conference
Activities

SUB-STATE HEARINGS

CHAIRED BY

DELEGATES
JULY 1981 - AUGUST 1981

REGIONAL HEARINGS
CHAIRED BY DELEGATES - SEPTEMBER 1981

NATIONAL CONFERENCE MEETING

NOVEMBER 30 - DECEMBER 4, 1981

1981 WHITE HOUSE CONFERENCE ON AGING ACT

(P.L. 95-478, Title II)

SHORT TITLE

SEC. 201. This title may be cited as the "1981 White House Conference on Aging Act".

FINDINGS AND POLICY

SEC. 202. (a) The Congress finds that—

(1) the number of individuals fifty-five years of age or older was approximately 43,000,000 in 1976, and will, by the end of this century, be over 57,000,000;

(2) nearly 5,200,000 individuals fifty-five years of age or older had incomes below the poverty level in 1976, as determined by the Federal Government;

(3) there is a great need to improve the economic well-being of older individuals;

(4) there is a great need to make comprehensive and quality health care more readily available to older individuals;

(5) there is a great need for expanding the availability of suitable and reasonably priced housing for older individuals, together with services needed for independent or semi-independent living;

(6) there is a great need for a more comprehensive and effective social service delivery system for older individuals;

(7) there is a great need for a more comprehensive long-term care policy responsive to the needs of older patients and their families;

(8) there is a great need to promote greater employment opportunities for middle-aged and older individuals who want or need to work;

(9) there is a great need to develop a national retirement policy that contributes to the fulfillment, dignity, and satisfaction of retirement years for older individuals;

(10) there is a great need for a national policy with respect to increasing, coordinating, and expediting biomedical and other appropriate research directed at determining the causes of the aging process; and

(11) false stereotypes about aging and the process of aging are prevalent throughout the Nation and policies should be developed to overcome such stereotypes.

(b)(1) It is the policy of the Congress that the Federal Government should work jointly with the States and their citizens to develop recommendations and plans for action to meet the challenges and needs of older individuals, consistent with the objectives of this title.

(2) In developing programs for the aging pursuant to this title, emphasis should be placed upon the right and obligation of older individuals to free choice and self-help in planning their own futures.

AUTHORITY OF THE PRESIDENT AND SECRETARY; FINAL REPORT

SEC. 203. (a) The President may call a White House Conference on Aging in 1981 in order to develop recommendations for further research and action in the field of aging which will further the policies set forth in section 202. The Conference shall be planned and conducted under the direction of the Secretary in cooperation with the Commissioner on Aging and the Director of the National Institute on Aging, and the heads of such other Federal departments and agencies as are appropriate. Such assistance may include the assignment of personnel.

(b) For the purpose of arriving at facts and recommendations concerning the utilization of skills, experience, and energies and the improvement of the conditions of older individuals, the Conference shall bring together representatives of Federal, State, and local governments, professional and lay people who are working in the field of aging (including researchers on problems of the elderly and the process of aging), and representatives of the general public, including older individuals.

(c) A final report of the Conference, which shall include a statement of a comprehensive coherent national policy on aging together with recommendations for the implementation of the policy, shall be submitted to the President not later than 180 days following the date on which the Conference is adjourned. The findings and recommendations included in the report shall be immediately available to the public. The Secretary shall, within 90 days after submission of the report, transmit to the President and to the Congress his recommendations for administrative action and the legislation necessary to implement the recommendations contained in the report.

ADMINISTRATION

SEC. 204. (a) In administering this title the Secretary shall—

(1) request the cooperation and assistance of the heads of such other Federal departments and agencies as may be appropriate in carrying out the provisions of this title;

(2) render all reasonable assistance, including financial assistance, to State agencies on the aging and to area agencies on aging, and to other appropriate organizations to enable them to organize and conduct conferences on aging prior to the Conference;

(3) prepare and make available background materials for the use of delegates to the Conference which he deems necessary, and prepare and distribute any such report of the Conference as may be necessary and appropriate; and

(4) engage such additional personnel as may be necessary to carry out the provisions of this title without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and without regard to chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates.

(b) In carrying out his functions under clause (2) of subsection (a) the Secretary shall assure that conferences will be so conducted as to assure broad participation of older individuals.

(c) In carrying out his responsibilities under this title the Secretary shall assure that current and adequate statistical data and other information on the well-being of older individuals in the United States are readily available, in advance of the Conference, to participants in the Conference, together with such information as may be necessary to evaluate Federal programs and policies relating to aging. In carrying out the requirements of this subsection the Secretary may make grants to, and enter into contracts with, public agencies and nonprofit private organizations.

ADVISORY COMMITTEES

SEC. 205. (a) The Secretary shall establish an advisory committee to the Conference which shall include representation from the Federal Council on Aging and other public agencies and private nonprofit organizations as appropriate. The Secretary shall establish such other committees, including technical committees, as may be necessary to assist in planning, conducting, and reviewing the Conference. Each such committee shall be composed of professional and public members and shall include individuals from low-income families and from minority groups. A majority of the public members of each such committee shall be 55 years of age or older.

(b) Appointed members of any such committee (other than any officers or employees of the Federal Government), while attending conferences or meetings of the committee or otherwise serving at the request of the Secretary, shall be entitled to receive compensation at a rate to be fixed by the Secretary but not to exceed the daily rate prescribed for GS-18 under section 5332 of title 5, United States Code (including travel time). While away from their homes or regular places of business, such members may be allowed travel expenses, including per diem in lieu of subsistence, as authorized under section 5703 of such title for persons in Federal Government service employed intermittently.

DEFINITIONS

SEC. 206. For the purpose of this title—

(1) The term "area agency on aging" means the agency designated under section 305(a)(2)(A) of the Older Americans Act of 1965.

(2) The term "State agency on aging" means the agency designated under 305(a)(1) of the Older Americans Act of 1965.

(3) The term "Secretary" means the Secretary of Health, Education, and Welfare.

(4) The term "Conference" means the White House Conference on Aging authorized in section 203(a).

(5) The term "State" includes the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, the Virgin Islands, the Trust Territory of the Pacific Islands, and the Northern Mariana Islands.

AUTHORIZATION OF APPROPRIATIONS

SEC. 207. There are authorized to be appropriated such sums as may be necessary, for fiscal years 1979, 1980, and 1981, to carry out the provisions of this title.

CHARTER

1981 WHITE HOUSE CONFERENCE ON AGING
TECHNICAL COMMITTEE

Purpose

The Secretary of the Department of Health, Education and Welfare is responsible for planning and conducting the White House Conference on Aging in cooperation with the Commissioner on Aging and the Director of the National Institute on Aging and the heads of such other Federal Departments and agencies as appropriate. The Secretary is required to establish an Advisory Committee (which will be called the 1981 White House Conference on Aging National Advisory Committee), and such other committees, including technical committees, as required to provide scientific and technical advice and recommendations for planning and implementing the Conference. The 1981 White House Conference on Aging Technical Committee, hereinafter referred to as "the Technical Committee," will be convened in order to provide expert guidance in development of issues to be considered and technical documents to be used by the Conference.

AUTHORITY

The Comprehensive Older Americans Act Amendments of 1978 (P.L. 95-478), Section 205 of title II (also referred to as the 1981 White House Conference on Aging Act), mandates the establishment by the Secretary of the Advisory Committee to the White House Conference on Aging. This committee is also governed by the provisions of the Federal Advisory Committee Act, P.L. 92-463, 5 U.S.C. Appendix I, as amended, which sets forth standards for the formation and use of Advisory Committees.

FUNCTION

The Technical Committee and its subcommittees shall assist in the definition of issues to be discussed at the Conference, and shall assist in the development of scientific and technical documents related to issues under consideration by the Conference by providing advice and recommendations to the 1981 White House Conference on Aging.

Structure

The Technical Committee shall consist of 96 members. It shall be composed of professional and lay members and shall include individuals from low-income families and from minority groups. A majority of the lay members shall be 55 years of age or older. Members will be appointed by the Secretary or her designee.

The Technical Committee may be divided into such subcommittees as are needed. Subcommittees shall be appointed by the Secretary or her designee. Such subcommittees shall be composed of individuals selected from the parent Technical Committee.

The Technical Committee subcommittees will be chaired by persons designated by the Secretary or her designee. Final recommendations of each subcommittee shall be presented to the full Technical Committee for its consideration.

The Technical Committee and its subcommittees will comply with the applicable requirements of the Federal Advisory Committee Act. The Department Committee Management Officer will be notified upon establishment of each such subcommittee, and will be provided information on its name, membership, functions, and estimated frequency of meetings.

Management and support services shall be provided by the White House Conference on Aging staff within the Office of Human Development Services, who shall provide an Executive Director.

Members shall serve for the duration of the Technical Committee or Subcommittee.

MEETINGS

Full Technical Committee meetings shall be held a minimum of two times for the duration of the Conference activities and its subcommittees shall meet as required. All meetings of the Technical Committee or any of its subcommittees shall be held at the call of the Conference Chairperson with the advance approval of the Government Official who shall also approve the agenda, and be present at all meetings.

Meetings are open to the public except as determined otherwise by the Secretary. Public notification will be given in advance of each committee and subcommittee meeting. Meetings are conducted and records of the proceedings kept as required by applicable laws and department regulations.

A majority of the Technical Committee members shall constitute a quorum for the transaction of official business. A majority of the membership shall constitute a quorum for each of the subcommittees.

COMPENSATION

Members who are not full-time Federal employees are paid at the rate of up to $100 per day for the time spent at meetings; plus per diem and travel expenses in accordance with Federal Travel Regulations.

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TOTAL COST ESTIMATE

Estimated total costs for operating the Technical Committee and its subcomittees, including compensation and travel expenses for members, but excluding staff support, are $710,000. Estimated total person-years of staff support required is 7.5, at an estimated total cost of $246,000.

REPORTS

An annual report shall be submitted to the Secretary not later than the 30th of January, which shall contain, as a minimum, the Committee's functions, a list of members and their business address, the dates and places of meetings, and a summary of the Committee's activities and recommendations during the fiscal year.

Copies of all reports shall be provided to the Department Committee Management Officer.

TERMINATION DATE

The Technical Committee will terminate no later than 180 days following the date of adjournment of the Conference or when its work has been completed, whichever is sooner. The Charter of the Committee shall terminate when the Committee has completed its work, or two years from the date of signature by the Secretary, whichever comes first, unless renewed by appropriate action prior to the end of the two-year period.

APPROVED

APR 18 1980
DATE

Patricia Robert Harris
SECRETARY

Dr. Neugarten's Statements on Creating an Age-Integrated Society:

We hope the Issue Papers will demonstrate that the 1981 White House Conference on Aging has a double focus:

The first is on Aging individuals and improving the lives of older people: The second is on the "Aging society." The first needs no explanation. It has been the focus of earlier WHCOA and it underlies most of our local, state, and national programs and policies on Aging.

The second, however, may require further comment. The "Aging Society" is one in which the ratio of young to old is shifting and a large proportion of the population is old.

We ask what is the effect on the society at large of this shift? How do we solve the problems that arise when, historically speaking, a nation like the United States has not been prepared for the "sudden" appearance of such large numbers of older people.

How is the changing age distribution affecting the lives of everybody, young and old, in the family, the educational system, the economics, the political system, religious institutions, the health care delivery system, social services systems, the legal systems?

Presumably, our goal is to create an Age-Integrated Society, one in which all age groups share equitably in the goods and services of the society; one in which we work <u>against Ageism</u> (that is, negative attitudes of the young toward the old, or the old toward the young), just as we have worked against racism and sexism; one in which all people participate, not on the basis of their age, but on the basis of their needs and their abilities. How do we protect the society against competition and divisiveness among age groups? How do we work against age stereotypes? Against Age discrimination? Against those forms of Age segregation which may be destructive to society as a whole? How do we combat the view for instance that the old are a burden to society?

How do we encourage the view that the old are a resource and a major source of pride to the society?

That it is an outstanding accomplishment of our society that the majority of our citizens live to old age?

To emphasize the theme of the age integrated society, we have planned that one subcommittee should address these issues from an overall, society-wide perspective (sub-committee #9), and that other sub-committees (#10,11,12,13,14,15) should address these issues within the context of particular social institutions.

Example: Within the family how do we strengthen the multi-generational family unit and work toward positive intergenerational relations?

Within the educational system, how do we broaden educational opportunities for both young and old, and how do we enhance the contributions of the old in the education of the young?

Within the economy, how do we create fair employment practices for young and old, more effective marketing and consumer practices for the old,

more equitable taxation policies?

Within the legal system how do we create fair employment practices for young and old, more effective marketing and consumer practices for the old, more equitable taxation policies?

Within the legal system how do we combat age discrimination.

We suggest that sub-committees (#10,11,12,13,14,15) - insofar is possib - organize their outlines into three parts:

1. Changes occuring in the given social instutions because of underlying social, economic, and political trends. Example: I the economy, effect of changing technology, productivity, energ costs, occupational distributions, manpower needs.

2. How these changes affect the lives of older people. Example: in the economy, technological obsolescence in skills of older workers and retraining needs.

3. How the presence of large numbers of older people affect the institutions. Example: in the economy, effect of growing numbers of retirees and pension costs on costs of the product, or growth of Social Security on Federal Budget outlays. Example: in the media

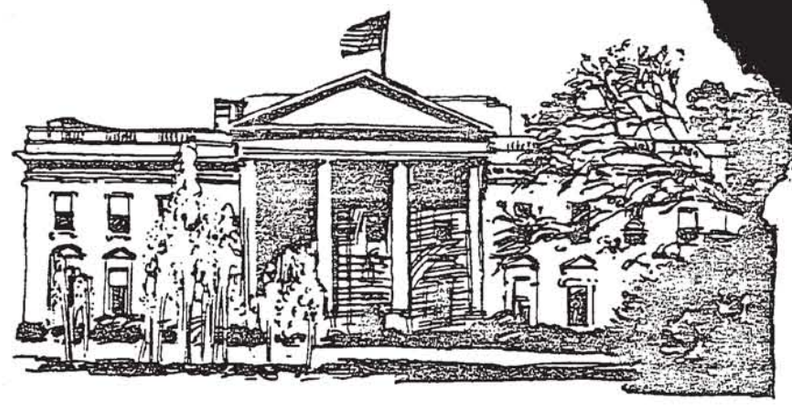
Example: In the Media:

1. New communication technologies; educational and entertainment value of TV; effect of advertisers in creating mass audiences; recent attempts to create special audiences.

2. TV-viewing as major pursuit for older people; broader educatio for older people; possible effect of deminishing generation gap

3. Special TV programs for older viewers; changing images of the old in TV programming.

the White House Conference on Aging
330 Independence Avenue S.W.
Washington, D.C. 20201



WELCOME TO THE 1981 WHITE HOUSE CONFERENCE ON AGING!

This Conference is more than a single event--more than a one-time gathering of 1,800 delegates in Washington, D.C. in December 1981. It is a series of events, and a variety of activities, and it begins right now with your Community Forum and with you!

President Carter, explaining the need for the 1981 White House Conference on Aging, at a reception held for the Advisory Committee at the White House on March 26, 1981 said, "Every day in our great country about 5,000 Americans reach the age of 65. And this is a very important time in their lives. It's a time either of increased choices in their life or a narrow restraint on their life. It's a time for the prospect of warm relationships with their families or their friends, or it's a time of prospective loneliness. It's a time of security and anticipation of a future that's stable, that will meet their needs, or it's a time of uncertainty and insecurity, and perhaps of fear. It's a time of confidence about the coming days or it's a time of pessimism about their future life. This question, how Americans approach their 65th year and how they live their lives after the age of 65, will be the subject of the White House Conference on Aging."

Background Information

On October 18, 1978, President Carter signed legislation (Public Law 95-478) authorizing the White House Conference on Aging to be convened in 1981. Previous White House Conferences on Aging have been held in 1961 and 1971.

The need for this Conference was demonstrated by the dramatic demographic change in our society and the growing number of older Americans. In 1941, roughly 7 percent of the total population was 65 or over. In 1979, 10 percent of the population was 65 and above. Today, the proportion is 11 percent, more than 24 million people. By the year 2020 almost 16 percent of the population will be 65 or older.

The increasing health and longevity of Americans is a remarkable achievement that presents significant challenges and opportunities for every institution in American life. Both the public and private sectors will have to share in the development of policies to deal with the enormous consequences of this achievement. That is the purpose of the 1981 White House Conference on Aging.

What are the Issues Confronting the 1981 White House Conference on Aging?

Legislation calling for the 1981 White House Conference on Aging identified the need to:

- o Improve the economic well-being of older Americans.
- o Make comprehensive and quality health care more readily available.
- o Establish a more comprehensive social service delivery system.
- o Expand availability of appropriate housing, long-term care and retirement policy.
- o Offer greater employment opportunities for older Americans.
- o Overcome aging stereotypes and encourage biomedical research in the aging process.

A major thrust of the conference planning is an emphasis on the untapped skills and creativity of older persons and the contributions that older people can and do make to our society. Greater sensitivity to the needs and voices of minority groups among the elderly has also been built into the conference plans so that American Indians, Blacks, Hispanics and Asian Americans will play a major part. So, too, will the special needs of urban and rural elderly and aging women.

The numerous topics and areas for discussion will be synthesized by various stages of the conference process and funnelled to the national meeting in late 1981.

Who are the Conference Leaders?

The 1981 White House Conference on Aging was initially planned under the direction of HEW Secretary, Patricia Roberts Harris, in cooperation with Robert Benedict, Commissioner of the Administration on Aging; Robert Butler, Director of the National Institute on Aging and Martha Keys, Special Advisor to the Secretary.

A fifty-six member Advisory Committee and a Technical Committee will assist with background information on the various issues. Chairperson of the Conference and of the Advisory Committee is Dr. Sadie T. M. Alexander, 82, an attorney who has practiced law in Philadelphia since 1927.

Four deputy chairpersons are: Arthur Flemming, Chairperson of the United States Commission on Civil Rights, Lupe Morales, consumer advocate from Los Angeles; Bernice Neugarten, Professor of Human Development at the University of Chicago; and Ellen Winston, Chairperson of the North Carolina Advisory Committee on Aging.

Jerome R. Waldie, former Congressman from California, was named by HEW Secretary Harris as Executive Director. Mr. Waldie will coordinate national activities from the White House Conference on Aging office in Washington, D.C.

Who are the Conference Delegates?

Plans call for 1,800 delegates to the White House Conference on Aging national meeting in Washington, November 30 - December 3, 1981. Delegate selection will be carefully assigned to reflect the number of elderly persons in each state with special attention to members of minority groups.

Selection of most of the delegates will be left to each state and all delegates should be named by May, 1981. By the time they meet in Washington, D.C. delegates will have had a chance to become thoroughly informed on the various issues by reviewing a series of background technical papers and by gathering information from the general public through local and regional hearings during the summer and fall of 1981.

How is the 1981 White House Conference on Aging Funded?

Congress appropriated $3 million in HEW's 1979 budget to set up the White House Conference on Aging. A request for an additional $3 million has been submitted and approximately $2.1 million is being contributed by the Administration on Aging.

Most of these funds will go to pay travel expenses for the Advisory Committee, the Technical Committee and for the delegates to both the regional hearings in 1981 and to the national meeting in Washington, D.C., December 1981. In addition, small grants will be made to various organizations to assist them in arranging mini-White House conferences on special issues. Mini-conferences are scheduled to focus on minority aged, urban and rural aged and older women, among others.

Will My Involvement Count?

Although only a limited number of persons will be able to attend the final national meeting, there are numerous ways in which others, young and old, can participate.

Your local aging organization can sponsor a Community Forum or join with one already planned in your community. Community Forums are designed to define issues and topics to be aired at the state and national level. You can obtain information on community forums in your area by contacting your local Area Agency on Aging. Attend hearings planned during the summer and fall of 1981 to inform your delegates. Watch for mini-conferences designed to tackle special issues. Participate in national contests that will be sponsored by the White House Conference Office.

In most states, delegate selection will be keyed to the state conferences. If you are interested in becoming a delegate, check early with your state coordinator in the Governor's office or State Unit on Aging.

At the very least, discuss the issues, alert the press, arouse your community, your friends and neighbors and support the local, state and national White House Conference on Aging process.

FOR MORE INFORMATION CONTACT YOUR STATE COORDINATOR THROUGH YOUR STATE OFFICE ON AGING

CONFERENCE INFORMATION

BADGES

In your registration package you will find a badge which must be worn during all Conference activities. The color of the badge indicates whether you are a Delegate or Observer and the number on the badge indicates the committee in which you will participate. This badge will admit you to this committee only in addition to the plenary sessions. Visitor day badges will be issued to spouses and others; these badges will be valid to attend committee meetings on the day issued, subject to room capacity limitations.

CONFERENCE REGISTRATION AREA

In this area you will find an information desk, a meal ticket purchase desk, and a travel information desk. The conference registration area in each hotel will be open 3:00 to 7:00 p.m. on Saturday; 9:00 a.m. to 10:00 p.m. on Sunday; 7:00 a.m. to 9:00 p.m. Monday, Tuesday and Wednesday; and 7:00 a.m. to 1:00 p.m. on Thursday.

1. Meal Ticket Desk

Tickets for the reception on Monday night, the dinner on Tuesday night, and the banquet on Wednesday night are for sale on a capacity-available basis. These meal tickets will be available during conference registration hours. AFTER 6:00 P.M. ON MONDAY, NO TICKETS WILL BE SOLD.

2. Information Desk

This booth will be open in each hotel to assist you with sightseeing and other local information such as special events at museums and galleries.

3. Travel Desk

McShea Travel will staff the travel desk at each hotel on the following schedule:

Saturday	3:00 p.m. to 7:00 p.m.
Monday	noon to 7:00 p.m.
Tuesday	7:00 a.m. to 2:00 p.m. and 5:00 p.m. to 9:00 p.m.
Wednesday	7:00 a.m. to 2:00 p.m. and 5:00 p.m. to 9:00 p.m.
Thursday	7:00 a.m. to 1:00 p.m.

It is at this desk that you can obtain changes in air tickets for your departure from the Conference. McShea Travel will also assist you with train tickets as needed.

TELEPHONE MESSAGES

There will be a large board in the registration area on which we will post telephone messages in a sealed envelope with your name on the outside. Emergency messages will be delivered to you, if possible. It is important that you attend the committee to which you are assigned so that, should you get an emergency message, we can get it to you quickly. The hotel switchboard telephone numbers are:

Sheraton Washington	(202) 328-2000
Washington Hilton	(202) 483-3000

SHUTTLE BUSES

There will be shuttle buses running continuously among the Washington Hilton, the Sheraton Washington, and the Shoreham Hotel. These buses are free of charge and are available to you as you need them.

On Thursday, the departure day, buses secured by the White House Conference on Aging will transfer you from each of the Conference Hotels to National Airport, Baltimore/Washington International Airport, and Dulles International Airport as appropriate.

LOCAL TRANSPORTATION

Taxi service is available at the main entrance to the hotel lobbies. The Metro subway station closest to both hotels is at Dupont Circle at Connecticut Avenue and Q Street, N.W. This station is approximately 1 mile from the Sheraton and 5 blocks from the Hilton. It is possible to walk from the Hilton to the Metro station.

SPECIAL MEALS

If you requested special meals for religious or dietary reasons, it is your responsibility during the meal functions to alert the waiter, after being seated, to the kind of special meal you require. These special meals will be available only to those participants who informed us of their needs prior to the conference.

CHECK CASHING

The Sheraton Washington Hotel will cash personal checks up to $100 for their registered guests who hold valid American Express, Carte Blanche and Diners Club credit cards. Guests of the Washington Hilton Hotel holding any of the previously cited credit cards can cash checks up to $250 during their stay at the Hilton with a limit of $100 per transaction.

HOTEL CHECK-OUT

Conference attendees, regardless of whether their lodging expenses are paid by the White House Conference or from their own sources, must check out of the hotel. If you are a Delegate, the White House Conference on Aging pays for the cost of one-half of a double room for each night of the Conference. You are responsible for payment of any incidentals such as room service, laundry, telephone calls, etc. If you are an Observer or companion of a Delegate or Observer, you are responsible for payment for both your room and incidentals. If anyone forgets to check-out of the hotel, the hotel will contact you directly after the Conference to collect any unpaid bills. There will be a Moshman Associates staff member assigned to each check-out area in each hotel to assist in reconciling any discrepancies between the Conference participants and the hotel. This staff member will make every effort to speed your check-out.

By checking out of the hotel room before the Thursday plenary session, you should be able to avoid the major crowd of checking out immediately after that closing session. Your luggage will be held as described below.

On the day of departure we request that you pack your bags in the morning if you are scheduled to depart on Thursday on a flight leaving at 3:00 p.m. or earlier. Simply place the bags (with the luggage tags affixed) in the hall near your door by no later than 9:00 a.m. The bags will be collected and brought to a secure area. Please, if you are a resident of the Hilton, do not carry your bags on the shuttle bus from the Hilton to the Sheraton. If your plane leaves later than 3:00 p.m. Thursday, you may leave your bag in your room and call the bellhop when you return from the plenary session on Thursday. There will be ample time for you to have your bags brought down to the lobby, and check-out of the hotel in the usual manner. The airport buses will take you, with your bags, directly to the airport from which you depart. Bus departure times for each airport will be made available before Thursday.

It is absolutely essential that you mark the name of the departing airport, the airline and your flight number on the tags that we sent to you in the mail. If you have lost your tags, please come to the registration area on Tuesday or Wednesday and pick up a replacement tag. Marking these bags is essential in transporting the bags to the proper airport upon departure.

Those persons scheduled by the White House Conference on Aging to depart the hotels on Friday will also be provided with transportation to their respective airports. They must check-out on Friday and pay for any incidentals, if they are Delegates, and their entire bill if they are Observers or companions.

MEDICAL EMERGENCY CENTERS

Emergency medical facilities, staffed by a physician, nurse and technician, will be open during the Conference at each hotel twenty-four (24) hours per day. At the Sheraton the facility is in Room 144 (Telephone Extension 7144); at the Hilton, this center is located in the Edison Room (Telephone Extension 1449). Each center has the names of those participants who informed us of their medical needs.

If you need care, please ask one of the volunteers to show you the way to the medical center. If you have an emergency, the staff or the volunteers who will be posted throughout the hotels will see that medical help is immediately available. Storage of medications is available at the medical centers.

LIBRARIES

Libraries are available in each hotel for reviewing and obtaining Conference-related documents. At the Sheraton the library is in the Warren Room (Dial 2700) and at the Hilton the library is in the Farragut Room (Dial 1450).

REIMBURSEMENT OF DELEGATE TRAVEL EXPENSES

Those Delegates, who did not receive their travel tickets from McShea Travel and were authorized to make their own travel arrangements according to the rules established by the WHCoA, will be given instructions for reimbursement and a claim form in the registration area beginning on Wednesday at 8:00 a.m. and continuing until 9:00 p.m.

Only one person will be able to claim reimbursement for car expenses regardless of the number of persons occupying the car. The reimbursement will be made for the most direct route, will include tolls, but not parking at the hotel.

Moshman Associates staff will be in the registration areas on Wednesday to answer any questions you may have. It is absolutely essential that those people claiming reimbursement pick up the form at the Conference; government regulations require that this form be completed with your signature and returned to Moshman Associates with appropriate receipts. Reimbursement will be made <u>after</u> the Conference when Moshman Associates has received and audited your claims in accordance with government travel regulations and WHCoA policy.

TRAFFIC FLOW

Because of the large number of participants attending the Conference, the public areas of the hotels will be extremely crowded. Movement through these areas will be slow at times. Volunteers will be available throughout the paths of the hallways and in all Committee rooms to direct traffic throughout the hotel.

ATTACHMENT A

CONFERENCE COMMITTEES

Attached is the listing of the 14 Conference committees which has been developed with the assistance of our National Advisory Committee.

You should note the following:

1. In addition to focusing on the special needs of minorities, each committee also will be asked to give specific attention to the needs of the low-income elderly, the differences in urban and rural needs, the needs of the elderly who are, or will be, frail/disabled, access to services, private and public (Federal, State, and local) sector roles, sources and methods of financing of services, implementation plans for recommendations developed by Conference committees, and the role of older Americans themselves in influencing change so as to realize their aspirations. Furthermore, as a result of including the committee on the concerns of older women, each committee will be asked to consider the special needs of older men.

2. The topics listed under each committee title anticipate the deliberations of that committee but the committee is not expected to necessarily limit the discussions to the listed topics.

Please contact the Special Assistant, Rick Davis, (202) 245-1904, if you have questions on the Committee structure.

COMMITTEE STRUCTURE FOR WHITE HOUSE CONFERENCE ON AGING

1. Implications for the Economy of an Aging Population

--Effects of inflation on older people and their resources
--Older Americans as a market
--The labor force, productivity, and employment opportunities
  --Impact of age discrimination
--Tax and investment policies (including incentives)
--Means for supporting a greater dependent population

2. Economic Well-Being

--Social Security programs
--Public and private retirement programs
--Public assistance, including in-kind benefits
--Early pre-retirement education, counseling and planning
--Self-help
  --Continuing employment
  --Management of personal resources (savings and investments)
--Tax incentives

3. Older Americans as a Continuing Resource

--Employment
  --Full and part-time, voluntary, self-employment and small business
  --Impediments to employment
  --Training for continuing or further careers
--Community service
--Advocacy
--Role in the family
--Incentives/disincentives
--Tax policies

--Pension and other benefits

--Ageism and media stereotyping

4. Promotion and Maintenance of Wellness

--Physical and mental

--Health education

--Nutrition and diet

--Use and misuse of alcohol, drugs and other substances

--Physical fitness and exercise

--Self and mutual care

--Early warning and preventive techniques

--Care of eyes, ears, teeth, feet, limbs

--Insurance and reimbursement policies regarding preventive techniques

5. Health Care and Services

--Physical and mental

--Availability, accessibility, quality, coordination, and continuity of care

--Financing (including tax policies, payment co-sharing, reimbursement policy, and cost containment methods)

--Special aspects of health services for older Americans

--Chronic conditions; multiple disabilities and diseases

--Physiology of the elderly

--Delivery systems

--In home (including training and use of home health workers)

--In the community

--In hospitals and other facilities

--Hospices

--Rehabilitation

--Geriatric education in professional training and continuing education

6. Options for Long-Term Care

--Planning and coordinating health and social services

--Continuity of care

--Self-help and freedom of choice

--Delivery in a non-institutional setting

--In home

--Family care

--Foster homes

--To ambulatory patients

--Hospices

--Community (informal support services)

--Institutional care

--Psycho-social needs (e.g., community and facility programs)

--Environment (location, design and condition)

--Preservation of lifestyles

--Security (including possessions)

--Cultural, family and other interpersonal relations

--Financing (tax and other incentives, reimbursement policy and cost containment methods)

--Assurances of quality care/evaluation

--Outreach, information and referral

7. Family and Community Support Systems

--Support systems for independent living (formal and informal networks)

--Capacity of family

--Day care and respite services

--Tax incentives

--Religious institutions/programs

--Allow use of facilities; in-kind program

--Intergenerational relationships and support

--Social services-continuum of services

--Self and mutual help

--Outreach, information and referral

--Hospices

--Quality care/evaluation

--Manpower

8. Housing Alternatives

--Energy costs and efficiency

--Crime and crime prevention

--Community change; dislocations

--Affordable options and alternatives

  --Financing

  --Better use of current housing (zoning, rehabilitation, etc.)

  --Expansion of housing alternatives

    --Continuing-care communities

    --Congregate housing

--Independent living

  --Housing design

  --Home conservation and repair

    --Consumer protection

--Financial vehicles for asset management (e.g., reverse mortgages)

--Tax sales of properties belonging to the elderly

--Landlord-tenant issues

--Condo conversions

9. Conditions for Continuing Community Participation

--Transportation, mobility, accessibility

--Planning and coordination

--Outreach, information and referral

--Innovative programs
--Self-help and local initiatives
--Security in homes and on streets
--Recreation and cultural opportunities
--Educational opportunities
--Religious activities
--Reduction in ethnic, race and age barriers

10. Educational and Training Opportunities

--Planning and counseling for later years
--Continued learning
--Preparation for continuing and new careers
--Recreation and cultural activities
--Self-help and advocacy
--Facilitating roles of educational and cultural organizations
--Education about older Americans
--Professional education
--Intergenerational exchange
--Intercultural exchange

11. Concerns of Older Women: Growing Number, Special Needs

--Income adequacy
--Pension, annuity and disability policy
--Employment opportunities (training and counseling)
--Re-entry of homemakers
--Health concerns
--In-home and community services
--Sex, age and race discrimination
--Quality of life
--Loss of spouse
--Aloneness/lack of confidential relationships
--Problems of remarriage

12. Private Sector Roles, Structures and Opportunities

--Corporate and business sector
  --Employers
  --Providers of pensions and health insurance
  --Providers of goods and services to older persons (new marketing)
  --Supporters of community services
--Labor organizations
--Professional associations
--Non-profit corporations, foundations and religious organizations
--Volunteerism
--Private-public partnerships
--In-kind support programs
--Research and demonstration

13. Public Sector Roles and Structures

--Program planning and implementation
  --Impact of elderly migration patterns (e.g., Sunbelt, location of various economic populations)
  --Integration of services
  --Interagency coordination
--Accountability
--Centralized vs. decentralized
--Intergovernmental relations
--Impact of government regulations
--Improved public awareness programs
--Limits on government resources
--Public-private partnerships

14. Research

--New knowledge needs
--Biomedical
--Behavioral, social and economic
--Improved information for policymaking
--Utilization of available knowledge
  --Dissemination of results
  --Technology transfer
  --Linkages between researchers and practitioners (e.g., research results incorporated into gerontology training)
--Private and public support

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CONSTANCE D. ARMITAGE

Constance D. Armitage of Inman, South Carolina, is the chairman of the 1981 White House Conference on Aging.

Mrs. Armitage is an associate professor of art history at Wofford College in Spartanburg, S. C. An international traveler, she has studied art history in Perugia and Florence, Italy, at the University of South Africa in Pretoria, and at Columbia University in New York. She has a master's degree in art history from the University of Georgia. She also has studied Arabic and Chinese.

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Betty H. Brake is the executive director of the 1981 White House Conference on Aging.

Mrs. Brake, who hails from Oklahoma City, came to the conference from ACTION, the federal agency which administers volunteer programs. In her position as Deputy Associate Director for Older American Volunteer Programs, she was responsible for the Retired Senior Volunteer, Foster Grandparent and Senior Companion programs--involving about 300,000 volunteers.

Prior to joining the federal government in Washington, D.C., Mrs. Brake had a long career in civic and political activities in Oklahoma City. She was co-chairman and executive director of President Reagan's campaign committee in Oklahoma in both 1976 and 1980, and between 1967 and 1971, she served as vice chairman of the Oklahoma County Republican Central Committee.

Other organizations in which Mrs. Brake has been active include the Boy Scouts and Girl Scouts, March of Dimes, Easter Seal Society and American Cancer Society.

Mrs. Brake is the widow of Dr. Charles M. Brake, the mother of four children and grandmother of three. She received a bachelor's degree in English from the University of Oklahoma at Norman.

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1981 WHITE HOUSE CONFERENCE ON AGING

Member Organizations

American Association of Homes for the Aging

Asociacion Nacional Pro Personas Mayores

Association for Gerontology in Higher Education

Concerned Seniors for Better Government

Gray Panthers

Legal Research & Services for the Elderly

National Association of Area Agencies on Aging

National Association of Mature People

National Association of Meals Programs

National Association of Nutrition & Aging Programs

National Association of Retired Federal Employees

National Association of State Units on Aging

National Caucus & Center on Black Aged

National Council on the Aging

National Council of Senior Citizens

National Indian Council on Aging

National Pacific/Asian Resource Center on Aging

National Retired Teachers Association/ American Association of Retired Persons

National Senior Citizens Law Center

Older Women's League

Retired Members Department/ United Auto Workers

Social Security Department/ AFL-CIO

Urban Elderly Coalition

Western Gerontological Society

Statement of the

LEADERSHIP COUNCIL OF AGING ORGANIZATIONS

8 for the '80's

The Leadership Council of Aging Organizations, comprised of 25 national organizations composed of and serving older people look to the 1981 White House Conference on Aging for fresh thinking and policy direction related to aging in America. We trust that this Conference will generate recommendations aimed not only at improving the well-being of older Americans, but also at enhancing the already substantial contributions of the elderly to American life.

We recognize that all segments of society -- federal, state, and local government, labor, business, and the voluntary sector -- share with the individual older person the responsibility for bringing these goals to fruition. We reaffirm the special role of the federal government in achieving these goals -- a role already endangered and impaired by wholesale federal budgetary and program cutbacks. The federal government must, in particular, assure basic health and income security for the elderly, and must lead the fight against ageism in America.

The key to full participation in many aspects of American life -- employment, income security, rights and benefits -- is access to equal justice under law, which must be assured for all older people.

Similarly, the elderly's income security is tied to the health of the economy as a whole. Older Americans are among the most vulnerable victims of inflation, and effective measures must be taken to control rising prices. Such measures must not further victimize persons whose condition -- physical, financial, and social -- is already precarious. This condition particularly characterizes low income elders, older women, and those who are members of minority groups.

These principles cannot be viewed in the abstract; they must be applied to specific areas of difficulty or opportunity. What follows represents the unanimous judgement of our organizations about how best to translate these principles into action. We urge delegates and observers to advocate on behalf of these recommendations within each of the 14 committees, so that there can be no mistaking the will of the conference.

1. Safeguard current eligibility conditions, retirement ages and benefit levels in Social Security.

Social security is the foundation of economic security for Americans of all ages. Short-term financing problems of the system can be addressed through relatively simple means; solutions for any longer range shortfalls demand painstaking scrutiny. Reform should enhance, rather than diminish, protection.

2. Broaden opportunities for older workers to remain active voluntarily in the labor force.

We should reward later voluntary retirement, and end age-based discrimination in employment, while avoiding penalizing the "burned-out" worker, the worker in ill health, the worker whose job disappears.

3. Older persons should be assured an income sufficient to maintain a minimum level of dignity and comfort. Immediately, the level of Supplementary Security Income payments should be raised to the official poverty line. Over the decade, federal income programs should be improved to guarantee an income for older persons at least equal to the Bureau of Labor Statistics' intermediate budget for a retired couple (75% of that standard for an individual).

4. Enact a comprehensive national health plan for all Americans. The health needs of older persons will not be fully met until the health needs of all Americans are met. The plan should include strict controls of spiralling health costs.

5. Interim steps must be taken to improve health care for older persons. Medicare and Medicaid should fund a full range of community-based and in-home services and institutional care for older people. Medicare should include health maintenance coverage such as outpatient prescription drugs, dental care, hearing aids and health assessments. A strict health cost containment plan should be put into place.

6. No fewer than 200,000 units of publicly financed housing for the elderly should be made available each year during the decade. The comparable goal of the 1971 White House Conference on Aging was 120,000 units, a goal adopted at a time when need for elderly housing was lower and production of housing stock by the market mechanism much healthier ... and a goal that was never reached during the decade.

7. Comprehensive service delivery systems for older people at the community level must be completed in the 1980's. We must build and improve on the Older Americans Act foundation of partnership among federal, state and local jurisdictions, the private, voluntary and corporate sectors, in the provision of health and social services.

8. Strengthen the federal commitment to gerontological research, education and training.

Developing a base of knowledge and knowledgeable personnel is essential if we are to provide high quality and innovative services, shape responsible public policy decisions that affect the elderly, and plan for the changing needs of the increasing number of older Americans.

Members of the Organizations Composing The Leadership Council of Aging Organizations and and all others interested in more information about 8 for the '80's are invited to a

BRIEFING ON 8 FOR THE '80's

Sunday, November 29, 1981 — 5:30 – 6:30 p.m.

Shoreham Hotel – Blue Room — 2500 Calvert St., NW

Across Calvert Street from the back of the Sheraton Washington Hotel ... a few blocks from the Hilton Hotel.

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BIOGRAPHICAL INFORMATION

DORCAS R. HARDY was sworn in as Assistant Secretary for Human Development Services in the U.S. Department of Health and Human Services on May 8, 1981. As assistant secretary, Ms. Hardy is responsible for administering a multi-billion dollar human services program for children, youth and families; the elderly; the disabled; Native Americans; and funding to states for social services to help low-income families. Prior to her presidential appointment, Ms. Hardy served for seven years as the associate director of the University of Southern California's School of Medicine Center for Health Services Research.

DR. LENNIE-MARIE P. TOLLIVER was sworn in as U.S. Commissioner on Aging on August 6, 1981. As head of the Administration on Aging in the U.S. Department of Health and Human Services, she administers programs under the Older Americans Act, which provides funds to foster the development of service programs for older persons. Her responsibilities also include being an advocate for all older Americans and ensuring that social services they need are provided nationally. Dr. Tolliver came to her federal government post from the University of Oklahoma, where she was a professor, associate director and graduate program coordinator in the School of Social Work.

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BIOGRAPHICAL INFORMATION

WHCoA Honorary Chairmen

SENATOR JOHN HEINZ (R-Pa.) is chairman of the Senate Special Committee on Aging. The committee has been in existence since 1961 and has served as a forum for the development of significant legislation on aging since that time. Sen. Heinz has served on the committee since 1978. A native of Pittsburgh, Pa., he was first elected to Congress in 1971 and served five years in the House of Representatives until being elected to the Senate in 1976.

REPRESENTATIVE CLAUDE PEPPER (D-Fla.) has been chairman of the House Select Committee on Aging since 1977. The committee, established in 1972, oversees and investigates issues affecting the elderly, and makes recommendations to the full House. A resident of Miami, Fla., Rep. Pepper has been a member of the House of Representatives for 18 years. He also served in the United States Senate from 1937 until 1951.

SENATOR LAWTON CHILES (D-Fla.) is the ranking minority member of the Senate Special Committee on Aging. He has served on the committee since the early 1970s and was chairman during the 96th Congress. A resident of Holmes Beach, Fla., Sen. Chiles was first elected to the United States Senate in 1970 and was reelected in 1976.

REPRESENTATIVE MATTHEW J. RINALDO (R-N.J.) is the ranking minority member of the House Select Committee on Aging and has served on the committee since 1977. A resident of Union, N.J., Rep. Rinaldo has been a member of the House of Representatives since he was first elected in 1972.

RICHARD S. SCHWEIKER

Secretary of Health and Human Services

Born: June 1, 1926 (Norristown, Pa.)
Education: 1944, Norristown High School (Valedictorian)
1950, B.A., Pennsylvania State University
(Phi Beta Kappa)
Military Service: 1944-46, served as electronics technician aboard aircraft carrier
Married: 1955, to Claire Coleman (five children)
Business Experience: 1950 to 1960, president of nation's largest ceramic tile manufacturer
House of Representatives: 1961 to 1969 (13th District, Pa.)
Senate: 1969 to 1981

With 20 years Congressional experience in federal health and welfare policy, Richard Schultz Schweiker was sworn in Jan. 22, 1981, as the 14th Secretary of Health and Human Services (formerly Health, Education and Welfare).

Schweiker had served eight years representing Pennsylvania's 13th District in the House of Representatives, and two six-year terms in the Senate. As senator, Schweiker was ranking Republican member of the Labor and Human Resources Committee, ranking Republican member of the Senate Health and Scientific Research Subcommittee, and ranking member on the Appropriations Subcommittee on Labor-Health and Human Services. He was in the unique position of dealing with both authorizing legislation and yearly appropriations in the areas of health, education, welfare, labor and aging, and his expertise in these areas was well-known.

An acknowledged leader in the fight against diabetes, Schweiker was the author of legislation creating the National Commission on Diabetes and the National Diabetes Advisory Board. In addition, the 96th Congress enacted his Medicaid anti-fraud amendment requiring states to use a sophisticated computer system to detect abuse in the Medicaid program.

Schweiker was also the author of comprehensive health care reform legislation, introduced in the 96th Congress, designed to both increase health care coverage and promote cost sharing and increased choice among competitive health insurance plans.

Among Schweiker's other primary legislative concerns in the health field:

— preventive health care
— cancer and heart disease research
— reform of the nation's blood program
— halting federal support for abortions
— legislation combating sickle cell anemia and lead paint poisoning

Schweiker was born June 1, 1926, in Norristown, Pa. to Malcolm Alderfer and Blanche Schultz Schweiker. He attended elementary and junior high schools in Worcester, Pa., and was Norristown High School valedictorian in 1944. He enlisted in the Navy at the age of 17 and served as an electronics technician aboard an aircraft carrier in World War II.

He received his B.A. degree from Pennsylvania State University in 1950, graduating Phi Beta Kappa.

In 1955, he married Claire Coleman (the original "Miss Claire" of the children's TV program "Romper Room"). They have five children: Malcolm C., 23; Lani Lynne, 20; Kyle Claire, 16; Richard S. Jr., 14; Lara Kristi, 11; and one grandchild.

A businessman from 1950 to 1960, he rose to president in the American Olean Tile Co. in Lansdale, Pa., the country's leading manufacturer of ceramic tile. He was active in the local Republican Party as precinct worker and committeeman, and he founded the Montgomery County (Pa.) Young Republican Club.

In 1960, when he was 34, he won election to the House of Representatives, where he served on the Government Operations and Armed Services Committees. He co-authored a book, "How to End the Draft," which presented the formula later used in creating the Volunteer Army. In addition, the "Schweiker Act" of 1965 provided for cash awards to military personnel who suggested money-saving ideas. The Schweiker Act has resulted in savings of more than $1 billion to taxpayers. He was re-elected in 1962, 1964 and 1966.

Schweiker ran for the Senate in 1968 and defeated incumbent Joseph S. Clark. He was re-elected in 1974. In addition to his service on the Labor and Human Resources Committee and the Appropriations Committee, Schweiker served on the Senate Armed Services Committee, the Senate Rules Committee, Joint Economic Committee, Select Committee on Intelligence Activities, Select Committee on Nutrition and Human Needs, and the Technology Assessment Board.

He was selected by President Reagan to be his running mate in the 1976 GOP presidential campaign. In the 1980 race he served as President Reagan's northeast states campaign chairman.

Schweiker has received seven honorary doctoral degrees. Among other honors he has received are: National Association for Mental Health Award (1974); Opportunities Industrialization Centers Key Award (1974, 1977); OIC's Legislative Pathfinder Award (1980); National Society for the Prevention of Blindness Award (1974); Council of Jewish Federations Distinguished Service Award (1978); Pennsylvania Pro-Life Convention Award (1978); the National Association of Independent Colleges and Universities Distinguished Service Award (1980); Dr. Charles H. Best Award, American Diabetes Association (1974); Humanitarian Award, Juvenile Diabetes Foundation (1974, 1977); Juvenile Diabetes Foundation "Man of the Year" Award (1980); PA/Conservative Union "Appreciation Award" (1978); Distinguished Alumnus Award, Pennsylvania State University (1970); Volunteers of America Booth Award (1980); and Honorary Member, Slumbering Groundhog Lodge, Quarryville, Pa. (1970).

January 1981

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.

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 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.

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.

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.

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

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, physchological, 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

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

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.

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

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

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.

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

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

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

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

Executive Summary of Technical Committee on

HEALTH MAINTENANCE & HEALTH PROMOTION

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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I. INTRODUCTION

The report of the Health Maintenance and Health Promotion Technical Committee of the 1981 White House Conference on Aging is the distillation of approximately 500 pages of research papers prepared and submitted by the Committee members and consultants in the period between August 8, 1980 and February 1, 1981. The Committee hopes that its report and this executive summary will guide the deliberations of delegates to the 1981 White House Conference on Aging.

Throughout its existence the Committee has regarded prevention of illness as the most cost effective way to promote the health and happiness of older Americans. Nevertheless, only about 2.5 percent of the Federal health budget is allocated to prevention. A "youth bias" in prevention is reflected in our media, in the lack of literature on prevention for the elderly, in the lack of programs with a preventive health focus for older Americans. It is also mirrored in Medicare's failure to reimburse for most preventive health services, though such services could result in reduced need for treatment and institutionally-based medical care at a later time.

Why the lack of interest in health maintenance and health promotion efforts for the elderly? The elderly are perceived as in a period of loss and decline—without a future—so prevention and health promotion appear irrelevant. Since the primary focus of disease prevention and preventive medicine is reduction of risks to health—particularly reduction of premature aging and death—it is easy to see why so many of the elderly who have lived past their average life expectancy have been ignored. A preoccupation with the prevention of premature aging has led health promotion professionals to dissociate from those who are already old. Finally, negative self-images in the elderly themselves prevent their involvement in health maintenance and health promotion.

II. CONCEPTUAL BASE OF THE COMMITTEE

The Health Maintenance and Health Promotion Technical Committee adopted the following definitions to guide the preparation of this report and its recommendations.

- Health is the ability to live and function effectively in society and to exercise maximum self-reliance and autonomy; it is not necessarily total freedom from disease.

- Health Promotion starts with people who are basically healthy and seeks to develop community and individual measures to help them develop lifestyles that maintain and enhance the state of well-being.

- Health Maintenance involves measures to provide social and health care supports that allow individuals to achieve maximum functioning within their own home environments or other appropriate settings. It focuses on overall well-being as well as on disease prevention and early detection of disease.

The Committee believes that the health of the Nation's older citizens can be improved significantly through individual actions as well through actions by public and private decisionmakers to promote safer and healthier environments. The following principles guided the Committee:

- Health maintenance and health promotion for the elderly should concentrate on maintaining or reestablishing a maximum level of function.

- Institutionalization of the elderly should be avoided whenever possible.

- There is commitment to lowering health care costs in the aggregate, while providing appropriate health and social supports to the elderly.

- Health maintenance and health promotion should concentrate on reallocating existing health expenditures and coordinating services, rather than on adding new programs.

- The elderly are an underutilized national resource who have much to contribute to society.

- The elderly should be involved in the planning and implementation of health maintenance and health promotion programs.

III. ORGANIZATION OF THE TECHNICAL COMMITTEE REPORT

The final report of the Health Maintenance and Health Promotion Technical Committee groups the content areas for study into three categories: (1) health maintenance and health promotion services; (2) behavioral issues in health maintenance and health promotion; and (3) special issues in health maintenance and health promotion. Topics in each of these three sections are listed below.

1. Health Maintenance and Health Promotion Services

   The Physical and Social Environments
   Indicators of Change in Physical and Mental Health in Late Life

Rehabilitation
Mental Health
Dental Health
Needed Legislation for Linking a System of Services for the Elderly
Reimbursement for Preventive and Health Maintenance and Promotion Costs for the Elderly

2. Behavioral Issues in Health Maintenance and Health Promotion

The Role of Nutrition in Health Maintenance and Health Promotion
Stress and the Elderly
Drug-Related Problems in the Elderly
Alcohol-Related Problems in the Elderly
Self-Care and Mutual Help
Older Americans as a Resource in Health Maintenance and Health Promotion
Health Education

3. Special Issues in Health Maintenance and Health Promotion

Special Populations of the Elderly (Rural, Minority, and Women)
Research on Health Maintenance and Health Promotion

IV. KEY FINDINGS

A. The Physical and Social Environments

Health maintenance is an adaptive balance between the individual and the environment. Therefore, a failure in health maintenance in an older person should not be viewed simply as the result of intrinsic individual weakness or disability, but also as a result of thwarting influences in the environment.

Factors in the physical environment include adequate housing and transportation, barrier-free designs, pollution control, and accessible health and social services. Of importance in the social environment are the family and neighborhood networks, which provide needed supports and links to social and health services for health maintenance. Supportive social environments also include constructive attitudes in elderly individuals, their families, and society as a whole that favor the principles of health maintenance and health promotion.

While there is no evidence that physical activity prolongs life, there is evidence that it promotes fewer years of disability. According to some authors, physical activity can bring about a two-thirds reduction in the number of individuals unable to care for themselves because of physiological aging, reduce mental illness by 10 percent

through decreased anxiety and elevated mood, extend the period of independence by several years, and substantially reduce the number of people requiring residential care. Activity also promotes increased mobility in the elderly and thus serves as a deterrent to major chronic disease and accidents.

The informal network of family and friends—the social support system—contributes to the mental and physical well-being of older persons. Without adequate backup from responsive health and social service networks, however, there is a danger of premature institutionalization. It has been estimated that half of nursing home residents are inappropriately placed because of lack of appropriate review services.

B. Indicators of Change in Physical and Mental Health in Late Life

To attribute the complaint of poor physical health to "old age" often places it forever in the category of irreversible and untreatable problems. Although normal aging involves gradual decline in function, the decline does not typically lead to functional disability. However, an older person may not have adequate functional reserves, and even a brief acute illness can stress the body or mind beyond the ability to compensate. Often the indicators of developing physical illness will be the same as those arising from a change in a person's mental, social, or nutritional condition. The mental health of an older person, for example, is frequently impaired by somatic illness.

Early identification of the high-risk elderly is important to prevent health conditions from deteriorating significantly before being brought to full medical attention. This is especially important for those who live alone or are otherwise socially isolated, the very old and frail elderly, and those with medical problems who are receiving multiple medications.

C. Rehabilitation

Rehabilitative measures should not be regarded as secondary to medical treatment but as essential first components of service in medical, surgical, and psychiatric practice. At all stages in the life of elderly persons, the goal is to provide normal independent living. The current high cost of providing such services to Americans through hospitals and nursing homes could be alleviated by developing extensive, coordinated community-based services.

Enormous new demands will be made on rehabilitation services as a result of such advances as organ transplantation, electronic sensory implants for deafness, and other developments. Rehabilitation services should be provided as an integral and major part of customary health services in the total spectrum of medical care in hospitals, at home, and on an outpatient basis in the community.

D. Mental Health

It has been estimated that only 10-20 percent of the more than 4.5 million older persons who need or could benefit from mental health services actually receive such care. The Mental Health Systems Act (P.L. 96-398) in 1980 authorized $105 million for mental health services for populations now underserved. Although 40 percent of these grants must be spent on services for the elderly, up to this time it is estimated that the Community Mental Health Centers authorized by the Act have utilized only 4 percent of their funds for services to that group.

Inappropriate diagnoses (e.g., senility) or lack of appropriate resources in communities have led to a high rage of institutionalization in public mental health hospitals; 30 percent of patients in those institutions are over age 65. To a significant degree, the poor response of public service delivery systems to older persons with mental disorders is due to a lack of geriatric information in the training curriculums of the health professions. Baseline data are needed on the health status and social functioning of the elderly, the ability to recognize onset of mental dysfunction, and provision of social and family supports in the community to keep older persons at their highest level of functioning. Self-help programs can ameliorate the effects of mental illness as well as prepare persons for stresses and losses that produce symptoms of mental illness.

E. Dental Health

The elderly have a far greater need for dental services than the general population, but their use of such services is disturbingly low. Part of the problem lies in the attitude of the elderly themselves who do not see the need for continued dental care. Other factors include lack of funds to purchase dental care or appliances, the exclusion of dental coverage under the major public and private health plans, and limited access to dental care through problems with transportation and mobility.

There is a critical need for new knowledge in geriatric dentistry, including the physiology of aging and information to define optimal oral health for the elderly. So little is known about the oral health status of the elderly that it is impossible to assess differences among various ethnic groups and geographic areas. There also is a need to understand the practical considerations that would facilitate the delivery of dental services to the elderly, including transportation, physical access to buildings, and funding by such systems as Medicare and Medicaid.

F. Needed Linkages for Services for the Elderly

Medicare has provided considerable service in institutional care, but continues to provide little in terms of in-home benefits. Although in-home care benefits have now been liberalized under Medicare, important services for the elderly such as nutrition

services, homemaking and chore services, legal services, transportation, some health-related therapies, medication, special housing allowances, most dental care, and visual and auditory services are not covered. Medicaid, available to the elderly poor, provides for some of those services but since this is at the option of the States, benefits vary in different geographic locations. Title XX of the Social Security Act provides some of these services, but also at the option of the States. The Older Americans Act seeks to bring about coordinated service delivery and allows contracting for some of the above services for the elderly. However, fragmentation of services is still the rule.

G. Nutrition

Adequate nutrition is seen as the most important factor in improving the health status of the elderly in the 1980s and a prime intervention in health maintenance and health promotion. Although there has been growing interest in food and nutrition programs for the elderly at the Federal level, there is a marked lack of interest in well-designed, well-conducted nutrition education programs that deal with scientific facts rather than generalizations. Surveys of elderly shoppers by the Food and Drug Administration and the Department of Agriculture show that they are the least informed about food value, the most unaware of food labeling, and have the least understanding of nutrition information on labels.

There is limited research on nutrient requirements as people grow older. Since nutrients are closely related to calories, calorie sources must be chosen correctly to provide enough nutrients. Chronic diseases and inadequate dentition can dispose individuals to faulty nutrition.

At the Federal level, food and nutrition programs are carried out through the Older Americans Act, which during 1979 provided congregate meals at more than 10,000 sites for an estimated 160.1 million meals. Other major Federal food programs are conducted by the U.S. Department of Agriculture, which provides commodities and administers the Food Stamp Program. In addition, numerous food and nutrition programs are carried on by volunteer agencies at the local level.

Although nutrition education along with meal service was an important part of the Older Americans Act Program at its inception, a recent study found that the Program's nutrition education activities have been conducted sporadically, with limited personnel, and often entirely with Federal funds. Nutrition knowledge, though vital in health maintenance, has competed unfavorably with other social services under the Older Americans Act. A major failure of nutrition education programs is that nutrition is taught at an academic level and little effort is made to find out what individuals want to know. In order to know what to teach the elderly, it is important to involve them in the planning phases of nutrition education programs.

H. Stress

Modern research has demonstrated that stress is a major predisposing factor in virtually all diseases. Although the proximate cause of illness may be a specific diagnostic entity, it is usually stress that paves the way. Nevertheless, a narrow and negative view that all stress is harmful has led much of the elderly population to believe that stress automatically shortens life and that they should "take it easy." Actually, a certain amount of stress is beneficial because it is stimulating and adds zest and creativity to life. The goal should not be to eliminate stress but to help the elderly cope with it directly and use it creatively.

Though many stresses arise from personal situations, some stresses in the elderly arise from broader societal causes such as inadequate income, unsafe environments, and a socially imposed sense of uselessness. Other stresses arise from relocation, serious or prolonged illness, death of loved ones, and social isolation. Elderly persons can be taught techniques to cope with stress, including identification of stressors, decision-making and communication skills, assertiveness, relaxation, and meditation. Control of stress by these means can often lessen reliance on drugs and alcohol. Self-help and mutual support activities may be a promising way to teach stress management techniques to the elderly.

I. Drug Use and Misuse

The elderly consume more prescription and over-the-counter drugs than any other group and are particularly susceptible to drug advertising that promises a chemical solution to stress or illness. Many older persons living on fixed incomes frequently turn to over-the-counter preparations and home remedies to avoid the cost of seeing a physician.

Since 86 percent of persons over age 65 have one or more chronic conditions, treatment of older persons is likely to involve a variety of powerful drugs that may produce complex actions that the elderly do not understand. Although the aged account for an increasing proportion of therapeutic drug use, the safety of most drugs has been evaluated in younger patients. Research in geriatric pharmacology is limited, and little is known about altered patterns of drug metabolism and toxic reactions in the elderly. Often drug reactions may be mistaken for mental illness.

J. Alcohol Use and Misuse

The severity of alcohol problems in older alcoholics is less than in younger persons. It is estimated that as many as 1.6 million elderly persons over 65 may be alcoholic. The problems and needs of older problem drinkers have been largely ignored by service agencies and researchers.

Elderly alcoholics are more likely to drink daily, at home, and alone. For several reasons, excessive alcohol use in the elderly is especially likely to cause severe illness: it strains body systems that are in a general state of metabolic change; it interferes with proper nutrition; it can interact with prescription and over-the-counter drugs; and the anesthetic effect of alcohol can mask warning signals of illness.

Older alcohol abusers are not as likely to have the deep-seated psychological problems of younger alcohol abusers. Their problems are more related to situational factors and therefore easier to confront. The concern of the elderly about their health status is the most positive tool for treatment and subsequent recovery.

K. Self-Care and Mutual Help

The potential for self-care and mutual help is among the most promising developments in health maintenance and health promotion for the elderly. However, there has been little reference to the health care concerns of older persons in the self-care literature except for the subject of menopause. There is a need to train both the elderly and the professionals who help them in the principles of self-care, with emphasis on nutrition, physical fitness through regular exercise, rehabilitation, installation of furniture and barrier-free designs appropriate to older persons, and social and occupational therapy.

Physical fitness is an especially important component of self-care in the later years. As stated above in the section on The Physical and Social Environment, regular exercise by the elderly can shorten the period of disability, increase the number of years of independence, and promote mental well-being. The elderly, however, tend to underestimate their own physical abilities and capabilities and tend to believe that the need for exercise diminishes and eventually disappears with age, that vigorous exercise after middle-age is risky, and that sporadic exercises are sufficient. A 1975 amendment to the Older Americans Act directs the Administration on Aging to encourage the development of services designed to help older Americans obtain and maintain well-being through programs of regular physical activity and exercise. Such services should be provided in a variety of settings that provide a social context, including mutual help groups.

Participation in self-care classes can often reduce unnecessary and costly reliance on health professionals and provides an opportunity to develop social ties with others who share common concerns and interests. Groups share the common goal of increasing the involvement of their members in decisionmaking and treatment concerning their health. The value of self-care in the health area is illustrated by existing self-management programs in arthritis, diabetes, and cancer prevention. Other mutual help groups with potential for older persons are those concerned with medication safety, nutritional habits, support for the bereaved, grief control, physical fitness, and mental health problems.

L. Older Americans as a Resource in Health Maintenance and Health Promotion

The utilization of the skills, talents, and resources of older Americans is a major health maintenance and health promotion effort that our country can endorse. Prevention can most effectively be carried out by utilizing the elderly themselves in self-care programs. A sense of uselessness that can arise from the disruption of long-established work patterns can be translated into either paid or voluntary employment past the so-called "retirement age." Retirement can offer a variety of options to older Americans, including the choice of being active or inactive. The mental health of older persons can be enhanced by their continued involvement in the mainstream of society.

M. Health Education and the Older Population

A multifaceted and multidisciplinary approach to health education that seeks to help individuals make informed choices about their health is a necessary component of all health maintenance and health promotion programs. There are at least three targeted populations for health education of the elderly: older persons themselves, the health care system, and the general population. Though the health care system provides the most feasible environment for health education, one of the greatest obstacles in health education for the elderly at this time is the lack of interest in the elderly on the part of health professionals. It is very possible that providers other than physicians are best suited for developing and implementing new education strategies. Another obstacle is the pervasive negative attitude of society toward the elderly.

V. SPECIAL CONSIDERATIONS

A. Special Populations

Research on elderly minorities has been notoriously negligible in the past. Their numbers and needs have not been adequately defined, although it is well known that they are generally poorer and have lower life expectancy than their white counterparts. Native Americans generally have more health problems than other minorities. Educational and linguistic barriers contribute to lack of knowledge of self-care and inhibit access to service for blacks, Hispanics, Asian Americans, and Native Americans. The attitudes of caregivers often constitute a further barrier and should be remedied by educational efforts designed to sensitize them to the needs and problems of minorities.

Contrary to popular belief, rural populations are not homogeneous and their elderly face some of the problems that minority elderly do: low income, inadequate housing and transportation, and physical and psychosocial isolation. In view of a lack of an

adequate variety of services and poor access to existing services, it is not surprising that the rural elderly generally are in poorer health than their urban counterparts.

The health needs of the growing population of elderly women (women outlive men by an average of 8 years) require special attention. Women are three times more likely than men to reside in nursing homes. A very large percentage (77 percent) of those who suffer from chronic disability are women. Problems particular to older women are osteoporosis (occurring three to five times as often among women), breast cancer (the leading cause of death for women 40 to 60 years of age) and high consumption of tranquilizers and antidepressants. Since a large proportion of elderly women live alone, they are especially vulnerable to drug and alcohol use resulting from loneliness and stress. Few single women possess the economic resources for adequate health insurance coverage and access to quality mental health treatment programs. New forms of primary care are help efforts, health monitoring programs, and alternative therapies. Special research also is needed to define the health problems and needs of older women.

B. Research in Health Maintenance and Health Promotion

Research is needed in the area of health maintenance and health promotion to more clearly define the elderly population in the United States, identify the needs of the elderly with reduced function or chronic disease, and develop programs to maintain and enhance the productivity of the elderly.

VI. KEY ISSUES IDENTIFIED IN THE COMMITTEE'S REPORT

It is important to regard health maintenance and health promotion in the context of the Older Americans Act, which established the White House Conference on Aging. Title II states:

> "...The Congress finds...that there is a great need to make comprehensive and quality health care more readily available to older individuals."

Although two other Technical Committees, Health Services and Long-Term Care, established findings and recommendations within this overall mandate of the Act, the Technical Committee on Health Maintenance and Health Promotion finds that there are certain broad issues in the provision of health for older individuals that overlap all the Technical Committees. Prominent among them are the following.

Should the health care system emphasize illness, or wellness?

The bulk of America's health care expenditures go toward curing rather than caring. A pervasive negative cultural stereotype is that all older people are sick, feeble, frail, and vulnerable. It is assumed that old people are at "the end of the

line" and therefore not worthy of either the investment of public money or the time of medical professionals. Although the bulk of the elderly population report one or more chronic disabilities, for the most part these are not problems that severely limit their activities. It must be remembered that about 80 percent of the elderly are mobile and self-sufficient and that only 10 percent are functionally disabled, either mentally or physically.

Should the emphasis be on acute care, or on preventive care?

Community and social institutions have not dealt well with the elderly in assessing the needs for supportive mechanisms to prevent acute illness. Usually the onset of disease is the point of entry of an older person into the health care system. Part of this has to do with economy, income, and the attitudes of the elderly themselves toward proper health maintenance habits. The other incentive to receiving only acute care is that our society pays for that kind of care through its Medicare system. As a result, expenditures have mounted steadily.

Should the emphasis be on institutional care, or on in-home supports?

Despite lip service paid to maintaining the elderly in their own homes and communities and preserving independence and freedom of movement, the major health care support systems in the United States (Medicare and Medicaid) favor institutional care by providing the bulk of expenditures for hospitalization and physicians' fees associated with hospitalization. Only very recently (within the past several months) have Medicare benefits been liberalized to include more visits of home-health-care professionals to help prevent unnecessary institutionalization. This, however, is a small step in providing preventive services to the elderly. There are many more supports yet to be accepted that would provide a floor for maintenance in the community. Chief among them are housing assistance, accessible transportation, nutrition services, chore services, certain rehabilitative counseling, mental health services, drug and alcohol counseling, and dental services.

What can be done to make health care systems more accessible?

A variety of specialized services have developed over the past decade, each with separate eligibility requirements, range of services, and funding mechanisms but with many duplications of service. As a result, older persons are subjected to confusion and dismay about the services they need and are entitled to—about having to go to "15 sources for one cure." The present maze of programs in the health delivery system for older Americans is best summed up this way: it is no system at all.

VII. RECOMMENDATIONS

A. Adequate Income

Several observers have noted the role of poverty in many of the malnutrition and related problems seen in the elderly. These problems are being severely exacerbated by the current inflation. Adequacy of income should be a primary factor in any consideration of measures designed to improve the overall health status of the elderly. Existing measures of poverty level income fail to provide for even a minimally adequate standard of living for the elderly and should be revised.

Action to be Taken

- Existing measures of poverty level income should be revised to reflect current economic conditions.

- All older Americans should be guaranteed a minimum adequate level of income to maintain a decent standard of living.

B. Nutrition Education

It is recommended that a nutrition education and outreach program be established for all persons over 60 years of age and that it be a cooperative venture planned and supported mutually by Federal, State, and local governments as well as by the private sector.

Action to be Taken

- Priorities within the Older Americans Act of 1965, amended as of 1978, should be reordered to strengthen the nutrition education aspects of the Act as a long term preventive measure. The Committee believes this change in emphasis would have far-reaching benefits, especially in times of decreased economic resources to all older Americans. (This would require a reordering of spending priorities.)

- Coordination of activities between various Federal agencies involved in nutrition education (Administration on Aging, U.S. Department of Agriculture, Food and Drug Administration, Public Health Service) has been inadequate to have significant impact. The existing coordinating committee for these agencies should be activated and strengthened to administer a common program in nutrition education. The coordinating committee should also involve outside deliverers of nutrition education services to stimulate further developments in the private sector.

- Further research should be conducted on the nutrient requirements of older persons in order to plan effective educational approaches.

- The media have a responsibility to include the elderly as a special group in programs dealing with consumer protection. Special television programming is needed to deal with older persons' need of nutrition knowledge.

C. Dental Health

Oral health must be an important constituent of total continuous health care. Preventive dental education and research should be directed to overcoming misconceptions and apathetic attitudes among elderly persons.

The dental profession should promote programs in dental health education and support dental public health assessment services for the elderly.

Action to be Taken

- Dental care must be provided under Medicare.

D. Assessment Centers

A system of health assessment centers is recommended for all persons over age 60. The purpose of these centers would be to provide preventive health care for maintaining health and independence. They would serve as focal points where comprehensive, multidisciplinary health assessment would be provided on-site or by referral. Assessment centers would manage chronic diseases, provide individual and group instruction and nutrition counseling, provide outreach to minority and rural populations, and perform service such as case management and linkage to existing services. This recommendation does not presume the establishment of a separate health system for the elderly. It would rely on existing Federal, State, and local coalition funding for implementation. Services would be located within existing hospitals, community health clinics, community mental health clinics, senior centers, the facilities of community groups and clubs, storefront facilities, and other places.

Action to be Taken

- If the lead for coordinating such a system is taken by the Area Agencies on Aging (the local coordinating mechanism for services to the elderly), additional allocations must be made available for staff.

- Existing community health services facilities and staff should be heavily

utilized for the assessment centers through interagency and cooperative agreements with other Federal levels.

- Information from demonstration programs through long-term care channeling projects and other in-home service demonstration models of the Department of Health and Human Services should be incorporated in program design.

- The services of the National Senior Health Services Corps should be an integral part of this service delivery system (see the section on Older Americans as a National Resource, below).

E. Self-Care and Mutual Help

It is recommended that the growth of self-help and mutual care groups at the community level be accelerated through efforts in the private and public sectors. With very little expenditure of funds, this mechanism can help prevent unnecessary physical and mental deterioration in old age. Central to this recommendation is the creation of support groups for disease-monitoring, physical fitness, discussion to alleviate stress and socialization problems, and recovery from alcohol and drug abuse. Families have a key role to play in self-help and should be given tax incentives to care for their elderly. The Committee sees enormous potential in this recommendation for the prevention and alleviation of institutionalization.

Action to be Taken

- Private organizations should provide a lead role. Some effort has been made in this direction by the senior center network.

- The Administration on Aging, through model and demonstration funds, should provide funding in fiscal year 1982 to test the validity of several models of self-help and self-care.

- Alternatives to home ownership, featuring congregate housing with supportive services and low cost rehabilitation of nonresidential buildings, should be pursued.

F. Older Americans as a National Resource

It is recommended that a National Senior Health Corps be created to utilize older Americans in the area of health maintenance and health promotion. This group would be distinguished from in-home health providers in that it would serve primarily in health education, counseling, and outreach. The goal of the program would be to bring out basic self-help mechanisms in the older population, promote

older persons as a peer resource, and establish a paraprofessional group as part of the health team.

Action to be Taken

- Participants should be provided an initial three to six months of instruction in gerontology under curriculums to be established in institutions of higher learning.

- It is recommended that several demonstration projects be established to test the validity of this concept and provide operational guidelines for the National Senior Health Corps.

G. Medicare Act Improvements

It is recommended that the Medicare and Medicaid Acts be amended to cover the expense of necessary health maintenance and health promotion services for older Americans, for example, the costs of outpatient prescription drugs, dental care, eye care, hearing aids and examinations, and health assessment. These costs, prohibitive to many older Americans, force priority spending of their budgets at the expense of other important needs such as proper nutrition and housing. Existing biases that favor institutional and acute care over support for ambulatory and community-residing Americans should be eliminated.

Action to be Taken

- Medicare legislation to begin a health maintenance and promotion floor for older Americans (which has previously been introduced and will be reintroduced as the Medicare Improvements Act in 1981) should be passed.

- Disincentives to utilizing Medicare for preventive health maintenance and health promotion (e.g., deductibles and coinsurance requirements) should be removed.

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The following Technical Committee Summaries have been published:

Retirement Income
Health Maintenance and Health Promotion
Health Services
Social and Health Aspects of Long Term Care
Family, Social Services and Other Support Systems
The Physical and Social Environment and Quality of Life
Older Americans as A Growing National Resource
Employment
Creating an Age Integrated Society: Implications for Societal Institutions
Creating an Age Integrated Society: Implications for the Economy
Creating an Age Integrated Society: Implications for the Educational Systems
Creating an Age Integrated Society: Implications for Spiritual Well-Being
Creating an Age Integrated Society: Implications for the Family
Creating an Age Integrated Society: Implications for the Media
Creating an Age Integrated Society: Implications for Governmental Structures
Research in Aging

Experts from various fields were appointed by the Secretary of Health and Human Services to serve on 16 Technical Committees, each charged with developing issues and recommendations in a particular area for consideration as background material for the delegates to the 1981 White House Conference on Aging.

the 1981 White House Conference on Aging

Report of the Mini-Conference on Black Aged

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.

MINI-CONFERENCE CONVENOR

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Atlanta, Georgia
December 9-11, 1980

Los Angeles, California
January 7-9, 1981

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INTRODUCTION

NCBA is pleased to submit the summary of the following recommendations developed by more than 1,500 delegates who attended the three Mini-White House Conferences on Aging in Detroit, Atlanta, and Los Angeles. The recommendations, along with the justification from these proposals, reflect the collective thinking of conference participants from all walks of life. The proposals were developed in a democratic fashion at workshops at the mini-conferences.

NCBA wishes to pay special tribute to the White House Conference on Aging and its staff for the opportunity to conduct these preliminary conferences. The proposals provide a blueprint for important actions that can produce at long last a national aging policy for older Black Americans.

NCBA was not able to include every recommendation developed at the three mini-conferences because of space limitations. However, we have selected the major findings and recommendations for this chapter. We urge the delegates at the national White House Conference on Aging to give careful and serious consideration to these measures.

NCBA is also eager to provide further information or to respond to any questions concerning these policy proposals and findings. We look forward to working with the White House Conference on Aging staff and delegates to make the 1981 White House Conference on Aging the best ever.

INCOME -- Major Findings

The incidence of poverty increased by almost 400,000 between 1978 and 1979 for persons 65 years or older -- from 3.2 million to 3.6 million. This represented the largest increase for the elderly since pov-erty statistics were first tabulated about 20 years ago. Poverty is a bare bones existence under the government's definition. In 1979, single aged persons were considered poor if their income was below $3,472 or less than $67 per week to pay for housing, food, medical care, transportation, utilities, and other everyday necessities. A two-person household with an aged head was classified as poor if they had income below $4,364, or less than $84 per week.

The depressing economic conditions for senior citizens in general can ordinarily be multiplied two or three times for older Black Americans because they suffer from multiple jeopardy since they are old, Black, and quite often poor. Older Blacks are almost three times as likely to be poor as elderly Whites. Black elderly poverty as a share of the total incidence of poverty has increased over the last decade. Nearly 36 percent of all aged Blacks live in poverty, in contrast to 13 percent for elderly Whites. In 1979, 55,000 older Blacks were added to the poverty rolls, raising the total from 662,000 to 717,000. This represents the highest number of impoverished older Black Americans since 1966, when 722,000 were poor. In addition, almost 300,000 aged Blacks had incomes within 25 percent of the minimal poverty line. This means that one million Blacks 55 years or older are either poor or marginally poor. The net inpact is that one out of every two Blacks (49 percent) either live in poverty or so close to it that he or she really cannot appreciate the difference.

Blacks who live alone or with nonrelatives are particularly disadvantaged. Quite often, they suffer from greater extremes of deprivation. Poverty is especially widespread among elderly unrelated Black women. About five out of eight live in poverty. More than four out of five are either poor or marginally poor.

A strong and healthy Social Security system and an effective Supplemental Security Income program are vital for older Black Americans because these two sources constitute the bulk of their income. Most older Americans have income from assets -- such as interest from savings accounts and dividends from stocks -- but not older Blacks. Elderly Whites are three to four times more likely to have income from assets than aged blacks. Approximately 63 percent of White males 65 or older and 40 percent of elderly White women receive asset income -- in contrast to 16 percent for Black aged males and 12 percent for Black older women.

Social Security benefits are, on the average, lower for Blacks than for Whites -- ranging from 74 to 88 percent of the amounts payable to Whites. Social Security has helped to compensate for some disadvantages that Blacks have encountered during their working years. However, the greatest problems affecting Blacks -- lower earnings and higher unemployment during their working years -- are still beyond the control of a wage-related program.

SSI guarantees a minimum monthly income of at least $238 for qualifying individuals and $357 for elderly couples. Blacks account for about one-fourth of all aged SSI recipients and three out of ten blind and disabled SSI beneficiaries. SSI poses some serious problems for older Black Americans. First, the minimum monthly income standard is below the government's own official poverty index.

Second, there are anti-family provisions which discourage children from helping their parents or grandparents. An SSI

recipient's benefit, for example, is reduced by one-third if he or she receives maintenance and support while living in the household of another.

Recommendations

o Recommendation: The special minimum monthly Social Security benefit should be at least 10 percent above the poverty line for long-term workers who have been employed at low wages throughout their lives.

o Rationale: The special minimum monthly benefit is designed to help lower paid workers with long periods of covered employment under Social Security. It is, in effect, computed by multiplying $14.45 (July 1980) by the worker's number of years of covered employment above ten but not greater than 30. Thus, a worker at age 65 with 30 or more years of coverage is entitled to a special minimum monthly benefit of $289 -- $14.45 x (30 - 10 = 20) = $289. However, this special benefit is still not adequate for many older Americans, especially elderly Blacks and others who have worked all of their lives for low wages.

o Recommendation: Congress should not enact legislation to increase the eligiblity age for full Social Security benefits from 65 to 68.

o Rationale: Older Blacks -- as well as other aged minority members -- are likely to be hurt the most by a proposal to raise the eligibility age for full benefits. In 1977, average life expectancy at birth was 64.5 for all non-White males -- the vast majority of whom were Black -- or 5.4 years less than for White males.

o Recommendation: The entire Social Security tax rate should be used to finance retirement, survivior, and disability benefits, and the Medicare Hospital Insurance program should be financed by earmarked corporate and individual income tax.

o Rationale: In 1981, the Social Security payroll tax rate for employers and employees, each, is 6.65 percent on up to $29,700 of covereage earnings. However, the Old-Age and Survivors Insurance Trust Fund -- the largest of the Social Security trust funds -- will face cash flow problems in mid-1982 because of the sick state of our economy. High unemployment has siphoned off funds from the OASI trust fund, while double-digit inflation has driven up program costs. If Medicare Hospital Insurance could be financed entirely by general revenues, the existing HI rate could be transferred to Social Security cash benefits to maintain the financial integrity of Social Security. This would also make the overall financing for Medicare more progressive and would maintain the present overall payroll tax rate at about its present level well into the future.

o Recommendation: The Social Security earnings limitation should be liberalized for beneficiaries under age 72. In addition, the same earnings limitation should be applicable for beneficiaries under age 65 as is available for those 65 to 71 years old.

o Rationale: Social Security beneficiaries 65 to 71 years old may earn $5,500 in 1981 before their benefits are reduced by $1 for each $2 of earnings above this amount. Persons 72 or older (70 in 1982) are not subject to the earnings test. Individuals receiving Social Security under 65 years of age may earn $4,080 before they are subject to the $1-for-$2 reduction. The existing earnings limitation should be liberalized to encourage more people to work after age 65. A higher earnings ceiling would also help older Blacks who need to work to supplement their Social Security and any other retirement income that they may have.

o Recommendation: Social Security beneficiaries should receive twice-a-year cost-of-living adjustments (COLAs) when the annual inflation rate is high (8 percent or greater). The COLA mechanism should be based upon an elderly Consumer Price Index which reflects rising prices. Congress should not enact any legislation cutting back inflation protection by placing a cap or ceiling on COLAs; basing adjustments on rising prices or wages, whichever is lower; or any change which otherwise reduces existing protection.

o Rationale: Twice-a-year COLAs during periods of rapid inflation would keep Social Security benefits more current with rising prices. A special elderly CPI would measure more accurately the impact of inflation upon older Americans. NCBA opposes cutbacks in COLA protection because our Nation can take more effective and equitable actions to halt rising prices than to thrust the elderly into the front ranks as inflation fighters. A cap on COLAs will only add to the economic misery of older Americans. It will force more elderly persons on to the poverty rolls. And, it will be especially onerous for aged Black Americans, particularly the one-third who now live in poverty.

o Recommendation: The federal Supplemental Security Income program should guarantee the aged, blind, and disabled a minimum income at least 10 percent above the poverty line.

o Rationale: Nearly 3.6 million persons 65 were poor in 1979, or about one out of every seven older Americans. America has the resources to allow all older persons to live in dignity and self respect. What is needed is the commitment. NCBA believes the most cost effective way to implement this objective is to elevate the SSI income standards to a level to eliminate poverty for older Americans.

o Recommendation: The SSI benefit standard should not be reduced when aged, blind, or disabled recipients live in the household of another.

o Rationale: Major barriers exist now for children to assist their parents or grandparents, such as the one-third reduction in the benefit standard for SSI recipients who live in the household of another. This provision penalizes elderly people who are helped by their children or grandchildren. In the long run, it may cost the government more because some of these older persons may wind up in institutions at a much higher public cost than if they could have been maintained in a relative's home.

CRIME -- Major Findings

Freedom from fear is clearly one of the top priorities for older Americans, especially low-income aged Blacks living in urban areas. Delegates at the 1971 White House Conference on Aging made this point emphatically. It was reaffirmed in a 1974 Louis Harris Poll (conducted for the National Council on the Aging) which revealed that crime headed the list of serious concerns among the elderly.

Many elderly Blacks today live under a form of "house arrest" -- cut off from their friends, family, and vital services. Large numbers are afraid to answer a knock at their doors. The harsh reality is that a substantial number -- perhaps millions of older persons -- live isolated in their own residences, apprehensive about venturing out of their neighborhoods.

A substantial amount of crime against older Blacks goes unreported because of the fear of reprisals. Some victims remain silent because of a widespread feeling of futility, since few criminals are apparently ever prosecuted, convicted, and imprisoned.

Recommendations

o Recommendation: Crime should be a separate agenda item for the 1981 White House Conference on Aging.

o Rationale: The fear of victimization ranks very high on the list of elderly concerns. It deserves special attention at the White House Conference on Aging.

o Recommendation: Congress should enact victim compensation legislation -- administered by appropriate state agencies -- which would include the following minimum provisions:

-- Emergency compensation should be made in hardship cases.

-- Law enforcement officials should notify victims of their right to compensation and where they can obtain assistance in completing forms.

-- No minimum loss requirement or means test should be imposed for victims to qualify for compensation.

-- An efficient and administrative system should be put in place to eliminate red tape during investigations and to expedite payments.

-- The Administering agency should maintain round-the-clock service for crime victims.

o Rationale: Crime imposes hardships upon older Americans, and especialy aged Blacks. But, the economic impact is perhaps most devastating since millions of elderly persons are struggling on very limited incomes, particularly older Blacks. The move to compensate victims represents a compassionate response and an important step to recognizing the harsh impact of crime upon persons suffering personal injury or property loss.

o Recommendation: The Civil Rights Commission should appoint a task force to investigate "hate" groups (e.g., the Ku Klux Klan, the American Nazi party, and others) which perpetrate violence against Blacks, and especially older Blacks. A majority of the task forces members should be Black. The task force should be appointed in consultation with NCBA and other major national Black organizations. A strike force should be established within the Justice department, under the direction of a special prosecutor, to prosecute those violating the civil rights of Blacks.

o Rationale: The stepped-up racially motivated violence directed at Blacks and other minorities demands high level attention to protect the civil rights and other rights of victims. Vigorous law enforcement by the Department of Justice of existing civil rights legislation is essential to insure justice and to deter would-be violators.

o Recommendation: The Adminstration on Aging should take the lead role in working with the media, other government agencies, private organizations and the elderly to educate older Americans about effective crime prevention techniques and available assistance for older crime victims.

o Rationale: Demonstration projects sponsored by the Law Enforcement Assistance Adminsitration, the Community Services Administration, and AoA provide abundant evidence that much crime can be prevented through community efforts and at a comparatively low cost. Many crime prevention techniques are already available, including neighborhood watches, security checks, the installation of security devices, escort services, and others. They have been tested, and the results have generally been positive. And, they can easily be replicated in most communities throughout our Nation.

o Recommendation: Victim restitution measures imposed by the criminal justice system should require the offender to fully

indemnify the victim by making payment and/or providing services, whichever is appropriate. Victims should be informed of the status of their case and the objective of the restitution. Victims should be able to comment on the details of the restitution plan, including the payment schedule and amount. In addition, they should be able to receive copies of the criminal proceedings without charge.

o Rationale: Victim restitution can provide the courts with greater options if there is effective planning and coordination. Victim restitution can be advantageous in other ways because it can (1) increase the efficiency of the criminal justice system, (2) help victims at a time of need, and (3) increase the likelihood of rehabilitating the offender.

EMPLOYMENT -- Major Findings

Our Nation lacks a clear-cut and effective policy to maximize job opportunties for older workers. Any national employment policy for older Americans must recognize the individual's right to work or not to work.

Ideally speaking, our Nation should provide older persons with a wide range of options, depending upon their needs and desires. At a bare minimum, these alternatives should be available for older persons:

-- To retire in dignity or to work;
-- To work full time or part time; and
-- To work for pay or as a volunteer.

Many older Black workers are discovering that they are among the first to be fired and the last to be hired. Functional capacity -- not chronological age -- should determine whether a person is hired, fired, promoted, or demoted.

False stereotypes still exist about the desirability and feasibility of hiring older workers. Several studies, however, show that older workers perform as well on the job as their younger counterparts, and in some cases noticeably better. Major educational efforts are needed to persuade many employers that it makes good sense -- economically, socially, and otherwise -- to hire older Americans.

Recommendations

o Recommendation: Management and labor -- through collective bargaining -- should attempt to increase opportunities for flexible work arrangements, such as part-time work with proportional fringe benefits, shared jobs, educational benefits to train for second careers and other accommodations which extend the worklife for older workers.

o Rationale: Work today is too often an "all or nothing" proposition for older Americans. Many elderly persons -- as well as younger Americans -- would prefer greater flexibility because of family responsibilities, personal preferences, or other factors. Innovative job arrangements -- including flexi-time, part-time employment, trial retirement, compressed work schedules, and others -- can increase worker productivity and morale, as well as accommodate a worker's preferences and family responsibilities.

o Recommendation: The Title V Senior Community Service Employment programs should be expanded to provide more job opportunities for low-income persons 55 years or older.

o Rationale: Title V has been an effective program, free of fraud and abuse. It has enabled low-income older persons to help themselves, while helping others in their communities at the same time. The Senior Community Service Employment program has proved to be an effective and dignified weapon to combat poverty among the elderly, and it deserves to continue to grow.

o Recommendation: The Comprehensive Employment and Training Act (CETA) and other federally funded training, vocational education, and other manpower programs should be held specifically accountable by the Congress by the year 1983 for equitable assistance to all age groups or face cutbacks or other sanctions.

o Rationale: By any barometer one would choose to use, middle-aged and older workers have been underrepresented or largely ignored by CETA work and training programs. The situation is not likely to improve without additional Congressionally-mandated directives for prime sponsors to be more responsive to the needs of middle-aged and older workers.

o Recommendation: The federal government and the private sector should promptly undertake a major research and dissemination effort to accomplish the following objectives by 1985:

-- Develop and test age-neutral occupational performance appraisal tools and personal functional capacity measures.

-- Gather and disseminate information to employers and the general public concerning the skills, experience, and productivity of middle-aged and older workers.

o Rationale: The 1978 Age Discrimination in Employment Act Amendments, in effect, raised the mandatory retirement age to 70 for millions of workers in the private sector and abolished mandatory retirement completely for practically all federal employees. These developments provide powerful reasons to determine more precisely occupational performance measures. Additional pressure will build if a serious attempt is made to eliminate mandatory retirement entirely in the private sector.

EDUCATION -- Major Findings

Lower educational attainment contributes markedly to the generally higher unemployment levels among elderly Blacks, as well as their lower economic status. The median level of education for Blacks (both sexes) 60 to 64 years old is barely above the eighth grade. The median level for the elderly Blacks (those 75 or older) is only slightly above "functionally illiterate." (Persons are considered "functionally illiterate" if they have completed less than five years of schooling.)

Many older Blacks have discovered that their skills have been outdistanced by technological change. Large numbers encounter problems in obtaining necessary education to learn new skills or to sharpen existing marketable skills to compete in the job market.

Recommendations

o Recommendation: Colleges and universities should be provided technical assistance to help them respond to the learning needs of older adults through the redesign of instructional offerings, the retraining of faculty, and the enhancement of their non-instructional services.

o Rationale: College programs have historically focused on youth, providing traditional academic offerings only. Special help is needed to adapt facilities, administrative procedures, and instructional resources to the needs of older learners. It is in the national interest to maximize the substantial public investment that has been made in postsecondary education by providing this necessary technical assistance.

o Recommendation: National incentives should be provided to insure that the Black aged are fully informed and properly counseled about available educational opportunities.

o Rationale: Existing funding for guidance and counseling services for adults is too limited to have a significant impact upon the Black and other minority aged. Special efforts must be made not only to inform these individuals about available learning opportunities, but also to help them overcome psychological, logistical, and other roadblocks to further learning in order that they can be motivated to take advantage of these opportunities.

o Recommendation: A careful and thorough study should be conducted of the educational needs of the Black aged to properly assess the potential number of adult learners in this group, the precise nature of the necessary instructional services, and the most effective strategies for meeting these needs.

o Rationale: Too little is known about the learning needs of the Black aged, and how these needs might be most effectively addressed. A thorough study can provide valuable information for possible future policies.

o Recommendation: Funding for the Foster Grandparent program should be expanded to permit older Blacks and other minorities to receive the special training and orientation to permit them to provide quality child care services in their communities in order that young mothers who want or need to work can do so.

o Rationale: Several highly successful demonstration programs have shown that senior citizens can be a valuable resource in their communities if given a suitable opportunity. The need for child care assistance is likely to intensify as more women of childbearing age enter the labor market without sufficient wages to pay fully for necessary child care.

o Recommendation: National incentives should be provided to train older, literate Black Americans so that they might tutor their less literate peers in the fundamentals of reading, writing, and arithmetic.

o Rationale: "Each one teach one" is a concept that has been effectively used in the British campaign against adult illiteracy. At present, adult education programs reach only a tiny fraction of those who qualify for basic literacy education, high school completion, and English as a second language. At the same time, there is a growing number of literate older Americans who, with proper advance training, can be forged into an effective army to combat illiteracy among their friends and neighbors.

o Recommendation: Every effort should be made to insure that the Black aged have access to continuing education opportunities (under the 1980 Higher Education Act) which strengthen their economic well-being, allow them to make effective use of their leisure time, and prepare them for volunteer service.

o Rationale: Education is as important for older Americans as it is for younger Americans. A recent NRTA-AARP study demonstrates the importance of vocation-related learning. Approximately 30 percent of those approaching retirement age feel that they cannot afford to retire, and 12 percent of retirees would like to re-enter the labor force.

<u>RESEARCH -- Major Findings</u>

Research is a fundamental tool for a society to obtain the necessary knowledge to improve the quality of life for older Americans and to adapt to fast changing developments. The private sector has long recognized the value and importance of research in order to remain competitive.

Aging research, however, has been relegated to a lower level on the federal priority ladder. Funding continues to be inadequate to meet the demonstrable need. Title IV research under the Older Americans Act has suffered major cutbacks in funds at a time when double-digit inflation is driving up costs.

A clear need exists to bolster aging research and to develop a more effective procedure to publicize the results of research so policymakers can make more informed judgments about its value and worth.

Recommendations

o Recommendation: Cost-benefit analyses should be undertaken to determine the most effective way to improve the economic well-being of older Blacks, such as changes in Supplemental Security Income or Social Security.

o Rationale: Poverty is substantially higher among older Blacks than among aged Whites. Elderly Blacks are almost three times as likely to be poor as aged Whites. The economic prospects for older Blacks are not encouraging at this time unless federal income maintenance programs are strengthened. However, this must be achieved in the most cost-effective manner because of the existing mood of austerity.

o Recommendation: Research should be undertaken to determine to what extent urban areas are increasingly becoming centers for the Black aged and other elderly poor. In addition, research should be funded to evaluate the impact of these demographic trends on social service delivery in the central cities.

o Rationale: Existing research makes it abundantly clear that substantial concentrations of older Black Americans live in central cities. However, existing information about the urban elderly Blacks is oftentimes fragmented, incomplete, or sometimes inaccurate. Additional research is necessary to build a more adequate knowledge base to provide the framework for developing sound and sensible policies to come to grips with their everyday problems.

o Recommendation: Additional studies should begin on the impact of (1) revising Medicare to make it available to all Americans regardless of age or (2) establishing a comprehensive national health insurance program.

o Rationale: Rapidly rising health care costs for all Americans provide compelling reasons to either expand protection under Medicare or provide additional protection through another mechanism, such as national health insurance. A clear need exists to develop an effective health care system that impacts upon the total life cycle of Black Americans because much of our shorter

life expectancy is attributed to (1) a higher infant mortality rate, (2) a greater maternal mortality rate, and (3) excessive hypertension among middle-aged Blacks.

o Recommendation: Research should be conducted to determine the relationship between the Black elderly's belief in folk medicine and their consumption of home health and other services.

o Rationale: Preliminary research indicates the importance of folk medicine in the self-health care of the Black aged, who for so long have been denied access to our more "conventional" health care system because of economic and other reasons. Further research can perhaps develop recommendations to make existing service delivery systems more effective and helpful in assisting those who still cling to folk medicine remedies.

HOUSING -- Major Findings

Housing is the number one expenditure for most older Americans. They frequently spend about one-third of their income for housing, and a significant percentage spend substantially more -- especially low-income older Blacks who are unable to live in federally assisted housing.

Many older persons are discovering that they are in practically an impossible housing situation. Rapidly rising energy costs, property taxes and maintenance expenses make it extremely difficult for elderly individuals to continue to live in their own homes. Yet, they cannot find suitable and affordable alternative housing, such as an apartment.

Large numbers of older Americans -- and especially elderly Black Americans -- live in inadequate housing. About one out of five elderly households is projected to live in physically inadequate housing. However, the proportion is twice as great for elderly Black families. About two in five is inadequately housed. These figures would be substantially higher under more stringent standards of "adequacy." In rural areas, Black households containing an elderly person (over 60) were found to be lacking some or all plumbing facilities in 55.6% of owner-occupied residences and 85.8% of rental units.

Recommendations

o Recommendation: The regulations for rent adjustments for the elderly should be amended to disregard Social Security and SSI cost-of-living increases as a basis for raising rents.

o Rationale: Existing regulations require the elderly's rent to rise when their Social Security or SSI benefits increase. This merely undercuts the purchasing power of needy older per-sons.

o Recommendation: A federal commitment should be established to produce 4 million assisted elderly housing units during the next ten years.

o Rationale: The 65-plus population is increasing now about 600,000 per year. Many older persons live in inadequate housing. Others are "overhoused" after their children leave. The need for new, rehabilitated, or restructured housing for older persons will intensify in the years ahead.

o Recommendation: Increased federal funding should be made available to assist elderly persons to remain in their homes. These efforts should be combined with an adequately funded and properly monitored maintenance and chore services program.

o Rationale: Many elderly persons have lived in their homes for 20 or 30 years or longer. They are near their family, friends, and church, and they prefer to live in their existing neighborhoods. However, rapidly rising energy costs, property taxes and home repairs are forcing older persons to leave their homes or to allow their homes to deteriorate as inflation shrinks their purchasing power.

o Recommendation: The AoA network should take more of a leadership role in disseminating information about housing programs and related services for older Americans.

o Rationale: Numerous regulations, laws, and policies provide housing benefits and sevices for the elderly. However, many older Americans have only a superficial knowledge or they are totally uninformed about available programs that can assist them. A coordinated outreach, education, and information and referral program can identify elderly persons who qualify for housing assistance and make certain that they receive it.

LONG-TERM CARE -- Major Findings

Older Blacks have historically been underserved by long-term care institutions. Our people constitute only a tiny fraction of all persons in skilled nursing homes. The 1977 National Nursing Home Survey revealed that only about one out of 25 residents in skilled nursing homes -- or 4 percent of the total -- was Black. In sharp contrast, White non-Hispanics represented more than 93 percent of the total, or 23 out of 25 skilled nursing facility residents. Yet, aged Blacks constitute more than 8 percent of all persons 65 or older. Older Blacks accounted for 7 percent of all residents in Medicaid intermediate care facilities, which serve low-income chronically impaired persons. However, elderly Blacks accounted for 22 percent of the total aged poverty population in 1977.

Several factors account for our lower participation rate in long-term care facilities:

-- Many Blacks simply cannot afford the high cost of skilled nursing care. In 1977, the average monthly charge for residents in skilled nursing facilities was $880. For all nursing home residents, the average cost amounted to $689 a

month. These figures would be substantially higher today.

-- Our people are still victims of discrimination -- whether covert or overt -- even though this practice is prohibited.

-- Some facilities, which serve Blacks primarily, are unable to meet fire, safety, and other code requirements because of limited resources.

-- Nursing homes are oftentimes viewed with suspicion and deep concern by older Blacks because of news accounts about dreadful conditions that exist in some facilities.

Recommendations

o Recommendation: The Medicaid Community Care Act (H.R. 6194 - 96th Congress) should be enacted into law as soon as possible.

o Rationale: Large numbers of older Americans are unnecessarily or prematurely institutionalized at a much higher public cost, when they could receive more appropriate care in their communities or homes. The Medicaid Community Care Act would help our Nation to develop a more balanced approach to meeting the health needs of older Americans. This would be achieved by promoting in-home and community care under Medicaid for the "at risk" aged and disabled population. The bill would increase federal matching funds for in-home and community-based services for the "at risk" population by 25 percent, up to a maximum of 90 percent, if states meet certain requirements, including:

-- Provide a comprehensive assessment of individuals who probably would need long-term care skilled nursing or intermediate care facility services if in-home and community-based services would not be available;

-- Provide a wide range of home and community-based services for "at risk" persons who can continue to remain in their communities; and

-- Establish reimbursement limits at a rate not exceeding the level of nursing home care.

o Recommendation: The nursing home ombudsman program should be adequately funded and maintained to assure that the rights of nursing home patients are fully protected.

o Rationale: The 1978 Older American Act directed state offices on aging to establish an ombudsman to (1) investigate and resolve complaints made by or on behalf of nursing home residents; (2) monitor the development and implementation of policies affecting long-term care facilities; (3) provide information; (4) train volunteers and promote the development of citizen organizations to participate in the program. The ombudsman program has the

potential to improve conditions for nursing home residents. It must, though, be adequately funded and supported to implement this goal.

o Recommendation: Long-term care should be reflective of the whole person and should not simply focus upon health care. Long-term care should utilize supportive services in existing programs to provide a more comprehensive and coordinated response to the elderly person's needs.

o Rationale: Long-term care should include a broad continuum of care providing health related as well as supportive social services. This is essential because the elderly's health care needs may have social, psychological, or other roots.

o Recommendation: Information pertinent to health resources in the community must be coordinated, easily available, comprehensive, and accurate. In addition, the information must be provided by persons who are well trained and knowledgeable about the special needs of the elderly, with particular emphasis on preserving the dignity and worth of the Black elderly.

o Rationale: Many elderly Blacks are unaware of available community health services and other health resources, for a variety of reasons. Appropriate information and referral services -- combined with an aggressive outreach and education campaign -- can help assure that they receive needed services.

o Recommendation: Medicare should be broadened to cover adult day care, hospice care, and ambulatory care.

o Rationale: Medicare does not cover many major health needs of the Black elderly. Consequently, important health problems may simply go unattended. Coverage of hospice care, day care, and other forms of care would provide a more balanced and responsive approach to the elderly's health needs.

<u>MENTAL HEALTH -- Major Findings</u>

Mental health services for elderly Black Americans are limited and not effectively delivered. Federal legislation has been strengthened by enactment of the Mental Health Systems Act. But, existing laws require further modification and improvement.

Focused attention is needed to strengthen existing laws where appropriate and to pass new legislation at the federal and state levels to assist elderly Blacks who may require humanistic mental health services. Further, a need exists for more focused interagency agreements so that federal agencies coordinating services will be in closer harmony.

Recommendations

o Recommendation: The Director of the National Institute of Mental Health should act expeditiously to name an Associate Director for Minority Concerns. This office should be adequately staffed and funded to assure that it fulfills congressional intent.

o Rationale: At present, there is a dearth of minority individuals with expertise in geriatric mental health who serve in critical evaluative, advisory, and decision-making positions affecting federal policies for the aged. It is essential that this situation be redressed if the mental health care needs of the minority elderly are to be appropriately considered at the national level.

The Mental Health Systems Act -- particularly the provision to establish the position of Associate Director for Minority Concerns at the National Institute of Mental Health -- represents a positive step to focus on the special problems of minorities. This office must be appropriately implemented and supported to be effective.

o Recommendation: Professional health schools (e.g., schools of medicine and pharmacology) should require geriatric/gerontology course work.

o Rationale: Some experts estimate that perhaps 20 to 25 percent of all persons 65 or older have mental health problems. Yet, they account for only about 2 percent of all patients of private practitioners and 4 percent of patients treated at Community Mental Health Centers.

Few psychiatrists and other health related personnel have a thorough understanding of the special problems confronting geriatric patients. Quite often they take a dim view of the treatability of the aged's mental disorders. A prophesy of "irreversible brain damage" can be self-fulfilling if half-hearted attempts are made to correct the disorder. According to the National Institute on Aging, 10 to 15 percent of organic brain syndrome cases, or "senility," is reversible and 30 percent is treatable. Yet one out of every two nursing home residents is diagnosed as "senile."

o Recommendation: Training and education programs should be strengthened to incorporate content on the Black elderly. These programs should include content in the core curriculum of psychology, social work, psychiatry, and psychiatric nursing. Attention should be given to an intergenerational focus for paraprofessionals.

o Rationale: This would help to make mental health professionals and paraprofessionals more aware of the special problems and needs of aged Blacks. The greater vulnerability of aged Blacks

and other minority aged members is statistically evident -- in terms of greater susceptibility to mental and physical illness and a shorter life expectancy when compared to Whites.

o Recommendation: Outreach services should be expanded to identify Black elderly persons in need of humanistic mental health services. Outreach services should be utilized to move persons to sources of assistance for mental health and supportive services.

o Rationale: Older Blacks represeant a potentially vulnerable population. They frequently bear the medical and mental ills of a lifetime of inadequate income, nutrition, health care, and social opportunity. Advancing age imposes further setbacks and stresses to the indignities and illnesses of the past. NCBA strongly believes that mental health services should be accessible to those in need.

Large numbers of older Blacks are unaware of available mental health services. Outreach efforts are necessary to help assure that they receive the services which they now need.

o Recommendation: Factual knowledge about the Black elderly is lacking. Funding for research on the mental health needs of elderly Blacks should be increased.

o Rationale: A close look at our statistical reporting system reveals that important information gaps exist concerning the mental health needs of older Blacks. Well conceived research would help to close these gaps and provide a basis for improving public policy.

o Recommendation: Affirmative action policies should be expanded to help assure that more Black mental health professionals and paraprofessionals are trained.

o Rationale: The number of minority professionals in the fields of mental health and gerontology is growing, but is still relatively small. In 1977, there were only about 400 Black psychiatrists in the entire country. The supply of other Black mental health workers is small, and the total with special geriatric training is even smaller.

<u>RURAL ELDERLY -- Major Findings</u>

Older Blacks living in rural areas are typically the "people left behind." Many of these rural hamlets are without doctors, dentists, druggists, nurses, lawyers, and other service providers.

Public transportation is frequently nonexistent. The net impact is that large numbers live in "solitary confinement," cut off from their friends, family, and service providers.

Quite often, greater extremes of deprivation are starkly apparent in the rural slums than in the central cities. Ramshackle, deteriorating, and structurally unfit housing is readily evident.

Sanitary conditions are often primitive and totally inadequate for the 20th century. This takes its toll in numerous ways: higher infant mortality rates, a higher incidence of illness, a shorter life expectancy, and generally a lower standard of living.

Recommendations

o Recommendation: Congress should increase funding for rural housing programs (such as section 502, 504, and 515) of the Farmers Home Administration. FmHA should give priority to authorizing loans to public and nonprofit private agencies, such as churches, to build congregate housing for the rural elderly with the greatest economic need.

o Rationale: It is estimated at that 60 percent of the substandard housing in the United States is found in rural areas. Approximately one out of four of these units is occupied by an elderly person. More than 2 million rural homes do not have running water, are uninsulated, and are costly to heat.

o Recommendation: Funding for the home delivered meals program under the Older Americans Act should be increased by 100 percent, and 50 percent of this additonal funding should be spent in rural areas.

o Rationale: Present funding for home delivered meals is not sufficient to meet the needs of socially and economically deprived rural older Americans. Funding for home-delivered meals can enable older persons to remain in their homes, rather than being placed in a nursing home at a substantially greater public cost.

o Recommendation: The Department of Labor and the Administration on Aging should work together to promote greater employment opportunities for older persons in rural areas.

o Rationale: The rural elderly have fewer opportunities than those living in urban areas to earn supplemental income. Many rural older Americans are ready, willing, and able to work. However, they lack fundamental education to compete in our complex and mechanized society today. Some rural older Americans need to work because inflation is shrinking their purchasing power. Others want to work because of the psychological value.

o Recommendation: Medicare should be expanded to cover a broader range of services, including essential out-of-hospital prescription drugs, homemaker services, eyeglasses, dental care, and others. Doctors and other service providers should be required to accept assignments to participate in the program.

o Rationale: Medicare represented a landmark victory for older Americans. However, important gaps in coverage still exist. In 1977, average per capita out-of-pocket expenses for the elderly amounted to $462. Many older Black Americans and other elderly persons are now being saddled with additional medical payments because physicians and other health providers do not accept assignments. Medicare pays only 80 percent of reasonable charges for covered services after the patient pays a $60 deductible charge either from his or her own resources or other public or private plans.

COMMUNITY SUPPORT SYSTEMS -- Major Findings

An adequate income in retirement is the foremost need of older Black Americans. However, an effective income strategy must mesh with sound social services policies.

Any social services strategy must recognize the unique characteristics of rural and urban Black persons. This must be reflected in policy formulation to accomplish the effective delivery of relevant community services. These special factors include consideration of the older Black American's historical experience, family structures, and the traditional supports provided by churches and social clubs. The informal supports can be utilized to a particular advantage in assuring respect and dignity, but they are limited in meeting today's overwhelming needs.

A clear need also exists today to coordinate the full range of services and entitlements to eliminate (1) certain incomprehensible programs that consumers cannot utilize and (2) duplication of services that drive up program costs.

In addition, nutrition, transportation, in-home support, health and mental health, economic support and recreational services must be designed to meet the special psycho-social and economic needs of clients in rural and urban areas. Services should be targeted to the poor and near poor elderly.

Recommendations

o Recommendation: The Administration on Aging should take the lead in directing state and local units on aging to gear Title III social and nutrituion services to those seniors who are "at risk," especially low-income older Blacks. AoA should direct the aging network to target substantially more services to elderly Blacks and other minority groups. Unless AoA gives this direction, the Black aged will continue to receive only what is left after local offices on aging distribute funds to serve those that they consider to be most deserving.

o Rationale: The 1978 Older American Act Amendments require state and area agencies on aging to provide assurances that social services will be targeted to older Americans with the "greatest economic or social needs." However, this mandate has

been largely ignored by numerous area and state agencies. A directive from AoA is necessary to emphasize that this statutory requirement must be fulfilled.

o Recommendation: More centrally located service centers should be established for the delivery of the following services: geriatric care, transportation, preventive services, homemaker and home health services, nutrition, and case management. The nutrition program should be available seven days a week and holidays. Eligibility for transportation should be simplified by removing existing restrictions imposed by certain funding sources.

o Rationale: A one-stop center to deliver a wide range of comprehensive services is not only more convenient for older persons but also is more cost effective. Efforts are also needed to coordinate existing services programs to remove apparent and real incongruities.

o Recommendation: AoA should develop a closer working relationship with Black church, civic, and recreational groups in developing an effective social services strategy for older Black Americans.

o Rationale: Black church, civic, and recreational groups are an integral part -- along with Black Families -- of an informal network that provides services for older Black Americans. These groups must have input in developing a social services strategy to maximize the strengths of formal and informal support systems.

o Recommendation: Outreach programs should be given adequate funds to assure that services are reaching the targeted population. Area agencies on aging should provide technical assistance to outreach programs, and outreach workers should be located to facilitate their work in rendering services.

o Rationale: Many potentially eligible older persons never receive services for which they are entitled. Aggressive outreach is necessary to seek out, find, and certify those who are entitled.

o Recommendation: Federal funding for community day care programs should be increased.

o Rationale: Many older persons wind up in institutions simply because alternative care and services are unavailable. Community day care services can assist families who must work but do not want to place a relative in an institution because the relative may need some help to carry on day-to-day tasks.

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Mini-Conferences have been recognized by the 1981 White House Conference on Aging and convened by organizations that wished to focus attention on special aging issues.

Recommendations of mini-conferences are not the recommendations of the official delegates to the Conference or the U.S. Department of Health and Human Services. They represent the views of the participants in the mini-conferences. They are being made available to the delegates as part of their background materials for the national conference.

The following Mini-Conference Reports have been published:

Recreation, Leisure and Physical Fitness
Aging and Alcoholism
Energy Equity and the Elderly
Public/Voluntary Collaboration: A Partnership in contributing to independent living for the aging
National Health Security
Concerns of Low-Income Elderly
Vision and Aging
Alzheimer's Disease
Arts, the Humanities and the Older Americans
Older Women
Life-Long Learning for Self-Sufficiency
The Urban Elderly
Rural Aging
Long-Term Care
Non/Services Approaches to Problems of the Aged
Spiritual and Ethical Value System Concerns
Transportation for the Aging
American Indian/Alaskan Native Elderly
Pacific/Asian Elderly "Pacific/Asians: The Widsom of Age"
Environment and Older Americans
Rights of the Institutionalized Elderly and the Role of the Volunteer
Veterans
Mental Health of Older Americans
Saving for Retirement
Hispanic Aging
Challenging Age Stereotypes in the Media
Oral Health Care Needs of the Elderly
Housing for the Elderly
Consumer Problems of Older Americans
Senior Centers
Elderly Hearing Impaired People
Black Aged
Legal Services for the Elderly
Simplifying Administrative Procedures and Regulations in Programs Affecting the Elderly
Intergenerational Cooperation and Exchange
Self-Help and Senior Advocacy
Euro-American Elderly
Inter-relationship of Government, Private Foundations, Corporate Grant-Makers and Unions
"The National Dialogue for the Business Sector"
Foot Health and Aging
Pacific Islanders Jurisdiction
Gerontological Nursing

MCR-41

the 1981 White House Conference on Aging

Report of Technical Committee on

CREATING AN AGE INTEGRATED SOCIETY: IMPLICATIONS FOR THE MEDIA

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.

TECHNICAL COMMITTEE REPORT

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INTRODUCTION

The relationship of the older American to the new media culture of our society--as subject, participant, and consumer--is one of the central, critical issues confronting the 1981 White House Conference on Aging.

Mass media have become "the heart of the folk culture of America on which ordinary people everywhere lean " (Boorstin, 1974). On an average evening, an estimated 90 million Americans watch television as their primary medium for information and entertainment. In this country, over 98 percent of all homes have television sets and Americans--expecially the very young, the old and the poor--tune in to about six hours a day or approximately 2,200 hours a year. Older persons are the primary consumers of television. A national survey found that the typical older adult consumes approximately four to seven more hours of television each week than does the average viewer (Marron, 1980).

"We are perhaps the first people in history," Boorstin observers, "to have centrally organized, mass-produced folk culture." That popular culture comes to us from enormous, centralized, self-consciously creative organizations of advertising agencies, newspapers, radio and TV networks, outdoor advertising agencies, large circulation magazines, a profusion of hardcover and paperback books, and so on.

These media--in particular, advertising, television programming and the exploding new media technologies--play and will play a decisive role informing and establishing the values, the ideals, the needs, the cultural heroes and anti-heroes, and the images that Americans in all segments, racial, religious, ethnic, and gender groups hold about one another.

The U.S. Congress clearly recognized the dangers of age stereotypes which it sees as "prevalent throughout the nation." In enabling legislation for the 1981 White House Conference on Aging, Congress mandated that a policy be developed to overcome such stereotypes. (P.L. 95-478)

Toward that end a technical committee was established to explore personal and societal implications for the media in an intergenerational context. Media and aging was one of seven areas examined under the rubric "Creating an Age-Integrated Society," a conception that implies both short- and long-term perspectives.

The Technical Committee on Mass Media convened four all-day sessions between July, 1980 and January, 1981. Two subcommittees were formed and charged with preparing background information for the committee's deliberations, which centered on these major themes:

- the influence of the mass media in forming and perpetuating cultural values and role models;

- the influence of the media in changing society's values by fostering constructive relationships between older persons and other age groups;

- the role of older people as consumers of the media;

- the role of older persons as participants in producing the educational and information programming and entertainment content in the media;

- and the impact of new media technologies on the lives of older persons.

In seeking to analyze society's perception about older persons, the committee directed the Subcommittee on Sterotypes to conduct a survey of existing literature on the portrayal of older persons in the mass media. The resulting background paper, "Stereotyping of the Elderly in the Mass Media: A Review of the Literature," by Kathleen Jamieson and Theresa Marron was the centerpiece of the committee's exploration of the implications for a national policy to eliminate age stereotypes. The committee's analysis of the state of the art also was based on a report by Lydia Bragger entitled "Age Stereotyping and the Media" and a search of gerontology journals by Jacqueline Sunderland.

The committee examined the image of older Americans in the mass media as indicated by the survey and identified several areas that have been largely overlooked--radio, song lyrics, television game shows, news coverage, children's cartoons, documentaries, newspapers and so on. A cadre of media executives* representing

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Rosalind I. Liberman, Corporate Support Associate, Equitable Life Assurance

Alfred Plant, Treasurer, National Academy of Television Arts and Sciences

Herbert Schlosser, Radio Corporation of America (RCA)

James Sheffield, Population Resource Center

Harry Shooshan, Former Chief, House Commerce Communications Subcommittee

Gene Swanzy, Public Broadcasting Service

Nicholas VanDyck, National Council for Children and Television

Beverly Vinson, Director of Programming, Public Broadcasting System

television, print, advertising, marketing and research met with the committee to examine the role of mass media in establishing constructive images of older persons and understanding the needs of the aging population of this country. The portrayal of older women and the minority aged, who are underrepresented in most forms of media portrayal, received special attention as the committee discussed what the media could do to help change society's negative attitudes toward aging.

The Subcommittee on New Media Technology prepared a brief background paper entitled "Cable Television Programs for Older Adults" (Marron, 1980). Subsequently, experts on new media technology were called in to present to the committee up-to-date information on the telecommunications industry.

The committee invested considerable time examining the issues of aging as they pertain to the electronic media, because television is a fixture in most American homes and its impact is pervasive.

MEDIA AND AGING

"Negative attitudes toward old age and the old, which probably have existed in most societies, became exacerbated in our own society during the transformation from a frontier to an urban, technological economy which placed its highest value on productive efficiency and fostered obsolescence of both machines and men," according to Tibbits (The Gerontologist, 1979).

The mass media play a preeminent role in this society and some aging advocates blame the media for the widespread prejudice against older persons and for the public's negative views about aging. The media have "portrayed old people as ugly, decrepit, stupid, forgetful, toothless, sexless and ready to fall on the conveyor belt of life after 65" (Bragger, 1980). It is almost impossible to avoid print or broadcast media on a daily basis and many of the stereotypes of older persons are found in the television programs we watch and the books and magazines we read. Bragger (1980) states that while all forms of mass media are guilty of stereotyping of the old, television is particularly adept at imposing stereotypes because it visually reinforces its message on an audience unsurpassed in size by any other medium. "Televison legitimizes ideas," Bragger reports. The result is that older persons, as well as those in other age groups, get daily messages that there is something inherently wrong with being old.

"Television is not merely entertainment, it shapes our perceptions of reality and defines for us who and what is good and bad" (Marks, 1979). Consequently, those in charge of the media bear a tremendous social responsibility. The mass media, especially television, have the potential to alter the negative stereotypes of older persons by providing information about the aging process and various role models demonstrating successful ways of dealing with growing older.

"We would like to see television explore on a regular basis the satisfaction of life after 60, showing life, intelligence, fruitful work, love and sex" (Bragger, 1980).

"We need some realistic alternative visions of older people and their style of life. Something between the cantankerous, constipated, sickly, sterile, stupid, forgetful image and the all too-perfect, ever-helpful, all-knowing, gracious and kindly image" (Mark, 1979).

Recognizing television's central role in the lives of Americans, including older adults, many researchers advocate the use of television, especially cable TV, to disseminate essential information, facilitate the delivery of social services, and reduce isolation among older persons. Kubey (1980) notes that while it is popular to criticize television because "its presence and impact are so pervasive... television can be praised for its effective conveyance of information and its unique suitability to the aged's life style." Cable is particularly suited to these tasks since it is community oriented and permits programming which addresses a specific message to a specified audience, such as older persons. The nation is in the midst of an explosion of new media technology that could have a positive impact on the lives of older adults. (See section on New Technology).

AGE STEREOTYPING AND MEDIA

Prime Time

Approximately 90 million people watch television each evening. Three out of four television viewers surveyed (NCOA-Harris, 1975) indicated that "on the whole, television programs show young people, not older people."

In their 1980 report to the House Select Committee on Aging, Gerbner, et al., note that (1) the underrepresentation of both the young and the old has been consistent over a 10-year period; and (2) the characterizations of older persons is predominantly negative. The data contained in the Gerbner report are based on the analysis of an ongoing research project which examines the content and effects of prime time network television programming. The data base included over 1,300 programs and 16,600 characters drawn from periodic samples of prime time dramatic programming broadcast on the three major networks over the decade from 1968-1978. Trained coders categorized the sex, race, class, age, and type of role (major or minor) for all characters.

Gerbner et al. suggested that the age distribution found on television is more reflective of the advertising industry's preoccupation with the prime demographic market aged 18-49, than the actual population. For example, in a sample week in 1977, only two percent of the major characters were older.

Gerbner also found that in prime time:

- older men outnumber older women three to one;
- proportionately fewer older characters are 'good' while the proportion of 'bad' older characters, especially men, is larger than in the younger age groups;
- when the success of characters is measured, more older women are unsuccessful than successful;
- when women are involved in violence they are more likely than men to be victims and as they get older, their relative risk of being hurt of killed rises even further;
- women have less power at any age and are most likely to become victims rather than victors as they get older;
- male and female minority characters are less likely than non-minority characters to appear;
- when minority characters do appear they are likely to be found in situational comedies.

Since the number of minority characters regardless of age is comparatively small, it is difficult to make statistically significant claims about minority characters in a single age group (Jamieson, 1980). The U.S. Civil Rights Commission reported that, of the major characters in televised drama from 1975-1977, 3.6 percent of the minority females and only 2.7 percent of the minority males were over 60. Gerbner (1980) suggests that when minority characters do appear they are much more likely to be in their twenties if they are female or their thirties if they are male rather than in their fifties, sixties of seventies.

Finally, Jantz and Seefeldt et al., (1978) analyzed a random sample of prime time and Saturday morning television programming on the three major networks over a ten-week period. The sample consisted of 65 half-hour prime time segments and 20 half-hour segments of Saturday morning programming. A total of 59 older characters--51 men and 8 women--were identified. Ninety-three percent (55) of the characters were white and six percent (4) were Black. Although over half of the older characters were portrayed as employed, there were no older Blacks or women employed,in high prestige occupations. Blacks or women employed in high prestige occupations. While ten Saturday morning segments included an older character, there were no older minoities,and women were underrepresented.

Daytime TV Serials

Unlike the older adults in prime time dramatic television, those on daytime serials generally are more emotionally stable and physically healthier than their younger counterparts (Barton and

Schreiber, 1976; Cassata, Anderson and Skill, 1980). Cassata et al. report that of the 365 characters observed in a small exploratory study of soap operas, 15.9 percent were judged to be adults 55 years or older. The overall physical appearance of the older adult was generally favorable; with only three exceptions, all were shown actively engaged in some meaningful employment.

These conclusions corroborate Barton's (1976) finding that daytime serials depict younger characters more negatively than older characters.

Depiction of Older Persons in Televised Commercials

After an "informal survey of forthcoming TV ad campaigns based on six recent issues of Broadcasting magazine," Nicholas Johnson (1978) concluded "that the advertising images of older persons are in many ways even more defeating that the program stereotypes themselves." His survey revealed that: "of 147 advertising firms, almost 60 percent were gearing their ads to those under 49; 24 percent were aiming at the total adult market; 10 percent had miscellaneous targets; only 6 percent were aiming for audiences 35 and older." What kinds of products are involved in this last example? We are all familiar with the denture-cleaning and laxatives ads. These firms are adding optical store, little liver pills, pantyhose and "tummy control" tops (all necessary preparation for gradual physical breakdown), life insurance (time to think about these things), and coin collections (must do something to keep busy).

Using three coders to maximize reliability, Jamieson and Marron (1978) analyzed televised commercials at various times during the year, segmenting characters into age categories--older, middle aged, young and child. A comparison of 90 ads analyzed the week of January 16 and 899 characters portrayed in 300 televised commercials in October 1978 revealed that:

- Young women appear more frequently in televised commercials than any other age group (25.9 percent of the characters) and older women appear least often (3.8 percent of the characters). However, compared to the 90 ads coded in January 1978, the percent of younger women declined from 32.7 percent to 25.9 percent and the percent of older women increased from 2.3 percent to 3.8 percent.

- The percent of older characters increased from 11 percent in January to 14.1 percent in October.

- In January, two out of three ads for beauty products contained the terms "young" or "youth." In October, only one out of three ads for beauty products contained these terms. It was concluded, therefore, that the percent of ads explicitly selling youth had declined.

- Although "feeling old" (Clairol) and "looking old" (Raintree moisturizer) remain pejorative phrases, the percent of ads using "age" and "aging" as perjorative terms declined from one out of five ads for a beauty product in January to one out of seven in October. The transformation in ad copy can be seen in campaigns such as Noxema's which in October claimed "good skin starts clean and stays healthy looking with Noxema." In January that same ad had claimed that "good skin starts young and stays younger looking with Noxema." Oil of Olay's January ads claimed "I think I look older with dry skin; Oil of Olay makes me look younger." Although the October campaign includes such sentences as "You look so young," the tag does not explicitly venerate youth or villify aging: "So every age can be the best you ever looked."

- The increase in older characters from 11 percent to 14.1 percent reflects awareness that older Americans constitute more than a $60 billion dollar market. The fact also is reflected in ads directed explicitly to the older market. Trailways, for example, advertises senior citizen days, "Senior citizens: you have a choice--Trailways." In the January survey the only products clearly targeted to the older market were denture adhesives and cleaners, arthritis pain remedies and hair dye.

- The January study isolated four commercials which pivoted on the assumption that aging signals decline--two for Jello, one High's ad, one for Country Time Lemonade. In a sample three times as large as the January sample, only one ad was found to be "offensive"--an ad for Orville Redenbacher's popcorn which employs an older female character who repeats Orville's lines and focuses attention on the content he communicates by saying "eh?" The woman is either hard of hearing--in which case the portrayal is ridiculing a physical impairment and is insensitive--or mentally impaired--in which case the ad is stereotypic.

- Although by October ads were beginning to reflect an awareness that aging is relative, older women still do not fare well in televised ads. In the world of the televised ad, 3.8 percent of the characters are older women and 10.3 percent are older men. In the real population, older women outnumber older men.

- As the age of a female character increases, the likelihood that she will advertise a beauty product decreases and the likelihood that she will sell a digestive aid, a laxative, a pain reliever or a denture product increases.

- Older men function more often as authority figures than do older women.

Portrayal of Older Persons in Print Magazine Ads

Older persons also are underrepresented in magazine advertisements. Gantz et al. (1980) analyzed the ads printed in seven popular national magazines with large circulations and found that only 5.9 percent of the 6,785 advertisements coded contained at least one older character. Of the 17,838 people shown in these ads, only 3.1 percent were older adults. Those advertisements which did contain older characters included an average of 2.5 characters. Only 26.7 percent of those advertisements which did contain older characters presented them without their younger counterparts.

Although 75 percent of the older persons who appeared in the ads were men, men were no more likely than women to advertise any specific types of product. Older persons appeared more frequently in advertisements promoting a corporate image rather than a specific consumer product. They also appeared in advertisements for liquor, travel, insurance, recreation, cigarettes and food.

The authors conclude that the underrepresentation of older persons in magazine advertisements may be indicative of the industry's perception that as consumers older persons are comparatively insignificant.

Children's Literature

The academic analysis of children's literature has yielded inconsistent conclusions. After analyzing portrayal of aging in 700 children's picture books, Ansello (1977) reported that "the cumulative effect of the portrayals was to stereotype the older character as unexciting, unimaginative, not self-disclosing, and not self-sufficient." Robin's (1977) more limited survey of 49 children's school books published from 1953 to 1968 and in 1975 found that, although older persons are not likely to appear often, when they do appear it is likely to be in a major role.

Karnes and Peterson (1976) examined the portrayal of older persons in the Newberry Medal winning adolescent literature of the past 53 years and found that:

- 12 percent of all the characters presented in the books were older persons;
- fifty-one books included at least one older character;
- a total of 159 older characters were contained in the books with an average of three older persons per book;
- fifty-nine percent of the older characters were male;
- although occupations were indicated for 60 of the older characters, it was predominantly men who were portrayed as being employed;

- older characters were usually in supporting roles;
- the overall portrayal of the older character's behavior, disposition and appearance was positive.

Methodological Weaknesses in the Research

These data suffer certain inherent weaknesses, however. Most of the studies rely on physical characteristics to identify an elderly character, creating the risk that non-stereotypic elderly characters are underrepresented in the conclusion. All of the academic studies are dated. It takes between one and two years for the typical study to be published. Meanwhile, the content of the media studied may have changed significantly. "Communication is a relatively new field and deals with a phenomenon... so rapidly changing that it is often impossible to get a clean research fix on the data. The theory will almost always lag behind the reality of older people's daily media experience" (Van Dyck, 1981).

In addition, methodological weaknesses in the academic research include small sample size and inadequate weighting procedures. Although larger samples could have been drawn, many of the academic studies are based on small samples which limit the ability to generalize from the data. For example, studies of the viewing behavior of older adults that report data from a survey of 40 to 50 individuals should be viewed with caution. At times the size of the sample may be beyond the control of the research in that there may simply be too few members in the total population to warrant statistically significant generalizations. For example, there are so few older minority characters in prime time programs that the researcher can legitimately report only that older minority characters are underrepresented.

A second problem occurs in analysis of recurring content. Because academic researchers currently assign an equal weight to every commercial regardless of the number of times the commercial is shown, they underweight both the positive and negative commercials that are shown repeatedly and overweight both the positive and negative commercials that are shown infrequently. For example, the Country Time Lemonade commercial criticized by the House Committee on Aging in 1977-78 saturated the airwaves in the summer of 1977 and consequently was a greater cause for concern than a comparable commercial which was aired only one or two times. But very little of the academic research is conducted in a way that makes it possible to identify commercials which are frequently aired.

Similarly, if a stereotyped older person appears in every aired moment of a prime time program, the impact of the portrayal is probably heightened. By segmenting characters into "major" and "minor" or "lead" and "support," academic researchers make a crude distinction between amount of exposure. Additionally, a program which draws a large share of the audience has a greater potential impact than a program which draws a negligible share.

Depending on the size of the audience, the impact of negative portrayal is enhanced or diminished. Unweighted reports of the number of major and minor characters do not reflect these factors.

In general, with the exception of soap operas, the elderly are underrepresented in the mass media. When elderly characters do appear, it is generally true that older male characters will be portrayed more often and more positively than older female characters. This is particularly true in commercials--where older female characters seldom sell beauty aids--and in prime time crime shows in which elderly women are often portrayed as victims. The general portrayal of the elderly in the mass media underestimates their health and overestimates the likelihood that they will be the victims of violent crime. When the elderly do appear in children's literature, magazine ads and prime time, they are more likely than other age groups to exist on the margins of the plot or in large groups of characters. There are some indications, particularly in televised commercials and in magazine advertisements, that the percent of the elderly characters portrayed in the mass media is increasing and that, in general, portrayal of the elderly is becoming more positive. Moreover, portrayal and representation in soap operas remain positive.

Implications

While it is difficult to establish causal relationships between television viewing and any set of attitudes, research supports the hypothesis that those who watch more television are more likely to believe that older persons are ill, poor, sexually inactive, closed-minded and not good at getting things done (Gerbner). Underlying the academic literature on portrayal is the assumption that underrepresentation of any significant group ought to be corrected. Those who favor increased representation of older persons argue that the media ought to provide role models of successful aging. Yet, as advocates of increased portrayal of Blacks learned, one should not assume that increased representation will necessarily be positive. Many who argued for increased portrayal of Blacks on television are dissatisfied with the sort of portrayal that has resulted, particularly in situational comedies (Jamieson, 1980).

Similarly Margaret Mead argued before the House Select Committee on Aging that increased representation of older perons in commercials could be viewed as an evil rather that a good:

> I think we have to consider very seriously whether we want the elderly turned into an exploitable market as children have been, as teenagers have been, and as busy householders have been so that to base any of our appeals on how much the elderly might be fooled into spending on ways of selling youth I think is very questionable (70).

There is some indication that the advertising community in America is increasingly aware of the mature market and understands the continued growth and importance of this segment of the population. But advertisers were "uncharacteristically slow in their response to the over-50 crowd" (Advertising Age, August, 1980). The advertiser thinks primarily in terms of markets and looks for those that can be served profitably, are underdeveloped, are likely to need and want a product or services that he can offer, have the discretionary spending ability to respond to his offerings, and are of sufficient size to allow him to meet his marketing targets (Plant, 1980).

Gradually, advertisers have come to realize that people don't stop needing, wanting and buying things when they reach age 50. But that realization was a long time coming. Probably no market group was more neglected up until 1975 or has had more attention since, than the "maturing" market. Most advertisers have discovered "that Americans over 50 are a prime market for existing goods and services with enough purchasing power to merit the development of new products designed especially for them" (Advertising Age, 1980).

A survey of leading advertising agencies and advertisers indicated that numerous studies have been conducted and every large agency already has set up a task force to study the 1980 census data in great detail. Plant (1980) reported that a major new project will examine older people's attitudes and perceptions about commercials using older performers to sell products to the older market.

Advertisers are stimulated by the market potential--$60 billion--and the older market is now looked at in terms of "situation" rather than years. Advertisers cite such factors as health, work situation, interests, motivation, desires, financial position with special attention to disposable income, time, geography, education, marital status, life style including type of domicile, habits concerning media, existence or nonexistence of watershed changes, and so forth. Older persons are further categorized as active retired, active affluent, home-makers, disadvantaged and indigent.

Despite the increased attention being paid to the mature market, pejorative uses of "age" and "aging" in ads indicate that advertisers still may not be sufficiently sensitive to the feelings of older Americans. According to Advertising Age, some experts say agencies can help themselves by hiring older copywriters and executives who are experienced in the business and who understand about getting old.

Age Discrimination in Employment

Although the issue of age discrimination in employment is within the province of another technical committee, it should be noted here that underrepresentation of older persons in televised pro-

gramming and commercials means that older persons are less likely to be employed on the air. Here age, race and sex discrimination interact to make it less likely that older females will be employed than older males and least likely that older black females will be employed. The Gray Panthers see a similar pattern in network news. Lydia Bragger (1980), head of the Gray Panther Media Watch, notes there are "male newscasters with wrinkles and white hair who are considered distinguished looking" but no women with wrinkles and white hair broadcasting the news.

KEY ISSUES

The committee identified the following issues related to media portrayal of older persons:

ISSUE: Do the mass media have a role in interpreting the impact on society of the changes in the size of the older population and in disseminating information that would reduce the stigma against older persons?

ISSUE: To what extent are the media responsible for disseminating to the general public factual information about the physical, physiological, cognitive and functional changes which occur as a part of the normal aging process?

ISSUE: Should television programming have a role in fostering positive relationships between older persons and individuals in other age groups?

ISSUE: What are the effects if any on the viewers of underrepresentation and stereotyping of older persons including women, minorities, the rural and poor aged?

RECOMMENDATIONS

1. Establishment of a National Council for Mass Media and Older Persons

Recognizing the need to (1) improve the quality of older persons' lives in their media environment, (2) enhance their sense of self worth and self esteem by working for programming and publications which raise the public consciousness and create awareness of aging issues, and deal with normal issues of aging in a realistic, balanced and sensitive way, the committee recommends that a National Council for Mass Media and Older Persons be established for a 10-year period to promote research on media portrayal and program activity; explore developments in media industries; promote access to emerging technologies and establish priorities for their use; and promote advocacy efforts in media of assistance to older Americans.

The Council also would undertake regular publication of a magazine that would serve as an outlet for researchers and would be circulated to advertisers, producers, broadcasters, journalists, writers, directors, program executives, marketing and academic researchers and aging advocates.

2. Research on Media and Aging

Sociological studies of the mass media usually focus on one of three related problems: on the processes by which mediated messages are generated or on the diffusion of information through a population, and its impact on individuals, groups, or the society as a whole (Johnstone, et al., 1976). Early academic literature on media and aging was grounded in stereotypic assumptions about the level of activity and abilities of older adults. For example, older people are sedentary, have fewer ties to the world, and more leisure time (Meyersohn, 1961). Although such stereotypic assumptions rarely appear in the empirical studies of the 1980s researchers still have not come to grips with the problems in identifying stereotypes. The criteria used by researchers to identify an older character do not yet reflect the complex, variable and relative nature of the aging process (Jamieson, 1980). Therefore, the committee recommends that research be encouraged on the complex process by which mediated and nonmediated information creates our sense of what it is to age and our attitudes toward aging, and that studies of the mass media and women and/or minorities include "age" as a variable and the criteria used to determine the "age" of a televised or print character be analyzed.

Because certain media had not been subjected to empirical study, the committee recommends that the Administration on Aging, the National Institute on Aging, and the Department of Education encourage research on portrayal of older Americans in:

- °TV News
- °Public broadcasting
- °Documentaries
- °Game shows
- °Talk shows
- °Most children's programming
- °Radio
- °Cable televison
- °Specialized journals
- °Textbooks
- °Films
- °Newspapers

3. Current research on portrayal of older persons in media does not effectively distinguish between frequently and infrequently aired commercials, or between programs with a high audience share and those with a low audience share. Therefore the committee recommends (a) that some type of exposure measure or means of reflecting Gross Ratings Points and audience share be used in validating

conclusions about the stereotypic portrayal of older persons; (b) that a mechanism be established for monitoring commercials and indicating those that are stereotypic.

NEW TECHNOLOGY

This country is in the midst of a new industrial revolution which has encroached upon our day-to-day lives so quickly and with so little fanfare that the American public may not be aware of its potential impact. This revolution, brought about by the rapid advances in communications and computer technology, has the capacity to transform the way we work, travel, gain information, and use our leisure. It can help us cope with the rising costs and declining supplies of energy.

"Some believe that the energy crisis will force many people to cut back their traveling habits. And with more time being spent at home, the demand for products that can occupy time is likely to increase. Communication experts believe that families will become more eager to experiment with television innovations because of the increasing tendency for individuals to find entertainment that does not require leaving home" (The Futures Group, November, 1980).

Evidence of the telecommunications revolution is everywhere--pocket calculators that perform complex computations and cost under $50, video games that are the precursors of the home computer, videotape recorders, video disc players and "electronic" newspapers. There has been a sharp rise in video game sales from 2.1 million in 1978 to 4.6 million in 1979, or an increase of more than 170 percent.

VTR's and Video Discs

The new telecommunications technology has modified home entertainment. Videotape recorders (VTR) and video disc players enable the consumer to record and/or store programs for later consumption, enabling the viewer to select a convenient viewing time and consequently a wider variety of programming. Sales of VRTs and video disc players have been brisk. "The principal obstacle to consumer acceptance of the innovative electronic entertainment products has been cost. Consumers are receiving more sophisticated electronics for their dollar now than ever before, but prices for the innovative devices are still quite high. Large screen TVs, VTRs, and video disc players, as well as the high quality stereo systems were all priced in excess of $800 in 1979" (Futures, 1980).

Many researchers advocate delivery of social services through the use of the new telecommunications technology (Marron, 1980), especially cable television which is becoming more readily available to consumers.

Cable

Cable was first introduced in rural America in 1948 either to facilitate the receipt of broadcast signals, to improve the picture quality, or to add more television programming. "Cable television has been around for decades, but it is now entering a period of rapid growth which can be attributed to an easing of federal regulations and the transformation of the cable system from a simple community antenna service to a total telecommunication service (Shooshan, 1980).

Cable switched from the rural to the metropolitan market and competition for the lucrative franchises became intense, with corporate giants scrambling for a piece of the action. Business Week (December, 1980) reports that in 1978 the cable television industry's revenues exceeded $1.5 billion. Currently there are 4,200 cable franchise systems in this country, and more than 18 million homes, or nearly 24 percent of those with a television set, have cable television. The franchise permits a cable company to wire a community. It is issued by the local municipality, which can tax cable operators up to 3 percent of gross revenues and up to 5 percent of basic user fees under Federal Communication Commission regulations. Once the franchise is awarded, cable companies must spend huge sums to wire the homes. This year the cable industry plans to spend an estimated $1 billion wiring the nation.

The experts estimate that CATV will reach 50 million homes by 1990. Currently, cable operators can select from 94 services. Clearly this will present unprecedented opportunities to older Americans, particularly if they demand channels geared specifically to their requirements and interests prior to the issuance of franchises. Older Americans will find that cable television provides opportunities for new uses of their time as well as services.

Although cable offers a variety of services, some advocates fear that the cost of these new services could be prohibitive to older persons, especially the indigent aged.

The consumer pays a one-time installation charge and monthly fee for the basic service. Subscriber rates are set for about four years under the franchise agreement and can run as high as $25 a month for basic cable service. Installation of the channel selector box which is attached to the television set in the home costs anywhere from $15 to $25. The consumer must pay more for additional services such as movies which cost an extra $8 to $10 per month. Cable comes in a series of tiers. The basic service runs approximately $4.50 per month, sometimes as little as $2.50 a month and the middle tier is $7.50 to $8.75 a month for 13 channels (Jordan, 1980).

Some industry officials argue that the cost for cable programs is not expensive when one looks at the rising cost of energy. "The more the cost of gasoline rises, the more TV viewers there will

be.. when compared with the price of movie tickets, babysitters and parking, $15 a month for cable programming isn't much to pay for home entertainment" (Futures, 1980).

One of the unique features of cable television is that, by increasing the number of channels, it permits narrowcasting programming that addresses a specific message to a limited but specific audience. Researchers have found that cable television is an efficient means of bringing information to older persons. Moreover, it can be used to produce public access programs which could maximize outreach efforts. Access channels increasingly will permit nonprofit groups and individual citizens to produce programs by providing color production equipment, facilities, training, and other support systems. In time older Americans across the country will be able to design, produce, and appear in their own shows on a continuing and regular basis.

Cable television projects that have demonstrated the value of cable for the older person include:

(1) A bidirectional cable television system in an East Harlem public housing project for the elderly (Gaylord White). Mobile equipment installed in a small basement studio enabled the project staff to cable cast from any area within the building complex. The program was designed to alleviate feelings of psychosocial isolation and to increase the tenant's knowledge of available health care and social services (Marron, 1980).

(2) Reading (Pa.) Cable TV project located in a homogenous community. This two-way interactive cable television system connected three neighborhood community centers and later expanded to include city hall, the city courthouse, social security office and high schools. It was found that the effects of the two-way cable programming helped the elderly make or renew friendships, reduced isolation and served as a source of human contact. It also helped the elderly participate in discussions elsewhere and promoted increased awareness among participants of community problems and the availability of social services.

(3) Public Access Cable by and for Elders (PACE) originated in a large heterogenous urban setting which has one of the largest concentrations of older adults in the nation. PACE, in San Diego, is served by the largest single cable TV company in America. This one-way prerecorded public transmission system provided more intensive training in the production of cable programming for the elderly.

(4) Educational TV Center of the Archdiocese of San Francisco offered television broadcasting, teleconferencing and color production facilities to Bay Area senior citizens to promote establishment of a Bay Area Senior Citizens Communication Network.

Interactive Cable

Another notable experiment that can be adapted to the needs of the elder adult is QUBE, the nation's first two-way (Interactive) cable system operated by Warner Amex in Columbus, Ohio. In addition to providing television shows and data, QUBE allows the viewer to register opinions, select guests, choose books to read with the home Book Club, express thought about government actions and participate in game shows via a control box attached to the television set. "With the presence of the five interactive buttons viewers can control the programming... the most important feature of the interactive is that it is designed for everyone to use it..." (Jordan, 1980).

Industry analysts are still trying to figure out which interactive services will attract consumers. Meanwhile, less than one percent of the cable systems are interactive today because most of the older cable systems have only a 12-channel capacity and cannot accommodate the interactive system. Experts believe that the interactive system will be in eight million homes by the late 1980's.

Cable and Computer Technology

At the same time that interactive systems are offering innovations, the link-up between cable and computer technology will offer dramatic changes in many areas of life for Americans, particularly older Americans. Here are some of the areas:

1. News Dissemination. Types of information currently offered Americans through their newspapers are expected to be brought into the home through cable and computer technology. Cable systems are experimenting with the delivery of the electronic text into the home and the day of the "electronic newspaper" may not be far away. There already are a few experimental models.

   "The first major experiment in the U.S. on the electronic newspaper was instituted July 1980 when the Columbus (Ohio) Dispatch began transmitting its entire editorial content to 3000 home terminals around the country on a computer system called CompuServe" (Futures, 1980,). Another experimental program is underway in Coral Gables (Florida) where the Knight-Ridder newspaper chain and the Bell Telephone system are providing news, advertising and other consumer services to 200 personal computers installed in area homes at no cost to participants. Knight-Ridder provides the computer and content and Bell provides the terminals.

2. Information Dissemination. Older Americans seeking information for enjoyment, study, or any other purpose will have access to an infinite variety of sources of infor-

mation. For example, if one embarked on a study of the Industrial Revolution, he or she could get a raft of information by simply pushing a button. Similarly, information on the Meals on Wheels program could be called up.

3. Education. The educational possibilities in cable are vast, all the way up to obtaining a college degree. But courses are also visualized in such diverse areas as cooking, learning to play a musical instrument, pursuing hobbies, how-to, home repair, and so on.

4. Personal Security. Older Americans, especially vulnerable to crimes against the person, can be protected by systems that will monitor the home for assaults, burglaries, fires, and other life-threatening emergencies.

More and more cable systems are including home security services in their franchise bids. Some of the experimental systems include:

a. Personal Alarm Security System--a crime prevention technique for older persons that is being tested in New York.

b. Lifeline, a personal security system developed in 1972 to meet the needs of the elderly and disabled. Under this system, hospitals, other health institutions and social service agencies in some 50 communities in 16 states are linked electronically with people around the clock.

c. Companion Service, an innovation for use in the homes of the frail or handicapped elderly, automatically alerts a communication center when help is needed. Sensors detect an interruption in a person's normal activities and trigger the dialing of the telephone.

d. Silent Communications Alarm Network is a personal security system developed for use in homes for the aged or handicapped to indicate a medical emergency.

5. Health Care. Cable is expected to bring better care to older Americans through the use of interactive systems that will permit them to be treated by clinics with needed diagnosis and other information. Health monitoring features allow direct contact with hospitals should the patient develop a health problem while at home.

"Many of the more innovative cable companies are actually developing 'telemedicine' capabilities which will interconnect hospitals, clinics, and even homes for limited diagnostic purposes" (Shooshan, 1980). Older Americans

in particular can benefit from medical alert devices which can be activated whenever an emergency occurs. These medallion type devices, whch can be worn as jewelry or carried in a pocket, are designed with a button which when pressed during an emergency sets off an alarm that will bring assistance. "The elderly persons for whom a fall is a serious threat don't have to worry about being able to get to the phone. This device can set off the alarm up to 150 feet from the basic alert unit" (Jordan, 1980).

6. Transportation. Older Americans, particularly the rural aged, currently find access to transportation difficult if not impossible; as a consequence, making even simple trips to the supermarket or the bank are burdensome chores. Such trips may be unnecessary as these services are brought into the home.

7. Consumer Services. Shopping at home will be made so simple that infirm older Americans need never leave home. Products and services will be flashed on home TV screens and shopping can be accomplished by telephone.

8. Financial Management. Similarly, older Americans who are infirm often are forced to rely on others to handle such important and personal matters as cashing the monthly Social Security check and managing a savings or investment portfolio. Cable permits at-home management of finances, with electronic fund transfer already a reality and the phone an easy device to double-check transactions.

ADVANTAGES OF THE NEW TECHNOLOGY

Experts indicate that the new telecommunications technology has the potential for improving the quality of life for the nation's 24 million older Americans. This technology will create new opportunities for solving the problems of older persons, such as lack of transportation, inadequate and costly health care services, vulnerability to crime, isolation from society, inadequate income, and lack of access to information.

Moreover, the use of a two-way communication system would help administrative agencies provide governmental services to the general public. For example, a two-way system could be used to expedite administrative conferences involving claimants to government benefit programs by eliminating the necessity for the claimant to make a personal appearance. "In an era when communication plays an increasingly important role in public policy making, cable technology provides local individuals and groups with a means of electronic communication and input into community affairs. By strengthening citizen access to and control over information, cable television enhances the ability of citizens to communicate with public officials and to participate effectively in urban political processes" (Moss, 1978).

PROBLEMS

Barrier to Access: The Problem for the Elder Poor.

One of the implications underlying these exciting trends in new technology is the need for older adults and their advocates to deliberate on ways to influence the system so that inability to pay will not be a barrier.

Invasion of Privacy: A Potential Problem

The two-way interactive cable systems are "Orwellion" in nature and portend the possibility of abuses of the privacy of citizens. Cable operators will have access to a wealth of private information about individuals which could be used fraudulently by persons who might get a hold of it, or could result in abuses such as blackmail against older persons in particular and others who are vulnerable. Moreover some theorists suggest that the sophisticated information systems reinforce the power of the state and threaten the privacy of individuals (Moss, 1978).

Another Problem: Acquiring Literacy in the Language of the New Technology

Children are currently being taught to be fluent in the language of new technology. There is no reason to assume that given proper training, adults of all ages cannot learn to use the new informational systems.

KEY ISSUES

ISSUE: Will older Americans living on fixed incomes and the poor aged be able to afford the services available through the new media technology?

ISSUE: What is being done about underwriting the cost to the public and to older persons whose incomes are limited?

ISSUE: What options are open to the indigent older person in terms of the new communications technology?

ISSUE: How can the elderly become literate about the new technology?

ISSUE: What would be the impact on older persons of the transition to telecommunications technology that would allow them to acquire information and transact routine business without leaving their homes?

ISSUE: In looking at the utilization of telecommunications technology, what are the implications for the possibility of abuses of the privacy of older citizens?

RECOMMENDATIONS

The explosion in the cable communications field presents the potential for increased opportunities for programming directed toward the needs of older Americans in entertainment, news and information. The new technology also offers the potential for innovative services that can help solve problems faced by older Americans.

The committee makes the following recommendations:

1. that those engaged in funding and administering programs for older persons--both government and private--systematically examine telecommunications technology as a tool for providing information and services;

2. that a clearinghouse be established for information on telecommunications technology so that older persons can petition for access to new services at affordable rates;

3. that older persons and their advocates become involved in the franchising process beginning with the drafting of the cable ordinance, indicating the types of services and protections that are important to them and seeking commitments from individuals awarded cable franchises;

4. that public and private sources of funding provide financing for the education and training of older persons in the skills needed to make efficient use of the new technology;

5. to minimize the likelihood that the new technology will isolate the elderly, we recommend that public and private agencies encourage providers of the new technology to link senior centers to nursing homes, adult day centers, apartment complexes for older persons and facilitate social interaction among older persons;

6. that studies be done to determine the impact, if any, of the new technology on those older persons who do and do not subscribe to them (e.g., do computer based informational systems in the home affect social interaction?).

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GPO 885-072

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Retirement Income
Health Maintenance and Health Promotion
Health Services
Social and Health Aspects of Long Term Care
Family, Social Services and Other Support Systems
The Physical and Social Environment and Quality of Life
Older Americans as A Growing National Resource
Employment
Creating an Age Integrated Society: Implications for Societal Institutions
Creating an Age Integrated Society: Implications for the Economy
Creating an Age Integrated Society: Implications for the Educational Systems
Creating an Age Integrated Society: Implications for Spiritual Well-Being
Creating an Age Integrated Society: Implications for the Family
Creating an Age Integrated Society: Implications for the Media
Creating an Age Integrated Society: Implications for Governmental Structures
Research in Aging

Experts from various fields were appointed by the Secretary of Health and Human Services to serve on 16 Technical Committees, each charged with developing issues and recommendations in a particular area for consideration as background material for the delegates to the 1981 White House Conference on Aging.

TCES - 16

AGENDA

WHITE HOUSE CONFERENCE ON AGING

TECHNICAL COMMITTEE ON MEDIA

Rabbi Marc H. Tanenbaum, Chairman

Ms. Marlene Johnson, Staff Liaison

1) Summary of Study, "Stereotyping of the Elderly in the Mass Media " by Dr. Kathleen Jamieson

   - Discussion of Unmet Needs

   Television
   Radio
   Advertising
   Print Media
   Textbooks

2) Discussion of Positive Alternatives: viz., "Over Easy"

3) Use of Older People in Media - Actors, Actresses, News Programs, etc.

4) Proposals for Preparation of Media Report for 1981 White House Conference on Aging

5) January 1981 Meeting on Media Technology

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