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Box 93, Folder 6, White House Conference on Aging, January-
June 1981.





Inter-Organizational Meeting on

WHITE HOUSE CONFERENCE ON AGING

January 8, 1981

Invitees

Attended

Unable to Attend

American Jewish Committee

Evan Bayer
Dr. Carl Sheingold

Assoc. Jewish Family & Children's
Agencies

Dr. Martin Greenberg

Nat'l Assoc. Jewish Vocational
Services

William Barri
Charles Zibbell
Sophie Engel
Les Levin

Council of Jewish Federations

Jewish Welfare Board
American Assoc. Jewish Education
Nat'l Assoc. Jewish Homes for Aging

Harry Kosansky
Fradele Freidenreich
Herb Shore

The national organizations listed above were called together for the purpose of interchanging information on involvement in the White House Conference on Aging from the point of view of coordinating efforts, if this seems indicated. There was agreement that it would be useful to develop channels of communication and several decisions were reached.

REPORT ON CURRENT INVOLVEMENT

American Jewish Committee

A number of individuals are involved in various committees, as follows:

- Mark Tanenbaum, Chairman, Technical Committee on Media and
Member of Committee on Spiritual Wellbeing
- Joe Giordano, Member of State Technical Committee
- Charlotte Holstein, New York State Advisory Board
- Hy Bookbinder, Member of Special Advisory Committee

A national Committee on Aging is to be established. Issues of concern are age discrimination, legal advocacy, income maintenance and health.

continued....



Council of Jewish Federations

The emphasis has been placed on encouraging local Federations and Committees on Aging to participate on the local community and state levels.

An informational memo was sent to all Federations and reports have been received on local and state activities.

General Assembly session on the White House Conference on Aging with the Executive Director, Jerome Waldie, as speaker.

A co-sponsor with NVOILA/NCOA of Mini-Conference on Public Voluntary Collaboration, held in November, 1980.

Reports from communities indicate the broad range of major issues, including income maintenance, housing, transportation, health care, employment, etc.

Jewish Welfare Board

(Report given by Harry Kasansky by phone)

Special issue of program bulletin devoted to the White House Conference on Aging, with suggestions for local participation.

Special meetings have been held in a number of communities - some in co-sponsorship with Federation.

Co-sponsor with NVOILA/NCOA Mini-Conference on Public Voluntary Collaboration (same as CJF above).

National Association of Jewish Homes for Aged

Herb Shore is a member of the National Advisory Committee.

Position statement on long-term care is in process of preparation.

NEXT STEPS

There was consensus that the nine substantive needs areas identified in the legislation authorizing the Conference were of direct concern and interest to the Jewish community and, therefore, broad participation in Pre-Conference and Conference activity is an important objective. The following was agreed upon:

- 1) American Jewish Congress and National Council of Jewish Women are to be invited to participate in this ad hoc committee.
- 2) Policy statements, background and position papers of the national organizations should be circulated to the members of the ad hoc group.
- 3) A session on the White House Conference on Aging should be sponsored by all the professional associations at the forthcoming Conference of Jewish Communal Service.

continued....

- 4) Efforts directed to encourage local participation should be continued.
- 5) Names of people who are delegates or are participating in various aspects of the Conference should be obtained, so that a centralized list of all Jewish delegates can be developed.
- 6) Wide participation in presenting testimony at the four Regional Hearings to be held this summer should be encouraged. Ground-work should be laid at the regional level for developing a national caucus.
- 7) It is also suggested that national organizations seek delegate appointment to the White House Conference. Although procedures for appointment of delegates from national organizations have not been spelled out, it might be useful to contact the State Coordinator on Aging.

In New York: Ms. Jane Gould
State Office for Aging
Empire State Plaza
Agency Building #2 - 5th floor
Albany, New York 12223

Phone: (518) 474-4425

CJF was requested to serve as the coordinator in collecting and disseminating information from the national organizations.

Submitted by: Sophie B. Engel

the
White House
Conference
on
Aging

330
Independence
Avenue
S.W.
Washington,
D.C.
20201

January 9, 1981

Mr. Kenneth Albrecht
Vice President
The Equitable Life Assurance Society of the United States
1285 Avenue of the Americas
New York, New York 10019

Dear Mr. Albrecht:

The Technical Committee on Media of the White House Conference on Aging extends its heartfelt thanks to you for providing us with such beautiful facilities for our December 2nd meeting.

We especially appreciate the cooperation of your staff in carrying out the many details involved in ensuring a successful meeting. It was kind of you to provide personnel to tape the session for us. The tape will be a lasting momento of our deliberations and will be forwarded to the White House Conference on Aging archives.

Special thanks to Mary Ann Buckely for all that she did to make us comfortable, especially for arranging for refreshments and the sumptuous luncheon.

Once again, the Committee and the entire White House Conference on Aging appreciates this fine gesture of generosity shown by you and the personnel of Equitable.

Sincerely,

Marlene L. Johnson
Marlene L. Johnson
Staff Liaison

for Rabbi Marc Tanenbaum
Chairman

the
White House
Conference
on
Aging

330
Independence
Avenue
S.W.
Washington,
D. C.
20201

1/9/81

Rabbi Tanenbaum,

I am enclosing a suggested agenda for next Wednesday's meeting. Thought it might help if I put down some ideas for your review. Hope this will facilitate getting the agenda out and helping think through our final meeting.

late

I will be in New York sometime/on Tuesday, 1/13. Hope we can get together or talk briefly. See you then.

Best regards,



Mordecai

SUGGESTED AGENDA

TECHNICAL COMMITTEE ON CREATING AN AGE-INTEGRATED SOCIETY

-- IMPLICATIONS FOR THE MEDIA

JANUARY 14, 1981

9:30 a.m.-3:00 p.m.

NEW TECHNOLOGY IN MEDIA--AN EXAMINATION OF ITS IMPACT
ON OLDER PERSONS

- 9:30 a.m. WELCOME REMARKS, INTRODUCTIONS, OVERVIEW OF COMMITTEE'S WORK
Rabbi Marc Tanenbaum, Chairman
- 10:00 a.m. PRESENTATION
Gene Swanzy, Public Broadcasting Service
- 10:15 a.m. QUESTIONS AND ANSWERS--DISCUSSION
- 10:30 A.M. PRESENTATION
Warner Amex Cable Corporation
- 10:45 a.m. QUESTIONS AND ANSWERS--DISCUSSION
- 11:00 A.M. PRESENTATION
Herbert Schlosser, RCA
- 11:15 a.m. QUESTIONS AND ANSWERS--DISCUSSION
- 11:30 a.m. PRESENTATION
Harry Shooshan, Former Chief, House Commerce Communications Subcommittee
- 11:45 a.m. QUESTIONS AND ANSWERS--DISCUSSION
- 12:00 noon WRAP-UP OF MORNING SESSION: SUMMARY AND RECOMMENDATIONS
- 12:15 p.m. LUNCH--DINING ROOM ADJOINING BOARD ROOM
- 1:30 p.m. FINAL REPORT OF TECHNICAL COMMITTEE
- I. Status of Draft Sections
- a. Kathleen Jamieson--STEREOTYPES/UNMET NEEDS
 - b. Nancy Schlossberg/Jules Power--POSITIVE THEMES
 - c. Kathleen Jamieson--New Technology in Media
 - d. Nicholas VanDyck--BACKGROUND PAPER FOR PROPOSAL FOR NATIONAL COUNCIL ON MASS MEDIA AND OLDER PERSONS
 - e. Alfred Plant--IMAGES OF OLDER PERSONS IN ADVERTISEMENTS/ COMMERCIALS

January 14, 1981

- II. COMMITTEE RECOMMENDATIONS TO THE WHITE HOUSE
CONFERENCE ON AGING
- III. DISCUSSION OF FORMAT FOR FINAL REPORT
- IV. WRITING OF COMMITTEE REPORT
- V. OPTIONS FOR COMMITTEE REVIEW OF FIRST DRAFT
 - a. Mailing
 - b. Final Meeting
- VI. SUBMISSION OF FINAL REPORT BY FEBRUARY 1 DEADLINE



GRAY PANTHERS

PROJECT FUND

CHALLENGING AGE STEREOTYPES IN THE MEDIA
WHITE HOUSE MINI MEDIA CONFERENCE

PROGRAM

Thursday, January 15, 1981

8:30 REGISTRATION AND COFFEE

9:15 General Session

Greetings and Program Overview

Barbara D. Cox, Moderator

Martin Luther King, Jr. Birthday Recognition

Lydia Bragger, Conference Director

Maggie Kuhn, Founder, Gray Panthers

Office of Aging Representative

9:15 KEYNOTE ADDRESS

Dr. Richard H. Davis, Director
Publications and Media Projects
Ethel Percy Andrus Gerontology Center
University of Southern California

10:15 COFFEE BREAK

10:30 ISSUE WORKSHOPS

A. CABLE TV: FUTURE VISIONS

Goal: To demonstrate opportunities for older persons to use cable T.V. to decrease age stereotyping.

Leader: Dena Anderson, Gray Panther
Professor, Graduate School of Social Work
San Diego, University

Resource Persons:

Jerry Richter, Director
Berks County Community TV Access Channel

John Sandifer, Producer
Channel L Working Director

Jennifer Sterns, Producer
Office of Communications
U.C.C.

Equipment Needs:

B. COMMERCIALS: BANE OR BLESSING

Goal: To showcase commercials that don't stereotype older people; and to identify commercials that do stereotype older people.

Leader: Kathleen Jamieson, Ph. D.
Professor of Communication Arts
University of Maryland

Resource Persons:

Donald Gilbert, Vice-President
Case McGrath Advertising Co.

Rita Larsen, Gray Panther
Bergen County

Equipment Needed:

C. PRINT MEDIA: A GREAT POTENTIAL

Goal: To demonstrate age stereotyping in books, newspapers and in libraries.

Leader: Brad Chambers
Council on Interracial Books for Children

Resource Persons:

Edward deSciora, Director
Port Washington Library

Bayard Hooper, Editorial Director
Prime Time

Christopher Trump, Associate Dean
School of Journalism
Columbia University

Equipment Needed:

D. INNOVATION: AGE IN THE FUTURE (NEW PROGRAM IDEAS)

Goal: To demonstrate opportunities to reduce/eliminate age stereotyping in the film/broadcasting industry.

Leader: Christopher Sarson, Winslow House

Resource Persons:

Ann Bohlen, New Day Films
Donald Schwartz, Low Sulphur Films
Jennifer Woolcock, Low Sulphur Films

Equipment Needed:

E. MEDIA EMPLOYMENT: ENDING DISCRIMINATION

Goal: To demonstrate that ageism, sexism and racism are all part of the same discrimination in media employment.

Leader: Phyllis Sanders, Prime of Your Life, NBC

Resource Persons:

Richard Reed, Director, National Media Foundation

Equipment Needed:

F. POLICY: WE INFLUENCE IT

Goal: To create awareness of how older persons can hold the media accountable.

Leader: Ralph Jennings, Ph. D., Communications Consultant

Resource Persons:

Beryl Banfield, Director, Project Ember
Maggie Kuhn, Founder, Gray Panthers

12:30 LUNCH (CAFETERIA SERVICE)

2:00 ISSUE WORKSHOPS

REPEAT OF A.M. SESSIONS

CHALLENGING AGE STEREOTYPES

Page #4

4:15 GENERAL SESSION: BARBARA D. COX, MODERATOR

SUMMARY: POOLING IDEAS FOR CHANGE

5:00 CLOSURE.

Friday, January 16, 1981

9:00 COFFEE

9:30 DIALOGUE: Lydia Bragger, Maggie Kuhn and Media Representatives

Equipment Needed:

10:00 ACTION WORKSHOPS

G. PSA'S: WRITE YOUR OWN

Goal: To provide guidelines on how to write PSA's for TV and radio.

Leader: Winnie Gorlin, CBS

Resource Persons:

ABC Representative
Gray Panther

Equipment Needed:

H. RADIO: YOUR OWN PROGRAM

Goal: To identify strategies for the older person to get a radio program.

Leader: Ruth Coley, Broadcaster, NOW AND THEN, Wisconsin

Resource Persons:

Ernestine Allred, Broadcaster, Philadelphia, PA.
Dave Metzger, Producer, WBAI, Pacifica Stations

Equipment Needed:

I. MONITORING: WATCHING AND ACTING

Goal: To demonstrate monitoring techniques and advocacy strategies.

Leader: Jan Engsborg, Assistant Deputy Director
Office of Communications, United Church of Christ

Resource Persons:

Betty Hoffman, NBC
Inge Roberts, Gray Panther, Member, Media Watch
Task Force

Equipment Needed:

J. MEDIA CENTERS: HOW TO START AND FUND ONE

Goal: To provide information on establishing an on-going aging media assistance center.

Leader: Dr. Richard Davis

Resource Persons:

Lydia Bragger, Chairperson, Media Watch Task Force
Eva Skinner, Gray Panther, Media Consultant

Equipment Needed:

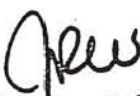
- 12:00 LUNCH (BUFFET)
12:45 PLENARY SESSION
1:45 PRESS CONFERENCE
2:45 WRAP UP SESSION: STAFF.

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY

TO : Advisory/Technical Committee Members, WHCOA

DATE: January 16, 1981

FROM : 
Jerome Waldie
Executive Director, WHCOA

SUBJECT: Contract Air Carrier and Northeast Corridor Train Travel on WHCOA Business

There are two new developments in travel regulations that may affect your travel plans and/or your travel reimbursement in connection with WHCOA business.

The first development is the approval of a policy statement by the Secretary that allows personal work schedules to become a factor in decisions about the use of contract air carriers and Northeast corridor trains. The second development is the implementation of a major expansion in the contract air carrier program by the General Services Administration.

Secretary's Policy Statement

The Secretary has now approved the following policy statement:

"Because of the exceptional nature of Conference activities and the severe time constraints on the work of our committees, it is the policy of the Department of Health and Human Services that White House Conference on Aging committee members do not need to have their work schedules changed and spend extra time traveling solely for the purpose of taking a contract air service carrier or a Northeast corridor train."

This policy applies to air and train trips made after December 7, 1980. However, it does not exempt our committee members from regulations governing contract air carrier and Northeast corridor train travel. It does allow the committee members' work schedules to become a factor in the decision about whether or not a contract air carrier or a Northeast corridor train must be used. Since the Secretary does not have the authority to grant a blanket exemption, it is important to take seriously compliance with these regulations.

The new policy applies to travel performed after December 7, 1980. Exceptions to contract carrier travel in connection with trips made on or prior to December 7, 1980, have to be justified according to the exceptions in effect at that time. We know from hard experience that the justification process is extremely time consuming. These processing delays in many cases were made worse by the numerous instances in which technical and advisory committee members took noncontract carriers. Consequently, the vouchers in these instances were pulled out of ordinary processing and made subject to special handling, disputes and often disallowance. We regret these delays very much. All of the above problems relate to 1980 travel. Now, for 1981 we have a new situation.

I. Changes in Contract Air Service Regulations

The regulations in effect from July 1, 1980, to December 31, 1980, have expired. In their place effective January 1, 1981, are a new set of regulations that expand the paired city contract carrier program to cities not previously paired. Some of the previous contracts have been extended; others have not. Attached is a table showing currently paired cities. Others will be added in the near future. We will provide this information as soon as it is available. Attached also is information on fares for those of you from the cities covered by these regulations.

Although the effective date for the new regulations was January 1, 1981, we were not informed of the actual list of paired cities and the permitted exceptions until now. Since many travel arrangements for January technical committee meetings already were made, we wrote to the Office of the Secretary stating that the lack of information has precluded us from complying with these new regulations for many of these technical committee meetings. We have asked for special consideration in the handling of vouchers from trips taken or planned during the period of uncertainty.

For those of you who have not made travel plans yet, please try to comply with the new regulations. For those of you who have made travel plans, do not take further action. We will work out any problems from here.

As you know, all advisory and technical committee members are subject to Federal travel regulations, including the contract air service regulations. Exceptions to the regulations are given below, as well as information on how to use the exceptions. Information on failure to comply is also included in the following material. Please understand that failure to follow the regulations leads to voucher processing problems that both deny you reimbursement of expenses for the unauthorized parts of your trips and delay reimbursement for the authorized parts.

Exceptions to Contract Air Service Regulations

The exceptions to these new regulations are:

1. Seats are not available on any contract flight in sufficient time to accomplish the purpose of the travel;
2. The scheduled contract flight is not compatible with agency policies and practices regarding travel during regular scheduled work hours. In this connection, two HHS policies need to be brought to your attention. The first is the Secretary's policy, recently signed, regarding WHCOA advisory and technical committee travel. The second is the policy that no traveler is required to leave home before 6:00 AM or return home after 8:00 PM to accomplish the purpose of the trip
3. On the basis of a comparison of total costs for each trip, the use of a standard class jet coach (Y class) airline fare in existence on October 15, 1980, is less costly to the Government, considering such factors as actual transportation cost, subsistence, allowable overtime, or lost productive time.

4. Exigency or other requirements of the mission necessitate the use of another airline carrier or mode of transportation.

Using the Contract Air Service Exceptions

To use the first exception (seats not available), the traveler needs to provide the name and flight number of the airline, the name of the person providing this information, and the date and time the information was given. This information must be provided for each leg of the trip, that is, both the initial trip to Washington and the return trip home.

Exception two (flights not compatible with agency policies and practices regarding travel) can get complicated but seeks to introduce some common sense into decisions regarding use of contract air carriers. The policy regarding travel before 6:00 AM or after 8:00 PM can only be used if the traveler does not actually travel before 6:00 AM or after 8:00 PM. The policy regarding changes in work schedules can not be used if work schedules are changed in order to fly a carrier other than a contract carrier at times within an hour or two of contract flights. Thus, familiarity with contract carrier flight schedules is extremely important. Flight information is printed in the official airline guide.

Exception three (less costly to use a carrier other than a contract carrier) can often serve as the basis for an exception but is complicated by the requirement that the fare used in the calculation must have been in existence on October 15, 1980. In most cases one of the first two exceptions will be easier to justify.

Exception four (exigencies of the mission) has not been defined for us yet. In most Government regulations the work exigency is defined in terms of public health and safety. If this restrictive definition is applied to this exception, it will not apply to our situation. We will inform you on the use of this exception when further information becomes available.

II. Regulations Regarding Train Travel in the Northeast Corridor

Another regulation requires travelers in the Northeast corridor to take Metroliner coach, particularly between New York and Washington, and Philadelphia and Washington. When a traveler takes a plane there is an automatic delay in payment in order for the Health and Human Services administrative staff and the travel auditors to determine if one of the exceptions to train travel applies.

Exceptions to Train Travel Regulations

Metroliner coach is not required:

1. If the total cost of the trip is less by plane when additional per diem and lost work time are considered;
2. If space is not available in time to accomplish the purpose of the trip;
3. Round trip travel is required within one day, provided that the traveler would have to leave home before 6:00 AM and arrive home after 8:00 PM,

and/or train travel would interfere with personal work schedules and require additional travel time; and

4. The use of train service would cause undue hardship to an employee who is handicapped or physically impaired.

Using the Exceptions to Train Travel Regulations

Exception one (total cost of trip is less by plane) can be used to advantage on occasion. However, disagreements over the value of lost work time can cause problems when citing this exception.

Exception two (space not available) requires the traveler to provide the time, date, and name of the person giving the information and the train numbers for which reservations were attempted.

Exception three (one day travel) is easier to use from New York than Philadelphia because of the extra time involved in traveling to New York.

Exception four (hardship to a handicapped person) requires a physician to document the handicap and the hardship which train travel would impose.

III. Failure to Comply with Travel Regulations

These regulations must be taken seriously, even though they are complicated and cumbersome. Since the General Services Administration has received a great deal of favorable publicity regarding the substantial dollar savings to the taxpayer resulting from these regulations, they are not likely to be abolished. The consequences of not complying with the regulations vary. As noted, if the traveler does not travel the way the regulations expect, there is an automatic delay in payment while someone determines if an exception applies. If no exception applies, the amount paid the traveler is reduced by the difference between the contract air fare and the actual fare, or, in the case of train travel, between the train fare and plane fare. If the travel voucher will not cover this reduction, the traveler's honorarium will be reduced to make up the difference. If the honorarium will not cover the amount due, we will be forced to ask you to make up the difference. We have little control over these determinations and the sequence of events outlined above.

IV. Assistance Available in Making Travel Plans

We must apply the regulations for those departing from a contract air service city or traveling in the Northeast corridor on a case-by-case basis. Therefore Frankie Newman and Judi Salgado of the WHCOA Office of Operations will work closely with the WHCOA Office of Administrative Services in helping you make travel arrangements which, in our judgment, will avoid problems. One final note of caution. If you are from one of the cities affected by contract air service, do not use the Eastern 800 number to make your reservations. We will either send you tickets or send a Government Transportation Request (GTR) to cover the ticket cost.

Please retain this correspondence for future use. It may be that we will need to refer to this document as we obtain additional information.

Contract Air Service City Pairs

Washington, D.C.

Chicago, IL
Dallas-Ft. Worth, TX
Houston, TX
Kansas City, MO
Memphis, TN
Miami, FL
New Orleans, LA
New York, NY
Oklahoma City, OK
Orlando, FL
Phoenix, AZ
Salt Lake City, UT
San Antonio, TX
St. Louis, MO
Tucson, AZ

Chicago, IL

Cleveland, OH
Detroit, MI
Kansas City, MO
Oklahoma City, OK
St. Louis, MO

Dallas/Ft. Worth, TX

Albuquerque, NM
Atlanta, GA
El Paso, TX
Houston, TX
Little Rock, AR
New Orleans, LA
Oklahoma City, OK

Denver, CO

Salt Lake City, UT

San Antonio, TX

Dallas-Ft. Worth, TX
Detroit, MI
Los Angeles, CA
New York, NY
Philadelphia, PA
St. Louis, MO

Kansas City, MO

St. Louis, MO

Seattle/Tacoma, WA

Anchorage, AK
Los Angeles, CA
Portland, OR
Spokane, WA

Las Vegas, NV

Reno, NV

Tucson, AZ

Phoenix, AZ

Miami, FL

Ft. Meyers, FL

New York, NY

Norfolk, VA

San Francisco/Oakland, CA

Los Angeles, CA
Seattle, /Tacoma, WA



[start]

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airline passenger transportation is provided.

DATES: Effective date: January 1, 1981; Expiration date: January 1, 1982.

FOR FURTHER INFORMATION CONTACT: John Millington, Ed Hochard or Sean Allan, Transportation Management Division, Transportation and Public Utilities Service (202-275-6144 or 275-1049).

SUPPLEMENTARY INFORMATION: In supplement 10, FPMR Temporary Regulation A-11, users should change all FPMR A-15 references to FPMR A-17. The General Services Administration has determined that this regulation will not impose unnecessary burdens on the economy or on individuals and, therefore, is not significant for the purposes of Executive Order 12044. (Sec. 205(c), 63 Stat. 390; 40 U.S.C. 486(c))

In 41 CFR 101, the following temporary regulation is added to the appendix at the end of subchapter A to read as follows:

December 31, 1980.

To: Heads of Federal Agencies.

Subject: Use of contract airline service between selected city-pairs.

1. *Purpose.* This regulation prescribes policies, procedures, and requirements applicable to Federal agencies when scheduled airline passenger transportation service is needed for official travel between selected cities (city-pairs).

2. *Effective date.* This regulation is effective on January 1, 1981.

3. *Expiration date.* This regulation expires on January 1, 1982, unless superseded or canceled.

4. *Background.*

a. The General Services Administration, Transportation and Public Utilities Service (TPUS), has increased the number of city-pairs and has expanded the scope of airline contracts with certificated air carriers to furnish air passenger transportation for official Government travel at reduced fares.

b. Except for the travel conditions indicated in paragraph 10b, the Government has agreed to place all of its official air travel with the contractor air carriers providing scheduled service between the city-pairs listed in the attachment A.

5. *Scope.*

A. This regulation applies to executive and other Federal agencies to the extent specified in the Federal Property and Administrative Services Act of 1949, as amended, and 5 U.S.C. 5701 et seq.

b. The Department of Defense (DOD) shall follow the procedures established in the Military Traffic Management



AMERICAN JEWISH
ARCHIVES

**GENERAL SERVICES
ADMINISTRATION**

41 CFR Ch. 101

[FPMR Temp. Reg. A-17]

**Federal Property Management
Regulations, Temporary; Use of
Contract Airline Service Between
Selected City-Pairs**

AGENCY: General Services
Administration.

ACTION: Temporary regulation.

SUMMARY: GSA, on behalf of Federal agencies, including the Department of Defense, has entered into contracts of 6-months duration with certificated air carriers to provide transportation at reduced fares for official travel between selected cities (city-pairs). This regulation prescribes policies, procedures, and requirements that apply to Federal agencies when contract

Regulation [AR 55-355/NAVSUP 4650.70/NCO P4600.11A/DLAR 4505.3].

c. Uniformed members of the Public Health Service; the National Oceanic and Atmospheric Administration; the U.S. Coast Guard; employees of the Judicial Branch of the Government; the U.S. Postal Service; Foreign Service Officers; cost reimbursable contractors working for the Government; and employees of any agency having independent statutory authority to prescribe travel allowances and who are not subject to 5 U.S.C 5701-5709 are exempt from the mandatory use of this contract. However, all exempt personnel are authorized and encouraged to obtain contract services when acceptable to the contract airline.

6. *Applicability.* The provisions of this regulation are mandatory for all official travel by air between the city-pairs listed in attachment A.

7. *Carrier requirements.* The contractor shall not be required to furnish services if, at the time of the request for services, the scheduled aircraft is fully booked, nor shall the contractor be required to furnish any additional aircraft to satisfy the transportation requirement. However, the contractor will provide the official Government traveler with the same services, including meals, as provided to its commercial passengers in scheduled jet coach service or better, subject to the rules and procedures published in the air carrier's tariffs on file with the Civil Aeronautics Board. The carrier will make reservations for Government travelers on the same basis as for regular coach service travelers and shall not discriminate in favor of the commercial traveler.

8. *Procedures for obtaining service.*

a. Contract air service shall be ordered by the issuance of Standard Form 1169, U.S. Government Transportation Request (GTR). If cash is used in the absence of a GTR under the provisions of FPMR 101-41.203-2, participating airline carriers may furnish contract fares at their option. If the contract carriers do not provide contract fares with the use of cash, the required service may be procured at the noncontract fare.

b. Agencies may obtain airline schedules and reservations for each specified city-pair through the use of the individual airline telephone number(s) listed in attachment A. When requesting reservations, the trip shall be identified as official Government business and the carrier's ticket agent shall be instructed to apply the appropriate contract fare. Agencies using teletype ticketing equipment should examine airline tickets to determine whether the correct

contract fare has been applied. Improperly rated or faired tickets shall be canceled and new tickets shall be requested. Tickets picked up at airline ticket offices should be verified to ensure that the proper contract-air-class-of-service symbol is shown on the ticket.

c. When the contract carrier offers a fare to the general public between the city-pairs listed in attachment A which is lower than the contract fare, the ordering agency may elect to use such lower fare instead of the contract fare. These lower fares may be used provided they do not alter the position of the contractors with respect to their use in progressive order as specified in paragraph 8e.

d. Contract fares apply only between the cities named and are not applicable to or from intermediate points; however, the Government may use the contract fare in conjunction with other published fares, including other contract fares. Under this provision, carriers will provide through ticketing and service.

e. Agencies shall request reservations from the contract airline offering the lowest contract fare for the appropriate city-pair, as shown in attachment A. If that carrier cannot provide the required service, the carrier(s) offering the next lower fare in progressive order shall be used. For example, carriers A and B offer service at \$65 and \$70 respectively. If carrier A cannot provide transportation service at \$65, carrier B will be requested to furnish service at \$70.

f. The use of connecting flights is encouraged where contract carriers do not provide through service and this connection produces lower transportation costs than direct flights using noncontract carriers. However, agencies are cautioned that lower transportation costs may be offset by increased travel costs, such as per diem, subsistence, allowable overtime, or lost productive time due to layovers. For example, if direct service from San Francisco, California, to Washington, DC, is not available from a contract carrier, a noncontract carrier may be used to the closest connecting city offering service (i.e., Salt Lake City, Utah; Denver, Colorado; or Los Angeles, California); then, a contract carrier may be used to Washington, DC. In these cases, when making reservations with a noncontract carrier, the ticket agent should be advised of the portion(s) of the trip that will be taken at the reduced contract fare.

g. If service by contract carriers is provided at different airports but still between the same city-pair listed in attachment A, the lowest overall cost,

including the contract fare, lost productive time, and ground transportation will determine which carrier will be used.

9. *Class of service identification.* The contract air class of service designated by each contract carrier as shown in attachment A shall be shown on all Standard Forms 1169, U.S. Government Transportation Request, and airline tickets.

10. *Airline service using noncontract carriers instead of contract carriers.*

a. Heads of agencies may delegate authority to authorize or approve the use of noncontract air carriers when justified under the conditions listed in paragraph b, below. This authority shall be held to as high an administrative level as practicable to ensure adequate consideration and review of the circumstances of the travel assignment and to ensure compliance with this regulation.

b. Justification for the use of air carriers other than those shown in attachment A is limited to the following conditions, which shall be certified on individual travel orders or vouchers by the authorizing official:

(1) Airline seating capacity on any scheduled flight of the contract carrier is not available in sufficient time to accomplish the purpose of the travel, or the use of the carrier's flight would require additional overnight lodging;

(2) The scheduled flight of the contract carrier is not compatible with the agency policies and practices regarding travel during regularly scheduled workhours. (For further information, see the Federal Personnel Manual, Supplement 990-2);

(3) On the basis of a comparison of total costs for each individual trip, the use of a standard class jet coach (Y class) airline fare in existence on October 15, 1960, is less costly to the Government, considering such factors as actual transportation cost, subsistence, allowable overtime, or lost productive time; or

(4) Exigency or other requirements of the mission necessitate the use of another airline carrier or mode of transportation.

11. *Collective agreements.* This regulation shall not be interpreted to nullify any valid, negotiated agreement between management and a union covering any provision of employee travel in effect on the effective date of this regulation. Upon the expiration of agreements exempted, the provisions of this regulation shall apply.

12. *Comments.* Comments and recommendations concerning the use of this regulation and its provisions may be submitted to the General Services

Administration, Office of Transportation and Travel Management (TT), Washington, DC 20406.

13. *Cancellation.* FPMR Temporary Regulation A-15, dated June 30, 1980, is canceled December 31, 1980.

14. *Effect and other directives.* In supplement 10, FPMR Temporary Regulation A-11, all references to A-15 shall be changed to A-17.

Ray Kline,
Acting Administrator of General Services.

Attachment A

City-Pairs (between Washington, DC, and:	Lowest standard Y class jet coach fare (as of Oct. 15, 1980)	Contract fare and airline (See note:)
Chicago, IL.....	\$128	579-ML 100-NW 125-TI
Dallas-Ft. Worth, TX.....	206	153-BN 113-BN 125-TI
Houston, TX.....	208	131-ML 140-BN 119-OH
Kansas City, MO.....	179	125-PA 128-TI
Memphis, TN.....	151	29-NS 40-NW 42-SN
Miami, FL.....	171	171-TI
New Orleans, LA.....	183	200-BN 115-PA
New York, NY.....	58	272-BN 229-BN 145-TI
Oklahoma City, OK.....	228	145-TI
Orlando, FL.....	156	114-ML 120-OZ 279-BN
Phoenix, AZ.....	312	
Salt Lake City, UT.....	297	
San Antonio, TX.....	237	
St. Louis, MO.....	149	
Tucson, AZ.....	310	
City-Pairs (between) Chicago, IL, and:		
Cleveland, OH.....	83	53-ML 44-ML
Detroit, MI.....	73	69-ML 88-BN 137-BN 46-ML
Kansas City, MO.....	113	
Oklahoma City, OK.....	160	
St. Louis, MO.....	70	
Dallas-Ft. Worth, TX, and:		
Albuquerque, NM.....	139	52-TI 127-BN
Atlanta, GA.....	151	52-TI
El Paso, TX.....	140	23-OH 24-BN 59-TI 52-TI 53-BN 34-BN 35-TI
Houston, TX.....	71	
Little Rock, AR.....	86	
New Orleans, LA.....	104	
Oklahoma City, OK.....	52	
Denver, CO/Salt Lake City, UT.....	96	40-BN 59-TI
Kansas City, MO/St. Louis, MO.....	88	55-OZ 36-BN 40-OH 48-PA
Las Vegas, NV/Reno, NV.....	53	
Miami, FL/Ft. Myers, FL.....	53	
New York, NY/Norfolk, VA.....	78	
San Antonio, TX, and:		
Dallas-Ft. Worth, TX.....	75	35-TI 36-BN
Detroit, MI.....	215	141-BN
Los Angeles, CA.....	213	236-BN
New York, NY.....	264	227-BN
Philadelphia, PA.....	254	104-TI
St. Louis, MO.....	158	
San Francisco/Oakland, CA, and:		
Los Angeles, CA.....	53	39-WO 73-AS
Seattle-Tacoma, WA.....	131	
Portland, OR.....	49	
Spokane, WA.....	66	
Tucson, AZ/Phoenix, AZ.....	45	
San Francisco/Oakland, CA, and:		
Los Angeles, CA.....	184	109-AS 50-NW
Los Angeles, CA.....	175	

Attachment A—Continued

City-Pairs (between Washington, DC, and:	Lowest standard Y class jet coach fare (as of Oct. 15, 1980)	Contract fare and airline (See note:)
Portland, OR.....	49	25-BN 26-NW
Spokane, WA.....	66	49-NW
Tucson, AZ/Phoenix, AZ.....	45	27-BN

Note: Service shall be requested first from the carrier offering the lowest fare, then, the carrier offering the next lowest fare, etc.

Because of economic conditions, the Standard Industry Fare Level (SIFL), as provided by the Civil Aeronautics Board, may be increased or decreased during the period of this contract. The contract fare, which reflects the SIFL, will be adjusted to reflect the percentage change.

Contract Airline Codes, Names, Reservation Telephone Numbers, and Class of Service Codes

AS Alaska Airlines, Inc.: Class of service code—YDG

Toll Free

Continental U.S.—(800) 426-0333
State of Alaska—(800) 426-7464
State of Washington—(800) 552-0670

Commercial

Anchorage, AK—(907) 243-3300
San Francisco/Oakland, CA—(415) 931-8888
Seattle-Tacoma, WA—(206) 433-3100

BN Braniff Airways, Inc.: Class of service code—YDG

Toll Free

Continental U.S., except State of Texas—(800) 527-2600
State of Texas, except Dallas/Ft. Worth, TX—(800) 492-2950

Commercial

Dallas, TX—(214) 357-5421
Ft. Worth, TX—(817) 335-5818

ML Midway Airlines, Inc.: Class of service code—YDG

Toll Free

Continental U.S., except Illinois—(800) 621-5700
State of Illinois, except Chicago, IL—(800) 572-5688

Commercial

Chicago, IL—(312) 471-4710

NS New York Air: Class of service code—G

Toll Free

Continental U.S., except New York State—(800) 221-9300
State of New York, except New York City—(800) 522-5555

Commercial

New York City—(212) 476-5666

NW Northwest Airlines, Inc.: Class of service code—Y2

Toll Free

Continental U.S., except Minneapolis, MN—(800) 328-7120

Commercial

Minneapolis, MN—(612) 726-1234
OZ Ozark Airlines, Inc.: Class of service code—Y37

Commercial

Kansas City, MO—(816) 471-7383
St. Louis, MO—(314) 739-1111
Washington, DC—(202) 347-4744

PA Pan American World Airways: Class of service code—YDC

Commercial

Miami, FL—(305) 874-5000
New York, NY—(212) 973-4000
Norfolk, VA—(804) 622-1301
Orlando, FL—(305) 422-0701
Washington, DC—(202) 833-1000

QH Air Florida, Inc.: Class of service code—YDC

Toll Free Continental U.S., except Florida—(800) 327-2971

State of Florida—(800) 432-4538

Commercial

Dallas/Ft. Worth, TX—(214) 988-0981
Houston, TX—(713) 621-3700
Miami, FL—(305) 592-8010
Washington, DC—(202) 783-3590

TI Texas International Airlines, Inc.: Class of service code—Y37

Toll Free

Continental U.S., except Texas—(800) 231-0666
State of Texas—(800) 392-6838

Commercial

Albuquerque, NM—(505) 842-5610
Denver, CO—(303) 892-1900
Dallas/Ft. Worth, TX—(214) 268-2300
El Paso, TX—(915) 533-7011
Houston, TX—(713) 821-2100
Little Rock, AR—(501) 376-3333
New Orleans, LA—(504) 581-2965
Oklahoma City, OK—(405) 236-5058
Salt Lake City, UT—(801) 364-4383
San Antonio, TX—(512) 225-5805
St. Louis, MO—(314) 241-7205
Washington, DC—(202) 347-4777

WO World Airways, Inc.: Class of service code—YDG

Toll Free

Continental U.S., except California—(800) 227-2297
State of California—(800) 772-2643

Commercial

Los Angeles, CA—(213) 646-9404
San Francisco/Oakland, CA—(314) 577-2500

[FR Doc. 81-303 Filed 1-02-81; 10:03 am]

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National Council for Children and Television

20 NASSAU STREET, SUITE 215, PRINCETON, NEW JERSEY 08540 609-921-3639

January 19, 1981

MEMORANDUM

TO: Council members unable to attend the January 12, 1981, Symposium on "Children in Television's Global Village"

FROM: Nicholas B. Van Dyck, Executive Director

An NCCT Update report on the recent NCCT Symposium on "Children in Television's Global Village" is enclosed. This event provided a valuable exchange of information which resulted in plans for several follow-up meetings with an eye toward better utilizing television as a means to develop international understanding among children both here and abroad as well as developing ways and means to better use the medium to promote cultural self-awareness, nutrition and health care education, and literacy in developing countries.

A copy of the Symposium agenda and a list of participants are attached.

The minutes from the Executive Committee Meeting held following the Symposium are also enclosed. Please note that the next meeting of the full Council is scheduled for March 9, 1981, in New York City.

Enc.

NCCT Update

A REPORT FROM THE NATIONAL COUNCIL FOR CHILDREN AND TELEVISION
20 Nassau Street, Suite 215, Princeton, New Jersey 08540 609-921-3639

STEPS TO IMPROVE THE QUALITY OF CHILDREN'S LIVES AROUND THE WORLD THROUGH TELEVISION PRESENTED AT NCCT WINTER SYMPOSIUM

Television is a severely underutilized resource for building bridges of understanding between nations, and developing cultural self-awareness, higher standards of literacy, nutrition and health care, particularly in the Third World.

These were among the conclusions of a symposium on "Children in Television's Global Village" held January 12, 1981 in New York, sponsored by the National Council for Children and Television (NCCT). Symposium participants included leaders in broadcasting, television production, research, education, international program suppliers, syndicators, producers engaged in international co-production and representatives from UNICEF.

Dr. Jack Ling, Director of Public Information for UNICEF, stated that television is potentially one of UNICEF's most important and powerful instruments. He described beginning efforts under the leadership of Liv Ullmann to produce entertainment programming with pro-social content for international distribution.

Big Blue Marble is opening a worldwide audience of children in 88 countries to better international awareness. Bob Weimar, the Executive Producer, Richard Berman, the Producer, and Clare Lynch O'Brien, were applauded for their distinguished work. The ongoing commitment of ITT as the sponsor of the program was given special commendation as an example of the way in which multi-national corporations can further the cause of

international understanding.

The extensive international work of Children's Television Workshop in developing literacy was described by Peter Orton, the Director of CTW's International Division. Great promise lies in building on the experiences of CTW with overseas versions of *Sesame Street* in bringing together the production resources of U.S. producers with broadcasters, producers and government agencies in many nations where indigenous cultural patterns and local needs must shape the content of programming. Larry Gershman, Vice President for Worldwide Syndication at MGM Television, underscored the potential for commercially viable international co-production efforts in entertainment and information programming.

Costs of production are major problems in many countries. However, an extensive library of mini-features and drop-in program segments has been carefully selected from producers around the world by Bernice Coe and her staff at Coe Associates. Ms. Coe described the extent to which her collection is being used in the U.S. on such series as *Nickelodeon*, *3-2-1 Contact*, *Captain Kangaroo*, and *Arthur and Company* and other locally produced shows. This resource could easily provide Third World producers with the means to put together relatively inexpensive programs to meet local needs.

Symposium follow-up conversations are exploring opportunities to increase and to improve the use of television to create better international understanding and to promote cultural self-awareness, nutrition and health care education, and literacy in developing countries..

For more information contact NCCT Executive Director, Nicholas B. Van Dyck, at 609-921-3639.

National Council for Children and Television

NCCT Symposium

Children in Television's Global Village

January 12, 1981

9:30 a.m. - 4:00 p.m.

Metropolitan Club, 1 East 60th Street
New York City

AGENDA

- 9:00 Coffee and Danish
- 9:30 Opening Remarks including information about the agenda for the Executive Committee meeting scheduled for 4:30 p.m. - 6:00 p.m.:
Terry Herndon, Council Chairman
- Welcome: Ian Alger, M.D.
- 10:00 Introduction of guests and Panel Presentations:
Nicholas B. Van Dyck, Moderator
- Jack Ling, Director of Public Information, UNICEF
"Television, Children and UNICEF"
- Clare Lynch O'Brien, Consultant, Big Blue Marble
"Cultivating International Understanding through Television"
- Bernice Coe, President, Coe Film Associates, Inc.
"Overseas Programming for Children in the U.S."
- Peter Orton, Director, International Division, CTW
"International Co-production and the Future"
- Larry Gershman, Executive Vice President, MGM Television -
Worldwide Syndication
"International Syndication and Co-production Opportunities"
- John Murray, Ph.D., Research Scientist, Boys Town, U.S.A.
"Economic and Structural Constraints and Possibilities"
- 12:30 Luncheon

National Council for Children and Television

1:30 Responses to Panel Presentations:

Roderic Gorney, M.D., Associate Adjunct Professor
of Psychiatry, UCLA

John M. Culkin, Director, Center for Understanding Media

Discussion, Recommendations and Next Steps:

Terry Herndon, Moderator

Three Questions

Is it desirable and feasible to produce and distribute more programming designed to stimulate greater international awareness and understanding among children?

Is it desirable and feasible to exercise greater syndicator self-regulation of types of programming exported to markets overseas?

Is it desirable and feasible to implement a "media Marshall plan" focused on providing technical production assistance to Third World nations in order to make indigenous programming more competitive?

Development of Case Statement on "Desirable and Feasible Ways and Means to better meet the Needs of Children in Television's Global Village," for dissemination and follow-up with producers, suppliers, broadcasters, syndicators and international agencies.

4:00 Adjournment

4:30 Meeting of NCCT Executive Committee

National Council for Children and Television

Children in Television's Global Village

January 12, 1981

Participants

Gaye Adams
Children's Defense Fund

Jean Dye*
Vice President for Legislative Activity
National Congress of Parents and Teachers

Ian Alger, M.D.*
Clinical Professor
Albert Einstein College of Medicine

William Fore*
Asst. General Sec. for Communication
National Council of Churches

Richard Berman
Producer
Big Blue Marble

Lawrence Gershman
Executive Vice President
MGM Television - Worldwide Syndication

Gordon Berry*
Professor of Education, UCLA

Melvin Goldberg
V.P. - Primary and Social Research
ABC Television Network

Jack Blessington
Director of Educational Relations
CBS Television

Roderic Gorney, M.D.*
Associate Adjunct Professor
Dept. of Psychiatry
UCLA School of Medicine

Joel Chaseman*
President
Post-Newsweek Stations

Tori Hannah
Assistant Editor
Television & Children

Bernice Coe*
President
Coe Film Associates, Inc.

Grace Hechinger*
Author; Program Associate,
Council on Learning

George Comstock*
S.I. Newhouse Professor
S.I. Newhouse School of Public
Communications

Terry Herndon*
Executive Director
National Education Association

John M. Culkin*
Director
Center for Understanding Media, Inc.

Jack Ling
Director of Public Information
UNICEF

National Council for Children and Television

Martin Lubin, M.D.
Director of Psychiatry
Booth Memorial Hospital, N.Y.C.

Nicholas P. Miller*
Preston, Thorgrimson, Ellis,
Holman & Fletcher

John Murray
Research Scientist
Boys Town

Clare Lynch O'Brien
Consultant
Big Blue Marble

Peter Orton
Director, International Division
Children's Television Workshop

Lee Polk*
President
Polk Communications Associates

Rosemary Lee Potter*
Reading Specialist/TV
Curriculum Writer
Clearwater, Florida

William Reed*
Senior Vice President
PBS

Maria P. Robbins
Associate Editor
Television & Children

Ellen Rodman
Director, Children's Informational
Services
National Broadcasting Company

Datus C. Smith, Jr.*
President
U.S. Committee for UNICEF

Christine Spencer*
Governor and Liaison/Job Developer
National Academy of Television
Arts and Sciences

Cecily Truett
Director of Television Activities
Weston Woods Studios
Weston, Connecticut

Nicholas B. Van Dyck
Executive Director, NCCT
Editor, Television & Children

Robert Weimar
Executive Producer
Big Blue Marble

*Member - National Council for Children and Television

National Council for Children and Television

MINUTES

Meeting of the
Executive Committee
National Council for Children and Television
January 12, 1981
4:30 p.m.

1. Members in attendance: Berry, Comstock, Culkin, Goldberg, Gorney, Herndon (Chair), Levin, Miller, Potter and Van Dyck.
2. Minutes of the September 22, 23, 1980 meetings were approved.
3. The Council's Financial Status and Funding Report by the Executive Director were accepted. The Council's resources are at an extremely low point in anticipation of grants requested and proposals submitted in December. The cash on hand is \$10,282.91. Grants anticipated from current funders is estimated at \$100,000; revenues from new sources is projected to be \$61,560; contributions from members and member organizations is \$20,000; subscription revenues from Council publications is \$22,000. The total budget for Calendar/Fiscal 1981 is \$203,560. Thanks was noted for the contributions received to date from Council members and member organizations.
4. Council projects for 1981 were reviewed.

Follow-up on the January 12, 1981, Symposium on "Children in Television's Global Village" will consist of publication of a report in the forthcoming issue of Television & Children, an NCCT Update report to be distributed to the Council's press list, funders and members, and follow-up meetings between UNICEF program staff and co-producers and suppliers.

The Planning Outlines for the March 9 Symposium and the May 8, 9, and 10 Workshop on "Children's Issues as Prime Time Storylines and Documentary Subjects" were reviewed. Copies are attached to these minutes. The follow-up meetings include agenda and guest list planning sessions with Jerry Levin, Mel Goldberg, John Culkin and Nicholas Van Dyck on January 19, 1981 and a West coast meeting with Alan Mannings, Whitney Blake, Alan Burns, Mel Goldberg, Liz Roberts, and Nicholas Van Dyck on January 21, 1981.

National Council for Children and Television

A concept paper on a possible research project to be sponsored by the NCCT on children's and families' viewing behavior was distributed to a screening group consisting of John Culkin, Jerry Levin, Mel Goldberg, George Comstock and Gordon Berry. This group will give their recommendations on the usefulness and appropriateness of this research as possible material for presentation at the September 14, 15 conference which will review the past ten years of research in the area of children and television, with an eye toward developing a future research agenda.

5. The current issue of Television & Children was evaluated as being an excellent contribution to the field.
6. The format and content of the NCCT Information Service mailing was also evaluated. This, too, was viewed as an extremely useful part of the Council's activities and no revision or change was recommended.
7. Additional possibilities for NCCT activities in 1981 were presented by the Executive Director. These include cooperation with the American Library Association, public school media specialists, and perhaps the Junior League, in the dissemination of information and the training of personnel utilizing the "Getting the Most Out of Television" critical viewing skills curriculum prepared under a grant from ABC at Yale University. Council member Dorothy Singer and the NCCT staff are pursuing lines in this connection. Plans are also in the process of development for an NCCT Workshop with journalists who are television critics, following the suggestion of Council member Fletcher Waller.
8. The meeting concluded with a review of dates for the coming year:

Spring Symposium for the full Council and guests including program executives, producers and writers in New York on "Children's Issues as Subjects for Prime Time Storylines and Documentaries," on March 9, 1981.

Workshop for Los Angeles-based program executives, producers, writers, story editors and directors on May 8, 9 and 10. Membership participation at this Workshop will be limited to resource people identified by the planning committee.

National Council for Children and Television

An NCCT Conference for the full membership on September 14-15, 1981, on "Future Scenarios for Children in their Television Environment."

9. The next meeting of the Executive Committee will be on March 9, 1981, following the meeting of the full Council.
10. The Executive Committee meeting was adjourned at 6:15 p.m.



National Council for Children and Television

Planning Outline:

NCCT Spring Symposium
March 9, 1981
New York City
"Children's Issues as Prime Time
Story Lines and Documentary Subjects"

Participants:

Council members and approximately
twelve guests who are New York-
based decision makers regarding
program content on broadcast prime
time and cable, including program
executives, producers, writers, and
story editors.

Symposium Objectives:

Ascertain key children's issues
in the 1980s.

Ascertain needs and interests of program
executives, producers, writers, and
story editors for ideas to be incor-
porated into future prime time series
and specials.

Identify the most useful ways in which
the NCCT and the creative community
can most usefully work together to
insure that prime time programming
is responsive to the needs and interests
of children and families.

Proposed Symposium
Design:

Presentation on children's issues
in the 1980s -

Marian Wright Edelman

Panel presentation on needs and
interests of program executives,
producers, writers.

Discussion of the most helpful ways
in which the NCCT can usefully
collaborate with the creative
community on behalf of the needs and
interests of children and families.

Results:

Clarification of the agenda for the
May 8, 9, 10, 1981, West coast
Workshop

Publication of findings and commissioned
articles in the Spring issue of
Television & Children

Dissemination of the relevant
excerpts, research abstracts, etc.,
in the February, March and April
Information Service packets.

Committee:

Orville G. Brim, Jr.
Gordon Berry
Marian Wright Edelman
Melvin Goldberg
Marvin Mord
Nicholas Van Dyck
Daniel Wilson

Cost Summary:

Symposium -	\$16,250.00
3 Editions of NCCT Information Service -	4,212.50
Spring issue of <u>Television & Children</u> -	<u>16,675.00</u>
	\$37,137.50

National Council for Children and Television

Planning Outline:

NCCT May Workshop
"Children's Issues as Prime Time
Story Lines and Documentary Subjects"
May 8, 9, 10; 1981
Ojai, California

Participants:

NCCT Workshop Committee and Resource
people plus 40 - 60 Los Angeles-
based program executives, studio
executives, producers, writers,
story editors

Workshop Objectives:

Inform participants about the
social, cultural, technological,
educational and family structure
changes in the lives of children
in the 1980s.

Clarification of the changes as both
the content of prime time entertain-
ment programming and documentaries
as well as the context within which
audiences will seek out particular
types of programming.

Develop mutually beneficial relation-
ships between workshop participants
with an eye toward ongoing collabor-
ation, such as new structures for
information exchange, future NCCT
services and relationships with
organizations such as the Writers'
Guild and NATPE

Ascertain the need for future
audience research.

Proposed Workshop
Design:

Friday

5:00 p.m.

Registration

7:00

Buffet Dinner

8:00

Opening Presentation on television
as today's primary storyteller
including what is known about
television's role in shaping aspirations,
attitudes, and behavior.

Speaker or audio-visual presentations.

9:15 p.m.

Small group sessions focused on group building and clarification of participant expectations.

Saturday

7:30 - 9:00 a.m.

Buffet Breakfast

9:00

Plenary Session on the changing economic and technological environments of children and families.

10:15

AMERICAN ARCHIVES
Small group sessions on what current prime time programming is communicating to children in light of the changes presented and what would be desirable to communicate to children in these contexts.

12:00 - 3:00 p.m.

Luncheon and time off

3:00

Plenary session on changes in family structures, day care, role expectations

4:00 - 5:30

Small group discussions with the same task as the morning small group sessions

5:30 - 6:30

Break

6:30

Dinner

7:30

Speaker or panel on program executive, producer, writer responses to the day's discussions,

Or,

Presentation of "Grown-ups" by the First All Children's Theater

Sunday

7:30 - 9:30 a.m.

Breakfast and check out

9:30 - 11:00

Small group sessions - development of storylines suggested by ideas generated during the course of the Workshop

11:00 - 12:00	Plenary meeting with reports from small groups
12:00 - 1:30 p.m.	Lunch
2:00	Plenary meeting on new structures, information exchange opportunities, the need for future research.
3:00	Closing summary including a statement on what steps can be taken to actualize the possibility of telling the stories participants really want to communicate to children and families in their audiences which will evoke favorable and constructive responses and be commercially successful.
4:00	Departure

Possible Alternative
Workshop Elements:

Ashley Montagu on anthropologists' understanding of children's needs for love, sensitivity, the ability to think soundly; the need to know, to learn, to work, to organize; the need to develop a sense of wonder, play, imagination, creativity, open-mindedness, experimental mindedness, a sense of humor, joyfulness, optimism, honesty and trust, compassionate intelligence, and the need to sing and dance.
(See the preview of his coming book Growing Young in the Fall/1980 issue of Television & Children.)

Greater emphasis on participants developing storylines throughout the workshop, not just on Sunday morning

Results:

A new network of trusted relationships within the creative community with shared committment to meeting the needs and interests of children and families.

Structures for information exchanges on television and children between NCCT, Writers' Guild and NATPE members, etc.

Publication and dissemination of articles and essays stimulated by the workshop on children, families, and prime time television in Television & Children

Committee:

Orville G. Brim, Jr.
Gordon Berry
Marian Wright Edelman
Melvin Goldberg
Nicholas Miller
Marvin Mord
Elizabeth Roberts
Nicholas B. Van Dyck
Daniel Wilson

Cost Summary:

Workshop -	\$43,750.00
3 Editions of NCCT Information Service -	4,212.50
Summer Issue of <u>Television & Children</u> -	<u>16,675.00</u>
	\$64,637.50



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

January 19, 1981

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

Dear ~~Rabbi Tanenbaum~~ Marc

I had requested of the new administration's transition team that I be allowed to remain as Executive Director until the March meeting of the Advisory Committee.

However, on Friday, the 16th, the new Secretary of Health and Human Services, Richard Schweiker, requested my resignation as of Wednesday, the 21st. I have, accordingly, tendered my resignation to accommodate their needs. Secretary Schweiker has placed me on a 30-day consultant's assignment to assist in the transition.

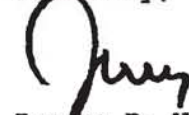
Our present Staff Director, Dr. Jarold Kieffer, has been designated by the Secretary as the Acting Executive Director. His knowledge of the process in which we have been engaged, his acquaintance with the individual and organizational supports of the Conference, and his familiarity with the Congressional leaders dealing with Conference matters will assure a capable and easy transition. I will assist him in any way he desires in continuing the planning for a successful Conference in 1981.

I leave this office with confidence that we have organized an effective and meaningful forum for older Americans to voice their needs and their views on national policy.

To the extent that my confidence is justified, your personal contribution will have been a major factor in our success. I recognize that the enormous efforts, under difficult circumstances, that you have made on behalf of the Conference have been contributed at considerable personal sacrifice. I know I speak for our staff and the older Americans we each seek to serve when I express my personal gratitude for your support and my considerable pride in the quality of your contribution.

P.S. Thanks, Marc, for your personal commitment to the Conference & to older people - & for your personal support. I value deeply our friendship.

Sincerely,


Jerome R. Waldie

the
White House
Conference
on
Aging

330
Independence
Avenue
S.W.
Washington,
D.C.
20201

January 21, 1981

Rabbi Marc Tanenbaum
National Director
Inter-religious Affairs
American Jewish Conference
165 East 56th Street
New York, New York 10022

Dear Rabbi Tanenbaum:

By the time you receive this letter, I am sure you already know that I have been requested to submit my resignation as Executive Director, effective January 21, 1981.

However, the incoming administration has placed me on a 30-day consultancy thereafter to assist in the transition.

Dr. Jarold Kieffer has been designated Acting Executive Director. I am confident that his experience as Staff Director will permit a continuation of the Conference process with minimal disruption. I know you will extend to him the same support and commitment that it has been my privilege to enjoy during my tenure.

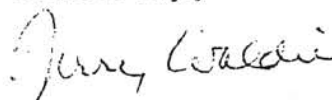
In that connection, I meant to express my sincere appreciation and gratitude for the fine job you are doing as member of Technical Committee #12: "Age-Integrated Society - Implications - for Spiritual Well-Being."

I am fully aware of the efforts, time and dedicated commitment you give to the job, because your staff person, Mrs. Vicky Peralta, has kept me updated about them through her written reports and regular conference with me.

I have worked with a number of volunteers all my professional life. At no time have I experienced a more committed, more competent and more professional volunteer than you, who have worked so selflessly to make a success of the 1981 White House Conference on Aging. Your Technical Committee Final Report will surely be useful in giving integrity and dignity to the Conference.

I owe much to you for your support and cooperation. Older Americans owe a similar debt to you. Thank you again.

Sincerely,



Jerome R. Waldie
Executive Director

the
White House
Conference
on
Aging

330
Independence
Avenue
S. W.
Washington,
D. C.
20201

Jan. 21, 1981

Rabbi Tanenbaum,

I spoke with Dr. Jamieson today regarding the Report and she informed me that you wanted a copy of the recommendations she presented at the January 14 meeting. Also enclosed is the outline of the report given by Jules Power and Nancy Schlossberg.



Marlene L. Johnson

the
White House
Conference
on
Aging

330
Independence
Avenue
S.W.
Washington,
D.C.
20201

January 21, 1981

TO: Chairperson and Staff
1981 White House Conference on Aging
Technical Committees

FROM: *Janet A. Kieffer*
Janet A. Kieffer
Acting, Executive Director

SUBJECT: Formats for Executive Summaries and Main Technical Committee Reports
Length of Executive Summaries and Main Technical Committee Reports
Policy on Dissenting and Supplementary Views
Typing Formats

Guidance information relevant to the production of the final reports of your committees is outlined:

1. Formats

The formats for the executive summaries and main technical committee reports are attached.

2. Length

Executive summaries should be 5 - 7, typed, single-spaced, 8½ x 11 pages. The type should be point 10.

Main reports should be 40 - 50, typed, single-spaced, 8½ x 11 pages. Appendices, footnotes, and one page statement of dissent should be included within the 50-page limit.

3. Dissenting Views

The policy of the 1981 White House Conference on Aging is that dissenting and supplementary views are welcome. Such views may be offered by individuals or groups of technical committee members. Dissenting and supplementary views should appear in brief form within the 5 - 7 pages of the executive summaries and, as necessary, more extensively in the 40 - 50 pages of the main report. The presence of dissenting and supplementary views will be indicated by either footnotes in the executive summary and main report or at the end of each document. Authors should be identified. Space

should be available in the appendices for dissenting and supplementary views under the same conditions which apply to majority views (appendicized material should be directly relevant to recommendations made in the executive summaries and main reports). The amount of space allowed for the dissenting and supplementary views will be determined by each committee. Dissenting views should be submitted early enough to allow them to be included in the appropriate document when it is submitted on the due date. No additional space will be allotted to reports just because of the need to accommodate dissenting or supplementary views.

4. Typing Formats

A) Some technical committee chairpersons have indicated, through staff, that they might be able to produce a typed, finished copy of their final report. That would be fine, except that, unfortunately, compensation for this task through government procedures will be problematic and complex. Chairs or staff for those committees that will have problems in the typing of their final report should contact Dr. Harper. Guidelines for typing the reports are attached.

B) For technical committees not able to provide a finished, typed copy, WHCoA staff will produce typed drafts, as necessary, as well as the final typed manuscript.

Attachment

dps/1/21/81

Attachment A: Guidelines For Technical Committee Reports

Please review and follow the instructions given below, in typing of draft and final copy for all technical committee reports.

A. Draft Papers

1. Papers submitted in draft form should be double spaced - throughout the text.
2. Guidelines specified for papers in "final copy format" should be followed, (2-28 only)

B. Final Copy Format

1. All text should be single spaced.
2. The first page of the report should have a two inch space allowed at the top, and one inch margins on all other sides.
3. All paragraphs should be in block style; with no indentations, except under sub-sections where text begins on the same line (see sub-section #15).
4. Pages 2-50 will have one inch margins allowed on all four sides.
5. Major headings of divisions (i.e. Introduction, key issues, Recommendations) will be preceded by a Roman Numeral notation, therefore I, II, III, etc.
6. Major headings will be centered between margins and will be in all caps.
7. Between the text and major headings, leave three lines blank, begin major headings on the fourth line.
8. Between the major headings and the text, leave two lines blank, begin text on third line.
9. Leave 2 blank spaces, starting on the third space between all notations of divisions (i.e. I., A., 1. 2.) and text.
10. Copy will be in upper and lower case, excluding major headings.
11. Recommendations should be treated as subdivisions - if appropriate, lead-ins or title should be underscored.
12. Sub-divisions such as A, B, C, should be flush with the margin.
13. Leave one blank between sub-divisions (e.g. A) and text, and sections (e.g. 1) and text.
14. Sections such as 1, 2, 3 will begin on the fifth space, allowing four blank spaces from the margin.
15. Sub-sections such as a, b, c, will begin on the ninth space, allowing eight blank spaces from the margin.
16. Sub-sections (e.g. 2) will be in upper and lower case, underscore lead-in preceding colon, colon will precede text which is to begin on same line as 2.
17. Bullets should begin on the fourth space, allowing three blank spaces from the margin, and allow two spaces beginning text on the third space. Following lines of text should be in line with bullit.
18. Double space between paragraphs within text.
19. If a paragraph is two lines or fewer, you can utilize part of the one inch bottom margin, instead of going to the next page.
20. If a paragraph is two lines or more, start entire paragraph on the next page.

- 21. Typewriters should be set on 10 pitch. Courier legal or a comparable element style should be used.
- 22. Pages should be numbered sequentially, and centered between the margins, 1/2 inch from the bottom of the page.
- 23. Paper should be 8 1/2 by 11.
- 24. Only black type should be used.
- 25. Only one side of the page should be used.
- 26. Footnotes - are not to appear in the body of the report.
- 27. Only reference citations should appear in text, with appropriate footnote in the back of the report.
- 28. Content of the footnote should be in keeping with Turabian. Kate L. Turabian. A Manual for Writers of Term Papers, Theses, and Dissertations.
- 29. Appendix - will have the appropriate alphabet notation, and will be centered and in all caps. If the appendix consists of draft materials, it will be referred to Stephanie Braime in Operations for appropriate formatting before going to secretary for Lexitron drafting.



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

January 23, 1981

Rabbi Marc Tanenbaum
National Director
Inter-religious Affairs
American Jewish Conference
165 East 56th Street
New York, New York 10022

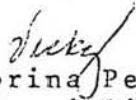
Dear Rabbi Tanenbaum:

Attached herewith are the minutes of our last meeting held
January 13, 1981.

If you have any questions and/or you find any inaccuracies
please contact me at (202) 245-1787. If I am not in, please ask
for my Administrative Assistant, Mary Daniels, who can be reached
at the same number.

Thank you again and please accept my best wishes and warmest
regards.

Sincerely yours,


(Mrs.) Victorina Peralta, MSW, ACSW
Operations Specialist - 1981 WHCOA

VP/mld,

Enclosure

MINUTES

TECHNICAL COMMITTEE #12

AGE-INTEGRATED SOCIETY: IMPLICATIONS FOR SPIRITUAL WELL-BEING

January 13, 1981; Hubert Humphrey Building
Room 337-A, B, 9:30 - 3:00 p.m.

PRESENT: Dr. Cynthia Wedel - Chairperson
Msgr. Charley Fahey - Deputy Chair
Mr. Jerome Waldie - Executive Director
Dr. Benjamin Mays
Rev. Tom Cook - Consultant
Ms. Margaret Jacks - Member
Mrs. Victorina Peralta - Program Analyst - Policy
Development and Research Division
Ms. Mary Daniels - Adm. Asst. to Victorina Peralta
Ms. Liz Flynn - Presidential Management Intern - WHCOA
Ms. Cathy Gardner - House Select Committee on Aging
Ms. Carmela Lacayco - Member

ABSENT: Ms. Annie Waueneka
Rabbi Marc Tanenbaum

I. CALL TO ORDER

Dr. Cynthia Wedel called the meeting to order at 9:30 a.m. with an opening prayer by Msgr. Charles Fahey.

II. ACTIONS ON MINUTES

It was moved and seconded that the minutes of the previous meeting be approved. The motion was passed unanimously.

III. REPORTS

A. Chair's Report

Dr. Wedel attended the Advisory Committee Meeting, where she reported the progress of the Technical Committee. The report was efficiently and accurately written by Mrs. Victorina Peralta for the Committee. (Please see Attachment I)

Dr. Wedel also shared Dr. Harper's concern regarding role of churches and religious related institutions in terms of quality control. Msgr. Fahey pointed out that churches are subject to building codes and that they must be licensed like any other institution, even those that are privately supported.

On the other hand, the Committee expressed concern for the quality of life for people outside of the institutions. It was felt that there are many in the community who are extremely frail and vulnerable.

For each person that is institutionalized there are two that are in the open community. The recent de-institutionalization of mental patients have caused several problems, among them: 1) quality care assurance outside of the system, 2) self-direction by and for the highly vulnerable, 3) community intervention, 4) community linkages (both private and public).

It was pointed out by Margaret Jacks that 80% of the care given to the people in the community is given by family, relatives and friends. In this connection, Mrs. Peralta called attention to the GAO study done in Cleveland, Ohio, which documents that the informal support systems play an important role in the care of the elderly. Therefore, churches/synagogues can be advocates and a good means for formal and informal support, development, maintenance and training resources.

B. Staff Report - Victorina Peralta

Mrs. Victorina Peralta, Program Analyst for the Technical Committee, made the following report:

- 1) Committee Report on: Possible Areas of Recommendations (Please see Attachment A)
- 2) Proposed Researchable Questions (Please see Attachment B)
- 3) Report on two Mini White House Conferences on Aging which she attended as representative of this Committee on the request of Dr. Cynthia Wedel and Dr. Mary Harper, namely:
 - (a) NVIOLA - November 24-25, 1980 - Mrs. Peralta conducted the Workshop on "Protective Services."
 - (b) Mini-Conference on "Strategies for Linking Generations," Dec. 4-5, 1981 (Please see Attachment C)
- 4) Date and sites of 4 Regional Hearings (Please see Attachment D)
- 5) Spiritual Well-Being Recommendation Status (Please see Attachment E)
- 6) Committee Structure for Regional and National Meeting, White House Conference on Aging (Please see Attachment F)

The report of Mrs. Peralta was accepted and the Committee decided to incorporate the substance of Mrs. Peralta's report in the Technical Committee's final report. (See Attachments #1, #2, and #3)

IV. OLD BUSINESS

A. Technical Committee's Paper (7 page executive summary)

Suggestions were made by the Committee to make the following changes:

- 1) Do not use the term churches/synagogues, and temples, but a broader term - "religious institutions." (See paragraph three under Introduction, line 9).
- 2) Under Roman Numeral II, change Findings to Major Findings.
- 3) Roman Numeral III - "Key Issues"

The Committee discussed the fact that this is more than religious institutions. There will be a general brief issue which will be the underlying philosophical and conceptual (ethical, moral and spiritual). Some rewriting will be done to tie back into the title of this section.

- 4) Under B - "Religious Institutions as Architects of Societal Attitudes"

Second paragraph - drop the first line....."If the axiom is true that 'the first step in overcoming a problem.....' Must bring in the problem - i.e. materialistic, technological age, etc. Instead of the compartmental concept of a person; there is need to bring in the wholistic view of spiritual well-being.

- 5) Also under B, the 4th line from the bottom..... the word should be constitutes not "constitutionally."
- 6) Under "Religious Institutions as Providers of Service"

Needs to be broken down into shorter paragraphs, with clear, concise statements to facilitate easy and clearer flow of thoughts.

Second sentence under B, last two words should read "mediates between" instead of stand between.

Line 6 should read....."community based services both by and for older persons....."

- 7) 1st paragraph, Section C, Line 7 - after Adult day care, insert "senior centers."

2nd paragraph, Section C, Line 2 - questioned..... "95% of older Americans are relatively well, alert, active".....needs further clarification.

3rd paragraph, Section C, Line 16 - Take out the sentence....."In a technological age, where productivity and family mobility accelerate..... changes."

Also delete the entire 4th paragraph.

- 9) Role of Religious Institutions in Meeting Spiritual Needs of the Elderly

- a) Establish in religious institutions that the older people should not be pushed into certain groups for senior citizens. They should be included into any activities of the religious institutions if they desire to be.
- b) Religious institutions should play a role in assisting the homebound and those that care for the homebound, for all ages; because it is not only the elderly who are frail and/or disabled.
- c) Religious institutions must realize that the elderly have skills, wisdom and knowledge to contribute, even when they don't have monetary contributions to make due to decreased income. Therefore, they should be given opportunities to give and share their skills, wisdom and knowledge.
- d) Let the religious institutions do the job which is ministering to the total man, especially the soul.
- e) Some services are more accepted when given by religious institutions, such as churches/synagogues.....Example: pastoral counselling.

- f) Because of longevity, there are in some households 5 generations. Religious institutions must address themselves to a consistent outreach program and be sure not to deprive the elderly of any of the functions. Their primary concern should be the person's relationship with the Lord and to see that the person is ministered to, even if homebound or institutionalized (Example: communion).
- g) Must use terms to include American Indians, Buddhists, Cults, etc., so that they will understand that the elderly in their congregation or assembly have needs that must be met, especially spiritual needs.
- h) It was pointed out that keeping the elderly's minds developed is an important function of religious organizations. Libraries could supply books (bookmobiles) to churches/synagogues and these religious institutions could be instrumental in distributing them to the elderly in the community.

9) Policy Options

The Committee decided to delete this whole section.

10) Recommendations

The recommendations adopted by the Committee are as follows:

- a) Cooperation between religious institutions and state should be enhanced and encouraged.
- b) Cooperation of religious institutions and the general community for well-being of people should likewise be developed, enhanced, and encouraged.
- c) Religious institutions opening opportunities for the older people to their fair share within their full ministry in churches/synagogues.
- d) Support for good gerontological training for pastors, ministers, laymen, etc., Example - GIST.
- e) Development of more pastoral intervention and care of older people, Example - Hospice care.
- f) Including pastoral care as legitimate and reimbursable program for frail and vulnerable elderly.

- g) Renewing the identity of older people with more humanness, dignity and integrity.
- h) Integration as one of the means of bringing people back into the normal roles.....get them back into identifiable roles.
- i) Certain functions should be age-relevant. The elderly may be integrated to the point that aging has no relevancy. Therefore, a lot of the benefits that are given to the "Age" specific groups will be lost. This issue must be addressed.
- j) Does survivorship make it possible for maintenance income. Should today's generation support the older people who don't work by choice? This issue must, likewise, be addressed.
- k) There is need for a consciousness of the elderly to get involved in the decision-making process to establish programs which are not cosmetic in nature.

Conclusion

It was agreed by the Committee that the Paper will be rewritten by the Consultant, incorporating all the decisions made by the Committee today; including some of the researchable questions in the Peralta report, as well as some of the "substance" in Dr. Moberg's paper.

The revised Paper will be sent to all the members of the Committee by the end of next week - January 19-23, 1981. All comments must be in by January 26th, so as to enable the Committee to meet the February 1st deadline.

The Committee will do likewise with the full Committee Report (30-40 pages).

V. OTHER MATTERS

Mr. Waldie's Remarks

Mr. Waldie attended the last meeting of this Technical Committee to thank the members and staff for all the work that they have been doing. He stated that the product of this Technical Committee may be the most important of the 1981 White House Conference on Aging. The Technical Committee reports will be very important in the next decade.

The analysis of the technical committees will be the most persuasive and important in terms of policy making. Operating under severe restraints, difficulty in getting staff assistance, the impossibility of getting timely reimbursements, and the lateness in organizing, all considered..... Mr. Waldie commended the members and staff of the Committee on a good job.

He said the Committee made him aware of Spiritual Well-Being, more fully.

Mr. Waldie also stated that he will probably be leaving in March according to the Transition Team.

Dr. Wedel responded to his comments by telling Mr. Waldie of the joy she had working with the Committee and with staff.

V. OTHER MATTERS

1) Legislative Consultation

Miss Cathy Gardner - Professional staff - House Select Committee on Aging, gave the Committee some suggestions in how to put their recommendations in legislative language, to insure proper attention and implementation. She stated that in formulating the recommendations in legislative language the following components are important:

- a) Whom: To whom is the recommendation being addressed? (HUD? Labor? HHS? etc.)
- b) Who: Who will implement?
- c) Why: Rationale

Miss Gardner offered her services for consultation in terms of putting the Committee's recommendations in legislative language. She can be reached at 225-8077.

2) Picture Taken

A photograph-taking session for the purpose of historical record, took place at 11:30 a.m., wherein members and staff of the Committee posed for posterity!

3) Catered Lunch

After the photo taking session, the Committee enjoyed a delicious hot lunch which consisted of turkey, peas, potatoes, hot rolls, beverages and dessert. The lunch was catered.

4) Ecumenical Event

Dr. Wedel briefly explained the Ecumenical event to take place on November 29 at the Washington Cathedral as an event of the White House Conference on Aging.

5) Expression of Thanks and Appreciation: Jerome Waldie

Mr. Jerome Waldie expressed his sincere appreciation and gratitude to the Committee for their cooperation and support, as well as for the excellent job they are doing.

In response to the questions raised by some members of the Committee, Mr. Waldie gave the following response:

- (a) Each member of the Technical Committee is automatically a delegate both to the Regional and National White House Conference on Aging.
- (b) Members of Technical Committee will be given various roles of responsibilities both at the Regional and National White House Conference on Aging.
- (c) The Chairperson of each Technical Committee is expected to make presentations of their respective committee recommendations.
- (d) The Technical Committee report (7 pages) will be distributed to all the delegates and observers, as part of the Delegate Workbook.
- (e) The full report (30-40 pages) will be published separately and this will be available to anyone who may be interested in it.
- (f) The Technical Committee's Final Report (both the executive summary and the full text) are due February 1st. This is a hard deadline.

(g) Technical Committee reports will be available also to the governors, legislators, libraries, and repositories for archival purposes.

6) Committee Deputy Chair

Dr. Wedel announced that Msgr. Charles Fahey has been appointed Deputy Chair for the Committee, so that in her absence, Mrs. Victorina Peralta will have someone to work with in behalf of the Committee. Dr. Wedel stated that she is traveling most of the time and Mrs. Peralta has requested that a Deputy Chair be appointed. Msgr. Fahey graciously accepted.

7) Chair's Words of Appreciation

Dr. Wedel expressed appreciation to all Committee members for their understanding, patience, support, and cooperation.

She also expressed her gratitude and appreciation to Mrs. Peralta who, in her opinion, kept the Committee intact and facilitated its work in spite of the many constraints with which she has to work. Dr. Wedel reminded the Committee that Mrs. Peralta is the third person to staff this Committee.

Committee members joined the Chair in its expression of appreciation and thanks to Mrs. Victorina Peralta.

VI. ADJOURNMENT

There was no further business to transact; the meeting adjourned at 3:10 p.m.

M. Daniels, Recorder

POSSIBLE AREAS OF RECOMMENDATIONS FOR THE
TECHNICAL COMMITTEE ON - AN AGE INTEGRATED SOCIETY
IMPLICATIONS FOR SPIRITUAL WELL-BEING

CHAIR: Dr. Cynthia Wedel

Date submitted: Nov. 12, 1980

STAFF: Victorina Peralta

Date Revised: Nov. 24, 1980

I. Recommendations For Religious Institutions As Providers of Services

Religious institutions, in their teachings, ritual and organization are uniquely equipped to provide services, both formal and informal, to their congregations. In the provision of these services, however, it is important to remember that the aging are not a homogeneous "aging" population. Ninety-five percent (95%) of the aged, 65 and over, are physically well, mentally alert, active and productive. Many continue to be active and competent into their 80's and 90's. They need and value independence as well as the opportunity to contribute to society. However, we must not forget that portion of older population who are in frail health and vulnerable.

Throughout most of history, the family has been responsible for its older members as well as for its children. In a family setting, the different periods of aging could be accommodated. Today, however, as the older population is increasing rapidly, the structure and functioning of families is changing. Mobility, smaller houses, employed women and other changes make it more difficult for families to provide for their older members.

Local congregations, regional and national religious bodies, each have their own role and responsibility. Three areas apply to each level, namely: 1) Advocacy; 2) Counselling; 3) Physical and material services.

In this three-fold role, religious institutions serve as linking/mediating structures which support individuals and stand as "bridges" between the individual and the power structure; between the young and the old. Services therefore should be rendered with full respect and recognition for the human dignity and human worth of the aging persons in particular, of all ages in general.

Action Recommendations:

- 1) Specify and classify the spiritual well-being needs of the elderly and the role of the religious sector in meeting such needs.
- 2) Provide counselling and support families in caring for older persons.
- 3) Encourage the passage of federal, state and local laws to support the financial security, independence and well being of older persons.

- 4) Monitor the extent to which institutions and community service organizations provide services which enhance the spiritual well being of the elderly in general; the frail and minority elderly (American Indians; Asian/Pacific Americans; Blacks and Hispanics) in particular.
- 5) Develop support and/or expand services (formal and informal) for the elderly such as information and referral; long term care; housing, transportation, nutrition; home maintenance, etc.

II. Recommendations for Religious Institutions as Architects of Societal Attitudes

The cultural attitudes of our society today place tremendous restrictions upon the aging persons' opportunities for self-improvement. Older individuals today, age 65 and over, constitute over 11% of the total population, an estimated 25 million. By the year 2000, the 65+ population is expected to rise 32% to 32 million. At the same time, society is experiencing profound changes in values and belief systems, especially as it relates to women's and men's changing roles, the family structure, and changes in the modes and forms of worship. These changes in turn affect not only our economy and lifestyles but also our attitudes. Peralta has identified 16 attitudes, namely: 1) youth-oriented; 2) production-oriented; 3) pill-oriented; 4) speed-oriented; 5) highly mobile; 6) success-oriented; 7) waste-oriented; 8) latest model; 9) work-oriented; 10) dollar containment; 11) cosmetic-oriented; 12) suing culture; 13) having vs. being; 14) strength-oriented; 15) melting pot culture; 16) liking vs. loving.

In connection with these attitudes, among the greatest challenges for religious institutions, both within organized religion and without, are: 1) how to bring about the reshaping of societal attitudes; 2) how to redirect social trends to bring about the transformation of cultural values that affect the aging persons. Religious institutions must reconcile traditional value systems with the changes that are occurring in the total society and this must be done in an atmosphere of caring, sharing and loving in a mature way.

Action Recommendations:

- 1) Encourage a system of values for individuals, institutions and society which upholds the significance of old age.
- 2) Assist, via-intergenerational education programs, in the spiritual, economic and social preparations of all ages for old age.
- 3) Promote and cultivate constructive attitudes toward aging and the aging process in areas such as communication media and educational institutions.

III. Recommendations for Role of Religious Institutions in Meeting the Spiritual Needs of the Elderly

A principal interest of churches and synagogues is the spiritual well-being of people: the broad range of qualities essential to all people, as spiritual beings, which distinguish them from lower forms of life. Spiritual well-being, therefore, in its fullest meaning, concerns itself with ultimate values which have bearing on total personality and total society. Spiritual well-being is a broad term, for it encompasses nearly all aspects of life and is affected by many organizations in addition to religious institutions.

Therefore it is impossible to separate social effect from spiritual causation and thus, the importance of moral and ethical values in decision making should be given full considerations in all levels of government, as well as in the total personality of people and total society itself.

Action Recommendations:

- 1) Religious institutions should take a new look at their role in the light of changing realities.
- 2) Develop, support and/or expand data-based research in the area of spiritual well-being.
- 3) Develop, encourage and support policies and programs which provide older people full participation in the ministry of churches/synagogues.
- 4) Religious institutions should develop and sponsor courses, seminars and intergenerational activities which will equip pastors, rabbis, congregations and professionals with information and skills in the field of aging.
- 5) Provision of training on spiritual well-being to agencies and institutions which render direct services to older persons.
- 6) Identify specific models and/or educational and other ministries which can be utilized by local congregations in serving the spiritual needs of the elderly.

Prepared by: Victorina Peralta, ACSW
WHCOA Staff

For: Dr. Cynthia Wedel - Chair

Date Submitted: November 12, 1980

Date Revised: November 24, 1980

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY

2

TO : Ms. Phyllis Miller

DATE: December 3, 1980

FROM : *Victorina Peralta*
Mrs. Victorina Peralta

SUBJECT: RESEARCH ISSUES AND CONCERNS: TECHNICAL COMMITTEE #2 - AN AGE INTEGRATED SOCIETY: IMPLICATIONS FOR SPIRITUAL WELL-BEING

The Technical Committee on An Age Integrated Society: Implications for Spiritual Well-Being, chaired by Dr. Cynthia Wedel, recognizes the lack of data and literature related to the subject matter. The Committee further recognizes the need for 3 types of research, namely:

- I. Applied community-based social research
- II. Behavioral research
- III. Supportive research

Within each of these 3 different types of research are the following researchable questions, which the Committee recommends:

I. Applied community-based research:

- a) Churches/synagogues and other organized religious groups as service providers:
 - (1) What services do they provide (formal and informal)? Who provide them and who receive them?
 - (2) What are the implications of these services in an age-integrated society.
 - (3) How are these services provided?
 - (4) Role of older people themselves as providers of services within church/synagogue and other organized religious groups.
 - (5) What are unique about the services?

II. Behavioral Research

- a) Churches/synagogues and other organized religious groups as architects of societal attitudes.
 - (1) Identify attitudes both positive and negative. What are they?

- (2) How do these attitudes affect older people; their peers as well as other age groups?
- (3) Role of churches/synagogues and other organized religions in influencing and maintaining these attitudes.
- (4) Impact of the identified attitudes in the quality of life in an age-integrated society.
- (5) Attitudes and values unique to minority elderly: Asian/Pacific Americans; Blacks, Hispanics and American Indians as they relate to behavioral attitudes.

III. Supportive Research

- a) Churches/synagogues and other organized religions' roles in meeting the spiritual needs of the elderly in an age-integrated society.
 - (1) Define what is meant by an age-integrated society. How does this relate to the spiritual well-being of the elderly?
 - (2) Identify ethical and moral values involved in planning, practice, training and research in an age-integrated society.
 - (3) Identify training needs of ministers, rabbis, priests and other religious leaders.
 - (4) Identify and classify training models in the formation of priests, rabbis, ministers and other religious leaders.

THE WHITE HOUSE CONFERENCE ON AGING

FORMAT FOR EXECUTIVE SUMMARIES FOR TECHNICAL COMMITTEE REPORTS

- I. INTRODUCTION (brief)-
- II. Major Findings
- III. Key Issues
- IV. Policy Options as Appropriate
- V. Recommendations

It is anticipated that this summary will not exceed seven pages.



THE WHITE HOUSE CONFERENCE ON AGING
FORMAT FOR TECHNICAL COMMITTEE REPORTS

- I. INTRODUCTION
 - A. Overview of Work of Committee (very concise)
 1. Procedures
- II. Conceptual Framework
- III. Data Base
- IV. Present Situation
- V. Trends
 - A. Through 1990
 - B. Beyond 1990
- VI. Major Findings
- VII. Key Issues
- VIII. Policy Options as Appropriate/Consequences if Appropriate
- IX. Recommendations
 - A. Suggested Strategy for Implementation if Appropriate

It is anticipated that this report will be approximately 40 to 50 pages.

3

RELIGION AND SPIRITUAL WELL-BEING

POLICY RECOMMENDATIONS

Local

1. Churches/synagogues and other organized religious groups should be encouraged to develop intergenerational programs and services which are neighborhood based and promote the total well-being of people. To achieve this goal, these neighborhood based programs and services should be provided with resources such as training, technical assistance and funding.
2. A discussion group for the exchange of ideas and concerns between the old and the young should be organized. The church could sponsor sessions that explore their mutual interests, ethnic and religious heritage, and ethical and moral values.
3. Churches, synagogues and other organized religious neighborhood groups should be encouraged to examine and expand their leadership role as: (1) architects of societal attitudes; (2) as guardians and nurturers of the spiritual well-being of persons in general; and (3) as providers of service to the community.
4. Churches and religious institutions should recognize the spiritual contribution and leadership that the elderly can make in the full ministry of the church.
5. Service projects should be developed where young and old work together to help others in need, particularly projects which could be of assistance to homebound members as well as to the community-at-large.
6. Local religious leaders should develop educational programs on aging and encourage all age groups to participate.
7. Local churches and synagogues should be encouraged to use their physical plant for intergenerational activities on week days when building is not being used for services.

National

1. National religious organizations including the National Council on Churches, National Interfaith Coalition and B'nai B'rith and other organized religious groups should take a leadership role in encouraging local parishes and institutions to develop a variety of intergenerational activities.
2. Courses in gerontology should be included in the curricula of all divinity schools and include a field component through which students gain experience in working with elderly parishioners / *congregation members*
3. National religious organizations should actively promote intergenerational neighborhood-based programs and services by providing local groups with information about programs and resources to help them develop local service/program options.

4

DESIGNATION OF STATES PER REGION FOR 1981 DELEGATE REGIONAL HEARINGS

1. SOUTHERN REGION

SITE: Meharry Medical College and Fisk University
Nashville, Tennessee August 9-12, 1981

Alabama	North Carolina
Arkansas	South Carolina
Florida	Tennessee
Georgia	Texas
Kentucky	Virginia
Louisiana	West Virginia
Mississippi	

2. NORTHEAST REGION

SITE: Columbia University
New York, New York August 17-20, 1981

Connecticut	New Jersey
Delaware	New York
District of Columbia	Pennsylvania
Maine	Puerto Rico
Maryland	Rhode Island
Massachusetts	Vermont
New Hampshire	Virgin Islands

3. MIDWEST REGION

SITE: Ohio State University
Columbus, Ohio August 30- September 2, 1981

Illinois	Minnesota
Indiana	Missouri
Iowa	Ohio
Michigan	Wisconsin

4. WESTERN REGION

SITE: University of California
Los Angeles, California September 13-16, 1981

Alaska	New Mexico
American Samoa	North Dakota
Arizona	Northern Mariana Islands
California	Oklahoma
Colorado	Oregon
Guam	South Dakota
Hawaii	Trust Territories of Pacific Islands

WESTERN REGION Cont.

Idaho
Kansas
Montana
Nebraska
Nevada

Utah
Washington
Navajo Tribe
Wyoming



5

SPIRITUAL WELL-BEING *

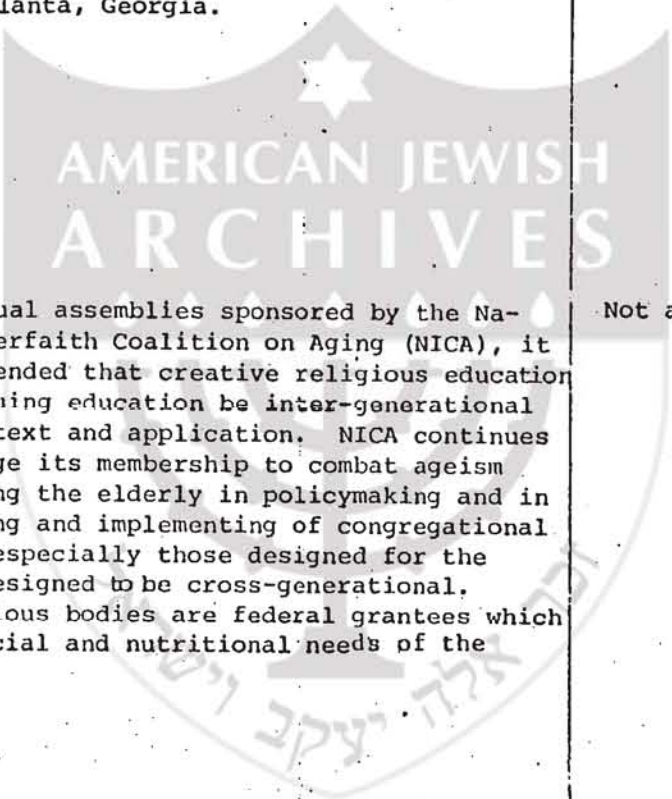
RECOMMENDATION	PRESENT STATUS	ACTION TAKEN	PERCEPTIONS OF WHAT IMPEDED ACTION	PERCEPTIONS OF WHAT FACILITATED ACTION
<p>The government should cooperate with religious organizations and concerned social and educational agencies to provide research and professional training in matters of spiritual well-being to those who deliver services to the aging. Further, financial assistance should be made available to train clergy, professional workers and volunteers to develop special understanding and competency in satisfying the spiritual needs of the aging.</p>	<p>Implemented</p>	<p>AoA policies provide central coordination for research in aging so that the large investment of resources in this area will be related to agreed upon objectives. Title IV-A of the Older Americans Act allows the expenditure of federal funds to train clergy as does AoA's Model Projects.</p> <p>The National Interfaith Coalition on Aging (NICA) received a two-year grant from AoA entitled Gerontology and Seminary Training (GIST). Through the grant, NICA offered 80 different seminaries developing models for training clergy, professional workers, paraprofessionals, and volunteers to competently deal with the spiritual needs of the aging. The project ended in January of 1980.</p> <p>NICA produced a major survey of literature on religion and aging, updating existing bibliographies.</p> <p>NICA also developed a resource listing of the names of theologic educational institutions which provide curricular consideration of the spiritual needs of the elderly.</p> <p>NICA has stimulated religious bodies and schools and nonsecular schools of gerontology to provide curriculum and training in dealing with the spiritual well-being of the elderly as it relates to the delivery of services.</p>	<p>Not applicable</p>	<p>Cooperation between AoA and NICA. NICA's success in receiving AoA grants.</p>
<p>*All of the information taken from this analysis was taken from "The Religious Sector Explores Its Mission In Aging," a report prepared by the National Interfaith Coalition on Aging sponsored by the Administration on Aging.</p>				

SPIRITUAL WELL-BEING

RECOMMENDATION	PRESENT STATUS	ACTION TAKEN	PERCEPTIONS OF WHAT IMPEDED ACTION	PERCEPTIONS OF WHAT FACILITATED ACTION
<p>As part of overall programming for older persons, communities should make available religious or other spiritual consultation to the aged in their own homes, using the clergy and other trained persons. Special emphasis shall be given to assist and utilize personnel of those religious bodies lacking financial resources often available to larger groups.</p>	Partially implemented	<p>NICA has encouraged its 28-member religious body organizations to assess the needs of their elderly members through survey or examination of existing survey data. This includes the identification of architectural barriers which might limit active participation in congregational life.</p> <p>NICA, through networking, is working with local, state and regional interfaith groups to see that barriers are eliminated. NICA feels a greater degree of consciousness has been raised and a follow-up survey will probably be taken in 1982.</p>	Not applicable	Effective networking
<p>Religious organizations must be aware of agencies and services, other than their own, which can provide a complete ministry to older persons. Other organizations designed for the benefit of older persons should develop, as part of their services, channels to persons and agencies who can help with spiritual problems.</p>	Implemented	<p>The establishment of the National Interfaith Coalition on Aging in 1972 created a new liaison between public and private systems for delivering services to the elderly.</p> <p>NICA continues its networking emphasis and constantly encourages communication between the private and public sectors involved in providing services to the aging. An Administration on Aging Research and Demonstration Project, "A Survey of Aging Programs under Religious Auspices," provided the stimulus for numerous conferences and for the development of a directory of religious bodies concerned with the aging.</p>	Not applicable	Establishment of NICA and national survey done by NICA stimulated conferences.

SPIRITUAL WELL-BEING

RECOMMENDATION	PRESENT STATUS	ACTION TAKEN	PERCEPTIONS OF WHAT IMPEDED ACTION	PERCEPTIONS OF WHAT FACILITATED ACTION
<p>A National Conference on Spiritual Well-Being should be held within the next two years and no later than five years to review and evaluate recommendations of the 1971 Conference.</p>	<p>Implemented</p>	<p>Sponsored a National Intradecade Conference on Spiritual Well-Being of the Elderly in April of 1977 in Atlanta, Georgia.</p>	<p>Not applicable</p>	<p>Recommendations of 1971 White House Conference on Aging.</p>
<p>Efforts should be made to meet the spiritual needs of the aging by ministering to them in conjunction with people of all ages, as well as in groups with special needs.</p>	<p>Implemented</p>	<p>During annual assemblies sponsored by the National Interfaith Coalition on Aging (NICA), it was recommended that creative religious education and continuing education be inter-generational in its context and application. NICA continues to encourage its membership to combat ageism by involving the elderly in policymaking and in the planning and implementing of congregational programs, especially those designed for the aging or designed to be cross-generational. Many religious bodies are federal grantees which provide social and nutritional needs of the elderly.</p>	<p>Not applicable</p>	<p>Leadership of NICA</p>



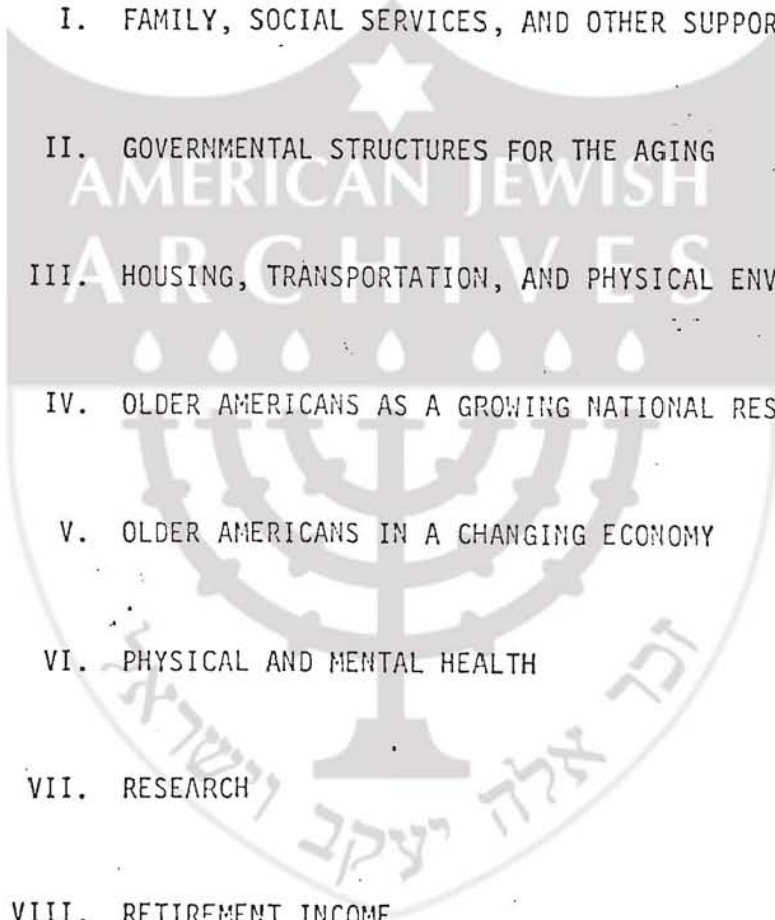
SPIRITUAL WELL-BEING

RECOMMENDATION	PRESENT STATUS	ACTION TAKEN	PERCEPTIONS OF WHAT IMPEDED ACTION	PERCEPTIONS OF WHAT FACILITATED ACTION
<p>religious bodies should exercise a strong advocacy role in meeting the needs of the elderly, working for programs both public and private, that contribute to the well-being of the elderly and protecting them from those who would victimize or demean them.</p>	<p>Implemented</p>	<p>The National Interfaith Coalition on Aging (NICA) has formed an Interfaith Legislative Screening Committee to counsel with Senate Special Committee on Aging and the House of Representatives.</p> <p>NICA assists national religious bodies to prepare public policy statements on the impact of broad social policy and legislation for the elderly at the federal state and local level.</p> <p>NICA encourages and assists church bodies to form local and area coalitions of religious and/or secular agencies, linked with NICA by affiliates or informational relationships.</p>	<p>Not applicable</p>	<p>Recommendations of 1971 White House Conference on Aging.</p>
<p>religious bodies and government should affirm the right to, and reverence for life and recognize the individual's right to die with dignity.</p>	<p>Partially implemented</p>	<p>NICA has conducted workshops on death and dying and bereavement. NICA collaborated with Notre Dame University on a National Conference on Death and Dying sponsored by the Institute on Religion and Aging. NICA is currently attempting to seek funds to develop materials for a model program for churches/synagogues to use in death education and ministry to the dying and bereaved.</p>	<p>Not applicable</p>	<p>Much nationwide interest in the subject of death and dying and right to life.</p>

6

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

COMMITTEE STRUCTURE
FOR REGIONAL HEARINGS AND NATIONAL MEETING
THE WHITE HOUSE CONFERENCE ON AGING

- 
- I. FAMILY, SOCIAL SERVICES, AND OTHER SUPPORT SYSTEMS
 - II. GOVERNMENTAL STRUCTURES FOR THE AGING
 - III. HOUSING, TRANSPORTATION, AND PHYSICAL ENVIROMENT
 - IV. OLDER AMERICANS AS A GROWING NATIONAL RESOURCE
 - V. OLDER AMERICANS IN A CHANGING ECONOMY
 - VI. PHYSICAL AND MENTAL HEALTH
 - VII. RESEARCH
 - VIII. RETIREMENT INCOME
 - IX. SOCIAL AND HEALTH ASPECTS OF LONG TERM CARE
 - X. SPECIAL ISSUES FACING MINORITIES

12/13/20

Shooshan & Jackson Inc.

Suite 200, 2000 L St., N.W.

Washington, D.C. 20036

(202) 887-0550

January 26, 1981

Rabbi Marc Tanenbaum
National Director of Interreligious
Affairs
American Jewish Committee
165 East 56th Street
New York, New York 10022

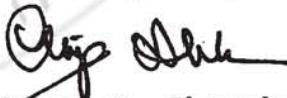
Dear Rabbi Tanenbaum:

I was happy to have the opportunity to spend some time with the Committee on Media of the White House Conference on Aging, and I enjoyed our brief discussions. You have assembled a splendid group with diverse talents. I hope that my remarks and short paper were useful in focusing attention on the opportunities and problems presented by new telecommunications technology.

At one point you raised the subject of the interview in U.S. News and World Report concerning television and its impact on the learning process. I thought you might be interested in a piece I wrote a couple of years ago which touches on the same point.

I hope we can stay in touch and that you will not hesitate to let me know if I can be of further assistance.

Best regards,


Harry M. Shooshan III

Enclosure



Memorandum

Date January 28, 1981
From *Victorina Peralta*
Mrs. Victorina Peralta
Subject EXECUTIVE SUMMARY REPORT

To ALL MEMBERS OF TECHNICAL COMMITTEE #12 - AN AGE INTEGRATED SOCIETY:
IMPLICATIONS FOR SPIRITUAL WELL-BEING

Attached herewith is a copy of our Executive Summary report.
Kindly note that we have integrated all the things we discussed in our
January 13, 1981 meeting.

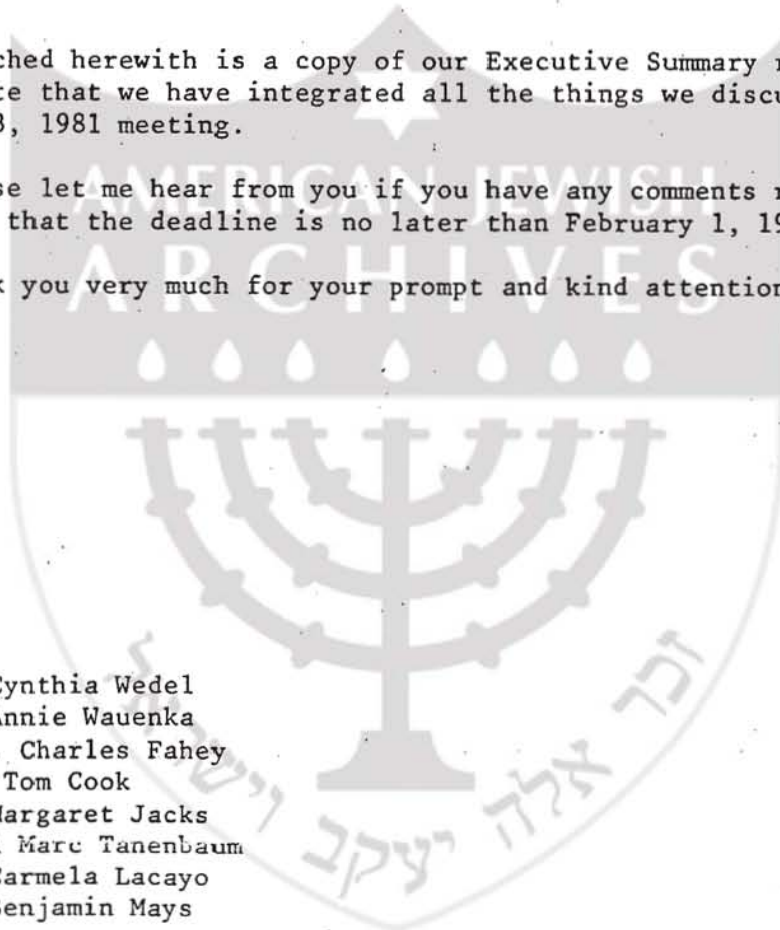
Please let me hear from you if you have any comments regarding it.
Take note that the deadline is no later than February 1, 1981.

Thank you very much for your prompt and kind attention.

VP/mld

Enclosure

cc: Dr. Cynthia Wedel
Ms. Annie Wauenka
Msgr. Charles Fahey
Rev. Tom Cook
Ms. Margaret Jacks
Rabbi Marc Tanenbaum
Ms. Carmela Lacayo
Dr. Benjamin Mays



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the
White House
Conference
on
Aging

EXECUTIVE SUMMARY

An Age Integrated Society:
Implications for Spiritual Well-being

AMERICAN JEWISH
ARCHIVES

Technical Committee Number Twelve

DR. CYNTHIA WEDEL, Chair
MSGR. CHARLES J. FAHEY, Deputy Chair
MARGARET JACKS, ACSW
MS. CARMELA LACAYO
DR. BENJAMIN E. MAYS
RABBI MARC TANENBAUM
MRS. ANNIE WAUNKA

February 1, 1981

REV. THOMAS C. COOK, JR., Consultant

MRS. VICTORINA PERALTA, Program Analyst

1981 White House Conference on Aging

Report of the Technical Committee on CREATING AN AGE-INTEGRATED SOCIETY — IMPLICATIONS FOR SPIRITUAL WELL-BEING

Executive Summary

I. INTRODUCTION

Spiritual Well-being addresses the collective concerns of society which are both religious and secular in nature. The background and issues paper on Spiritual Well-being for the 1971 White House Conference on Aging stated that, "Spiritual Well-being pertains to inner resources, especially a person's ultimate concern, the basic value around which all other values are focused, the central philosophy of life--whether religious, anti-religious, or non-religious--which guides a person's conduct, the supernatural and non-material dimensions of human nature."¹

Since the days of the founding of our republic, religious leaders and institutions have played a central role in meeting the social welfare and other human needs of the American people, especially those of the elderly. Today religious leaders and agencies are in the forefront of movements that advocate support of income maintenance, health care, housing, social security, and appropriate social services for older adults, as well as other Americans.

Americans benefit from the network of agencies sponsored and operated by religious groups serving older persons in every city. Memberships in institutional religious bodies number in excess of 146,000,000 and constitute the largest group of community centers of caring and fellowship for older adults. Furthermore, churches and synagogues provide significant potential resources for voluntary involvement in healing, supportive, and educational services to older Americans. As communicators of moral and spiritual values, churches and synagogues uphold the dignity of life of older persons, as well as enhance the meaning of life, give strength to deal with stress and conflict, and offer unique resources to deal with the reality of dying and death.

The religious sector translates theological, ethical, and spiritual values into secular language and practice. This report deals with such values within the context of spiritual well-being from the perspective of institutional religion in America, acknowledging that though the religious community is predominately from mainstream Roman Catholic, Protestant, and Jewish bodies, many other religious bodies are a part of the picture in our pluralistic society.

II. MAJOR FINDINGS

Previous White House Conferences have enlisted vigorous support from persons concerned with the spiritual needs of older Americans. The resources and commitments of the religious sector have been evident. The creation of a volunteer Coalition of 31 religious bodies to respond to the 1971 White House Conference on Aging recommendations in the area of spiritual well-being and to the report as a whole has significantly impacted the field of aging in the past decade. This continuing exploration of the mission of the religious sector in the field of aging has extended to the surveying of 111 national denominational offices and more than 135 seminaries and schools of religious education.²

In 1975 this Coalition developed an interfaith definition of spiritual well-being: "Spiritual Well-being is the affirmation of life in a relationship with God, self, community, and environment that nurtures and celebrates wholeness."³ Within this group of religious bodies, commitments to ministry both with and for the elderly have increased in the past decade and many have formulated position or policy statements.⁴ Much of the policy reflected in these statements has issued in the increase of gerontological training in religious sponsored schools, programs and services, plus greater cooperation with local and network aging efforts.

The focus of this discussion is narrowed in view of the charges to the other 15 technical committees. However, spiritual well-being is not a transient matter. We note therefore: (1) materials prepared for the spiritual well-being section of the 1971 White House Conference on Aging, (2) the subsequent responses by organizations within the religious community to those recommendations,⁵ (3) the output of the 1977 National Intra-decade Conference on Spiritual Well-being of the Elderly, and (4) the report of the National Symposium on Spiritual and Ethical Value System Concerns in the 1981 WHCOA, a "mini Conference." The Symposium examined values from a secular-humanist as well as religionist perspective. Two points emerged: 1. spiritual well-being of the elderly is as important as their need for health care, housing, and other physical sustenance and, 2. spiritual, ethical, and moral principles are basic in developing just and effective national policy for citizens of all ages. The consensus of human worth emerging from differing ideological perspectives provides such a common base.

Other technical committees have within their charges issues tied to ethical and moral questions, especially quality of life, bio-medical issues, distribution of national resources for health care, income maintenance, and housing. Here, the concerns of the religious sector and those of secular ethicists find common ground. While a society based on a single religious view would violate constitutional freedom, in America's pluralism, society cannot function solely on secular ethics.

III. KEY ISSUES

Most of us would agree that America faces crucial decisions in regard to the status, contributions, and well-being of the aged. The technical committee's viewpoint is that factors that contribute to the well-being of the aging, which is vital to society, have dimensions which are spiritual and moral, as well as physical, political and financial. Just as the government's legislative, judicial, and executive branches function collectively, but with separation of powers, so our society must coordinate, stimulate, and facilitate the mediating structures of church, state, and private sectors as equal voices. This committee identified the following key conceptual issues and practical roles to be included in the development of national policy for aging in America in this decade:

A. Wholistic Aging Policy and Spiritual Well-being

The creation of an age-integrated society implies integrity across the life continuum. It also implies a wholistic approach which is necessary if the individual or society in its collective parts are to experience unifying integrity and fulfillment.

No society neglecting, mistreating, or isolating any age group can long survive. Elements of expanding pluralism, changing demography, growing technology, and limited national resources can be detrimental to common good without national policy linked to constitutional values of human equality, liberty, and rights to life and the pursuit of happiness for all. Therefore, national policy in aging is properly stated in wholistic contemporary terms.

Spiritual Well-being

Spiritual well-being and religious experience are often side-lined as optional or peripheral. A wholistic view of the individual, on the other hand, sees him or her as a functioning being, coordinating vitally the physical, emotional, intellectual, spiritual, and social dimensions of life as an inextricable totality. Change of one dimension affects the whole. Neglect of one dimension diminishes all. Support of this view of the individual requires a resonant response from society to organize its functions, processes, services, and policies in support of wholeness.⁶

Spiritual well-being is well beyond the religious domain. Compartmentalization limits social attitudes. Neglect of the values underlying the spiritual needs and natures of individuals denegrates the spiritual to second-class status. The spiritual is not, however, exclusively religious, but pertains to intangible, non-material, supernatural characteristics, qualities, or needs, which all human beings possess. Thus, the 1971 White House Conference on Aging Background Paper on Spiritual Well-being concludes, "That all (persons) are 'spiritual' even if they have no use for religious institutions and practice no personal piety. . . ." National policy must therefore include all aspects of life experience, including the spiritual.

If we lack definition or clarity, or feel uncomfortable with the spiritual as part of the whole of life, we must all the more include it in our research and service goals to improve the total well-being of older persons. This approach requires that both secular and religious sector not speak of "wholeness," "integrated," and "total person" when the spiritual aspect of life is omitted from consideration.

B. Religious Institutions as Architects of Societal Attitudes

Religious institutions form one of the largest groupings of American society; and, as advocates for the elderly, they are capable of bringing awesome pressure to bear on decision and policy-makers to produce creative change. On the other hand, as many concerned individuals and groups rightly point out, status quo often persists because church and synagogue do not live up to their own Judeo-Christian standards.⁸ Life fulfillment is seriously curtailed in a culture where attitudes, policies and programs place restrictions on the aging person's opportunities for self-expression, improvement, and involvement.

The decades of the 1960s and 1970s have seen profound changes in the values and belief systems in our nation, especially as these relate to changing roles of women and men, family structure, attitudes toward the young and old, and changes in modes and fashions of worship. These changes and those in our economy and lifestyles affect our values and attitudes and are reflected in national policy. One of the great challenges facing religious institutions is the reshaping of societal attitudes and the re-direction of social trends so critical to the achievement of an age-integrated society.

While few people today accept uncritically the teaching of religious institutions in regard to their behavior in everyday life, nevertheless, great potential lies with such institutions to significantly influence community thinking and behavior. Both lay and professional members of religious institutions need to become informed about the needs of the aging and of availability of resources to older people.

Done ecumenically, public and private sector partnership will produce the greatest effect. Local and regional counterparts of agencies such as the National Interfaith Coalition on Aging can work for better housing, recreation, social services, medical care, and especially for positive and supportive attitudes toward older members of the community. Religious institutions have demonstrated their effectiveness as advocates for the disabled, minorities, and refugees and can do the same for senior citizens. Such activities move policy toward wholistic well-being for all age groups.

As proponent of the personal worth of the individual and the wholeness and fulfillment in each person's life, the religious sector can act as a unique catalyst in guiding society toward a more just and humane policy in aging.

C. Religious Institutions as Providers of Services

Religious institutions are mediating structures in American society. Particularly, local congregations provide a place of identity, belonging and refuge, support rights of the individual, and, at times, facilitate the individual's relationship to power structures. Such mediation ranges from advocacy on behalf of older people to services to assist in self-care or total care of the person, as needed.

Historically, both institutional and community-based services by and for older persons have been created and operated under religious auspices. Adult day care, senior centers, residential homes, nursing and health care centers, and a variety of personal support services of a "hands on" nature give substance to espoused concerns. With a growing number of vital older persons not in institutional care or in need of specific services, denominational programs logically extend the life-enrichment opportunity and involvement of older persons as volunteers in the service of others.

Just as important is the need to include older adults in the life, worship, and social activities of the congregation. While institutional services of a public or private nature tend to be more formal and structured, religious institutions are uniquely equipped to provide services of an informal nature through congregations to meet many of the needs of elders in the community.

Family

The local congregation should assist families and those who aid in caring for frail elderly at home. Traditionally, the family has been responsible for its older members, as well as for its children. A family setting is appropriate to accommodate the different periods of aging, although the norm of a four-generation family complicates matters. Today, however, as the older population increases, the structure and functions of families are changing as well. Mobility, smaller houses, employment of women and other changes make it more difficult to provide at home for the older family member's special needs. In many instances, religious institutions with which the family has been associated function as the best agency through which needed services may be provided for the elderly. Most congregations have trained clergy and lay leadership and increasing accessibility to community and professional services. In dignity and freedom, services rendered through local congregations can carry the overtones of advocacy, protection, and concern once provided in the family setting.

In a technological age, where productivity and family mobility accelerate, norms are not established for accompanying societal changes. In many cases old values are displaced in the wave of change, leaving ethical decisions and societal values to operate on expediency. Organized religious bodies can help preserve dignity in aging by mediating and supplementing programs established by every level of government. They may also properly influence national policy.

D. The Role of Religious Institutions in Meeting the Spiritual Needs of the Elderly

"The concerns and resources of communities of faith for their aging are as old as the communities themselves. Church and synagogue contribute directly to quality of life of the aging by fostering spiritual well-being..."⁹ By definition, spiritual well-being moves beyond specific religious arenas to wholeness of the individual and the quality of life. The religious community provides a milieu in which concerns for the spiritual needs of older adults may be nurtured and enhanced. While spiritual well-being applies without regard to age, the vicissitudes of growing older provide unique opportunities for spiritual growth essential to wholeness in the individual.

Acknowledgment of the spiritual nature of persons can put trials and satisfactions of life into a sane perspective. The spiritual cannot be separated from the physical but rather transcends and permeates life to give it its fullest meaning. Thus, spiritual well-being and spiritual values have a bearing on the total personality and total society. It is precisely at the point of acknowledgment of the total needs of older people that the religious sector may address the whole of society, speaking effectively to the phenomenon of aging and aiding in the fulfillment of persons and the humanization of bureaucracy and technology. It is equally important that the religious sector, through its congregations and agencies, encourage the aging to continue giving to society from the wealth of their experiences and to remain active participants in community life.

However religious bodies define their own spiritual and theological mission, older persons must receive such ministry in terms of their own faith. Whether through sacraments, scriptures, worship or other familiar means of grace, churches and synagogues have a responsibility for outreach, inclusion and spiritual succor to older congregants.

IV. RECOMMENDATIONS

Movement toward an age-integrated society requires major change in the thinking and attitudes of all groups and professions. The success of such a future society will require the acceptance of a more wholistic philosophy of life-span development and planning and life-long learning appropriate to every stage of life. Basic and continuing gerontological education for all professions and service domains concerned with older people must include explicit recognition of spiritual and ethical concerns of aging.

When human values and social ethics are considered, the traditional roots of those values cannot be lightly considered. Historically, the constitutional formulae reflect the transcendent nature of the faiths who sought separation of church and state as protection of not from cherished values and spiritual principles. These formulae, in themselves, recognize the power and place of religious faith and practice to the individual and in the liberty and well-being of the nation. In this spirit, we propose the following:

Recommendation 1: We call on both "church" and "state," at all levels, to discover and develop policy which, in keeping with traditional, constitutional principles, promotes the highest cooperation, interaction, and partnership to:

- a. provide education for aging;
- b. deliver adequate services; and
- c. consider the wholistic needs of each individual throughout the life span.

Recommendation 2: We urge religious institutions to examine the work of their boards and agencies, as well as the entire range of their programs, to assure that:

- a. standards conform to traditions revering long life and dignity;
- b. activities promote the worth of persons and enable their continued life-long growth; and
- c. professionals foster attitudes which prevent "ageism" and "gerontophobia."

Recommendation 3: We urge upon all levels and agencies of government the inclusion of religious sector instrumentalities as appropriate agencies through which publicly funded programs for the elderly may be administered.

Recommendation 4: We call upon religious, secular, public, and private educational institutions to:

- a. adopt the view that the older person is a whole person, having spiritual as well as physical and psychological needs, and
- b. include in education/training programs skills for addressing spiritual needs and care of the elderly as a means of coping with all aspects of aging, including dying and death.

Recommendation 5: We call upon both secular and religious service providers to develop and provide services which, in style and substance, acknowledge and meet the wholistic needs of the older person (physical, mental, economic, psychological, and spiritual).

Recommendation 6: National policy should recognize that spiritual care meets a legitimate human need and is, therefore, a reimbursable service, when included as a component part of institutional or community-based intensive services, such as those in hospitals, nursing homes, hospice, clinical pastoral counseling and care services, home health or mental health clinics.

V. REFERENCES

1. D.O. Moberg, Spiritual Well-being: Background and Issues for the Technical Committee on Spiritual Well-being, 1971 White House Conference on Aging (Washington, U.S. Government Printing Office, 1971), p. 3.
2. T.C. Cook, Jr. The Religious Sector Explores its Mission in Aging, (National Interfaith Coalition on Aging, Inc., 1976), pp. 51-58.
3. "Spiritual Well-being: A Definition," (National Interfaith Coalition on Aging, Inc. 1975). (One page definition and commentary)
4. T. C. Cook, Jr. The Religious Sector Explores Its Mission In Aging, pp. 28, 38.
5. "Response Statements to Spiritual Well-being Recommendations of the 1971 White House Conference on Aging," (National Interfaith Coalition on Aging, Inc., 1976), pp. A35-A70 in The Religious Sector Explores Its Mission in Aging.
6. "National Symposium on Spiritual and Ethical Value System Concerns in the 1981 WHCOA." Final Report, (National Interfaith Coalition on Aging, Inc., February, 1981), p. 1
7. D.O. Moberg, Spiritual Well-being, 1971, p. 3.
8. Gray Panthers Testimony, "Hearing on American Values in National Policy, National Symposium on Spiritual and Ethical Value System Concerns in the 1981 WHCOA," (National Interfaith Coalition on Aging, Inc., October, 1980).
9. "A Statement of Philosophy and Purpose," (National Interfaith Coalition on Aging, Inc., 1980).

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The American Jewish Committee
165 East 56th Street
New York, New York

DOMESTIC AFFAIRS DEPARTMENT

1-29-81
To: MARC Tanenbaum
Fr: EVAN BAYER

FYI

The 1981 WHCoA

by Marlene L. Johnson

1981 is the year of the Older American.

For the past nine months, elders have been gathering in cities, towns, and villages across the country. They have met in homes, churches, and town halls to discuss common concerns in an effort to fashion programs, policies, and services which will improve the quality of their lives throughout the decade.

The final forum for all these discussions and deliberations will be held in Washington, D.C. from November 30 through December 3, 1981. Established under the authority of Public Law 95-478, the event is called the 1981 White House Conference on Aging (WHCoA). Approximately 1,800 delegates and a similar number of observers will participate in the Conference. It will address many of the issues which were brought to the forefront at community, state, and regional meetings. At all times, its main thrust will be to formulate a comprehensive, coherent national policy on aging and to make recommendations for the implementation of that policy.

A 56-member National Advisory Committee, led by six distinguished Americans, is responsible for helping to plan, conduct, and review the conference. Dr. Sadie T.M. Alexander, an 82-year-old black attorney from Phila-

delphia, is Chair of the Conference. Chair emeritus is Dr. Arthur Flemming, who previously chaired the 1971 White House Conference on Aging and currently chairs the U.S. Commission on Civil Rights. Deputy Chairs are Dr. Bernice Neugarten of Chicago, Lupe Morales of Los Angeles, and Dr. Ellen Winston of Raleigh, North Carolina.

The remaining 51 members of the Advisory Committee together with 68 additional experts from across the nation have been named to 16 Technical Committees. These separate committees are responsible for defining issues which face the Conference delegates, preparing background materials, and producing a series of reports for the delegates to use at the actual Conference.

In a move to ensure the widest possible participation by the country's 24 million older citizens and to promote an awareness of the 1981 WHCoA, a nationwide series of activities was launched in May of 1980. Since that time, approximately 10,000 community forums have been held in 32 states to focus on ten concerns common to older Americans. These include such things as the need for improved medicare or other health insurance, low income housing for the elderly, a revision of Social Security,

greater employment opportunities, more police protection, and pre-retirement planning.

According to Leon Harper, Associate Executive Director of the WHCoA, many community forum participants have expressed "a sense of security in knowing that the concerns of the elderly are being taken care of" through the White House Conference on Aging mechanism. Nevertheless, many also have expressed concern over the need for allocation of money and resources in a manner most conducive to a continuum of care for the elderly. Furthermore, the community forums made it clear that the WHCoA should give some consideration to the implementation aspect and that it has an obligation to assist citizens in getting to their local policy makers.

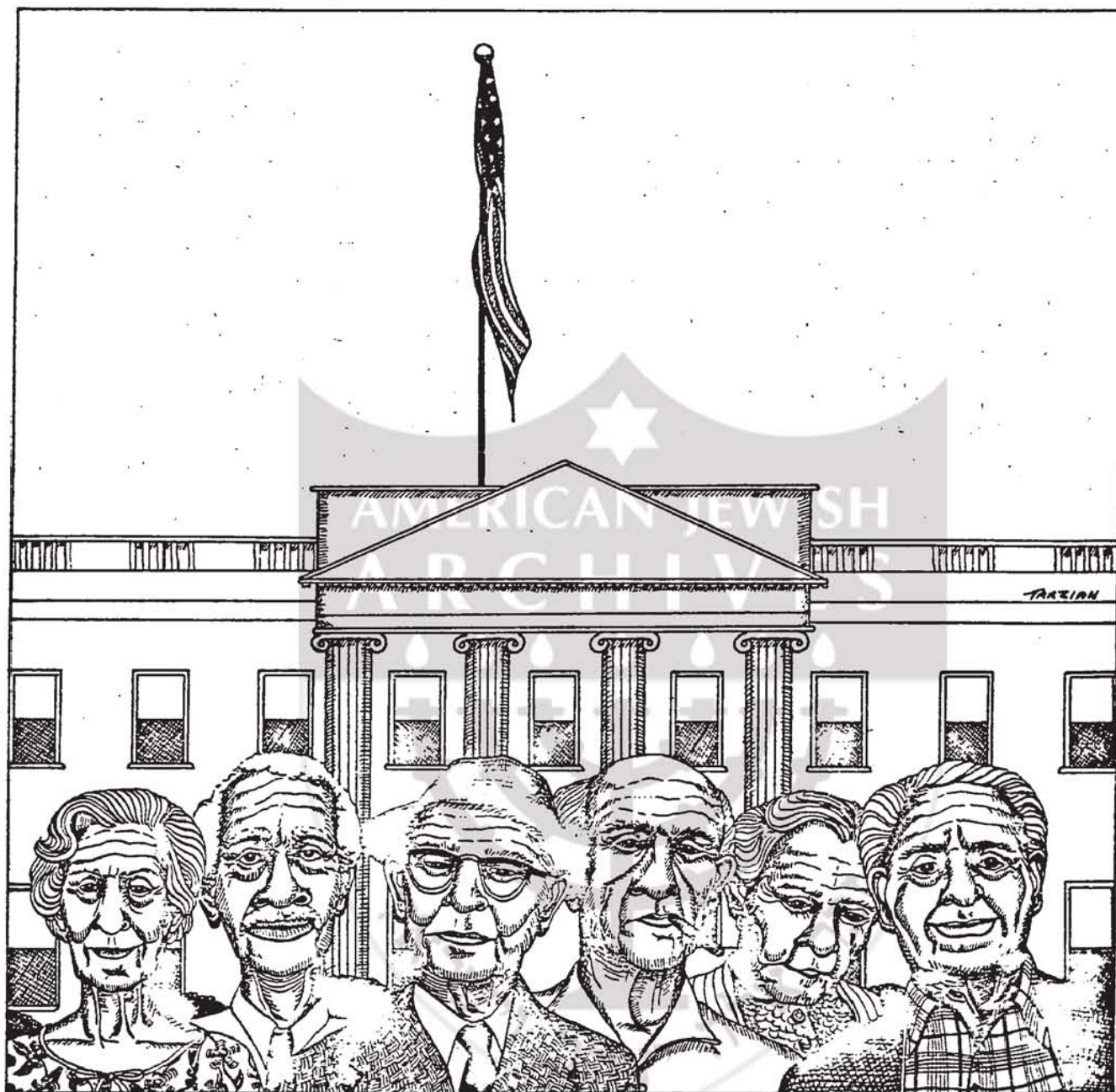
The 1981 WHCoA is the third decennial national conference convened for the purpose of examining issues of concern to older citizens. There is no denying that the 1961 and the 1971 Conferences achieved some measures of success in addressing the concerns of the elderly in general. However, there was either no recognition (1961) or belated recognition (1971) of the special needs of the minority aged. The 1981 WHCoA hopes to correct this situation.

Toward this end, the structure and process of the 1981 Conference has been changed in two important ways. First, it will incorporate the use of mini-conferences. These will allow special attention to be focused on minority aged issues as well as on other potentially - or traditionally - overlooked areas. The second change is that delegates will be selected and will begin their official duties earlier. This will prevent a repeat performance of the 1971 Conference, in which inadequate time and resources were provided for examining the particular needs of the minority aged.

Issues of concern to the four major minority groups will be examined during special mini-conferences convened by the national minority aging organizations as identified through the 1971 Conference. Reports emanating from

WHCoA Regional Conferences Schedule

Southern	August 9 - 12 Meharry Medical College Fisk University	Nashville, Tennessee
Northeast	August 17 - 20 Columbia University	New York, New York
Midwest	August 30 - Sept. 2 Ohio State University	Columbia, Ohio
West	Sept. 13 - 16 UCLA	Los Angeles, California



these mini-conferences will be conveyed to the Technical Committees. In addition, unedited versions will be included in the delegate workbooks in order to provide information as to how the minority communities perceive the issues.

Executive Director of the 1981 WHCoA Jerome R. Waldie believes that the mini-conferences will facilitate greater national visibility. He further believes that they will allow for a more thorough examination of topics which otherwise might be submerged under the numerous issues of the Conference. According to Waldie, similar treatment has been adopted for as many as 30 special issues which are major in scope but

which would be lost is subsumed under the general conference agenda. All of the recommendations made by these mini-conferences will be forwarded to the WHCoA for inclusion in the delegate workbook.

The first mini-conference focusing on the concerns of the minority aged was sponsored by the National Indian Council on Aging in September of 1980 at the Convention Center in Albuquerque, New Mexico. The three-day conference drew together nearly 1,500 American Indians from 145 tribes; half of these participants were over 60 years of age. The 25 workshops offered at the conference provided the opportunity for an intensive examination and discussion of a va-

riety of subjects, including in-home services, nutrition, religious freedom, and the urban Indian elderly.

Another minority aging organization, the National Center on the Black Aged, sponsored a series of mini-conferences, the first in November in Detroit, the second in December in Atlanta, and the last in January 1981 in Los Angeles. All three mini-conferences focused on long-term care, mental health, employment, income, housing, community support services, education, research, and training.

The concerns of the Hispanic elderly were discussed at a mini-conference sponsored by the Asociacion Nacional Pro Personas Mayores in early January

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in Los Angeles. And in mid-January, the National Pacific Asian Resource Center on Aging sponsored a mini-conference in San Francisco to address the concerns of the Pacific/Asian elderly.

Another mini-conference was held in Des Moines October 9 through 10, 1980. Designed to explore the problems of older women, the meeting was attended by nearly 400 delegates representing every state in the nation. A highlight of this particular conference was the establishment of a national Older Women's League.

Additional mini-conferences have addressed other topics such as rural elderly, spiritual well-being, transportation, housing, mental health, lifelong learning, energy, dental health, Euro-American elderly, long-term care, and legal barriers. Upcoming ones will focus on the corporate sector, arts and humanities, low vision, foundations, hearing impairment, savings, and the urban elderly.

State and local activities will draw to a close with State White House Conferences before the attention shifts to the national level. These conferences began in September 1980 and will continue through June 1981. The first of these state meetings, held mid-September in Orlando, attracted 5,000 older persons from all over Florida. As is the case with the special concerns mini-conferences, all recommendations stemming from the state meetings will be forwarded to the 1981 WHCoA.

As Executive Director Waldie points out, the 1981 Conference is going to great lengths to "make the experience of the delegate more meaningful." One of these efforts has been a design to ensure that the 1,800 voting delegates truly represent the American population.

States will be allowed a total of 1,000 delegates, with each state's allocation being based on its percentage of persons 55 years and older as compared to the national elderly population. The District of Columbia, Puerto Rico, and the 50 states will have at least six delegates each and the U.S. Territories have been allocated one delegate each. Keeping in mind certain strict criteria - such as mandatory percentages of women and persons at least 55 years of age as well as minority, handicapped, and low income representation - governors will decide

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Crime and Older Americans: Fear and Reality

Older Americans come from all economic and social classes. They are of both sexes, all races, faiths, and nationalities. Despite their many dissimilarities, however, they have much in common. One major social problem shared by American seniors is criminal victimization.

Whether or not the elderly are victimized more than other age groups has become the subject of continuous debate. The elderly perceive a high rate of victimization while most crime studies show that older persons are not victimized more than other age groups. Nevertheless, one fact is clear: because of their age, health, and general economic status, the elderly are especially vulnerable to certain types of crime. Studies have found that a very low victimization rate exists for the three most serious crimes of homicide, rape, and aggravated assault. Conversely, the rates of strong-arm robbery, purse snatching, pickpocketing, residential burglary, and fraud are very high.

On the whole, the raw statistics indicate that the elderly as a group seem to fare better than other age groups in terms of rate of victimization. But some experts argue that criminal victimization must be discussed in the context of the general quality of life for older people in this country. According to one prominent expert, "crime against older people is integrally related to a wide range of 'problems' . . . including inadequate housing and transportation; poverty; malnutrition; discrimination; forced retirement, and inadequate and poorly coordinated social services."

Home has traditionally been a haven from crime for some elderly persons. It has, at least, reduced the likelihood of being robbed or mugged on the street. But for other seniors, home has not provided a sanctuary from criminal victimization. There is, in fact, a phenomenon which takes place almost exclusively at home, behind closed doors. It is called by various names: granny bashing, gram slamming, and, most straight-forwardly, elderly abuse.

As Americans live longer and health care institutions discharge rather than bury their patients, the burden of care is falling on adult children and younger relatives who suddenly find themselves squeezed between the familiar pressures of their own families and work and the new responsibility for an aged parent or close relative.

For some, the pressure becomes too great. Feelings of love and respect can easily be twisted into guilt, hatred, and violence. The most drastic result is that more and more elderly persons are becoming victims of battery at the hands of their middle-aged children and relatives. One report revealed that almost ten percent of the dependent elderly are at risk.

Overall, many seniors find themselves in an alarming situation. A recent study of 4,500 older Americans concluded that fear of crime is a major factor in preventing them from leaving their homes to use public parks and other recreational facilities. Another study concluded that "the rate of elderly women being attacked on the street may be one per thousand population. But if 80 percent of such women are afraid to leave their homes, fear of crime has become a major social problem."

Indeed, when 24.7 million people in America are forced to fear crime and violence both on the streets and in their homes, a major social problem is upon us.

The question of whether or not older Americans suffer more frequently, or simply more, from criminal victimization will keep a whole group of experts employed for years. In the meantime, organizations and events such as the WHCoA hope to offer help and solutions.

Number One Health Care Issue

"Long-term care" and "continuum care" are terms which are often used interchangeably. Both refer to the type of extended health care and social services which are needed by millions of persons who suffer from chronic conditions which disable them from coping with everyday tasks without assistance.

Medical experts point out that there is an increasing number of Americans, young and old, who suffer from chronic diseases which can be treated but not cured. The primary reason for this increase in chronic sufferers is that improved living conditions and effective treatments have changed the nature of illnesses. Patients who once would have died now live and endure their afflictions. This has a special significance to the elderly. In turn of the century America, the average life expectancy at birth was 48.2 years. Today, it is 69.3 for men and 77.1 years for women.

A recent report released by the Federal Council on Aging (FCA) draws attention to the fact that long-term care is a problem of living. People who need continuum care are vulnerable and unable to survive without it. They may dwell in nursing homes, domiciliary care homes, halfway houses, or even their own residences. But the overriding fact is that quality long-term care must be made available to them somewhere.

The FCA report further points out that a social care system which is parallel and linked to the health care system is essential to the delivery of continuum care and should be accessible to all who need it. Our present health care delivery system is based on an acute illness model in which an illness is diagnosed, the patient is treated, and then expected to be "up and about" within days or weeks. Social care is defined as that which enables vulnerable individuals to cope with housekeeping, social interaction, shopping, meal preparation, transportation, and similar necessities. If this type of care is not available, the FCA warns, then acute care is frequently used inappropriately.

Current health and social care programs are mainly task, level-of-care, or financing oriented, and designed around a single service. Fragmentation in the delivery of physical health, mental health, and social services is commonly recognized. As the system stands, it is hardly conducive to quality long-term assistance.

Another major problem is that all continuum care is expensive. According to a report by the Comptroller General, Medicaid is the chief support for the long-term care of the chronically impaired elderly in nursing homes. The report noted that in fiscal year 1978, Medicaid financed long-term care to the tune of \$7.2 billion - 46 percent of the national nursing home bill. Another 45.6 percent of the total was paid out of pocket by individuals.

Medicaid will finance all or part of the institutional care for persons with chronic impairments. However, it will provide only limited coverage for in-home care. And while the elderly represent 86 percent of the nation's nursing home population, many neither need nor prefer this type of care. Consequently, the reimbursement structure needs to be changed to focus on home health care.

Because of the many problems and recognized inadequacies of Medicaid in financing long-term care, a number of options have been proposed. One would permit federal taxpayers reaching age 40 to deposit 2 percent of their taxable income (including social security benefits), up to a \$1,000 a year, into special private "long-term care accounts" established with banks and similar agents. Another proposal is to amend the Medicaid program to make all eligibles age 75 and older and all SSI recipients eligible on the basis of disability for the same federally defined set of long-term care services. A third proposal calls for the establishment of a national lottery designed to raise \$2 billion in the first year of operation and increase gradually thereafter.

There are no easy solutions. There is probably not even one single solution. Because of all the problems surrounding long-term care, it has become the number one concern in health care today. As such, it is one of the major issues to be examined by the 1981 WHCoA.

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on whom is selected to the delegation. The remaining 800 delegates will be Congressional appointees and representatives of national organizations and other groups.

Another design has been to select and involve these delegates earlier than has been the case previously. According to Waldie, the 1,800 voting delegates will be identified, credentialed, and assigned to a major committee by June 1981, just as the emphasis shifts from state and local activities to the Conference itself. At this time, delegates will receive their workbooks containing the reports of the Technical Committees as well as the recommendations from State Conferences. Also at this time, delegates will participate in their first official conference activity: area agency hearings designed to familiarize them with the needs expressed by local areas.

During August and September 1981, four regional meetings will be held throughout the country. Each national delegate will attend one of these meetings and function as a regional delegate on a committee, listening to and receiving testimony from government witnesses, major organizations, and mini-conference participants. The four hearings will focus on as many as eight basic issues which the Technical Committees will have established as priorities.

Then on November 30, delegates will begin their final activity - the Conference itself.

To effectively formulate national policies, Conference participants will have to take a hard look at nine basic topics in the context of the mini-conference recommendations. These mandatory topics include issues concerning comprehensive quality health and long-term care, employment opportunities and dignified retirement, housing, overcoming stereotypes about aging, and responsible research on the aging process. The congress of elders who will be assembling in Washington late this year believe that the detailed examination of these and other common concerns will provide the surest avenue towards developing and implementing policies which an ever-increasing percentage of the American population needs, deserves, and means to get. ■

Marlene L. Johnson is an Editor and Policy Analyst for the 1981 White House Conference on Aging.

the
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BACKGROUND AND ISSUES REPORT

**An Age Integrated Society:
Implications for Spiritual Well-being**

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CREATING AN AGE-INTEGRATED SOCIETY — IMPLICATIONS FOR SPIRITUAL WELL-BEING

Background and Report to the 1981

White House Conference on Aging

by Thomas C. Cook, Jr.
with the Technical Committee

I. INTRODUCTION

Spiritual Well-being addresses the collective concerns of society which are both religious and secular in nature. The background and issues paper on Spiritual Well-being for the 1971 White House Conference on Aging stated that, "Spiritual Well-being pertains to inner resources, especially a person's ultimate concern, the basic value around which all other values are focused, the central philosophy of life--whether religious, anti-religious, or non-religious--which guides a person's conduct, the supernatural and non-material dimensions of human nature."¹

Since the days of the founding of our republic, religious leaders and institutions have played a central role in meeting the social welfare and other human needs of the American people, especially those of the elderly. Today religious leaders and agencies are in the forefront of movements that advocate support of income maintenance, health care, housing, social security, and appropriate social services for older adults, as well as other Americans.

Americans benefit from the network of agencies sponsored and operated by religious groups serving older persons in every city. Members in institutional religious bodies number in excess of

146,000,000 and constitute the largest group of community centers of caring and fellowship for older adults. Furthermore, churches and synagogues provide significant potential resources for voluntary involvement in healing, supportive, and educational services to older Americans. As communicators of moral and spiritual values, churches and synagogues uphold the intrinsic worth and dignity of all human beings. Such values, put in action in the lives of the elderly, enhance the meaning of life, give strength to deal with stress and conflict, and offer unique resources to deal with the reality of dying and death.

The religious sector translates theological, ethical, and spiritual values into secular language and practice. This report deals with such values within the context of spiritual well-being from the perspective of institutional religion in America. Although the religious community is predominately from mainstream Roman Catholic, Protestant, and Jewish bodies, the technical committee acknowledges that many other religious bodies are a part of the picture in our pluralistic society.

A. Overview of Committee Work

With the submission of this paper, the primary written work of the Technical Committee on Creating an Age Integrated Society-- Implications for Spiritual Well-being is concluded. This document is intended to be stimulating, if not definitive. The role of the Committee is twofold: (1) to call attention to issues, needs, and omissions related to future policy in aging and (2) to identify opportunities and prospects for the enhancement of the quality of life and personal options of older persons in American society.

The committee recognizes the ambiguity of its assigned subject. It is, however, an ambiguity that affords an extended view beyond traditionally associated religious values into generic values of the human frame, wherever they obtain. Spiritual well-being, by whatever definition, is a vital factor in the life of the older person and to the well-being of American society. It broaches and transcends religious, secular, public, and private domains. Its absence in national policy and programs may be perceived as a deficiency of more tangible commodities and is symptomatic of our lack of understanding of its nature and importance. The religious sector has a natural affinity for the spiritual and often is viewed as the sole broker or dispenser of spiritual truth and succor. We see a broader view emerging in the pluralistic society of the 1980's.

The more specific task which the committee assumed was that of examining the current place of organized religion in regard to aging and its role as partner in national aging policies and practices in the immediate and long range future.

Committee Procedure

The initial charge to this committee assumed that a principle agenda would be with the role, resources, and posture toward aging of the institutional church, synagogue, and other religious organizations in America. This was its original designation as a sub-heading under the general topic, creating an age-integrated society. Official meetings of the committee organized subject matter around the areas and issues suggested by the national advisory committee and prepared by WHCOA staff for each technical committee.

This approach focused predominantly on the religious sector in terms of its role, its resources and values in American society.

Subsequently, the committee was re-designated as the technical committee on "creating an age-integrated society--implications for spiritual well-being." It was the decision of the committee to develop parallel issue areas dealing with institutional religion and spiritual involvement in aging and in developing national policy. Overall, spiritual well-being is seen not as a religious term per se, but as a concept important in addressing the wholeness of persons aging in America.

The committee has met in connection with the National Interfaith Coalition on Aging (NICA) convened mini-conference on Spiritual and Ethical Value System Concerns in the 1981 WHCOA. The output of this Symposium is an important adjunct document to be considered carefully along with this technical committee report.

The Committee has been involved as much as possible in the development and writing of this report with the assistance of the consultant and WHCOA staff person. In January, 1981, the committee reviewed and approved its Executive Report, which is included in the text of this paper. The report, including subsequent revisions individually suggested by members of the committee, comes to the Conference, therefore, as a product of the committee.

II. CONCEPTUAL FRAMEWORK

Spiritual well-being offers researchers, practitioners, religionists, secularists, and legislators a framework within which to deal with aspects of human need sensitive or difficult to discuss or define in other terms. Well-being, whether physical, mental, or spiritual, is a basic human need. Individual rights, in discussions of national policies, programs and resources, may be understood and articulated in terms of well-being.

The "life, liberty, and pursuit of happiness" wording of the U.S. Constitution implies well-being in the sense of all these aspects. To deny or inhibit any aspect of well-being--physical, spiritual, or mental--would be contrary to that long standing formula.

Spiritual well-being, as examined in the 1971 White House Conference on Aging Background Paper, is a "bridging" term used in a sociological as well as religious sense.² Further, it is essential that there be some common denominator or catch word to allude to qualities of being human which, if overlooked or undermined, seriously damages personhood and self-worth. "Spiritual well-being" thus provides us with a vital means of expressing that without which the individual is not whole or complete.

Religious interest in spiritual well-being is manifestly strong.³ The 1975 working definition of spiritual well-being,⁴ approved by many denominational representatives, forms a common framework around which various religious and some secular traditional views on human spirituality and well-being can be built. The 1977 Intra-decade Conference on Spiritual Well-being⁵ and the American Sociological Association's Roundtable on Spiritual Well-

being⁶ drew strong participation moving toward the enrichment of an understanding of spiritual well-being. A sampling of the one hundred or so articles and papers produced in these and other similar events confirms, however, that we have only begun. Much research and further study is indicated and warranted by these first gleanings.

Proper attention to spiritual well-being needs should relieve the nagging fear of many older Americans that personal worth is diminished as individual productivity is curtailed or as one's resources fall behind the rate of inflation. The fear of such a personal "market crash" can set off a variety of destructive emotional and behavioral outcomes. Conviction that the worth of self is entrenched in God is fundamental to the spiritual well-being of most persons. Institutional religious groups have an inherent mandate to nourish and proclaim such worth.⁷ The religious community is in the best position to contradict the myth that the value of persons is measured primarily by their productivity.

As we consider the older persons we serve and our future older selves it is urgent that beyond things--units of service, means, transportation, housing, and health services--help comes with self-involvement, compassion, dignity, and grace. In wholeness we make an affirmation of life as important to the giver as to the receiver. To that end, churches and synagogues in every city and town may provide opportunity for older persons to find personal fulfillment, dignity, and appropriate services given in a supportive setting.⁸ The further development and administration of cooperative aging programs involving the nation's religious sector and national secular, private, and public organizations and agen-

cies will enhance the spiritual well-being of all generations.

Spiritual and Ethical Values

In view of the importance of spiritual and ethical values in decision making, the committee has examined the role religious institutions play in making policy decisions. The First Amendment guarantees not freedom from religion but freedom of religion.⁹ It recognizes that no sectarian point of view or base of power could dominate the government without a loss of other freedoms for those whose religious faith and practice differ. On the other hand, partnership in human services is beneficial when rendered in a non-sectarian approach. National policy in aging must negotiate and not avoid these constitutional points. Improperly interpreted, the very freedoms guaranteed are suppressed and programs set in place by such policy will be eccentric at best.

A national code of basic values is needed for the well-being of the total community. The idea expressed by Carstensen on the dual views of justice and attendant tensions is likewise germane: "'Natural justice' deals with what one has coming to him, simply because he is human. 'Power justice' is more pragmatic, rendering to an individual or group what it can get away with. For power justice, weakness deserves only what weakness can buy; but power is an ethical issue in our collective planning, priority setting, and needs servicing. It must be monitored and evaluated to prevent injustice. The task of power is self interest. . . to exercise those kinds of justice which reward power without jeopardizing the social base upon which the power depends."¹⁰

Education and Training

In most cases, career training within the religious sector is not adequate to meet the special needs of the elderly. Where inadequacies are being addressed, it is rarely done systematically by accepted standards. The NICA survey report documented the relatively low incidence of gerontological content in seminary curricula.¹¹ While the picture has brightened due in large measure to the 1977-79 Gerontology in Seminary Training Project (GIST), core requirements by seminary administrations and accrediting bodies neither suggest nor mandate closure of the gerontology gap in training seminarians (most of whom are younger than age 30). Thus, most seminarians will graduate with skills, attitudes, and knowledge inadequate to promote and provide effective "spiritual well-being" in their ministry to the aging and elderly.¹²

Another research project conducted by the Association of Theological Schools in the U. S. and Canada (ATS), with funding from the Lilly Foundation, sought to identify the criteria vital to competent ministry.¹³ A total of 444 criterion statements were derived, ranked, and arranged in clusters. Of the 64 core clusters identified, not one descriptive title is specific for readiness as it might apply to ministry to the aging and elderly. Cluster 3, however, stresses the minister's need to relate "well to children and youth." This lack of sensitivity to and understanding of the special needs of the elderly in the community of faith was apparently a blind spot for most members of the five groups of people whose responses set the criteria, namely: (a) theologians and seminary professors; (b) lay constituents who work with fledg-

ling ministers and are recipients of their ministry; (c) fellow ministers who serve as professional peers as they interact on the level of staff, neighbor, committee, or special project; (d) denominational officers responsible for placement and/or supervision; and (e) senior seminarians. Obviously, if readiness for ministry is to be redefined to include the ability to "relate well to the aging and elderly," it will require a concentrated educational and sensitization effort at the seminary level and in continuing education of clergy, lay leaders, denominational executives, and religious educators/writers.

Additional career training needs within the religious sector center around administrators and direct service personnel, both ordained and unordained, who are involved in denominational or interfaith institutional programs or are involved in noninstitutional programs within churches, community groups, interfaith groups, and programs having a relationship to area agencies on aging. As NICA's and ATS's separate research projects tend to indicate, it is likely that ordained personnel did not attend seminaries or schools of theology with strong curricula in aging and that unordained personnel would have had even less opportunity to undergo specialized training in gerontology.

Even where gerontology is being included in career training within the religious sector, a problem exists. How can necessary secular competencies (knowledge, skills, attitudes) mesh with religious attitudes and values and Judeo-Christian traditions so as to insure ministry to the whole aging person, including his or her spiritual well-being needs? There is to date no known tested "model" upon which the education and training of career

personnel in the religious sector could be based. The Gerontology in Seminary Training Guidelines for Competency are a start but do not constitute a full model.¹⁴ While the spiritual will be emphasized in seminary training and continuing education of clergy, competence to minister to older persons in the community must be related to existing knowledge and skills in the processes of aging, demographic trends, the sociological context of aging, and the policies, programs and resources available to older adults.

Sensitivity to the spiritual is just as important in secular education and training settings. Students of gerontology and geriatrics must be aware of the total person and of all factors which contribute to the aging process, including the spiritual nature of persons and the means by which that nature is sustained and strengthened to assist elderly to cope. There need be no conflict whatever in First Amendment provisions in this regard. Administrative and legislative language properly include spiritual well-being as a right of older persons. In fact, tax-supported programs which omit such training are incomplete.

Cooperation between representatives of government, religious, and secular domains will be needed to assure that education and training are more wholistic in scope and content and reflective of reciprocal concerns.

Infusion and Specialization Needed

Because the religious sector comprises one of the largest constituency groups in the United States, it is important that the role of churches, synagogues, and other religious organizations be addressed in the 1981 White House Conference on Aging. The

1971 White House Conference on Aging, through a section on spiritual well-being, enabled many concerns of the religious community to be raised and addressed. Theological and philosophical values embedded in the concept of spiritual well-being need to be looked at with the intensity afforded by such a special section. On the other hand, spiritual values cannot be compartmentalized. Ethical values and matters of the human spirit related to service delivery and policy affecting older Americans permeate most major issues to be dealt with by the 16 WHCOA technical committees.¹⁵ (See Fahey, Appendix)

In the non-sectarian, pluralistic sense, national policies in aging and human services in general will find support from the voluntary and religious sector as programs and resources for older Americans are provided in a way that recognizes the importance of spiritual well-being to total well-being. For this reason it is urgent that Older American Act funds be made available to research spiritual well-being.

III. DATA BASE

A Review of Previous White House Conference Goals

The 1981 White House Conference on Aging will be the fourth national Conference on Aging, all of which, collectively, span three decades. Moberg, in his 1971 WHCOA background paper, listed the following spiritual needs from the first National Conference on Aging in 1950:¹⁶

1. Assurance of God's continuing love
2. The certainty that life is protected
3. Relief from heightened emotions (such as guilt, grief, fear)
4. Relief from pangs of loneliness
5. A perspective which embraces time and eternity
6. Continuing spiritual growth through new experiences
7. A satisfying status in life as a person
8. A feeling of continuing usefulness.¹⁷

The 1961 White House Conference on Aging, through a section on religion, recommended that:

1. Congregations recognize special gifts of the elderly (wisdom, serenity, understanding) and invite growth in wisdom, deepening relationship with God, and acceptance of assurance of eternal life;
2. Congregations provide transportation and facilities for participation in worship and services for the elderly;
3. Greater use of media and leadership ministry to enrich the life of elders;

4. Chaplaincy services in institutions serving the elderly be provided by state, county, and municipal governments;
5. Enhancement of individual personhood and involvement of older persons;
6. Education and training of families, clergy, and lay leaders;
7. Abolition of myths of aging and improvement of the image of old age; and
8. Cooperation with community efforts to provide facilities and services to the aged.

A wholistic note concluded the report:

Religion binds a man to creation and the Creator, and enables him to face the future with hope. This group summons, then, the great religious bodies of the nation, their congregations, seminaries, organizations, and related agencies, and all Americans who share their concern for the aged, to join in expanded efforts toward seeing that each of our senior citizens receives the benefits, spiritual and material, they richly deserve.¹⁸

The 1971 White House Conference on Aging report on Spiritual Well-being called attention to the importance of the spiritual as integral to all of life. "... to ignore, or to attempt to separate the need to fulfill the spiritual well-being of man from attempts to satisfy his physical, material, and social needs is to fail to understand both the meaning of God and the meaning of man."¹⁹

The 15 recommendations of the 1971 White House Conference on Aging were, in essence, as follows:

1. Increased cooperation between government and religious bodies to meet the spiritual needs of the elderly.
2. Inclusion of spiritual well-being in public/private education, research, and training efforts.
3. Financial assistance for clergy, professionals, and lay

volunteers in developing competencies to meet the spiritual well-being needs of the elderly.

4. Provision of chaplaincy services, through public funding if necessary, in licensed institutions serving elderly.
5. Evaluation of the effect of government-funded programs on spiritual well-being of elderly recipients.
6. Direction of more educational efforts to the elderly regarding available services and programs.
7. Inclusion of older persons in age-integrated programs and in planning such activities.
8. Home-delivery of spiritual consultation on a volunteer basis and, if necessary, on a funded basis.
9. Awareness of religious organizations that wholistic concern includes physical, personal, and social needs, as well as spiritual needs.
10. Action by religious bodies to refer elderly to services available locally and otherwise.
11. Advocacy by religious bodies to hold both public and private entities accountable for developing programs which protect and contribute to the spiritual well-being of the elderly.
12. Assumption by religious bodies of a role in protecting, affirming, and articulating the basic rights and values of the elderly.
13. Cooperation of religious bodies and private agencies in promotion of interfaith community programs.
14. Collaboration of religious bodies and government in affirming the right of the individual to die with dignity.

15. Call for a National Conference on Spiritual Well-being to be held in 2-5 years following the 1971 WHCOA to review and evaluate national progress in the area of spiritual well-being.²⁰

A summary analysis through 1975 of progress in implementing the various recommendations above is included in the appendix to this document.

Programs for the Aging Under Religious Auspices

Religious groups, especially those in the Judeo-Christian tradition, manifest biblical, theological, and moral values in various expressions. Frequently the values become energized and visible in a tangible sense in voluntary human services. Activities benefiting and involving older adults in church and synagogue settings have been reviewed and reported.²¹ From 1972 to 1975, the National Interfaith Coalition on Aging (NICA), with funding under the Older Americans Act, undertook to survey programs for the aging under religious auspices. It was felt that no effective national position on programs and needs for older adults could be taken in the religious sector without an informed understanding of what denominational bodies, judicatories, and local congregations were doing in the field of aging.

Somewhat surprisingly, responses to that survey indicated that, in general, denominations do not maintain centralized systems for gathering and disseminating age and sex and other sociological data on the life and work of their various entities. With minor exceptions, data submitted to the survey had been voluntarily collected and was neither comprehensive nor, therefore standardized.

Significant generalizations were difficult to formulate. The NICA study used open-ended questionnaires and allowed the respondent to be subjective. No attempt was made to assure identification of program characteristics across a range of organizations because of lack of a common nomenclature. Seventy-six of one-hundred-eleven national religious bodies responding indicated some degree of programming for, or intentional ministry with, the aging. The study covered national, regional, area, and local levels of operations and the programs within those levels. Fifty services or categories of activity were discovered.

National Programs

At the national or denominational level, programs tend to serve organization-wide needs. By far the most important program area appears to be in providing retirement services and pensions to organizational leadership. Staff and material resources allocated to the elderly by a number of national groups have been included in departmental programs with intergenerational foci not designed to address special needs of the elderly.

Interestingly, most national level programs in aging have reportedly been initiated since 1971.²² National staff activity related to aging ordinarily is deeply imbedded in other program clusters or responsibilities funded from general administrative budgets. National programs most often provide centralized coordination and staff support services to other judicatory levels. Most denominations indicate that their programs meet traditional spiritual needs of elderly persons.

Other comparative national data have been gathered by a number

of national religious agencies during the 10 years since the 1971 White House Conference on Aging. Examples of these include:

Regular surveys of housing data are made by the American Association of Jewish Homes for the Aged;²³ The National Benevolent Association, Christian Church (Disciples) survey of institutional and congregational services to the aged;²⁴ The Cathedral Foundation Study of health maintenance in a residential care facility (Episcopal);²⁵ The Lutheran Church in America has inserted age specific questions in its annual statistical questionnaires to give a profile of its programs in aging.²⁶ These and other similar "secondary source" data have been contributed to the NICA survey.

Regional Programs

Regional-level aging programs under religious sponsorship tend to revolve around services requiring brick and mortar and trained staff. Additionally, the programs are usually geared to elderly persons residing within geographic boundaries of sub-levels of the organization. While most regional programs receive both sponsorship and funding from national church or synagogue budgets, many budgets are largely funded through fee participation in such services as housing and health care. Characteristically, regional programs have been in service longer than programs at the national or local level. Most programs at the regional level report more than two sources of income, with fees and congregational budgets ranked before national or regional organizational budgets as their primary funding source. Typical program services cluster around health, housing, recreation, and pastoral ministry. The regional programs surveyed are positive with regard to the value of spiritual

well-being and indicate combinations of services providing for spiritual experience and well-being.

Area Level Programs

Area-level programs frequently show cooperation on an inter-faith, interdenominational, and community-wide basis and tend to receive a significant proportion of community and federal funds. Examination of programs reported show key services to be nutrition, transportation, and social activity within center-style programs which often receive federal and state funds through area agencies on aging. Activities and services tend to be clustered, which is characteristic of intentional programming, and operate in an institutional setting or out of the community/parish facilities. Eighty-nine percent of area level programs reporting indicated that their efforts provide for one or more essential aspects of spiritual well-being for elderly persons.²⁷

Local Congregations

Local or congregational activities in aging include both institutional type services, such as housing, health care, nutrition, and congregational programs in a wide range of sizes, services, and other essential characteristics. Most such programs operate under congregational auspices with pastor or rabbi as director. Greater sensitivity seems to occur at the local level to the needs of the frail elderly, as well as to the needs of the elderly in ethnic settings. A little over half of these programs report funding from congregational budgets or contributions.

Fellowship and social activities lead the list of program con-

cerns. Congregational and pastoral ministry, visiting companionship and recreational activities also rank high among activities provided by congregations for older adult parishioners. Responses to the matter of spiritual well-being effectiveness of programs are positive, as with the area level.

Nevertheless, taking the data examined in the NICA survey,²⁸ it appears that, as a whole, during the early 1970's, religious bodies in the United States exhibited relatively low efforts on behalf of the elderly.

Hopeful Signs

Recent increases in new programs especially at the national level where denominational offices of aging appear to be developing, indicate a growing consciousness of the needs of older persons and the perceived responsibility on the part of religious groups to examine priorities and establish policies and program thrusts with regard to older constituents. Heavy investments in housing, nursing homes, and other health care facilities is evidenced.

One emerging trend found in the 1970's is greater interfaith activity in aging. Along with the creation in 1972 of the National Interfaith Coalition on Aging, with its denominational or national level cooperation, a large group of state, regional, county, and city counterparts have developed. State councils of churches, area and local clusters of churches and synagogues have pooled space, personnel, volunteers, equipment, and supplies to provide not only care for the elderly, but opportunities for life enrichment, self help, employment, and volunteer services to others. Perhaps the most notable national model is that of the Shepherd

Center initiated in Kansas City by Dr. Elbert Cole and others.

Most of these agencies, though not "chapters" of the National Interfaith Coalition on Aging, are affiliated with that organization, and, through NICA, share ideas, resource information and expertise.

Some question whether religious bodies should be involved in the business of social services, forgetting that churches and synagogues were the first social service agencies in this country and continue to meet a large share of social and other needs at all age levels. In the light of needs that are known to be unmet or poorly met, in view of the espoused values of religious communities, the yet unsolved needs of the elderly call religious groups to greater planning, resource commitments and involvement in the 1980's.

IV. PRESENT SITUATION

In recent years, startling demographic data related to older Americans has been popularized in the media as the "graying of America," to be full upon us by the year 2020. Futurologists of a pessimistic bent warn of intergenerational strife and warehousing of frail and senile aged in dehumanized institutions. More optimistic views of the future see a healthier, better educated, more active elderly population working longer and more self-supporting. Retirement will include activities which are less self-centered and make a continuing contribution to an age-integrated society. Certainly, the scenario of the future is being decided today in such arenas as the White House Conference on Aging. The present situation is relevant as a starting point.

It will be important to carefully examine the findings of the 1980 census, particularly where trends may be extrapolated. Correct assessment of the current situation in our changing and mobile society requires adequate information which is difficult to acquire while honoring individual freedom and privacy. Too often in the past conclusions have been reached on inadequate or poorly assessed data. It is one thing to look at the density of population and discover a pattern of mobility as it pertains to age. It is another thing to compare that simultaneously with factors affecting other age groups. Mobility may be an economic necessity. Economic necessity may equally hinder mobility. Generally speaking, migration patterns relate to where economic security may be found or maintained.

The studies available to us from churches and synagogues today point toward the fact that the "church" is graying at a rate fast-

er than that for the population taken as a whole.²⁹ Whether for spiritual or practical reasons, this would tend to point to a seeking of independence and security within the framework of a trusted community.

"Project Find" of the 1970's revealed many persons cut off from normally available support systems offered through family, friends, and other social groups, such as church and synagogue.³⁰

Disengagement, isolation, and idiosyncratic responses to aging often follow retirement when contacts with co-workers, colleagues, and business associates diminish. As the older person ages, he or she also experiences the loss of siblings and friends. Job requirements often separate children and their aging parents and diminish the elderly's life-support network. Church and synagogue have demonstrated the ability to assist older persons in successful adaptation to change through the widening of a circle of friends and acquaintances, newsletters, visitation, and, in many cases, through vigorous involvement in the life of the congregation.

Data available from many sources point to the growth of the over 65 age group, and, particularly, the advanced age bracket of 75+.³¹ In coming years, this will place even more requirements on public and private agencies in serving the social and medical needs of the elderly.³² Furthermore, in the 1980's, those who reach advanced age will have fewer grown children on whom they can rely for social, emotional, and financial aid. As we move into the 1990's, individuals reaching the age of 65 will have fewer siblings on whom they can rely.

"Transplantation shock" takes its toll when older persons requiring care are institutionalized or move in with family members

who live in unfamiliar locations. Most elderly seek to maintain the lifestyle that preceded retirement. Persons above the age of 65 tend to remain where they were when they retired. In three years between 1975 and 1978, only 14% of the elderly population in the U. S. changed residence.³³

Retired persons tend to maintain those associations within the community which were established in prior years. By far, those active in local congregations benefit most from the continuity of this activity in their lives.³⁴

Data implications for congregations serving central city or suburban and rural areas call for an awareness of the needs of the elderly in terms of their communities. The minority elderly tend to suffer greater isolation in urban ghettos, while upwardly mobile younger families migrate to the suburbs. Elderly whites living in established suburbs need assistance to deal with changing socio-economic communities. The major thrust of the 1971 White House Conference on Aging was to promote independent living in one's own place of choice for as long as possible. This is an increasingly difficult goal to meet in the light of current inflation. The rural elderly, especially, lack ready access to public or private agencies that assist older persons to remain independent.³⁵

V. TRENDS TO 1990 AND BEYOND

Within the charge to the technical committee was the need to make future projections to 1990 and beyond. The easy projections are those of a demographic nature. The addition of nearly 25 years of extended life in this century alone means that individuals and couples have the opportunity to live well beyond the child-bearing and rearing years. Implications for change in life style, careers, and outlook on the meaning of life are manifest. Projections of social and philosophical trends are dependent on expected demographic changes and, in turn, their expected effect on policy, resources, and distribution of services and subsequent effects. Variables of war, disease, inflation, and recession are not easy to inject. Technology is progressing faster than it can be employed or its effect evaluated.

As the lifespan increases, one expected philosophical benefit would be that within the next ten to twenty years there should be significant changes in attitudes toward aging and to the concept of time.³⁶ Well-being, whether spiritual or physical, will depend upon more thoughtful understanding of the meaning of life³⁷ and the quality of time versus the quantity of time or length of years. Religious bodies can furnish leadership in assisting society in gaining new meanings of the value of the later years, both to the individual person and to society in general.

As stated before, it is commonplace knowledge--thanks to the many articles which have appeared in national magazines such as Newsweek, Time, and U.S. News and World Report -- that the United States is "graying" rapidly, that by the year 2000, the percentage of men and women in the USA who are 65 or older will increase some

40% to over 31 million people. This same "graying" is taking place in churches and synagogues, in some cases even more obviously than in the general population. Consider what statistics on aging Jews reveal. Rabbi Sanford Seltzer, Director of Gerontology Programming for the Union of American Hebrew Congregations, reports: "Already, 31% of all Jewish households in this country are headed by persons 60 years of age or older. The Jewish birthrate is extremely low; ...the most optimistic estimates place the American Jewish population at approximately 3 million, or roughly one-half of the current figure, by the year 2076. In general, the synagogue has been no more responsive to the needs of a progressively older population than have other segments of the secular and religious community."³⁸ An example of "graying" on the Protestant side comes from the United Church of Christ which, in a 1976 survey,³⁹ found an average of 25% of persons 65 and older in its congregations, with upwards of 50% over 65 in numerous rural and inter-city congregations. The Synod of the Southeast, Presbyterian Church U.S., discovered in a 47% sample of its congregations that 29% of its total constituency is above the age of 55, with a majority of these over 65.⁴⁰

Involvement of agencies, seminaries, and denominational representatives of U. S. religious bodies whose constituencies in the aggregate exceed well over one-hundred-million⁴¹ have demonstrated a heightened awareness of the demographic and sociological realities associated with an aging society.⁴² For the most part, older adults are not specified in intentional program terminology used by church and synagogues. In some cases, activities single out persons--a ready illustration that there is focused concern

on aging congregants.

Some churches and synagogues have received public funding for participation in specific aging programs.⁴³ These programs, often linked with community or area aging networks, are usually more easily identified than those operated without outside funds. There is little cause for religious organizations to use social service or federal program language for what is done in the usual span of activities. Church related agency efforts where public funding is involved, as in housing and social service grants or contracts, do require more visible age specific program language.

With a new administration and a Republican majority in the U.S. Senate, it is difficult to assess prospects for increased funding appropriations for federal categorical and discretionary programs in aging. An inflationary economy and subsequent recession would bode ill for new programs, research, and education, with most resources being used to keep direct services such as nutrition, housing, health care, and other "aging" network programs in operation. Hopefully, this could point to an acceleration of innovative activity through private sector agencies and, certainly, through the religious sector. With better awareness of their age/sex profiles, congregations in the 1980's could be expected to allocate more equitable budget resources for programs for youth, a preoccupation of the 1960s and 1970s, and for the growing proportion of older parishioners in the 1980's and 1990's.

Uncertain Trends

The 1970's witnessed a decline in the membership of many larger denominations. At the same time, a corresponding growth has

occurred in independent congregations and other groups. Several phenomena may explain this trend: the rise in new movements such as the charismatic renewal, ecumenical prayer groups, and electronic religious media.⁴⁴ Electronic religious media appears to draw much support from older people who are either unable to attend their own churches or have become neglected by their own congregations. Growth of independent local prayer groups and congregations, once thought to be peripheral, have proved to be sustaining activities to many. Such independent groups do not, for the most part, relate to national structures and service system resources, as do mainstream denominations. One possible trend for the 1980's and beyond may be the regrouping of denominations ecumenically and the union of some mainstream denominations now experiencing a decline in membership. At the same time, independent congregations may find each other in loosely structured associations providing similar services to those given by more established religious groups. Such structures are important as auspices to support and underwrite housing programs, health care facilities, and in generating materials for consciousness-raising and programming for older adults. Centralized activity also provides for the establishment of policy and channels of communication between smaller groups and national bodies, both secular and public.

Gerontological education is receiving greater attention in religious sector preparation of professionals, particularly clergy.⁴⁵ Predictably, progress will be slow over the next ten years. It is to be expected that there will be a steady rise in the number of denominational agencies and staff positions related to aging, as decision-makers realize the ramifications of intentional ministry

with and for older persons. Federal cooperation through funding for appropriate education and training activities would be one important way of multiplying services not otherwise available.



VI. MAJOR FINDINGS

Previous White House Conferences have enlisted vigorous support from persons concerned with the spiritual needs of older Americans. The resources and commitments of the religious sector have been evident. The creation of a volunteer Coalition of 31 religious bodies to respond to the 1971 White House Conference on Aging recommendations in the area of spiritual well-being and to the report as a whole has significantly impacted the field of aging in the past decade. This continuing exploration of the mission of the religious sector in the field of aging has extended to the surveying of 111 national denominational offices and more than 135 seminaries and schools of religious education.⁴⁶

In 1975 this Coalition developed an interfaith definition of spiritual well-being: "Spiritual Well-being is the affirmation of life in a relationship with God, self, community, and environment that nurtures and celebrates wholeness."⁴⁷ Within this group of religious bodies, commitments to ministry both with and for the elderly have increased in the past decade and many have formulated position or policy statements.⁴⁸ Much of the policy reflected in these statements has issued in the increase of gerontological training in religious sponsored schools, programs and services, plus greater cooperation with local and network aging efforts.

The focus of this discussion is narrowed in view of the charges to the other 15 technical committees. However, spiritual well-being is not a transient matter. We note therefore: (1) materials prepared for the spiritual well-being section of the 1971 White House Conference on Aging, (2) the subsequent responses by organizations

within the religious community to those recommendations,⁴⁹ (3) the output of the 1977 National Intra-decade Conference on Spiritual Well-being of the Elderly, and (4) the report of the National Symposium on Spiritual and Ethical Value System Concerns in the 1981 WHCOA, a "mini Conference." The Symposium examined values from a secular-humanist, as well as religionist, perspective. Two points emerged: 1. spiritual well-being of the elderly is as important as their need for health care, housing, and other physical sustenance and, 2. spiritual, ethical, and moral principles are basic in developing just and effective national policy for citizens of all ages. The consensus of human worth emerging from differing ideological perspectives provides such a common base.

Other technical committees have within their charges issues tied to ethical and moral questions, especially quality of life, bio-medical issues, distribution of national resources for health care, income maintenance, and housing. Here, the concerns of the religious sector and those of secular ethicists find common ground. While a society based on a single religious view would violate constitutional freedom, in America's pluralism, society cannot function solely on secular ethics.

VII. KEY ISSUES

Most of us would agree that America faces crucial decisions in regard to the status, contributions, and well-being of the aged. The technical committee's viewpoint is that factors that contribute to the well-being of the aging, which is vital to society, have dimensions which are spiritual and moral, as well as physical, political and financial. Just as the government's legislative, judicial, and executive branches function collectively, but with separation of powers, so our society must coordinate, stimulate, and facilitate the mediating structures of church, state, and private sectors as equal voices. This committee identified the following key conceptual issues and practical roles to be included in the development of national policy for aging in America in this decade:

A. Wholistic Aging Policy and Spiritual Well-being

The creation of an age-integrated society implies integrity across the life continuum. It also implies a wholistic approach which is necessary if the individual, or society in its collective parts, is to experience unifying integrity and fulfillment.

No society neglecting, mistreating, or isolating any age group can long survive. Elements of expanding pluralism, changing demography, growing technology, and limited national resources can be detrimental to common good without national policy linked to constitutional values of human equality, liberty, and rights to life and the pursuit of happiness for all. Therefore, national policy in aging is properly stated in wholistic contemporary terms.

An age-integrated society will not long cohere unless national policy promotes social balance. We recognize distinctive age-specific needs to be addressed in a responsible society. In an economy insufficient for those program needs already in place, adjusting imbalances in societal services is difficult. Both an age irrelevant society and an intergenerational society (two meanings of age-integrated) seem desirable on balance, but neither is an unequivocal good vis-a-vis national policy and aging.

Spiritual Well-being

Spiritual well-being and religious experience are often sidelined as optional or peripheral. A wholistic view of the individual, on the other hand, sees him or her as a functioning being, coordinating vitally the physical, emotional, intellectual, spiritual, and social dimensions of life as an inextricable totality. Change of one dimension affects the whole. Neglect of one dimension diminishes all. Support of this view of the individual requires a resonant response from society to organize its functions, processes, services, and policies in support of wholeness.⁵⁰

Spiritual well-being is well beyond the religious domain. Compartmentalization limits social attitudes. Neglect of the values underlying the spiritual needs and natures of individuals denegrates the spiritual to second-class status. The spiritual is not, however, exclusively religious, but pertains to intangible, non-material, supernatural characteristics, qualities, or needs, which all human beings possess.⁵¹ Thus, the 1971 White House Conference on Aging Background Paper on Spiritual Well-being concludes, "That all (persons) are 'spiritual' even if they have no use for religious institutions and practice no personal piety. . ."⁵² National policy

must therefore include all aspects of life experience, including the spiritual.

If we lack definition or clarity, or feel uncomfortable with the spiritual as part of the whole of life, we must all the more include it in our research and service goals to improve the total well-being of older persons. This approach requires that both secular and religious sectors not speak of "wholeness," "integrated," and "total person" when the spiritual aspect of life is omitted from consideration.

In relation to policy formulation, the technical committee on spiritual well-being takes the position that the aging person is a whole person, regardless of problems which may lend themselves, administratively, to a segmented treatment. Policy approaches in keeping with historical, theological, and philosophical values and attitudes should be based on non-sectarian standards and must be included in future planning needs. In this regard, some concerns of the committee on spiritual well-being and those of the quality of life committee are similar.

There must be national policy which reflects the importance of making provision for the spiritual well-being needs of all age groups, but especially older people.

B. Religious Institutions as Architects of Societal Attitudes

Religious institutions form one of the largest groupings of American society; and, as advocates for the elderly, they are capable of bringing awesome pressure to bear on decision and policy-makers to produce creative change. On the other hand, as many con-

cerned individuals and groups rightly point out, status quo often persists because church and synagogue do not live up to their own Judeo-Christian standards.⁵³ Life fulfillment is seriously curtailed in a culture where attitudes, policies, and programs place restrictions on the aging person's opportunities for self-expression, improvement, and involvement.

The decades of the 1960s and 1970s have seen profound changes in the values and belief systems in our nation, especially as these relate to changing roles of women and men, family structure, attitudes toward the young and old, and changes in modes and fashions of worship. These changes and those in our economy and lifestyles affect our values and attitudes and are reflected in national policy. One of the great challenges facing religious institutions is the reshaping of societal attitudes and the re-direction of social trends so critical to the achievement of an age-integrated society.

While few people today accept uncritically the teaching of religious institutions in regard to their behavior in everyday life, nevertheless, great potential lies with such institutions to significantly influence community thinking and behavior. Both lay and professional members of religious institutions need to become informed about the needs of the aging and of availability of resources to older people.

Done ecumenically, public and private sector partnership will produce the greatest effect. Local and regional counterparts of agencies such as the National Interfaith Coalition on Aging can work for better housing, recreation, social services, medical care, and especially for positive and supportive attitudes toward older members of the community. Religious institutions have demonstrated

their effectiveness as advocates for the disabled, minorities, and refugees and can do the same for senior citizens. Such activities move policy toward wholistic well-being for all age groups. The religious sector speaks to its own members and, through them, infuses its values and standards into the disciplines and service domains of our society. "The central credo of most ... traditions ... while variously expressed, is the unqualified worth of persons as persons created by God, whatever their age or station. This conviction applied to the lives of older persons in a community enables church and synagogue to enhance, through their own channels and resources, the quality of life for all ages, as older persons make contributions and also receive ministry commensurate with their real condition, talents, and meaning in current American life."⁵⁴

As proponent of the personal worth of the individual and the wholeness and fulfillment in each person's life, the religious sector can act as a unique catalyst in guiding society toward a more just and humane policy in aging.

C. Religious Institutions as Providers of Service

Religious institutions are mediating structures in American society. Particularly, local congregations provide a place of identity, belonging and refuge, support rights of the individual, and, at times, facilitate the individual's relationship to power structures. Such mediation ranges from advocacy on behalf of older people to services to assist in self-care or total care of the person, as needed.

Historically, both institutional and community-based services by and for older persons have been created and operated under reli-

gious auspices. Adult day care, senior centers, residential homes, nursing and health care centers, and a variety of personal support services of a "hands on" nature give substance to espoused concerns. With a growing number of vital older persons not in institutional care or in need of specific services, denominational programs logically extend the life-enrichment opportunity and involvement of older persons as volunteers in the service of others.

Just as important is the need to include older adults in the life, worship, and social activities of the congregation. While institutional services of a public or private nature tend to be more formal and structured, religious institutions are uniquely equipped to provide services of an informal nature through congregations to meet many of the needs of elders in the community.

In terms of aging, it is important to remember that there is no homogeneous "aging" population. While about 5% of older Americans live in institutional care, many frail elderly remain under the care of family members at home. Most older persons continue to be active and competent into their 80's and 90's. The number in the "over 75" age group is increasing.⁵⁵ This generalized picture does not apply to minority elderly who, as a group, exhibit lower life expectancy on the whole and greater vulnerability to illness for which they often lack access to quality care.

Family

The local congregation should assist families and those who aid in caring for frail elderly at home. Traditionally, the family has been responsible for its older members, as well as for its children. A family setting is appropriate to accommodate the different

periods of aging, although the norm of a four-generation family complicates matters. Today, however, as the older population increases, the structure and functions of families are changing as well. Mobility, smaller houses, employment of women and other changes make it more difficult to provide at home for the older family member's special needs. In many instances, religious institutions with which the family has been associated function as the best agency through which needed services may be provided for the elderly. Most congregations have trained clergy and lay leadership, and increasing accessibility to community and professional services. In dignity and freedom, services rendered through local congregations can carry the overtones of advocacy, protection, and concern once provided in the family setting.

In a technological age, where productivity and family mobility accelerate, norms are not established for accompanying societal changes. In many cases old values are displaced in the wave of change, leaving ethical decisions and societal values to operate on expediency. Organized religious bodies can help preserve dignity in aging by mediating and supplementing programs established by every level of government. They may also properly influence national policy.

D. The Role of Religious Institutions in Meeting Spiritual Needs of the Elderly

"The concerns and resources of communities of faith for their aging are as old as the communities themselves. Church and synagogue contribute directly to quality of life of the aging by fostering spiritual well-being..."⁵⁶ By definition, spiritual well-being

moves beyond specific religious arenas to wholeness of the individual and the quality of life. The religious community provides a milieu in which concerns for the spiritual needs of older adults may be nurtured and enhanced. While spiritual well-being applies without regard to age, the vicissitudes of growing older provide unique opportunities for spiritual growth essential to wholeness in the individual.

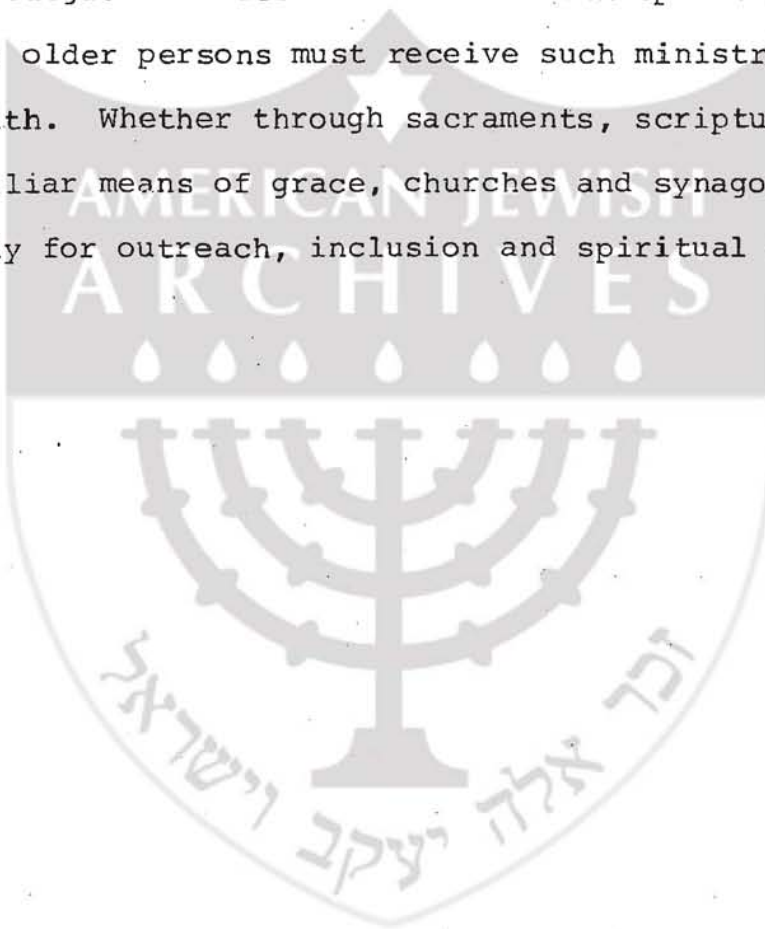
Acknowledgment of the spiritual nature of persons can put trials and satisfactions of life into a sane perspective. The spiritual cannot be separated from the physical but rather transcends and permeates life to give it its fullest meaning. Thus, spiritual well-being and spiritual values have a bearing on the total personality and total society. It is precisely at the point of acknowledgment of the total needs of older people that the religious sector may address the whole of society, speaking effectively to the phenomenon of aging and aiding in the fulfillment of persons and the humanization of bureaucracy and technology. It is equally important that the religious sector, through its congregations and agencies, encourage the aging to continue giving to society from the wealth of their experiences and to remain active participants in community life.

Meeting the needs of older persons in the 1980's requires greater understanding of processes of aging, especially dying and death. Emphasis must also extend to promoting life-long spiritual and intellectual growth. Such must be the curricular foci within both religious and secular training and educational programs to make more competent those who serve the needs of older Americans.

Finally, it needs to be repeated that spiritual needs permeate

all social, psychological, and physical needs of older persons. Policies and programs of religious institutions must respect needs of older persons as persons, not just remote objects of study and interest. Attention to their needs requires not only minds and hearts, but hands and legs. Doctors may rarely make house calls in our day, but congregations can and should!

However religious bodies define their own spiritual and theological mission, older persons must receive such ministry in terms of their own faith. Whether through sacraments, scriptures, worship or other familiar means of grace, churches and synagogues have a responsibility for outreach, inclusion and spiritual succor to older congregants.



VIII. RECOMMENDATIONS

Movement toward an age-integrated society requires major change in the thinking and attitudes of all groups and professions. The success of such a future society will require the acceptance of a more wholistic philosophy of life-span development and planning and life-long learning appropriate to every stage of life. Basic and continuing gerontological education for all professions and service domains concerned with older people must include explicit recognition of spiritual and ethical concerns of aging.

When human values and social ethics are considered, the traditional roots of those values cannot be lightly considered. Historically, the constitutional formulae reflect the transcendent nature of the faiths who sought separation of church and state as protection of not from cherished values and spiritual principles. These formulae, in themselves, recognize the power and place of religious faith and practice to the individual and in the liberty and well-being of the nation. In this spirit, we propose the following:

Recommendation 1 - We call on both "church" and "state," at all levels, to discover and develop policy which, in keeping with traditional, constitutional principles, promotes the highest cooperation, interaction, and partnership to:

- a. provide education for aging;
- b. deliver adequate services; and
- c. consider the wholistic needs of each individual throughout the life span.

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Movement toward an age-integrated society requires major change in the thinking and attitudes of all groups and professions. The success of such a future society will require the acceptance of a more wholistic philosophy of life-span development and planning and life-long learning appropriate to every stage of life. Basic and continuing gerontological education for all professions and service domains concerned with older people must include explicit recognition of spiritual and ethical concerns of aging.

When human values and social ethics are considered, the traditional roots of those values cannot be lightly considered. Historically, the constitutional formulae reflect the transcendent nature of the faiths who sought separation of church and state as protection of not from cherished values and spiritual principles. These formulae, in themselves, recognize the power and place of religious faith and practice to the individual and in the liberty and well-being of the nation. In this spirit, we propose the following:

Recommendation 1 - We call on both "church" and "state," at all levels, to discover and develop policy which, in keeping with traditional, constitutional principles, promotes the highest cooperation, interaction, and partnership to:

- a. provide education for aging;
- b. deliver adequate services; and
- c. consider the wholistic needs of each individual throughout the life span.

Recommendation 2 - We urge religious institutions to examine the work of their boards and agencies, as well as the entire range of their programs, to assure that:

- a. standards conform to traditions revering long life and dignity;
- b. activities promote the worth of persons and enable their continued life-long growth; and
- c. professionals foster attitudes which prevent "ageism" and "gerontophobia."

Recommendation 3 - We urge upon all levels and agencies of government the inclusion of religious sector instrumentalities as appropriate agencies through which publicly funded programs for the elderly may be administered.

Recommendation 4 - We call upon religious, secular, public, and private educational institutions to:

- a. adopt the view that the older person is a whole person, having spiritual as well as physical and psychological needs, and
- b. include in education/training programs skills for addressing spiritual needs and care of the elderly as a means of coping with all aspects of aging, including dying and death.

Recommendation 5 - We call upon both secular and religious service providers to develop and provide services which, in style and substance, acknowledge and meet the wholistic needs of the older person

(physical, mental, economic, psychological, and spiritual).

Recommendation 6 - National policy should recognize that spiritual care meets a legitimate human need and is, therefore, a reimbursable service, when included as a component part of institutional or community-based intensive services, such as those in hospitals, nursing homes, hospice, clinical pastoral counseling and care services, home health or mental health clinics.



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EPILOGUE

Though spiritual and ethical values are somewhat amorphous and difficult to assess, nevertheless, they are wellspring for all human services--public and private, secular and religious. Moberg sharpened this perspective and pinpointed a research dilemma, as follows:

"Since spiritual well-being is infused into all of life's activities, experience, feelings, attitudes, beliefs, organizational programs and the like, it is very easy to miss its central significance at the very core of human nature. Also, since a kind of 'spiritual blindness,' according to the Bible, inflicts people who lack spiritual enlightenment, those scientists and scholars who are non-believers in God can adopt as an unspoken posture a denial of the essentially spiritual nature of man and will refuse to observe evidences of the ontological reality of the spiritual component in human nature. There are indeed great complexities related to the subject, but if the religious bodies do not give attention to spiritual well-being, no other major institution in society will."⁵⁷

The Biblical prophet Joel speaks of the young having visions and the old dreaming dreams. (Joel 2:28) Age-integration calls for the gifts of young and old to be acknowledged and employed. But Joel's word on dreams and visions, also echoed in the New Testament (Acts 2:17), follow prophecy. A better society for all age groups will see not only a "foretelling," but a requisite "speaking-forth" prophetic call. While this is a traditional role of religion, it is also the spiritual legacy of our U. S. Constitution. Values guarded by constitutional fiat are designed to benefit all without tests of age, means, race, or creed. Any trend toward the ultimate solution of the needs and problems of this decade or the next will require a values-coherent and values-practicing society. In this respect, the government has a pro-

tective and legal role. At the same time, the religious community must apply its prophetic role if the quality of life in any "age-integrated" social system is to flourish and permit dreams and visions to have meaningful expression.

We are reminded by Dr. C. Welton Gaddy that the application of values in national policy formulation will not be easy:

"Inevitably, the conscience on aging revealed in the religious community's pastoral concern will come in conflict with the conscience on aging evidenced in the secular community. However, tension at this point can be very beneficial.⁵⁸

This tension, he asserts, accompanies all significant social change. It is, therefore, incumbent on American value systems to be persistent in challenging prejudices, the status quo, and demanding redress of wrong. Together, secular and religious sectors must provide an ethic by which policies and programs in aging may be evaluated.⁵⁹

This document is submitted, then, in a perspective of hope and from the basic values and faith most Americans share. Much in the spirit of Rabbi Abraham J. Heschel's address to the 1961 White House Conference on Aging,⁶⁰ Welton Gaddy raises a positive challenge:

"We have much to offer the aged. Problems can be attacked. However, we have much to obtain from the aged. Promises can be realized. The presence of the elderly can help stabilize our communities and be a source of strength in our families. Their memory can bind us to our heritage and teach us to learn from the past as we plan for the future and the present. Their wisdom can challenge our disoriented lifestyles and call forth a reassessment of those matters which are ultimately important--human relations, promises to keep, personal affection, and similar concerns. Their experience can inform us on how to live better with less through conservation and how to get more from less in the face of inflation. Their faith can inspire our faith to the point that we share their hope."

The aged hold great promise for our society if we will but have the good conscience to lay hold of it. Our manner of response will be indicative of our humaneness or bestiality; our sense of integrity or lack of it. Judgment on our feeling about and interactions with the aged may take the form either of blessing or condemnation. All of the evidence is not yet in.



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ETHICAL IMPLICATIONS OF A GREYING SOCIETY

Excerpts from a Paper Prepared and Presented by

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at the National Symposium on Spiritual and Ethical Value System
Concerns in the 1981 White House Conference on Aging, October,
1980, Cincinnati, Ohio, National Interfaith Coalition on Aging, Inc.

The White House Conference on Aging may identify issues with moral or ethical implications and indeed many of its recommendations may have moral or ethical overtones. However, the process itself is not designed to make ethical judgments.

I would assert that the new reality of aging, particularly as reflected in the numbers of persons who are achieving the fullness of life, constitutes a new area for ethical reflection. Many of the moral and ethical constructs with which we are familiar, grew from a reflection on a very different demographic reality than we have today.

An analysis of ethical implications of Technical Committee subject areas gives rise to several categories of ethical issues:

1. Those issues which are age irrelevant, but surely affect older people: for example, the relationship of professional people to those who are being helped. On the other hand there are those which do relate to age; for example - intergenerational transfer issues.
2. Both long standing issues of "informed consent" of the "continuation of life" in the light of chronic illness and new issues: for example, the ethical implications of a four or five generation family and the reciprocal responsibilities of the members of these families toward one another.
3. Issues specific to an individual area of inquiry and others that are over-arching.
4. Issues clearly in the public domain, but heavily tinged with ethical implications; others so intimate and personal that they are generally outside public decision making.

As an organizing principle I will use the categories of "over-arching" and "specific".

A. TWELVE OVER-ARCHING ISSUES

1. Developmental Choices - As people live longer, success or failure of the Third Age is predicted upon decisions made throughout one's life. The responsibility to age well involves personal choices and has implication not only for the individual, but also for society as a whole. Aging well involves both earlier life choices as well as choices in the Third Age.
2. Entitlement - Does age or survivorship create an entitlement to special consideration in family or in societal systems? Current entitlements may have been engendered, by the equation of age and frailty. While frailty at any age creates entitlements in natural support systems, does age in and of itself create entitlements which should find expression in special family relationships as well as in governmental response?

3. Intergenerational Responses - The reality of a fourth and often fifth generation creates new challenges in regard to intergenerational relationships and transfers, both material and psychological. With four generational families becoming normative and five generations usual, should we expect the response of members within this new reality track that which was expected within the three generational family? Should government's role be the same in regard both to families and multiple generations as in the past?
4. Family Responsibility - While family responsibility fits generally within intergenerational relationships the very special ties between members of one family requires a great deal of study. This inquiry should be psychological, economic, political and ethical. Is it to be expected that there will be intergenerational transfers of resources not only between children and parents at an early age, but between parents and children at a later age? Such concepts affect not only family attitudes but also public policy approaches to such things as inheritance taxes or family obligations in means testing programs.
5. Other Mediating Structure - Recognizing our interdependence at any age but particularly the special vulnerability that often accompanies age, the expectancy one has of other mediating structures, i.e., neighborhoods, labor unions, service organizations, church and synagogue, is an area of importance not only to individuals, but also to public policy.
6. Independence and Dependence - American culture is replete with the notion of independence: yet there is a growing awareness that even the most mature, stable, economically sound and intelligent human being lives within the context of dependence: upon society, the environment, government and the international community. Dependence is spoken of as a disvalue. Given the economic, social and emotional needs of older persons need there not be a more thorough consideration of the value, and relative significance of autonomy and dependence?
7. Work and Leisure - In our society work is the principle technique of resource transfer. It has great meaning for personal satisfaction. Particularly at a time in which the amount of physical labor needed for the well being of society may be lessened, there is a need to have a more profound understanding of work and leisure at every stage of one's life. The economical and psychological functions of work need to be understood much more profoundly.
8. Allocation of Resources - In an inter-dependent society various societal structures perform a function in allocating resources and opportunities, families, unions, governments at every level, as well as a variety of other social structures. The ethics of distribution as well as the decision making processes on distribution take on new meaning in a period of relative scarcity. It has special meaning for those who are no longer part of the work force whether because of age or frailty.
9. Spreading One Risk - People who are fundamentally equal have chosen to share risks through the insurance principle. Risk sharing is so much part of our society that government intervenes to assure not only that such techniques are sound, but also that that risk sharing ventures are inclusive of those who might otherwise be unable to participate in them. Government spreads risks across the general population in the instance of those who, by reason of adverse selection, are excluded from risk sharing ventures. Medicare is such an example. Ethical as well as economic consideration of such risk sharing both inside and outside government continues to be in need of exploration.
10. Limits of Excellence - In a period of affluence there is a legitimate desire that in every human exchange, particularly those that affect frail and vulnerable people, there be excellence. However, in a period of relative stability of

resources, coupled with growing expectations, that which possibly can be done may not be able to be done. An ethic of modified expectations which translates itself also into modification of regulatory and licensure activity needs to be undertaken.

11. Political Process - In recent days we have generally accepted society's responsibility to afford special opportunities to those who may have been excluded from opportunity at an earlier age. How much remediation should be brought to bear in the instance of older Americans?

12. Equity vs. Adequacy - Many programs for older persons have the dual purpose of adequacy and equity. Obviously these are both good, but does one have precedence over the other. Can adequacy and equity be addressed within a single governmental program? Can they be addressed in governmental programs in their entirety? Questions of equity and adequacy appear frequently in the debate of the Social Security Act particularly in the area of women and minorities.

B. SPECIFIC CONCERNS

Within each technical committee there are a number of ethical issues. The following list is illustrative of some of these:

1. Retirement Income - The question of retirement income presumes that retirement will continue to be a value in American society. While few would deny that individuals who have resources need not work, the question remains as to whether retirement should be advanced as a societal value and assured by governmental action. Implicitly, retirement has had some connection with frailty. However, today's 65 year old is not likely to be frail.

Should the retiree be guaranteed participation in the increase of productivity of a company and of the nation? Should one be protected against inflation? By whom? Does longevity give rise to an entitlement to benefits?

2. Physical and Mental Health - Medical/moral/ethical issues have long been the subject of debate - in academic circles, professions, and in public policy (particularly at the state level).

Among those issues in the treatment area are:

- a. Confidentiality.
- b. Informed Consent.
- c. The locus of decision making around treatment.
- d. The utilization of various techniques to improve health, to sustain life, to end life.

3. Health Maintenance - Much of the maintenance of health is dependent upon one's life style. A conflict arises between the right of the individual to act freely and society's right to expect behavior whereby the person will not harm her/himself at the expense of society. What responsibility does society have to those who have injured themselves through their own poor lifestyle? We have numerous examples of such choices such as in the area of smoking, seat belts, alcohol, drugs, etc.

4. Long Term Care - Among those ethical issues in long term care are:

a. Resource allocation: i.e., the right the person in need of long term care has to such care from our society, i.e., their families, the government.

b. Methods of intervening in the lives of those persons who are marginal or of diminished competency to make decisions about their own lives.

c. The quality of life to which those who are in need of long term care are entitled and which must be assured by society.

d. How much freedom of choice one should have in the area of long term care?

e. To what degree should ethnicity, culture or religion bear in society's arrangement of both building and non-building long term health care programs?

f. The role of private investment in the provision of long term care services and the responsibility of the investor who enters this field.

5. Family-social Support

a. The role of family in the ordinary course of life as well as in the support of those who are frail and vulnerable.

b. The role of other mediating structures in meeting the emotional/physical needs of people.

6. Physical and Social Environment

a. How much risk can be tolerated in the provision of care to the frail and vulnerable? What kind of social and physical environment is acceptable?

b. Differential use of professionalism: How are professional and technical resources to be allocated?

c. What is the role of mediating structures other than family?

7. Older Americans as a Resource - A fundamental question is the responsibility of the aging person to society as a whole. Culture sanctions older persons retiring to a life of self interest. Should older persons of the future be challenged to greater participation in community problems? Should they be challenged to use their gifts to the benefit of the broader society?

8. Employment - What is the intergenerational responsibility in a time of scarcity? If there are a limited number of jobs available, is there any obligation on the part of the old to allow the young to participate in the job market?

9. Implication of Age Integration - How much freedom should people be afforded to associate with others? Do we force age integration? Do we force age segregation? Do we allow some choice in these matters particularly in the provision of human services?

10. The Economy - Is the economic model itself, a sufficient explanation of human interchange? There are a number of other modes of human interactions of singular importance to persons, not only in psychological and spiritual realm, but also in the area of basic support in activities of daily living. How far do we wish to bring human interaction, often done out of love, friendship or neighborliness into a professional, monetized system?

Is "production" the only way to distribute resources in a society? Is there significance and societal responsibility for those who are "non producers?"

11. The Educational System - With a shifting population patterns, should some resources heretofore available only to the young, be made available to the old?

Is it a legitimate use of educational resources to assist persons in the enrichment of their intellectual/social capabilities without orientation toward partici-

pation in the work place?

12. Spiritual Well Being

a. What is the relationship of the older person with this religious community? Does the older person have a special call upon the resources of religion and a special responsibility to religious bodies?

b. Has the religious community reflected sufficiently upon the reality of the graying of the population? Has it considered the ethical question arising as a result of the graying of the population?

c. Is the religious community sufficiently responsive to the graying of its congregation in its religious programs?

13. Family

a. What is the significance of the four-five generation family?

b. What is the special relationship of couples to one another through the whole life cycle?

c. Are there changing roles and functions in families?

d. Can there be new social arrangements which fulfill some or all the functions of family life?

14. The Media

a. Does the media have a responsibility to be truthful in regard to aging persons?

b. Does the media exploit the fears of older persons?

c. Does the media foster ageism?

15. Governmental Structures - Do the special circumstances and needs of older persons demand age related governmental structures and systems?

16. Research

a. Are special safeguards needed for "informed consent" in research with the aging?

b. Does research bring with it an implicit commitment to service?

These questions among others, are likely to arise within the technical committees. Along with the overarching issues they often mirror give indication of the richness and complexity in the aging phenomena. Hopefully the White House Conference on Aging processes will develop and sharpen the issues which should be addressed not only in public policy areas, but in ethical and moral circles as well.

White House Conference On Aging Staff Document Prepared by Mrs. Victorina Peralta, Program Analyst, December 3, 1980

PROPOSED RESEARCHABLE QUESTIONS: TECHNICAL COMMITTEE #12 - AN AGE INTEGRATED SOCIETY: IMPLICATIONS FOR SPIRITUAL WELL-BEING

The Technical Committee on An Age Integrated Society: Implications for Spiritual Well-Being, recognizes the lack of data and literature related to the subject matter and the need for 3 types of research, namely:

- I. Applied community-based social research
- II. Behavioral research
- III. Supportive research

Within each of these 3 different types of research are the following researchable questions, which the Committee recommends:

I. Applied community-based research:

- a) Churches/synagogues and other organized religious groups as service providers:
 - (1) What services do they provide (formal and informal)? Who provides them and who receives them?
 - (2) What are the implications of these services in an age-integrated society.
 - (3) How are these services provided?
 - (4) Role of older people themselves as providers of services within church/synagogue and other organized religious groups.
 - (5) What is unique about the services?

II. Behavioral Research

- a) Churches/synagogues and other organized religious groups as architects of societal attitudes.
 - (1) Identify attitudes both positive and negative. What are they?

- (2) How do these attitudes affect older people; their peers as well as other age groups?
- (3) Role of churches/synagogues and other organized religions in influencing and maintaining these attitudes.
- (4) Impact of the identified attitudes in the quality of life in an age-integrated society.
- (5) Attitudes and values unique to minority elderly: Asian/Pacific Americans; Blacks, Hispanics and American Indians as they relate to behavioral attitudes.

III. Supportive Research

- a) Churches/synagogues and other organized religions' roles in meeting the spiritual needs of the elderly in an age-integrated society.
 - (1) Define what is meant by an age-integrated society. How does this relate to the spiritual well-being of the elderly?
 - (2) Identify ethical and moral values involved in planning, practice, training and research in an age-integrated society.
 - (3) Identify training needs of ministers, rabbis, priests and other religious leaders.
 - (4) Identify and classify training models in the formation of priests, rabbis, ministers and other religious leaders.

IMPLEMENTATION OF 1971 WHCOA RECOMMENDATIONS ON
SPIRITUAL WELL-BEING*

RECOMMENDATION	PRESENT STATUS	ACTION TAKEN	PERCEPTIONS OF WHAT FACILITATED ACTION
<p style="text-align: center;">I.</p> <p>The government should cooperate with religious organizations and concerned social and educational agencies to provide research and professional training in matters of spiritual well-being to those who deliver services to the aging. Further, financial assistance should be made available to train clergy, professional workers and volunteers to develop special understanding and competency in satisfying the spiritual needs of the aging.</p>	<p>Implemented</p>	<p>AoA policies provide central coordination for research in aging so that the large investment of resources in this area will be related to agreed upon objectives. Title IV-A of the Older Americans Act allows the expenditure of federal funds to train clergy as does AoA's Model Projects.</p> <p>The National Interfaith Coalition on Aging (NICA) received a two-year grant from AoA entitled Gerontology and Seminary Training (GIST). Through the grant, NICA offered 80 different seminaries developing models for training clergy, professional workers, paraprofessionals, and volunteers to competently deal with the spiritual needs of the aging. The project ended in January of 1980.</p> <p>NICA produced a major survey of literature on religion and aging, updating existing bibliographies.</p> <p>NICA also developed a resource listing of the names of theologic educational institutions which provide curricular consideration of the spiritual needs of the elderly.</p> <p>NICA has stimulated religious bodies and schools and nonsecular schools of gerontology to provide curriculum and training in dealing with the spiritual well-being of the elderly as it relates to the delivery of services.</p>	<p>Cooperation between AoA and NICA. NICA's success in receiving AoA grants.</p>
<p>*Most of the information taken from this analysis was taken from "The Religious Sector Explores Its Mission in Aging," a report prepared by the National Interfaith Coalition on Aging sponsored by the Administration on Aging. 1976. Subsequent activities are reported elsewhere.</p>			

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IMPLEMENTATION OF 1971 WHCOA RECOMMENDATIONS ON
SPIRITUAL WELL-BEING*

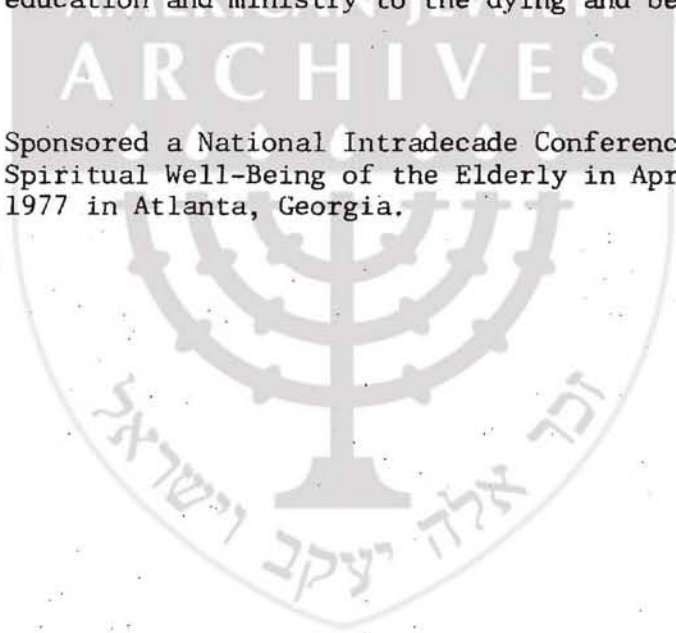
RECOMMENDATION	PRESENT STATUS	ACTION TAKEN	PERCEPTIONS OF WHAT FACILITATED ACTION
<p style="text-align: center;">VII</p> <p>Efforts should be made to meet the spiritual needs of the aging by ministering to them in conjunction with people of all ages, as well as in groups with special needs.</p>	<p>Imple- mented</p>	<p>During annual assemblies sponsored by the National Interfaith Coalition on Aging (NICA), it was recommended that creative religious education and continuing education be inter-generational in its context and application. NICA continues to encourage its membership to combat ageism by involving the elderly in policymaking and in the planning and implementing of congregational programs, especially those designed for the aging or designed to be cross-generational. Many religious bodies are federal grantees which provide social and nutritional needs of the elderly.</p>	<p>Leadership of NICA</p>
<p style="text-align: center;">VIII</p> <p>As part of overall programming for older persons, communities should make available religious or other spiritual consultation to the aged in their own homes, using the clergy and other trained persons. Special emphasis shall be given to assist and utilize personnel of those religious bodies lacking financial resources often available to larger groups</p>	<p>Partially Imple- mented</p>	<p>NICA has encouraged its 28-member religious body organizations to assess the needs of their elderly members through survey or examination of existing survey data. This includes the identification of architectural barriers which might limit active participation in congregational life.</p> <p>NICA, through networking, is working with local, state and regional interfaith groups to see that barriers are eliminated. NICA feels a greater degree of consciousness has been raised and a follow-up survey will probably be taken in 1982.</p>	<p>Effective networking</p>

IMPLEMENTATION OF 1971 WHCOA RECOMMENDATIONS ON
SPIRITUAL WELL-BEING*

RECOMMENDATION	PRESENT STATUS	ACTION TAKEN	PERCEPTIONS OF WHAT FACILITATED ACTION
<p style="text-align: center;">X</p> <p>Religious organizations must be aware of agencies and services, other than their own, which can provide a complete ministry to older persons. Other organizations designed for the benefit of older persons should develop, as part of their services, channels to persons and agencies who can help with spiritual problems.</p>	<p>Imple- mented</p>	<p>The establishment of the National Interfaith Coalition on Aging in 1972 created a new liaison between public and private systems for delivering services to the elderly.</p> <p>NICA continues its networking emphasis and constantly encourages communication between the private and public sectors involved in providing services to the aging. An Administration on Aging Research and Demonstration Project, "A Survey of Aging Programs under Religious Auspices," provided the stimulus for numerous conferences and for the development of a directory of religious bodies concerned with the aging.</p>	<p>Establishment of NICA and national survey done by NICA stimulated conferences.</p>
<p style="text-align: center;">XI</p> <p>Religious bodies should exercise a strong advocacy role in meeting the needs of the elderly, working for programs both public and private, that contribute to the well-being of the elderly and protecting them from those who would victimize or demean them.</p>	<p>Imple- mented</p>	<p>The National Interfaith Coalition on Aging (NICA) has formed an Interfaith Legislative Screening Committee to counsel with Senate Special Committee on Aging and the House of Representatives.</p> <p>NICA assists national religious bodies to prepare public policy statements on the impact of broad social policy and legislation for the elderly at the federal state and local level.</p> <p>NICA encourages and assists church bodies to form local and area coalitions of religious and /or secular agencies, linked with NICA by affiliates or informational relationships.</p>	<p>Recommendations of 1971 White House Conference on Aging</p>

IMPLEMENTATION OF 1971 WHCOA RECOMMENDATIONS ON
SPIRITUAL WELL-BEING*

RECOMMENDATION	PRESENT STATUS	ACTION TAKEN	PERCEPTIONS OF WHAT FACILITATED ACTION
<p>XIV</p> <p>Religious bodies and government should affirm the right to, and reverence for life and recognize the individual's right to die with dignity.</p>	<p>Partially Implemented</p>	<p>NICA has conducted workshops on death and dying and bereavement. NICA collaborated with Notre Dame University on a National Conference on Death and Dying sponsored by the Institute on Religion and Aging. NICA is currently attempting to seek funds to develop materials for a model program for churches/synagogues to use in death education and ministry to the dying and bereaved.</p>	<p>Much nationwide interest in the subject of death and dying and right to life.</p>
<p>XV</p> <p>A National Conference on Spiritual Well-Being should be held within the next two years and no later than five years to review and evaluate recommendations of the 1971 Conference.</p>	<p>Implemented</p>	<p>Sponsored a National Intradecade Conference on Spiritual Well-Being of the Elderly in April of 1977 in Atlanta, Georgia.</p>	<p>Recommendations of 1971 White House Conference on Aging.</p>



Definition:

SPIRITUAL WELL-BEING IS THE AFFIRMATION OF LIFE IN A
RELATIONSHIP WITH GOD, SELF, COMMUNITY AND ENVIRONMENT
THAT NURTURES AND CELEBRATES WHOLENESS.

Commentary:

SPIRITUAL WELL-BEING IS THE AFFIRMATION OF LIFE...

The Spiritual is not one dimension among many in life; rather it permeates and gives meaning to all life. The term Spiritual Well-Being therefore indicates wholeness in contrast to fragmentation and isolation. "Spiritual" connotes our dependence on the source of life, God the Creator.

What, then is Spiritual Well-Being? We cannot regard well-being as equated solely with physical, psychological, or social good health. Rather, it is an affirmation of life. It is to say "Yes" to life in spite of negative circumstances. This is not mere optimism which denies some of life's realities; rather, it is the acknowledgment of the destiny of life. In the light of that destiny it is the love of one's own life and of the lives of others, together with concern for one's community, society, and the whole of creation, which is the dynamic of Spiritual Well-Being.

A person's affirmation of life is rooted in participating in a community of faith. In such a community one grows to accept the past, to be aware and alive in the present, and to live in hope of fulfillment.

...A RELATIONSHIP WITH GOD, SELF, COMMUNITY, AND ENVIRONMENT...

Affirmation of life occurs within the context of one's relationship with God, self, community, and environment. God is seen as "Supreme Being," "Creator" of life, the Source and Power that wills well-being. All people are called upon to respond to God in love and obedience. Realizing we are God's children, we grow toward wholeness as individuals, and we are led to affirm our kinship with others in the community of faith as well as the entire human family. Under God and as members of the community of faith, we are responsible for relating the resources of the environment to the well-being of all humanity.

...THAT NURTURES AND CELEBRATES WHOLENESS

Human wholeness is never fully attained. Throughout life it is a possibility in process of becoming. In the Judeo-Christian tradition (s) life derives its significance through its relationship with God. This relationship awakens and nourishes the process of growth toward wholeness in self, crowns moments of life with meaning, and extols the spiritual fulfillment and unity of the person.

Position Papers and/or Statement on Aging by Religious Sector Organizations
Partial ListingUnited Methodist Church

"A Call to United Methodists for a More Adequate Ministry With and For the Aged," 1978, 11 pp. The document is in three main parts: 1) the case for support of and concerns for the elderly; 2) facts, figures and attitudes on aging in the United States. 3) suggestions for ministry with the aging in the United Methodist Church by areas of responsibility throughout the denomination.

"Memoranda to Board of Global Ministries From Health and Welfare Ministries Division." A proposal to replace forced retirement systems with a flexible retirement system. 1979, 4 pp. Gives position and action of the United Methodist Church on forced retirement situation.

Lutheran Church in America

"A Proposed Social Statement on Aging." Prepared for the Ninth Biannual Convention of the Lutheran Church in America (July 12-19, 1978), 8 pp. Addresses the present prejudice and injustice against the aging, theological affirmations of the aged, and an agenda for action.

"Proposed Social Statement on Human Rights." Prepared by the Ninth Biannual Convention of the Lutheran Church in America. (July 12-19, 1978), 18 pp. Addresses the current world situation and states a theological understanding of human rights.

"Recommendations--Lutheran Church of America Convo on Aging." October, 1973. 5 pp. Recommendations focused on attitudes and self image, volunteers, minority concerns, advocacy for legislation, human services delivery, human sexuality, etc.

American Lutheran Church

"General Statement: Our Approach to Social Involvement." (Adopted by the American Lutheran Church at its Omaha Convention, 1968. This item is not directed specifically to the aged. It does suggest avenues of supportive involvement and cooperative involvement.

Mennonites

"Memorandum: A Meeting Concerning Aging Ministries." (June 3, 1980). Lists services to be considered and gives the next steps to be taken. Discusses the emerging Mennonite Council on the Aging. Attachments include an Aging Ministries Report from a couple working in the field and a memo entitled, "General Conference Aging Ministry Report." 13 pp.

Southern Baptist Convention

"Report of the Southern Baptist Convention Study of the Problems of the Aging." (October 23-25, 1974.) 16 pp. Discussions of such subjects as mental health, physical health, equipping church leaders to minister, community resources, and continuing education for the aging. Gives suggestions to churches on how to minister to the aging.

"United Prebyterian Health, Education and Welfare Association Standards for Services to the Aging Working with Older Adults," Sept. 11, 1973. States the general policy of the Association, considers the role of the local church, policy-making for service, community based services for older persons, creative programs development, political participation, education, and physical facilities. Evaluates staff needs, financial policies, and services.

Catholic Bishops of the United States

"Society and the Aged: Toward Reconciliation--" A statement of the Catholic Bishops of the United States. May 5, 1976. Deals with who the aged are, human rights of the elderly, the right to life, decent income, a job, health care, sound nutrition, a decent home, equal treatment. Also considers the role of the church, especially in public policy advocacy.

Episcopal Society For Ministry to the Aging

"A Form for Diocesan Resolutions on Aging." 1 p. Deals with resolutions of the worth of the elderly and the church's position. Gives 5 ways the Diocesan departments can establish an active ministry in the area.

"ESMA, Inc." Shows services and activities, describes what ESMA is, gives annual membership news, lists authors and members of the Board of Directors.

"A Resolution Adopted." 66th General Convention of the Episcopal Church, Sept., 1979. "Celebration of Age in Action Week." Affirms the older members of congregations and requests that the presiding Bishop designate one Sunday in May to celebrate "Aging in Action."

Quakers

"The Aged in America: A Quaker Concern?" Margaret Bacon. Gives an overview of who the elderly are and suggests ways the Society of Friends could minister to them. Advocates better medical care for the members, group health insurance, building nursing homes, sponsorship of subsidized housing in the center city, and sponsorship of Late Start Centers.

United Church of Christ

"Aging." An action of the 11th General Synod of the United Church of Christ. Considers appropriate ministries of the church--continuing education, ministry to isolated elderly, and programs to combat negative images of aging. Discusses background of problems of the elderly.

Church of Jesus Christ of Latter Day Saints

"Report of the Task Force on Aging to the First Presidency." 1976 World Conference on ministry to the aging. Gives the background problems of aging in society and recommends specific ministries at the World Church level and all other levels of the church.

Unitarian Universalists

"Aging: the Role of the Church." The U.U. World article, April 1, 1975, by Dr. Dorothea Wilgoose, a member of the Committee on Aging. Gives an overview of the elderly and their problems. The Church is encouraged to be human resource specialists for the aged and the aging.

NOTE: The above documents are available through the indicated denominational offices or agencies and are on file with other like documents in the data bank of the National Interfaith Coalition on Aging, Inc. Athens, Georgia.



List provided by R. & D. Office National Interfaith Coalition on Aging, Inc.,



Memorandum

Date February 9, 1981
From Mrs. *Victorina Peralta* Peralta
Subject LETTER TO DR. HARPER REGARDING "HOW THE TECHNICAL COMMITTEES WERE COLLAPSED INTO THE PROPOSED COMMITTEE STRUCTURE"
To ALL MEMBERS OF TECHNICAL COMMITTEE #12: AN AGE INTEGRATED SOCIETY: IMPLICATIONS OF SPIRITUAL WELL BEING

Attached herewith is a copy of the letter I sent to Dr. Mary Harper in behalf of the Committee.

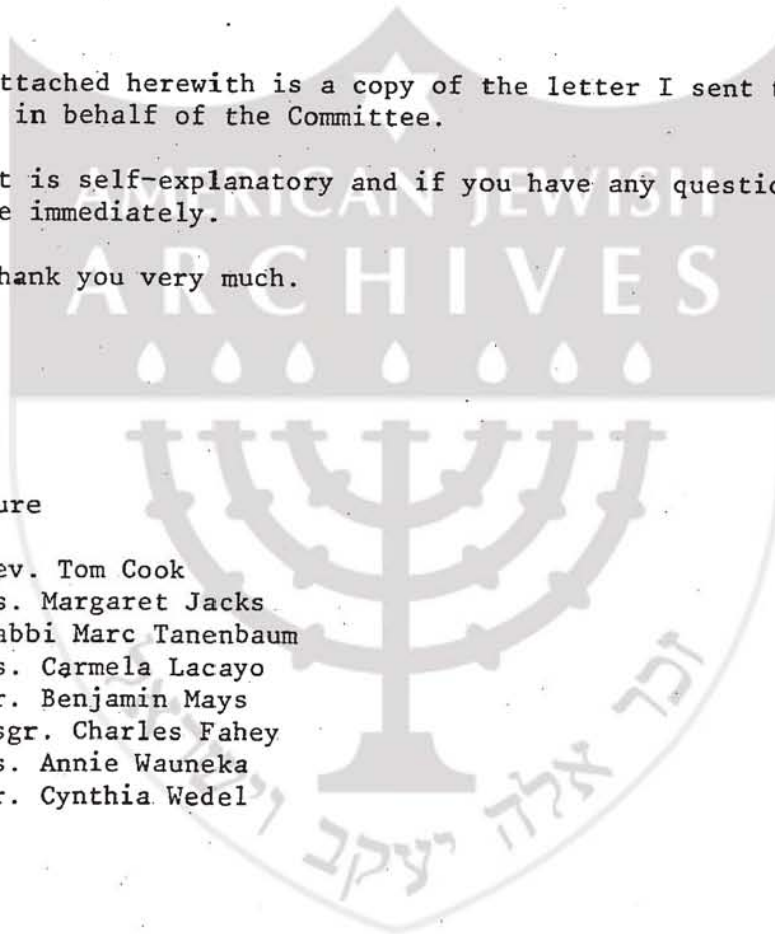
It is self-explanatory and if you have any questions kindly call me immediately.

Thank you very much.

VP/mld

Enclosure

cc: Rev. Tom Cook
Ms. Margaret Jacks
Rabbi Marc Tanenbaum
Ms. Carmela Lacayo
Dr. Benjamin Mays
Msgr. Charles Fahey
Ms. Annie Wauneka
Dr. Cynthia Wedel



Rabbi Marc Tenenbaum

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

February 9, 1981

Dr. Mary Harper, Director
Office of Policy Development and Research
White House Conference on Aging
Washington, D.C.

Dear Dr. Harper:

RE: HOW THE TECHNICAL COMMITTEES WERE COLLAPSED
INTO THE PROPOSED COMMITTEE STRUCTURE

This is to inform you that I have received several telephone calls from the members of our Technical Committee, as well as from the Consultant, Rev. Tom Cook, Jr., regarding the above subject matter.

There is a strong feeling that Technical Committee #12: An Age-Integrated Society: Implications for Spiritual Well-Being is being totally lost, particularly in collapsing it with Committee VIII.

The unanimous recommendation of the Committee is to change Committee VIII to the following title:

FAMILY, SOCIAL SERVICES, RELIGIOUS INSTITUTIONS AND
OTHER SUPPORT SYSTEMS

The rationale behind this thinking is as follows:

- 1) Organized religion (churches and synagogues) is one of the biggest resources in our country today, comprising of over 146 million membership and, therefore, that needs to be made visible.
- 2) By incorporating "religious institutions" into the title of Committee VIII, the substance and thinking that went into the technical paper cannot be lost, as they can be highlighted and made more visible.

Dr. Mary Harper
Page -2-
Feb. 9, 1981

- 3) Organized religion has a major role to play in developing and providing services to the aging, particularly in meeting the spiritual needs of the elderly.

In this connection the Committee members as well as the Consultant feel that organized religion has a 4-fold vital role, namely:

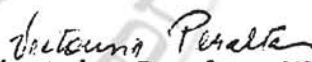
- a) As providers of service
- b) As architects of societal attitudes
- c) As advocates with, for, and by older people
- d) Providing the unique spiritual needs of older people

The Consultant as well as the committee members have urged me to bring this to your kind attention and to kindly put this on the agenda for your discussion with the Deputy Chairs on February 18, 1981.

Thank you very much in anticipation for your favorable consideration regarding this matter.

May I also add that it is always a pleasure working with you.

Sincerely yours,


(Mrs.) Victorina Peralta, MSW, ACSW
Program Analyst

VP/mld

cc: Technical Committee Members
Dr. Jarold Kieffer
Mr. Leon Harper

NICA



National Interfaith Coalition On Aging

MEMORANDUM

TO: Ecumenical Event Committee, 1981 WHCOA:
Mother Bernadette de Lourdes
Msgr. Charles Fahey
Dr. Arthur Flemming
Dr. Josephine Kyles
Rabbi Marc Tanenbaum ✓
Dr. Cynthia Wedel
Ms. Charlotte Mahoney
Rev. Thomas C. Cook, Jr.

FROM: Thomas C. Cook, Jr., Chairman *Tom*

DATE: Feb. 26, 1981

SUBJECT: Meeting of the Committee, Wednesday, March 18th, 1981

Greetings!

You have already received a preliminary notice of the meeting from Charlotte Mahoney, giving you time and place of our meeting. This memorandum will serve to update the key matters we must discuss at the meeting and actions which must be considered prior to the November event.

Tentatively, our agenda is as follows:

1:30 - 4:00 P.M., Room 503-A, Hubert Humphrey Building, 200 Independence Ave., S. W.

- I. Call to order and welcome - Rev. Thomas C. Cook, Jr., Chairman
- II. Review and action on Minutes of Nov. 24, 1980 meeting
- III. Reports:
 - A. Chair's Report --- Rev. Tom Cook, Jr.
 - B. Local Arrangements report --- Rev. John Evans/Dr. Josephine Kyles
 - C. Other Reports --- Staff, etc.
- IV. Old Business:
 - A. Implementation Plan -- PERT Chart
 - B. Division of tasks/deadlines
 - C. Other
- V. New Business
- VI. Adjournment

One item of great importance is the matter of the name of the committee. It is felt by a number of persons that we should change the name of the committee from "Ecumenical

MEMO

Ecumenical Event Committee

February 27, 1981

Page 2

Event Committee" to "Interfaith Event Committee," due to the fact that ecumenical is not fully correct in expressing the range and variety of religious groups in our pluralistic society. In keeping with this point, I am enclosing for your reading and comment at the meeting, a copy of the letter received from Mr. Lew Ayers providing us with his input. Not only is Lew Ayers an outstanding actor of international renown, but as this letter reveals, he is a man of faith and brotherhood. I commend this letter to your reading.

I look forward to seeing you at our meeting. If you have any questions or comments, please get them to me, if at all possible, prior to our meeting.

Thomas C. Cook, Jr., Chairman

cc: Dr. Jarold Kieffer Acting Executive Director, 1981 WHCOA
Mrs. Victorina Peralta
Dr. Dan Cowell
Rev. John Evans
Rev. Richard Upshur Smith
Rabbi Andrew Baker
Mr. Lew Ayers



the
White House
Conference
on
Aging

330
Independence
Avenue
S.W.
Washington,
D.C.
20201

March 2, 1981

Rabbi Marc Tanenbaum
National Director
Inter-religious Affairs
American Jewish Conference
165 East 56th Street
New York, New York 10022

Dear Rabbi Tanenbaum:

Attached herewith is a Briefing I prepared for Ms. Jean Bergaust recently appointed to the White House Conference on Aging by the White House. This is being sent to you for your information and file. Kindly note that we were requested to prepare this Briefing on Friday, February 27, 1981 at about 4:30 p.m., so that I didn't have time to consult each of you as I wanted to because of the deadline we had to meet.

Thank you for your kind understanding and please accept my best wishes and warmest regards.

Sincerely yours,

Victorina Peralta
(Mrs.) Victorina Peralta, MSW, ACSW
Program Analyst

VP/mld

Enclosure

BRIEFING ON: TECHNICAL COMMITTEE #12: AN AGE-INTEGRATED SOCIETY;

IMPLICATIONS FOR SPIRITUAL WELL-BEING

CHAIR: Dr. Cynthia Wedel - President, World Assembly of Churches

- I. BACKGROUND: Religious institutions are a vital part of our society not only in translating ethical, theological and spiritual values into secular language, but also in the provision of various services and programs which help enhance and promote the quality of life. Membership in institutional religious bodies number in excess of 146,000,000 and constitute the largest group of community centers of caring and fellowship for, to, with, by and among older adults, as well as with other groups.
- II. FINDINGS: Religious institutions have an obligation to examine its role in relation to current trends and needs, i.e. the older population is increasing rapidly and at the same time family structure and functions are changing. People are living longer and having 3-5 generations within a family is no longer uncommon nowadays. Further, mobility, smaller houses and more women employed outside of their homes, makes it more difficult for families to provide for their older members. Therefore, religious institutions have a four-fold obligation which they must perform assertively and innovatively in meeting needs in our society today, namely: 1) meeting the needs of the elderly; 2) as architects of societal attitude; 3) as service providers; 4) as advocates for and with the elderly.
- III. RECOMMENDATIONS:
 - 1) We call on both "church" and state," at all levels, to discover and develop policy which, in keeping with traditional constitutional principles, promotes the highest cooperation, interaction, and partnership to: a. provide education for aging; b. deliver adequate services; and c. consider the wholistic needs of each individual throughout the life span.
 - 2) We urge religious institutions to examine the work of their boards and agencies, as well as the entire range of their programs, to assure that:
 - a. standards conform to traditions revering long life and dignity;
 - b. activities promote the worth of persons and enable their continued life-long growth; and
 - c. professionals foster attitudes which prevent "ageism" and "gerontophobia."
 - 3) We urge upon all levels and agencies of government the inclusion of religious sector instrumentalities as appropriate agencies through which publicly funded programs for the elderly may be administered..
 - 4) We call upon religious, secular, public and private educational institutions to: a. adopt the view that the older person is a whole person, having spiritual as well as physical and psychological needs, and b. include in education/training programs skills for addressing spiritual needs and care of the elderly as a means of coping with all aspects of aging, including dying and death.
 - 5) We call upon both secular and religious service providers to develop and provide services which, in style and substance, acknowledge and meet the wholistic needs of the older person (physical, mental, economic, psychological, and spiritual).
 - 6) National policy should recognize that spiritual care meets a legitimate human need and is, therefore, a reimbursable service, when included as a component part of institutional or community-based intensive services, such as those in hospitals, nursing homes, hospice, clinical pastoral counseling and care services, home health or mental health clinics.

the
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20201

3-12-81

Rabbi Panenbaum:

The Committee's comments received to date have been incorporated in the report but I have made notations in red.

I'm also sending a list of changes written out by Dr. Jamieson for submission to the Committee. Most of her changes have been incorporated.

We ~~could~~ could not
resolve some issues
because the ~~quotes~~ ^{statements}
were picked up from
other Committee members'
reports, and I didn't
feel I could unilaterally
change them.

Mark

Internal Revenue Service

Department of the Treasury

Assistant
Commissioner
(Technical)

Washington, DC 20224

MAY 01 1981

> Dr. Jarold A. Kieffer
Staff Director
White House Conference on Aging
330 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Kieffer:

This is in reply to your memorandum of April 22, 1981, to the Commissioner's Office, concerning the deductions allowable to delegates to the White House Conference on Aging.

Section 170(a) of the Internal Revenue Code provides that there shall be allowed as a deduction any charitable contribution payment of which is made within the taxable year. Section 170(c) defines a "charitable contribution" to include a contribution or gift to or for the use of the United States, but only if the contribution or gift is made for exclusively public purposes.

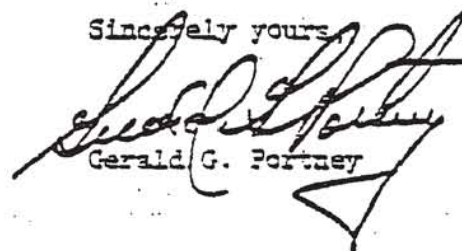
In Story v. Commissioner, 38 T.C. 936 (1962), acq., 1965-2 C.B. 6, it was held that a taxpayer's forgiveness of a debt owed by a charity gave rise to a charitable deduction under section 170 of the Code. Thus, the irrevocable waiver of a delegate's right to reimbursement for out-of-pocket expenditures is equivalent to the delegate's forgiving the conference's reimbursement obligation.

Based on the delegate making an irrevocable waiver of the right to reimbursement, such amount is deductible as a contribution or gift to the United States for exclusively public purposes under section 170 of the Code. The deduction must be claimed for the year in which the waiver is made.

The charitable contribution deduction is available to those delegates who itemize their deductions on Schedule A (Form 1040). The amount of the waived reimbursement is deductible to the extent that such amount, when aggregated with other donations to charities specified in section 170(b)(1)(A) of the Code, does not exceed 50 percent of the donor's adjusted gross income (computed without regard to any net operating loss carryback to the taxable year under section 172). Publication 526, "Charitable Contributions," at pages 6 and 7, contains further information on computing charitable deductions that may be helpful to delegates, and we are enclosing a copy for your convenience.

We hope the above information is of help to you. If we can be of any further assistance, please let us know.

Sincerely yours,



Gerald G. Portney

Enclosure

EXHIBIT 2

Update on H.E.W. Plans for the 1981 White House
Conference on Aging

Administration on Aging Commissioner Benedict, in a recent discussion of new thinking about the 1981 conference, made these points:

1. Secretary Califano has assigned the AoA to be lead agency, in close communication with the National Institute on Aging, and with the assistance of other departmental agencies, in organizing the conference;
2. An interim conference staff is being assembled to function between June 1 and September 30 to develop budget plans and logistics and suggest several alternative conference plans for consideration and action by the WHCoA Advisory Committee at its first meeting in October. The Advisory Committee will have materials from three sources at its disposal: (a) returns from a mail questionnaire to be sent to hundreds of organizations; (b) interviews with selected individuals, and (c) a report from the May 29 - June 1 ICSG symposium.
3. The 1981 WHCoA will more in the nature of a "societal forum" than may have been the case in 1971 and 1961, meaning that all sectors of the institutional life of the nation -- e.g., corporate, financial, communications, education, economic, religious, etc. -- will be significantly involved. Government is a major sector, but not the only one. Problems related to aging must receive attention, but assessment of gains made since 1971 must receive priority attention as well.
4. Perhaps even more than in 1969-72, the emphasis will be placed upon the conference as a three or four year process rather than a single event. The process will include training for participation, media utilization in all phases, local and state participation involving organizations and societal sectors, events in Washington, follow-up plans, and monitoring the impacts at local, state, federal levels.

A PRIME GOAL IS TO IDENTIFY "MEGA" ISSUES FOR WHCoA CONSIDERATION. PREPARATORY DOCUMENTS WILL BE CONCEPTUAL IN NATURE AND FOCUS ON THE CHANGING SOCIO-ECONOMIC STATUS OF THE NATION AND THE TRANSITION TO A SERVICE-ORIENTED SOCIETY

Additional Thoughts About the May 29 - June 1 Symposium:

As mentioned, Commissioner Benedict views the draft report from the symposium -- to be distilled from Committee findings and the papers presented -- an important tool for the interim WHCoA staff. The final report will be released after selected individuals and organizations have submitted comments,

which will be included in the final draft.

Questions posed by Mr. Benedict for symposium consideration:

1. How can the concept of the WHCoA as a process be made known to all who should be concerned?
2. What should be the agenda for a societal conference?
3. How can the WHCoA serve the President and other parts of government, while at the same time challenging various sectors to examine present and future aging concerns relevant to their roles in society?
4. How can the opinions of older persons be made to have an impact on the WHCoA Agenda?



Working Committee B-2

RELIGIOUS ORGANIZATIONS

Thomas C. Cook

Executive Director
National Interfaith Coalition on Aging, Inc.
P.O. Box 1924
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Athens, Georgia 30603
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Joseph Berg

Associate Director
National Conference of Catholic Charities
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202-785-2757

Arthur S. Flemming

Chairman, U.S. Commission on Civil Rights
1121 Vermont Avenue, N.W.
Washington, D.C. 20005
202-254-7378

MEMORANDUM

TO: Chairmen of Working Committees, Symposium on White House Conference
As Agents for Social Change

FROM: W. Donahue, Director, International Center for Social Gerontology

DATE: May 9, 1979

It was not possible to keep the time schedule outlined at the March 30 meeting. Slow mails and slow respondents were largely responsible. Hence it is necessary to adapt plans to this exigency.

The original plan called for organizers and chairmen of committees to meet in Washington in early May for the purpose of developing a tentative agenda for the committee work at the May symposium. Since this was not possible, I am asking each of you if you have not already done so to get in touch with the chairman of your committee and together develop an operational plan for the work of the committee.

In accordance with suggestions made at the March 30 meeting, we have made changes in the symposium program to allow the committees to meet four times for a total of 8 to 10 hours discussion and development of their reports.

The committee meeting schedule is:

Wednesday, May 30	12:30 - 2:30 P.M. 7:30 - 9:30 P.M. (or later)
Thursday, May 31	10:00 - 12:00 noon 2:00 - 4:30 P.M. (or later)

The committees may proceed according to their own work plans. It is assumed that the first meeting on Wednesday (over luncheon) will be used for the committees to organize and plan procedures.

In order to promote flexibility of thinking, and to capture all innovative ideas generated in the committee discussion, we suggest that the committees prepare the reports of the findings of their groups according to their own best judgments. Therefore we are not prescribing a set form.

The committees are expected to carry out the following tasks and others as they may define them:

1. Define objectives pertinent for a White House Conference on Aging to be held in 1981.
2. Identify the major issues and relate them to policy strategies.

3. Recommend how the issues can be best presented to the public and how it may be educated to make sound judgments about them.
4. Develop one or more innovative scenarios for the 1981 White House Conference, including use of telecommunications and other types of media. These plans may depart entirely from the patterns used in previous White House Conferences on Aging.
5. Prepare a preliminary report for inclusion in the final symposium report to be submitted to Secretary Califano and used by White House Conference on Aging staff and the Official Conference Board.

Recommendations in the substantive areas may be addressed to government and to other institutional sectors. The 1981 White House Conference on Aging is described as a societal conference, hence there is to be special effort to develop plans at local, state, and national levels that will call the various societal institutions into action.

As we visualize the role of the role of the chairman, he will convene and provide leadership to the committee. He will be assisted by the committee organizer/specialist during the discussion and in the preparation of the final report.

Included with this letter are the following exhibits.

- Exhibit 1 - Roster of your Committee with addresses and telephone numbers. If there are any special circumstances about the members, I have noted them on the roster.
- Exhibit 2 - Update on the current status of the WHCOA plans. You will want to read this update because it has relevance to the work of the Symposium committees, notably, that all committees, i.e. A and B, are being asked to give attention to and recommend methodologies or scenarios for the White House Conference on Aging. The suggestions may relate only to the subject of your committee or it may relate to methodology for the conference as a whole.
- Exhibit 3 - A-Committee perspectives and B-Committee Mission. These two items are included in order that the A Committees will be informed about the B Committees' suggested mission and so that the B Committees will be advised about the issue

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areas the A Committees will be considering. As you know, it is intended that these suggestions will be revised as the committees wish.

I anticipate that you will have a number of questions as the Symposium plans mature during these last weeks. Please do not hesitate to call me if you think I can be of any assistance. I have complete faith in each of you and feel assured the Symposium product will meet the highest standard and be of as much value to AoA, NIA, and the WHCOA conference staff as they expect it to be.

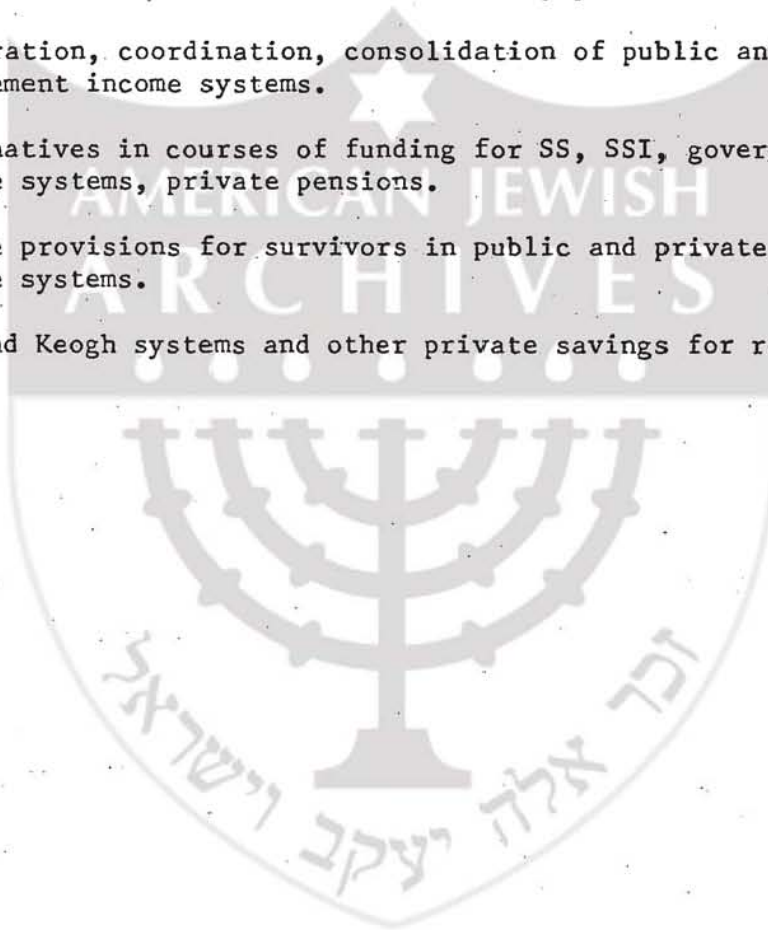
The general session programs are nearly complete and I'll soon send you a draft with names of speakers. We have added an international night (May 31st) and Simon Bergman is coming over from Israel to participate in it. Also, within a few days you should receive a set of three papers prepared for use and guidance of the symposium participants. There will be a short memorandum with the papers that describes their origins and some uses.



A-1. Financial Security and the Changing Economy

In light of present and probable financial circumstances of older people and forecasts of changing population structure and levels of economic activity, some of the topics relevant for consideration with a future orientation are --

- Minimum and adequate income levels for older people.
- Allocation of GNP and DPI to the older population.
- Integration, coordination, consolidation of public and private retirement income systems.
- Alternatives in courses of funding for SS, SSI, government retirement income systems, private pensions.
- Income provisions for survivors in public and private retirement income systems.
- IRA and Keogh systems and other private savings for retirement.



A-2. Work and Retirement in a Post-Industrial Society

Labor force participation, values accorded work and leisure, age of and length of time in retirement of population cohorts are among the most challenging and significant matters in the near- and long-range future.

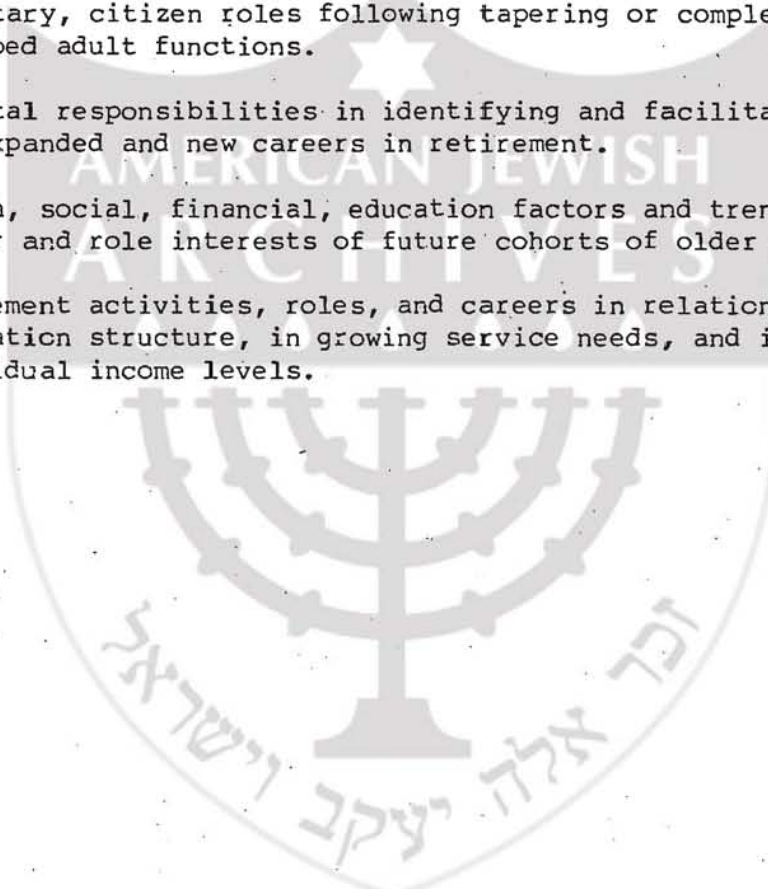
Some of the topics identified for consideration are --

- o Preferences of workers and management, public policies, effects on the economy, and consequences for older people of early retirement.
- o Inducements to early retirement, benefit eligibility ages, and inducements to working beyond benefit eligibility ages.
- o Costs of shorter contribution and longer benefit periods resulting from life extension and mandatory and early retirement to the economy, to social security and pension programs, and to contributors during their working lives.
- o Projections of female participation in the work force and effects on male participation, on social security and private pension programs, and division of household responsibilities.
- o Anti-age discrimination measures and work force participation, industrial and occupational structure of the labor force, job training and retraining.
- o Older worker labor force participation and opportunities for younger workers, career ladders and advancement rates.
- o Attitudes toward work and retirement in various elements of the labor force.
- o Adjustments in work requirements and social security and private pension regulations in relation to work force participation.
- o Future impact of past and current fertility rates on opportunities and participation rates for older workers.

A-3. Evolving Roles and Careers in the Future Society

A major and growing area for immediate, continuing, and long-range consideration is the changing place of middle-aged and older people in society -- functions, roles, and expectations. Examples of topics relevant for consideration with a future orientation are --

- Societal attitudes, expectations, responses regarding roles and role performance in the post-parental and post-work career years.
- Future interests in and conditions for performance of learner, creative, voluntary, citizen roles following tapering or completion of principal, ascribed adult functions.
- Societal responsibilities in identifying and facilitating opportunities for expanded and new careers in retirement.
- Health, social, financial, education factors and trends in relation to career and role interests of future cohorts of older persons.
- Retirement activities, roles, and careers in relation to changes in the population structure, in growing service needs, and in national and individual income levels.



A-4. Health Maintenance and Continuums of Care

Rising numbers of older people and especially those in the upper ages, and corresponding increases in the numbers vulnerable to long-term health conditions give rise to increasing concern for innovative prevention, therapeutic, and restorative facilities at markedly increased costs in terms of personnel and financial outlays. Some of the topics relevant for consideration with a future orientation are --

- Rising costs of hospital, institutional, and professional services markedly exceeding costs of other elements of expenditures of older people.
- Continuing consideration of the variety of facilities and services for prevention and postponement of chronic illness and disability and for health assessment, treatment, and restoration among older people with varying and changing conditions and degrees of impairment and disability.
- Consideration and integration of health, medical, and social service facilities and programs.
- Mechanisms for insuring that all older people capable of community living and who require them are able to have access to services provided in a prompt, effective, and efficient manner.
- Conditions necessary to insure appropriate, effective, cost-efficient utilization of humanitarian institutional facilities for long-term supervision and provision of individualized health and social services and stimulating activities.
- Utilization of artificial support systems, hospices, respite periods, etc. for the hopelessly ill and relatives who provide care.

A-5 Changing Community, Family, and Living Arrangements

In the light of such developments as extended expectations of life, changes in the population structure, increases in the older population with corresponding rise in the prevalence of long-term impairments, some of the topics relevant for consideration with a future orientation are --

- o Optional environments for seriously mentally and physically impaired and socially deprived older persons, such as households of relatives, community services, institutions.
- o Living arrangements for independent and semi-independent life styles, such as own homes, housing and communities for older people, shared homes, foster homes, sharing households with adult children as other relatives.
- o Intergeneration relationships in the growing numbers of 4 and 5-generation kinships.
- o Housing and living styles in central cities, suburbs, towns, rural areas.
- o Transportation requirements and solutions.
- o Community services and modes of service provision for older people.
- o Methods of providing financial housing assistance for older people.

A-6. Older People in the Financial and Market Economy

The vastly expanding numbers of older people projected for the first half of the next century will live principally in 1- and 2-person households in which they retain their independence; they will be about equally divided between those who have more and those who have less than the BLS minimum adequate budget for elderly couples and individuals; and upward of 20-30 percent will have impairments that require one or more forms of health and social services. Their income levels and special needs will have a number of implications for the nature of their participation in the market economy. Some of the topics relevant for consideration in future oriented policy development are --

- Demand for goods and services suited, packaged, and priced in accordance with their lifestyles, preferences, and needs.
- Information about and protection against a wide range of frauds, confidence games, misrepresentations.
- Consumer information relative to their components, quality, and efficacy and costs.
- Information and assistance will provide assurance of the integrity and safety of their savings, investments, and social security and pension programs and benefits.
- Image of aging and older people held by advertisers, product designers, and marketers.
- Income projections by sources, saving patterns and investments.

A-7. Directions in Research and Training

The continuing increase in the older population, the correspondingly growing need for knowledge of the processes of aging and of the circumstances of older people, and the rising demand for professional and related personnel for research, planning, program operation, and evaluation will necessitate increased research and opportunities for training in the aging field over the foreseeable future. Relevant topics for consideration with a future orientation include --

- o Funds for research on aging may become more limited in the future. If so, the research community may need to plan now on the relative merit of various options such as (1) biomedical research to increase knowledge about the aging process and its control; (2) disease-oriented research in an effort to prevent chronic illness and disability and to eradicate the major killers; (3) social and behavioral research that will provide information and evaluation of programs designed to increase the quality of life of long-living people; (4) continuing research in all these areas but prioritizing them in relation to allocation of funds.
- o If funds become limited in all research areas, it may be necessary to establish priorities with respect to particular research topics within each subject area. Because gerontological funds are already insufficient to meet all needs and in view of the possibility of curtailment, consideration should be given to how research fund allocation could be accomplished.
- o Currently, research in aging is carried out in university settings, governmental agencies, and in private research institutes and commercial organizations. It is probable that all of these resources are valuable but that not all are equally appropriate for all types of research. The research community can consider establishing criteria to be used in selecting the type of organization best suited to particular types of studies, e.g. what type of agency is preferred to carry out longitudinal studies?
- o Multi-purpose centers for teaching, research, and consultation in a variety of subject areas including gerontology have been established within institutions of higher education. Consideration may be given to whether such centers in the field of gerontology should be increased better to serve the business and professional communities.
- o Rapid technological changes will increasingly require workers to update or train in new skills, perhaps several times during their work-lives. This need raises the question of who should provide the training, where should it be given, and how should it be paid for.
- o There is a distinct trend for older and retired persons to enroll at institutions of higher learning for short refresher courses and for college level education in a great variety of subjects. Currently the educational institutions appear to have reached no firm policy or standard practice for training older students. What responsibilities should the educational community take to serve this new student population?

Mission for Group B. Committees

Continuing growth in the number and proportion of older people will characterize American society far into the next century and probably beyond. Extension of the years of living with assurance that almost everyone will experience the middle and later stages of life is recognized as a phenomenal achievement of science and health-related technologies. Parallel advances in the productive economy, through the use of inanimate energy and imaginative industrial processes, have created unprecedented opportunities for older people and societal institutions in utilization of the added years. Our nation and all developed nations are striving to create conditions that enable the new generations to find fulfillment in the extended years and to contribute to enhancing the quality of life in their societies. The committees in Section B of the Symposium will be asked to identify approaches and techniques that will insure markedly increased involvement and responsibility on the part of all major societal institutions and their constituencies in achieving these goals.

Topics suggested for discussion are --

1. How should particular interest groups, institutions, and organizations be represented at the conference? What roles should they play in conference planning, pre-conference activities, participation in conferences at community, state, and national levels, and in implementing recommendations following the conference?
2. What techniques, measures, actions can organizations and institutions such as business, labor, industry, professional, religious, educational, media -- take to involve their members, supporters and constituencies as participants in White House Conference planning and promotion of nationwide interest during the pre-conference years?
3. What actions can be taken by: (1) for-profit, socially responsible institutions and organizations, (2) by public and non-profit private groups, and (3) by organizations of older people to:
 - (a) foster recognition of the potential of older adults for meaningful self-actualization and community service;
 - (b) adjust their missions, and operations better to meet the needs of older people;
 - (c) participate and encourage participation of their employees and/or members in community planning and provision of opportunities, facilities, and services for older people, and
 - (d) assist their own employees and members to adapt to age-associated changes before and after retirement?
4. What use should be made of the media in pre-conference, conference, and post-conference processes?
5. What mechanisms can be employed for effective involvement of older people (members, customers, constituents) in planning and providing products, services, and facilities for older-people?

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