

Post-Event Summary Report

Name of Event: ***Our Views, Our Community***
Date of Event: June 15, 2005
Location: Jamesburg, NJ

Number of Persons attending: 210

Sponsors: NJ Foundation for Aging and NJ Assoc. of Area Agencies on Aging
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The NJ Foundation for Aging and the NJ Association of Area Agencies on Aging hosted a statewide conference in Jamesburg, New Jersey on June 15 for consumers and professionals on topics related to the White House Conference on Aging. Participants reviewed, discussed and scored Proposed Solutions. The top three Proposed Solutions for each issue are listed below.

Proposed Solutions from the June 15 Conference: Our Views, Our Community

WHCOA Topic Area: Our Community

Issue: Older Americans Act Reauthorization

Older Americans Act programs, comprised of the federal Administration on Aging, 53 State Units on Aging, 655 Area Agencies on Aging (AAAs), and 240 Title VI Native American aging programs in partnership with their local providers, successfully target low-income, minority seniors, those in greatest social and economic need, and those in rural areas.

Since 1980, there has been a substantial loss in the Older Americans Act program's capacity at the state and community levels to provide services due to increasing numbers of older adults requesting services over a longer life-span, larger numbers of frail older persons who need more extensive services, and rising costs of inflation.

Proposed Solutions:

Priority 1. Reauthorize the Older Americans Act within the first six months following the 2005 White House Conference on Aging.

Priority 2. Increase authorization levels for all of the titles of the Older Americans Act by a minimum of 25%, assuring necessary resources to adequately serve the projected growth in the numbers of older Americans, particularly the growing ranks of the old-old, those age 85+, who are the most frail, vulnerable and in the greatest need for aging supportive services.

Priority 3. Allow for the maximum amount of flexibility in the allocation of resources and the provision of services under Title III in order for Area Agencies on Aging and Title VI Native American Agencies to most efficiently and effectively meet the growing and changing needs in their own community.

WHCOA Topic Area: Health and Long Term Living

Issue: Medicare and Medicaid- Technology in the home

Medicare currently serves over 41 million beneficiaries and is the primary source of health coverage for individuals over the age of 65.

Americans prefer to remain in their own homes and communities but current Medicaid policy still requires “special permission” for care at home, leading states to request a waiver of Medicaid requirements in order to provide home and community-based services.

The Medicaid program is the nation’s major public health insurance program and the primary public funding source of long-term care services for over 13 million older adults and people with disabilities. Medicaid long-term care services account for more than 40% of all national long-term care expenditures and 60% of all nursing home care. Medicaid long-term care expenditures are still predominantly targeted to institutional care, despite a 2000 study by the US Department of Health and Human Services that found that Medicaid could provide home and community-based services to five individuals for the same cost as nursing home care to one individual.

Proposed Solutions

Priority 1. Reform Medicaid at the fundamental level to develop a system of care that provides consumers access to services in a home or community environment first, eliminating the need for special “waivers.”

Priority 2. Update Medicare to place greater emphasis in establishing cost-effective linkages to home and community-based options to promote chronic disease management, increase health promotion and disease prevention measures.

Priority 3. Retain protections for access to health and long-term care services for all eligible low income seniors and persons with disabilities, and guarantee consumer and spousal impoverishment protections.

WHCOA Topic Area: Health and Long Term Living Issue: Medicare

Medicare currently serves over 41 million beneficiaries and is the primary source of health coverage for individuals over the age of 65.

The January 2006 implementation of the Medicare prescription drug benefit intensifies the need to provide beneficiaries with timely and accurate information. The Centers for Medicare and Medicaid Services (CMS) recognize this need to clarify changes in benefits and subsequent penalties as a result of the Medicare Modernization Act for those who do not fully understand the enrollment process and timeline.

The Aging Network has a long-standing track record of successfully providing assistance, benefits counseling and easy-to-understand information to millions of older adults, especially those with low-incomes.

Proposed Solutions

Priority 1. Allocate additional and adequate resources to meet the rise in demand for quality information and one-on-one assistance through the Area Agencies on Aging and State Health Insurance Counseling Program (SHIPs) about the Medicare Part D prescription drug benefit.

Priority 2. Update Medicare to place greater emphasis in establishing cost-effective linkages to home and community-based options through the Aging Network to promote chronic disease management, increase health promotion and disease prevention measures.

Priority 3. Strengthen the partnership between CMS and the Administration on Aging and their efforts to engage Area Agencies on Aging and Title VI Native American Agencies in educating beneficiaries about the new Medicare changes and benefits.

WHCOA Topic Area: Our Community
Issue: Senior Mobility/Transportation Services

80% of the older adult population live where destinations are often too far to walk, public transit is poor or unavailable, taxis are costly, and special services are limited.

Transportation problems are closely correlated with poor income, self-care problems, isolation and loneliness, and reduced mobility places an older person at higher risk of poor health.

The growing ranks of older drivers in the decades ahead will pose challenges for older adults, their caregivers, aging service providers and communities at large. Greater efforts are needed to assist older drivers and aging boomers to remain on the road for as long as safely possible and to provide safe, reliable and convenient means of transportation for those for whom driving is no longer an option.

Proposed Solutions

Priority 1. Enhance, coordinate and adequately fund the vast array of federal, state, and local financed transportation services to provide viable and affordable options for the growing population of older adults who need services including the provision of non-emergency medical transportation as an allowable expense under Medicare.

Priority 2. Examine and expand existing public transit systems to improve accessibility and availability to older adults especially in suburban and rural communities where fixed route services are less accessible.

Priority 3. Support increased funding and flexibility for the Federal Transit Agency's *Section 5310* program, which funds transportation programs for older adults and persons with disabilities.

WHCOA Topic Area: Health and Long Term Living
Issue: Long-term Care Workforce Shortages

The paraprofessional long-term care workforce (2 million nursing assistants, home health and home care aides, personal care workers and personal care attendants) forms the centerpiece of the formal long-term care system.

Low wages and benefits along with hard working conditions, heavy workloads, few options for training, limited potential for advancement, and a job that has been stigmatized by society make recruitment and retention of workers difficult, even when unemployment rates are high.

Nationally, job vacancy within the long-term care workforce can be as high as 32% on a daily basis and turnover can be as high as 140% annually at a cost of \$1400 to \$3900 per direct care worker for recruitment, training, increased management expenses and lost productivity.

According to the US Bureau of Labor Statistics, by 2010 more than 780,000 additional aides must be found to fill direct care positions. Demographic, economic and policy trends suggest that without a serious and sustained intervention, the inadequate supply of frontline workers will remain a problem and even worsen over the next few decades.

Reports show that workers in understaffed environments may experience higher levels of stress and frustration, potentially leading to poorer quality of care and circumstances in which workers may become prone to neglectful and abusive behavior.

Proposed Solutions

Priority 1. Ensure “self-sufficient” wages, health insurance and other benefits, balanced and safe workloads, job redesign and opportunity for advancement, employee support, more appropriate training standards, and encourage workers of all ages, both men and women, to become direct care workers.

Priority 2. Foster a stable and more rational funding environment that allows service provision to be organized around client need and service delivery rather than arbitrary funding distinctions.

Priority 3. Create incentives in federal and state labor policies for participating in training and seeking employment within the long-term care industry.

WHCOA Topic Area: Health and Long-term Living Issue: Nutrition and Wellness

3.2 million older Americans participate in senior meal programs each year under the Older Americans Act, and an estimated 4 million more older Americans suffer from food insecurity or the inability to afford, prepare, or gain access to food.

Good nutrition is essential to maintaining cognitive and physical functioning and plays an essential role in the prevention or management of many chronic diseases such as heart disease, cancer, stroke, diabetes, and osteoporosis.

The provision of nutrition services is especially important to ethnic minority older adults, who tend to have a higher incidence of chronic disease.

Meals are provided to individuals who need them most with 73% of home-delivered meal recipients at high nutritional risk and 62% receiving one half or more of their daily food intake from their home-delivered meal, and 43% of congregate meal recipients at high nutritional risk and 58% receiving one half or more of the daily food intake from their congregate meal.

Minority populations are expected to represent 25% of the older adult population by 2030.

Minority older Americans tend to have poorer health status and are disproportionately at risk of preventable, costly chronic diseases and disabilities.

The rapid growth and increasing diversity of the elderly population in the United States brings opportunities and challenges for the Aging Network to create and deliver culturally competent services.

Proposed Solutions

Priority 1. Enhance resources to meet the increasing demand for home-delivered meals resulting from the growth of the 85 and older population which is expected to double by 2020.

Priority 2. Expand and revitalize community senior nutrition programs (reassess and possibly redesign menus, service delivery methods and ancillary services offered) to better meet the specialized nutrition needs of an increasingly ethnically diverse population and individuals with multiple health conditions.

Priority 3. Promote and integrate support for physical activity throughout the Aging Network so that all older adults and Aging Network providers are aware of the health benefits of even moderate physical activity.

WHCOA Topic Area: Planning along the Lifespan
Issue: Social Security

Social Security has successfully served as the cornerstone of the nation's income protection system for nearly 70 years.

Social Security remains the bedrock of America's retirement security for over 47 million beneficiaries who include retired workers, their survivors and dependents, and disabled workers with permanent disabilities. And it has not contributed one dollar to the national deficit since its inception.

Strengthening and protecting the future of Social Security for all Americans is a critical issue at this juncture in time.

Changes to Social Security should be done in an environment that emphasizes an open dialogue with Americans of all ages, including our nation's most frail and vulnerable.

Proposed Solutions

Priority 1. Maintain the social insurance structure of the program by maintaining benefits as an earned right, directly linked to previous earnings and contribution levels and guaranteed to all contributors and their dependents.

Priority 2. Ensure that changes made to address the long-term Social Security shortfall are given thorough consideration and maintain the structural integrity of the system.

Priority 3. Initiate bipartisan efforts to shore-up Social Security that do not weaken the program through a diversion of any portion of payroll taxes into private investment accounts.

-End of the Summary-

