

REPORT AND RECOMMENDATIONS

toward an **Aging Policy**

Today, Tomorrow, Together

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New Jersey Governor's Conference on Aging
Trenton, March 24, 1981

STATE OF NEW JERSEY

Brendan Byrne
Governor

DEPARTMENT OF COMMUNITY AFFAIRS

Joseph A. LeFante, *Commissioner*

DIVISION ON AGING

James J. Pennestri, *Director*



STATE OF NEW JERSEY

DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION ON AGING

JOSEPH A. LE FANTE
COMMISSIONER

363 WEST STATE STREET
CN 807
TRENTON, N.J. 08625

MEMORANDUM

TO: THE HONORABLE BRENDAN T. BYRNE
GOVERNOR

FROM: JAMES J. PENNESTRI
CHAIRMAN WHITE HOUSE CONFERENCE ON AGING

SUBJECT: GOVERNOR'S CONFERENCE ON AGING REPORT

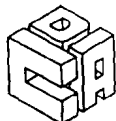
It is with great pride that I submit this report of the Governor's Conference on Aging held at Trenton State College on March 24.

The report accurately reflects the series of activities in aging that have taken place over the past year. In the White House Conference on Aging process, we have involved more than 30,000 New Jerseyans in over 700 community and committee meetings.

The concerns and hopes of our citizens were brought into focus at the Governor's Conference. Their recommendations for aging policy development on the national, state and local levels are contained in our report. We are grateful for their participation and support.

The recommendations for national policy will be carried to Washington by New Jersey's delegates to the White House Conference on Aging, November 30-December 4, as our guidelines for keeping all elderly in the mainstream of American society. I know you join us in wishing our delegation success in its mission.

JJP/GD/ip



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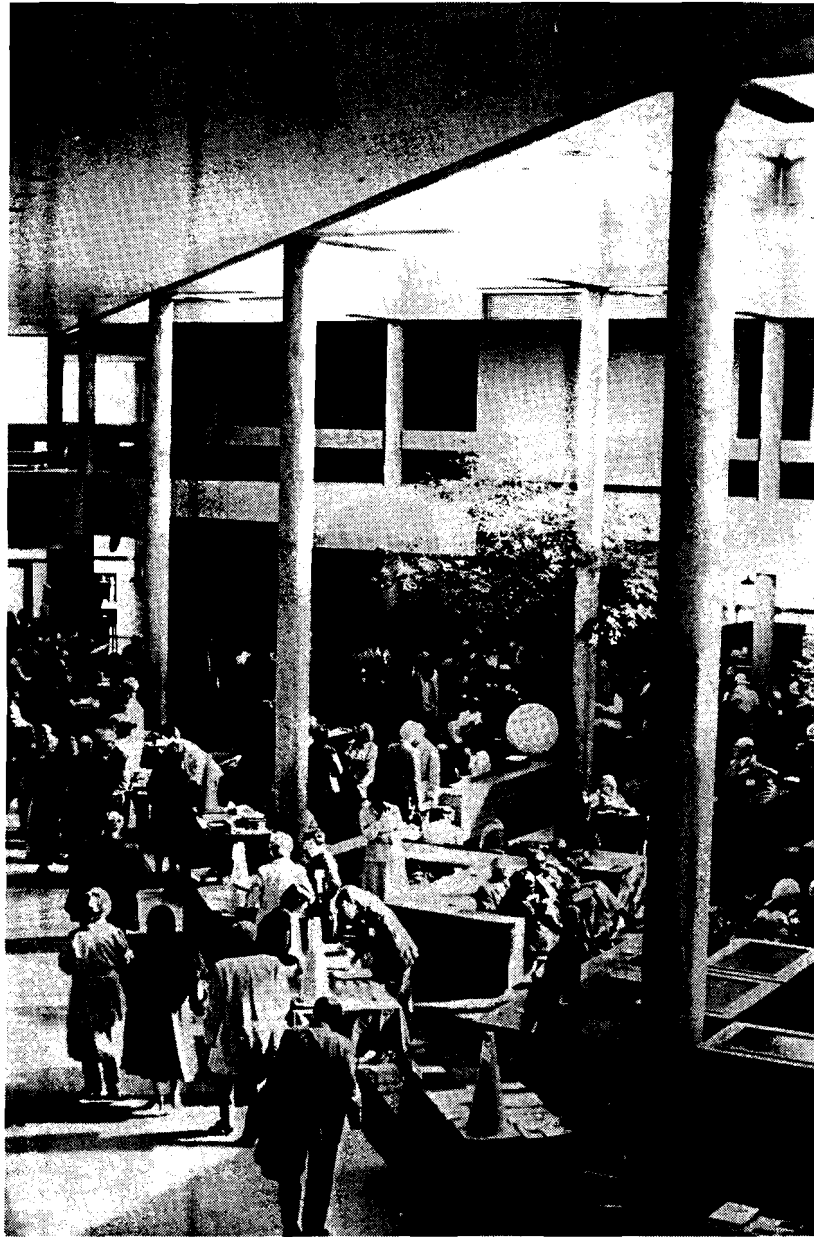
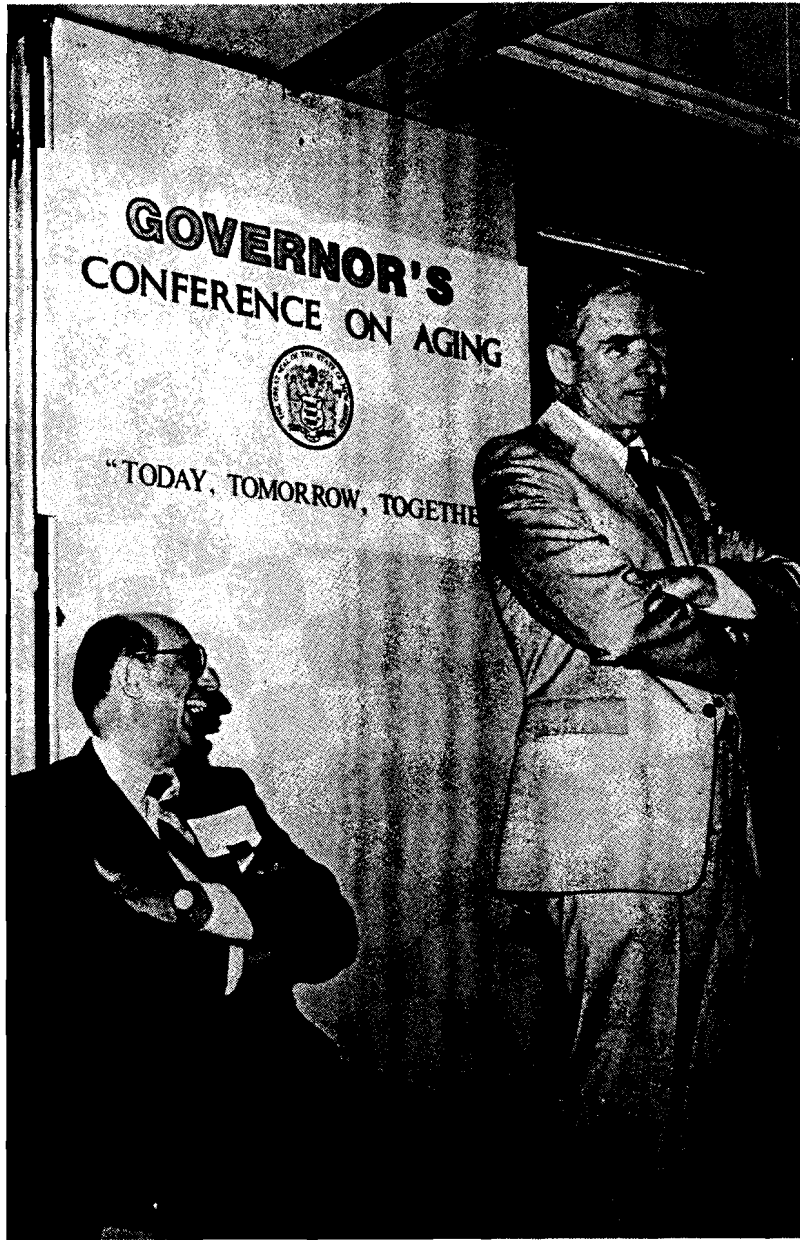


TABLE OF CONTENTS

	Page
Letter of Transmission	i
WHCA Executive Committee, County Coordinators and Technical Committee Chairpersons	ii
Division and Commission Staff	iii
Advisory Committee to Governor's Conference on Aging	iv
WHCA Process	1
ISSUES AND RECOMMENDATIONS	5
Conference Summary	6
Delegate Workshops	8
Executive Summary	9
ECONOMIC SECURITY	13
PHYSICAL and MENTAL HEALTH	21
SOCIAL WELL-BEING	29
OLDER AMERICANS AS A NATIONAL RESOURCE	37
CREATING AN AGE-INTEGRATED SOCIETY	45
RESEARCH	51
MINORITY CONCERNS	55
APPENDIX 1- Governor's Conference Resolution	61
APPENDIX 2- The Community Forums	65
APPENDIX 3- The Mini-Conferences on Aging	75



"It must be borne in mind that the tragedy in life does not lie in not reaching your goal. The tragedy lies in having no goal to reach. Not failure, but low aim is sin."

Benjamin Mays
WHCA Advisory Committee

THE WHITE HOUSE CONFERENCE ON AGING PROCESS

The White House Conference on Aging is a process whose purpose is to develop a national policy on aging. We do not now have a national policy on aging. We have a number of programs in aging, all of them well intentioned, some of them excellent. While all these programs are designed to help some segment of the lives of the elderly, there is no design to form them into a cohesive whole. Every ten years since 1951 there has been a White House Conference on Aging whose purpose included establishing a national policy on aging. The inability of previous conferences and the constant circling back to the desire for a national policy by subsequent conferences indicates two points; there is a pressing need for a national policy, and it is not easy to develop one.

The need is founded upon some simple, inevitable statistics. First, more people are living longer and the proportion of elderly in the total population is rising and will continue to rise for the next forty years. While previous White House Conferences, and other advocacy efforts, have produced concrete program development and support, the high rate of inflation over the past five years has brought many of these programs to a standstill, and some to the point of reducing volume or quality of service. Today, with more people to serve, the service network is beginning to shrink.

How do we best use the resources that we have and what should be our priorities in expending the resources is what the process of the White House Conference on Aging is all about. We do know more today about how and why people age than

we did ten years ago. We are more sophisticated in designing programs that do not overlap existing services, and we have realized that some of our efforts have taken us in a direction that has increased the dependency of some elderly at the same time we have been talking about the importance of maintaining their independence.

The White House Conference is a stop and think opportunity. The future in aging is not bright, but to those who have successfully survived for sixty, seventy or more years there are few unanswerable challenges. This became immediately apparent when the Division on Aging called upon the County Offices on Aging and the aging network to develop a series of Community Forums. We anticipated 200 Forums and had prepared steps to go all out to generate that number. The communities developed over 600 Forums between April, 1980 and January, 1981. More than 30,000 people participated. The elderly responded. A digest of their response is in the next section.

The Division began to organize the State's WHCA effort in February, 1980. James J. Pennestri was named by Governor Brendan Byrne to be the state Coordinator. He turned over the operations responsibility to Vivian Carlin of the Division on Aging and named her Staff Coordinator. A short while later, as the extent of the Division's responsibilities became more clear, George Dower was named Assistant Staff Coordinator. Chester Whittaker, at that time a Special Assistant to the Governor, was named to represent the Governor's Office. Carlin, Dower, Whittaker, and Ronald Muzyk, a Division on Aging Bureau Chief, invited a number of the remaining people listed in Part 1.B to join the White House Conference Executive Committee.

The Executive Committee met frequently in March and April, 1980, and designed the course of action the WHCA process would take. The Governor then invited a wide range of professionals, service providers, advocates and retired persons to form an Advisory Committee to the Governor's Conference on Aging. At a kickoff

dinner at the Drumthwacket mansion in Princeton in June, one hundred forty people joined the Advisory Committee. Shortly afterward, this Advisory Committee met again to form into working groups. They formed nine Technical Committees, and as with the proliferation of Community Forums, the determination of the Advisory Committee was an unexpected but rewarding surprise.

The Executive Committee decided early that in addition to asking WHCA participants for recommendations for a national policy on aging, it would welcome ideas for policy development on the State and local levels. The Committee also identified six themes of particular significance to the elderly of New Jersey: the needs of Older Women, the Rural Elderly, the frail and Most Vulnerable, the concerns of Minorities and Ethnic Groups, Crime and Safety, and the Self and Community Image of the Elderly. To give these themes the special attention they deserved Mini-Conferences on Aging were held in December, 1980 at Stockton State College, Trenton State College and Kean College. Professional Forums were organized to deal with areas such as the Ministry, Volunteers, Outreach, Industry, Retail Merchants and Nutrition.

The Staff Coordinator and Assistant Coordinator engaged in an extensive, statewide campaign of educating and training potential participants on how to make their role in the WHCA process as productive as possible. Local radio, public meetings, training sessions and piggy-backing the WHCA message on association and other group meetings were part of their technique. During the late spring and the summer no opportunity to speak was overlooked, and what had been a dribble of reports from Community Forums became a torrent in October. The Executive Committee had set a cut-off date of October 24 for recording these reports, but the elderly kept meeting and reporting well into 1981. Because it had contracted to computerize these reports, the Executive Committee did stop tabulating in mid-December and by then had accumulated 499 recordable reports.

All of the information gathered from the Technical Committees, the

Community and the Professional Forums, the three Mini-Conferences and some specialized professional data were compiled and synthesized by six editorial consultants into a 324 page Workbook.

The Governor's Conference design called for a maximum of 650 delegates. The Executive Committee followed the Federal demographic grid for invitees. More than 50 percent had to be over 55 years, more than 50 percent had to be Female, at least 20 percent had to be a Minority and the Urban-Rural mix had to follow the State population. The committee also wanted at least half of the delegates to be non-professionals, and it made an effort to assure participation by a significant number of low-income by contacting minority and poverty organizations. The Committee is especially grateful to the Puerto Rican Congress of Trenton who, entirely on their own initiative, contacted almost all statewide Hispanic invitees to make sure they understood what the Conference invitation involved and that they had transportation to the Conference. These efforts paid the dividends that were intended. Every demographic target was precisely on target even though a last minute push shot the invitee list almost to 700. 642 delegates attended the Conference. Participants were given their choice of workshop in most cases. They were mailed a workbook ten days in advance of the Conference, and County Offices on Aging arranged transportation for those who needed it. At the conclusion of the workshops each workshop turned in a list of recommendations that indicated whether the action was expected from the Federal, State or local level, the priority of the recommendations and whether the recommendations particularly applied to Minority elderly. It is upon this information that the following Issues and Recommendations are based. The prioritized Federal recommendations will be carried to Washington in November of this year as our State's contribution to the development of a national policy on aging. The good wishes for success of our elderly go with the thirty-three delegates to the White House Conference on Aging.

ISSUES AND RECOMMENDATIONS

On March 24th, 1981, at Trenton State College, more than a year of intensive research and preparation culminated in the largest, most successful State Conference on Aging ever conducted in New Jersey. More than 650 delegates of varying ages, ethnic backgrounds and professions pooled their enthusiasm and expertise to help forge our State's platform for the third White House Conference on Aging.

In order to encourage full-scale participation and specific, concrete recommendations, the WHCA Executive Committee to the Governor's Conference offered delegates a choice of twenty-one workshops, each devoted to a different aspect of aging. Workshops were charged with developing their proposals within the framework of the six Federal major issue areas. Participants were further asked to identify those recommendations which had special significance for the minority elderly so that a special section on minority issues could be included in this report. Finally, workshop members were urged to prioritize their recommendations so that program gaps and urgencies could be easily identified.

Following is a Conference Summary which briefly presents an overview of what the delegates discussed. The workshop themes are identified and the major conference issues and the recommendations from each workshop are separated according to the National Advisory Council to the WHCA:

- Economic Security
- Physical and Mental Health
- Social Well-Being
- Older Americans as a National Resource
- Creating an Age Integrated Society
- Research

We have also included a special report on Minority Concerns because this is a category in which the problems call for finite programming within the broader Federal categories. The recommendations that are listed have been weighted according to overall delegate support and are listed in priority order.

CONFERENCE SUMMARY

"Today, Tomorrow, Together" was the theme of New Jersey's third Governor's Conference on Aging. This concise slogan seems to fit perfectly the determined cohesiveness of the State delegates who forged the following recommendations. Their "Today" was March 24, 1981, the date of the conference which brought over 600 people of different ages, economic backgrounds, and social perspectives "Together" to consider the problems and potentials of aging for a "Tomorrow" we all share.

A more imminent tomorrow, of course, which conferees kept clearly in sight, was the December, 1981 White House Conference on Aging. The State policies New Jerseyans formulated were hammered out with a watchful eye on projected Federal cuts in low-income social service and welfare programs. While passing a unanimous resolution opposing such cuts, delegates nonetheless took pains to draft proposals which minimized Federal contributions, relying instead on legislative approaches and utilization of existing resources.

A review of New Jersey's 1981 aging platform reveals some discouraging similarities between the economic and health urgencies of the last decade and those problems still plaguing today's seniors. (Elimination of taxes on Social Security or pensions, and establishment of a national health insurance plan were two of the most frequent conference proposals both in 1971 and 1981.) There was more emphasis this year, however, on self-help, with delegates calling for elimination of subsidy income limitations to allow part-time employment, and for the development of a national incentive program to help older people maintain their own homes and to aid families who care for frail, older relatives at home.

Societal issues included, as they did during the 1971 White House Conference, the high rate of crime directed against elderly victims and the lack of

accessible, low-cost elderly housing. A newly raised concern this year, was the problem of senior abuse or the "battered parent syndrome." The subject of scant social research and very little legislative action, this situation was at last brought out from under the rug when delegates proposed a statewide abuse intervention and reporting system.

Finally, changes in this year's Federal and State conference structures made it possible to devote more time to the topics of Aging Research and Minority Concerns. Conferees endorsed an increase in research on all aspects of aging, not only as an educational tool to promote societal acceptance of the aging process, but also as an effective means of evaluating program impact before initiating costly reforms and services. For minority delegates, as for the conference at large, self-help was a guiding principle behind most recommendations, with proposals centering around community education, minority and multi-lingual outreach efforts, and second career training and job opportunities. It is not without confidence, then, that New Jersey's aging delegates looked towards the future. They recognized that, despite spiraling living costs and a threatened reduction in Federal subsidies, the rapidly growing senior population has made great strides in self-awareness and political leverage. If used with wisdom and a careful concern for the less fortunate, this new "senior power" can accomplish important legislative and social reforms. A keynote speaker set the tone for this conference by endorsing age-entitlements, but then added that more important entitlements are "generated by the human heart and mind, through the exercise of thoughtful influence in communities, legislatures, the court house, and Washington." It is these entitlements, after all, delegates agreed, that will make older Americans an integral part of our national life: "Today, Tomorrow, Together."

DELEGATE WORKSHOPS
STATE OF NEW JERSEY
GOVERNOR'S CONFERENCE ON AGING 1981

1. Advocacy
2. Basic and Applied Research
3. Crime and Safety
4. Education and Training
5. Energy
6. Employment and Retirement
7. Health Insurance and Costs
8. Living Arrangements
9. Income Maintenance
10. Legal and Protective Services
11. Leisure and Volunteerism
12. Long Term Care
13. Mental Health
14. Minority and Ethnic Concerns
15. Nutrition
16. Primary Health Care and Preventive Services
17. Rehabilitation
18. Self and Community Image
19. Support and Outreach Services
20. Taxes
21. Transportation

With each of the following recommendations there is a numbered reference as to the origin or approval of the recommendations. The numbers belong to the Workshop designations above.

EXECUTIVE SUMMARY
 NEW JERSEY'S PRIORITIES IN AGING
 GOVERNOR'S CONFERENCE 1981

MAJOR ISSUES AND RECOMMENDATIONS	FEDERAL ACTION	STATE OR LOCAL ACTION	PARTICULAR MINORITY RELEVANCE
<u>ECONOMIC SECURITY:</u>			
1. Rejection of proposed budget cuts in Federal programs for low-income families, including Food Stamps, Medicaid, AFDC, Housing, Mental Health, Disability Programs, etc. <u>ORIGIN:</u> Unanimous Conference Resolution	X		X
2. Annual review of income ceilings and uniform eligibility guidelines for social service programs for the aging. <u>ORIGIN:</u> Workshops 5,6,7,8,9,11,12,13,14,15,16,17,19,21	X	X	X
3. Development of funding plan and accountability procedure for Casino revenue allotted for aging programs. (Priority program areas to meet energy and housing needs). <u>ORIGIN:</u> Workshops 1,2,5,6,9,14,17,21		X	X
<u>PHYSICAL AND MENTAL HEALTH:</u>			
1. Revitalization of a National Health Program with provision for insuring voluntary enrollees of all ages against costs of catastrophic illness, preventive services and long-term care. <u>ORIGIN:</u> Unanimous Conference Resolution	X		

6

MAJOR ISSUES AND RECOMMENDATIONS	FEDERAL ACTION	STATE OR LOCAL ACTION	PARTICULAR MINORITY RELEVANCE
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2. Extension of Medicare/Medicaid coverage now to include preventive care and allied health services such as Dentistry, Nutrition, Podiatry, Optometry, Family Counselling.

X X

ORIGIN: Workshops 3,7,8,9,12,13,14,15,16,17

3. Standardization of eligibility levels for services covered under Federal (Medicare/Medicaid) State (PAA) and County (Friendly Visitors, Meals on Wheels) Health Services.

X X

ORIGIN: Workshops 7,9,12,13,14,15,16,17

SOCIAL WELL BEING

1. Development of Federal incentive programs such as tax breaks, respite care credits or direct payments for families who maintain frail elderly at home.

X X

ORIGIN: Workshops 3,7,8,9,12,13,14,15,16,17,18,20

2. Passage of a State Elderly Abuse Reporting Act and Protective Services Legislation(including public guardianship of frail elderly).

X

ORIGIN: Workshops 1,3,10,12,13,14,18

MAJOR ISSUES AND RECOMMENDATIONS

FEDERAL ACTION	STATE OR LOCAL ACTION	PARTICULAR MINORITY RELEVANCE
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3. Revision of HUD eligibility guidelines and municipal zoning ordinances to allow more shared and congregate elderly housing.

X

X

ORIGIN: Workshops 2,3,8,9,12,13,14

OLDER AMERICANS AS RESOURCE

1. Elimination of mandatory retirement policies and earnings ceilings on Social Security benefits.

X

X

ORIGIN: Workshops 1,6,9,13,14,17,18

2. Recruitment and Employment of the Elderly in all levels of aging programs and services. Increase employment of minorities as staff in agencies serving Ethnic communities.

X

X

X

ORIGIN: Workshops 1,6,13,14,17,18,19

3. Increase the numbers of, and opportunities for senior volunteers through supports such as improved recruitment, tax incentives, insurance, reimbursement of out-of-pocket expenses.

X

X

ORIGIN: Workshops 11,12,15,17,18,21

AGE-INTEGRATED SOCIETY

1. Inclusion of studies on the nature and process of aging by the State Department of Education in the public school curricula from pre-school through Graduate levels.

X

ORIGIN: Workshops 1,2,4,13,15,16,17,18

MAJOR ISSUES AND RECOMMENDATIONS

FEDERAL ACTION	STATE OR LOCAL ACTION	PARTICULAR MINORITY RELEVANCE
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2. Training in aging for professional and support staff in health care, social service, and community agencies.

X

ORIGIN: Workshops 2,3,8,11,12,13,16,19

3. Re-direction of media image of older people; elimination of stereotypes; emphasis on elderly consumers, citizens, and family members.

X

X

ORIGIN: Workshops 1,2,6,11,13,17,18

RESEARCH

1. Increase in balanced Federal funding of research concerning mental and physical health in aging.

X

ORIGIN: Workshops 2,4,8,13,14,15

2. Development of research program on pattern of drug use and abuse by elderly and/or their caretakers.

X

X

ORIGIN: Workshops 2,3,12,13,16

3. Allotment of 8-10% of casino funds for establishment of a NJ State Research Agenda in Aging.

X

X

ORIGIN: Workshops 2,14,16

ECONOMIC SECURITY

POLICY: Society as a whole has a responsibility to all of the people. A society as well endowed as ours has a responsibility for the economic welfare of its elderly as well as to its young. The function of government, as the administrator of societal responsibilities, is to provide the necessary fiscal, educational and programmatic support to enable the elderly to live without economic barriers to a normal life.

For New Jersey's 650 Conference delegates as well as for the more than 30,000 residents who took part in Community Forums, Mini-Conferences, and Technical Advisory Committees, two issues---Economics and Health--were considered priority concerns of the aging. Though well aware that Americans of all ages are victims of unprecedented increases in the cost of living and medical care, community and state conferees agreed that special economic and health advocacy of the aging population is necessary so long as our Nation's seniors bear the unique double burden of fixed incomes and declining health.

It was with genuine consternation, therefore, that delegates learned of proposed cuts in Federal allocations to Health and Welfare programs currently benefiting the elderly and other low-income Americans. Recognizing the magnitude of these cuts in terms of their impact upon millions of individuals who face increases in the cost of energy, housing, food, and health care, conferees urged congressional reconsideration of these program reductions. In addition to the specific workshop recommendations which follow, state delegates endorsed a conference resolution calling for Federal disavowal of program approaches which afford defense spending top priority at the expense of human needs, and which fail to acknowledge 1980 campaign promises to revitalize our national Health program, especially in terms of prevention and

long-term care.

Of the 21 workshops at New Jersey's State Conference, a majority found themselves addressing issues involved with Economic Security. The effective range and significance of this WHCA category is demonstrated by the variety of workshops which called for economic reforms: Advocacy, Crime, Employment, Energy, Health Insurance, Income Maintenance, Living Arrangements, Long-Term Care, Mental Health, Minority Concerns, Nutrition, Primary Health Care, Rehabilitation, Community and Self-Image, Support Services, Legal Services, Taxes, Transportation. While the economic proposals relating to health insurance and medical costs will be discussed under the "Physical and Mental Health" category, it should be noted here that such proposals were not restricted to workshops dealing with health, and that the twin goals of income and health maintenance clearly comprise New Jersey's mandate to the White House Conference on behalf of its nearly 900,000 residents 65 or more years.

ISSUE: SOCIAL SECURITY INADEQUACIES

It is by now axiomatic that fixed income benefits (social security, pensions, public assistance) are the first to flag in the race against inflation. Nationally, elderly households have less than half of the disposable income of households headed by persons under 65. Today, more than 23% of our older population lives on incomes which are near or below the Federal Poverty level.

Spurred by proposed cuts in Federal Subsidies to fixed and low income recipients, conferees centered their economic recommendations around efforts to bolster the Social Security and Supplemental Security Income Programs. Their primary concern was the misery and frustration caused by means tests and eligibility limitation which have not been adapted to keep pace with inflation in view of current living costs. Federal and State poverty levels

seemed to a majority of delegates to be disastrously unrealistic.

Many workshops were also alarmed at discrepancies between various programs, income guidelines, and between guidelines for single recipients and those living with family or spouses. While the first problem results in inequitable distribution of services, the second tends to penalize married couples and seniors sharing a home with their families and amounts to legislative discouragement of conjugal and family living.

RECOMMENDATIONS

1. Delegates in most workshops called for an annual review of income ceilings for all Federal, State, and County Subsidy programs. In this way income limitations could rise with the cost of living.

2. Many conferees urged adaptation of uniform eligibility requirements for SSI and Medicaid and the various services within these programs. This would avoid, for example, the sort of confusion and inequity currently caused by a disparity between income limits for Medicaid's Home Health Care Provision and its Provision for Institutional Care.

3. A majority of workshops proposed the removal or reduction of earnings limitations on social security benefits. Such a measure would lead to a long-term increase in program income, since it would allow many beneficiaries to return to work and resume contributions to the retirement fund. Similarly, delegates urged individual consideration of married seniors' incomes, thereby avoiding a "marriage penalty".

4. Workshops considering low-income subsidies opposed any cut-backs in these programs. In fact, several groups proposed broadening their coverage by

lowering the age limit for SSI eligibility to 55. They further urged a more realistic base poverty line, together with legislation enabling elderly SSI and food-stamp recipients who live with family or spouses to receive the same benefits as those living alone.

ISSUE: TAX REFORMS

So long as the elderly remain more vulnerable to economic crises than other age groups, it is not difficult to justify Federal and State tax programs tailored to their plight. Most workshops stressed age preference in taxation. Intergenerational ideals unquestionably took a back seat to economic survival, as delegates attempted to off-set the age-related penalties of forced retirement, employment discrimination and fixed incomes with special age-related tax credits.

Such credits, it would be added, may actually represent a long-range savings for tax-payers of all ages. Tax incentives, for example, which encourage older people to maintain their own houses or which help families support an older relative at home, can be viewed as investments towards the reduction of Health and Welfare costs, since studies have shown that seniors involved in their communities incur less illness and require fewer social services than institutionalized or abandoned oldsters.

RECOMMENDATIONS

1. A majority of workshops, their concerns ranging from Crime to Long-Term Care, stressed the vital importance of incentives for maintaining older people in community settings. The most frequent proposal was for Federal and State tax credits to families offering custodial or foster care to seniors. Such deductions, in combination with supportive counseling and services, was seen as the most efficacious way to reduce senior abuse and provide home-based hourly-care, food, shelter, up-keep, etc.

2. The workshop on Taxes stressed the need for adjustment of property tax scales to assist older people, both home-owners and renters, in maintaining their own independent households. Credits to defray the cost of upkeep and repairs was a frequent recommendation proposed by many conference workshops.

3. Just as delegates urged the elimination of "marriage penalties" in social security eligibility and benefit levels, so they strongly rejected the concept of a marriage penalty tax.

4. The workshop on taxes, as well as that on Income Maintenance, proposed an increase in Federal and State exemptions and deductions on personal income taxes for older taxpayers. These workshops also advocated a higher level for Individual Retirement Account deferrals and a reduction in the taxes on savings and capital gains.

5. In addition to urging that social security income remain tax-exempt, the Taxes workshop endorsed the institution of a total \$10,000 income exemption on the retirement incomes of taxpayers over 65.

ISSUE: ENERGY AND HOUSING COSTS

"Fuel poverty" created by sky-rocketing fuel and utility rates has forced Americans of all ages to devote an ever larger percentage of their incomes to housing costs. For the elderly on fixed incomes, energy escalation is especially menacing. Some estimates suggest that many elderly living below the poverty level, spend more than 30 per cent of their gross income for household utility costs.

Future projections offer no hint of respite from the dizzying climb in the costs of electricity, natural gas, or heating oil. A spokesman for New Jersey's Edison Electric Institute predicts electricity costs will increase 10-12% over the next year, while the cost of natural gas could rise 15% and oil costs may soar as much as 50%. For low-income home-owners, these increases may well mean

reduced food consumption and inadequate nutrition, cold conditions and chronic health problems. These hardships, combined with inequitable eligibility levels for housing subsidies, and uncontrolled rental rates will doubtless cause more misery among the elderly than any other age group. Many workshops endorsed the use of State Casino Revenues to help meet fuel and housing costs of the elderly.

RECOMMENDATIONS

1. Conference delegates agreed with the Governor's Technical Committee on Energy that New Jersey's Lifeline Credit Program, which now provides a \$125 credit against electric and gas bills for each eligible residential customer over 65, should be extended to all utilities and heating sources. It was proposed that a larger portion of casino revenues be awarded for Lifeline so that the program's credit amounts as well as income eligibility ceilings could be raised.

2. The Federal Home Energy Assistance Program administered by state welfare departments, Winterization Programs funded by the Department of Energy, and other energy-related programs have varying income limitations and grant limits. These programs should, according to members of the Energy Workshop, be monitored and evaluated to avoid program duplication and to achieve more uniform, realistic income guidelines.

3. The Energy Workshop further proposed that the States Offices on Energy maintain a toll-free Energy Assistance Hotline. This would centralize data to enable people of all ages to obtain eligibility aid program information quickly and easily.

4. The workshops on Living Arrangements and Income Maintenance urged that rent increases based on fuel cost increases be clearly documented and justified. They further proposed state control of all rent increases and co-op and

condominium conversions.

5. To reduce housing costs, several workshops urged a re-examination of current federal HUD income eligibility guidelines. Seniors, workshop members felt, should be permitted to share apartments with eligibility based on their individual incomes. Local ordinances, too, should be more responsive to the financial and social needs for shared or congregate housing.



PHYSICAL AND MENTAL HEALTH

POLICY: Entrance to services that maintain physical and mental well-being, to services that treat diminished physical and mental well-being and the elimination of fiscal barriers to these services is the right of every American.

As people age, their dependence upon long-term and chronic health care services rises dramatically. Unfortunately, an equally dramatic reduction in income makes medical prevention, detection, and treatment more and more costly in later life. The enactment of Medicare fifteen years ago had its genesis in the fear and hardships caused by spiraling medical and hospital costs. Today, these costs continue to escalate while gaps in coverage, provider abuses, and discrepancies in program eligibility levels have prompted calls for major Medicare reforms.

For delegates to New Jersey's Governor's Conference, as for members of the WHCA Community Forums, economic aspects of medical care was the most frequently discussed health topic. Workshops studying Mental Health, Long-Term Care, Primary and Preventive Services, Rehabilitation, Minorities, Income Maintenance, Advocacy, Health Insurance, and Nutrition, all expressed concern over the inequities and gaps in current health insurance for the aged. The most often cited need was for correction of the Medicare bias in favor of short-term institutional care rather than preventive and chronic community-based treatment. Perhaps because New Jersey remains the only large industrial state which has failed to adopt a Federally shared "Medically Needy Program", the financial plight of those not eligible for Medicaid was also a frequently raised issue.

While a majority of New Jersey's health recommendations concerned cost control and insurance, other factors were also examined. Conferees, for example, were vitally interested in upgrading the quality of nursing home care, as well as in coordinating and improving our state's network of community health services.

Accessibility and staff training were seen as the keys to supplying older New Jerseyans with a wide variety of preventive, diagnostic, treatment, and counselling programs within a community setting. Workshops devoted to issues as seemingly removed from health concerns as Crime and Taxes agreed with virtually every health forum that the family unit provides a positive link in such community-based programming, and that fiscal incentives and counselling support should be offered to families giving older relatives long-term care. In the long run, workshop reports pointed out, Federal support of neighborhood health systems should prove highly cost-effective, since it would emphasize mental health and preventive medicine, thereby lowering hospital and catastrophic illness costs.

ISSUE: HEALTH INSURANCE COSTS

While 5% of the U.S. aged are in nursing homes, with the bulk of these placements being long-term, Medicare remains oriented to short-term illness and accident. The need for chronic and long-term disease and disability insurance must be recognized as more Americans live longer lives. Over 70% of our senior citizens have at least one chronic illness, yet Medicare does not cover check-ups, prescription drugs, immunizations or convalescent care.

The Medicare emphasis on pathology, rather than prevention, may well be responsible for aggravating the health problems of the aging. Essential health maintenance services such as dental hygiene, nutrition, vision and hearing correction, and counselling are all excluded from third-party reimbursement. New Jersey's technical report on health insurance suggests that "when it becomes standard practice to remove a tooth rather than save it because of (the payment structure) then the care emphasis is surely misguided."

Since its inception, Medicare has caused a significant increase in the number of senior visits to doctors' offices and hospitals. Could not a reformed Medicare offset this increase by spurring older Americans to seek preventive and diagnostic

treatment before acute illness occurs? Older people have more severe illnesses than do younger adults, and when they fall ill, they require about twice as long to recover. New Jersey's conferees submit that Medicare coverage of maintenance and prevention could not only mean healthier, happier lives for such oldsters, but also an ultimate reduction of National Health Insurance costs in a country where senior citizens account for one quarter of all health expenditures.

RECOMMENDATIONS

1. Many workshops urged top priority be given to the establishment of a National Health Insurance Law for all ages. The Insurance Plan was proposed on an elective basis with increased coverage for catastrophic illness, preventive and maintenance services, as well as both institution and home-based long-term care.

2. The Workshop on Health Insurance Costs supported repeal of subdivision 13-95, paragraph 1 of Title 42 of the Public Health Law, which prevents government interference in health service delivery. In this way a viable monitoring system for Medicare/Medicaid billing and reimbursement could be established.

3. All delegates agreed that Medicare coverage should be extended to include preventive and allied health services of dentists, nutritionists, optometrists, podiatrists, chiropractors, family counsellors, etc..

4. Medicare/Medicaid coverage of home-health care of catastrophic illness, and of screening and diagnostic tests, was endorsed by Workshops on Insurance, Rehabilitation, Mental Health, Income Maintenance, Long-Term Care and Primary Health Care.

5. A national program for subsidizing family care of the elderly has been described earlier in the section on Economic Security. Delegates attending health-related workshops considered various incentives including tax deductions,

respite care credits, increased benefits or direct Medicare/Medicaid payments.

6. Many workshops were distressed by New Jersey's failure to establish a Medically Needy Program. The state task force on Health Insurance Costs points out that such a program would extend Medicaid-type benefits to about 90,000 residents, utilizing about 29 million dollars in Federal funds.

ISSUE: QUALITY OF LONG-TERM CARE

In 1979, about \$9 billion or forty-one percent of Medicare funds were spent on nursing home care. Yet this expenditure was directed towards only one aspect of the long-term care spectrum. Of the older Americans who live in a community rather than an institutional setting, 18% report one or more chronic conditions which limit their mobility and require recurrent, long-term health services. It has been estimated, however, that the ratio of physician, hospitalization, and nursing home expenditures to expenditures for home-health services required by non-institutionalized elderly is as high as 30 to 1.

Impatient with this disparity and at the inadequacy of existing institutional and home-based care, workshop delegates directed their recommendations towards development of a complete spectrum of effective long-term care. They advocated improved accessibility and services within nursing homes as well as a comprehensive system of alternatives to institutional care.

RECOMMENDATIONS

1. The Workshop on Long-Term Care, as well as a majority of forums on health-related topics, proposed standardization of Medicare eligibility levels for nursing home care and home health care. Current limits have created over-crowding in institutions and discouraged community-based rehabilitation or care.

2. Delegates further urged enforcement of existing regulations governing the percentage of Medicaid beds which must be maintained in long-term care facilities.

Currently, the definition of "Medicaid beds" allows nursing homes to maintain private patients who have exhausted their funds, rather than admit any new Medicaid recipients.

3. Many workshops including those on Education, Advocacy, Self and Community Image, Long-Term Care, Primary Care, and Mental Health proposed better training for physicians, nurses, aids, homemakers and other professionals involved in the long-term care of the aged. In-service training proposals included gerontology, field up-dates, and referrals within the health spectrum.

4. To increase the number of long-term care facilities, workshop delegates suggested low-cost financing for construction, as well as increased SSI reimbursement to sheltered care facilities.

5. A majority of conferees favored protective legislation to ensure the rights of the institutionalized elderly to privacy, freedom from forced uprooting or transfers, self-help programs, medication information and approval, counselling, maintenance of personal belongings, pets, etc.

6. The Long-Term Care Workshop recommended a constellation of alternatives to institutional care including such innovative community programs as geriatric day-care, half-way houses, congregate living, foster homes, etc.

ISSUE: COMMUNITY HEALTH SERVICES

As more of us live longer, it has become increasingly apparent that old age need not be plagued with inevitable and continual ill health. With adequate preventive care and health support services, productivity and physical well-being can be enjoyed throughout life. To the 95% of the elderly who live in the community delegates proposed hope for a full and varied range of home and community-based health services free from ethnic, fiscal, transportation or linguistic barriers.

Stable funding and accessibility as well as information and outreach supports would enable both the handicapped and the mobile, the poor and the affluent, the mentally impaired as well as the healthy, to benefit from appropriate alternative health care programs.

Coordination between the various disciplines, agencies, and professionals involved in an effective pattern of community health care was called for by most of the health-related workshops. Media campaigns, in-service and university training, as well as a State Advisory Committee, were all proposed as remedies for what is currently a confusing non-system of allied health care.

RECOMMENDATIONS

1. In addition to amending Medicare to provide more preventive and community care coverage and to standardize eligibility for all home-health services, (home-health aides, meals-on-wheels, friendly visitors, etc.), the Workshop on Primary Health Care recommended a State Task Force on Financing Health Services for the Elderly to review programs and reduce bias against preventive services as well as to explore financial incentives and funding sources for preventive practices.

2. Delegates endorsed inclusion of courses pertaining to community-based care of the elderly in Community College curricula by 1982.

3. Mobile health and screening units, expanded nutrition programs, bi-lingual personnel, para-transit systems with provisions for handicapped, and home-based counselling/enrichment programs, were among delegates' recommendations to solve the problem of service accessibility. Workshops also emphasized the need to involve volunteers, churches, and community groups in outreach and service.

4. Several Workshops encouraged an increase of trained medical personnel. One proposed that the State Departments of Health and Education and other

responsible agencies establish a goal of developing 520 additional primary care physicians in New Jersey by 1985. Another group called for career incentives to increase the number of homemakers/home-health aides.

5. Community education in health needs of the aging as well as program and eligibility information, was suggested by a host of health workshops. The workshops on Primary Care and Preventive Services called for subsidizing media programming (utilizing the State Public Broadcasting network, local radio stations, and cable T.V.), while the Rehabilitation workshop proposed a toll-free "800" phone line to dispense health information for older residents.



SOCIAL WELL BEING

POLICY: Society should be structured so that all individuals have a guarantee of support for dignity and fulfillment in their later years, and that that support encompass a range of options that relate to the cultures and life-styles of the individuals.

Since growing old in America often involves major changes in health and finances, it also has a dramatic impact on housing and social service needs. One of New Jersey's top priorities for 1981, both at the grass-roots forum level and at the Governor's Conference, has been the development of innovative, resourceful housing alternatives for older residents. Forum and Conference delegates alike emphasized the importance of maintaining seniors in their own communities, in their own homes, and with their own families when possible. They agreed that increased Federal aid and expansion of local "match" funds and supportive service budgets is a small price to pay for the improved mental and physical health of elderly persons who grow old at home rather than in nursing homes or "retirement exile."

Communities that want to support their older neighbors, delegates contended, must be mindful of the service and recreational needs of the elderly. In addition to accessible, economical, age-integrated housing, a minority of physically frail oldsters require special protective and legal services, while the more vigorous majority demand the active, busy lifestyles they have always enjoyed. Safe streets and housing, low-cost legal services, coordinated transportation, creative adult education programs, and varied recreational or volunteer opportunities - all contribute to the social well being of adults at every age. Communities that extend the time and resources to meet these needs today, can assure all their residents richer, more satisfying tomorrows.

ISSUE: HOUSING AND SERVICE PATTERNS

Diminished health or finances need not mean inferior housing for the elderly. Once community planners understand and accept the advantages of shared or multiple senior housing, older residents will not have to leave the neighborhoods where they have spent years living and working to find acceptable, low-cost housing. In addition to urging flexibility of local housing ordinances, New Jersey delegates also noted that Federal and State governments have a role to play in encouraging both intergenerational and congregate housing for the elderly. Current Federal eligibility requirements for housing often operate to preclude home and income sharing among the elderly. Similarly, Federal and State subsidy regulations, rather than providing incentives to families who maintain older relatives at home, frequently deter such support by denying or reducing economic and health benefits to supported seniors.

When such barriers to alternative elderly housing are removed, supportive services can be developed to ensure successful community intergration of even the frail elderly. Delegates from all workshops urged a coordinated pattern of services provided through county-wide delivery plans and offered on a sliding scale. Such services should take into account the wide range of physical and mental capabilities within the community. Provisions for the handicapped and home-bound or for the mobile and well, should all emphasize accessibility and self-help.

RECOMMENDATIONS

1. Twelve of the twenty-one conference workshops drafted independent recommendations for a Federal program of incentives to families maintaining frail older relatives at home. These incentives included tax reductions, direct payments, increased Medicare benefits, respite care credits and/or low-interest loans for home improvements and modifications.

2. Several workshops besides that devoted to "Living Arrangements" stressed the need to revise HUD eligibility guidelines and promote changes in local zoning to allow greater flexibility in elderly housing. Their emphasis was on eliminating exclusionary zoning and encouraging shared homes, group housing, foster care, bed 'n breakfast homes, etc.

3. The workshop on "Living Arrangements" proposed Federal and State incentives to community groups involved in such alternative housing with the goal of increasing the number of sheltered care houses, boarding homes, etc.

4. Delegates urged social services planning drafted on a county basis. These services, offered on a sliding scale of eligibility should include: home maintenance and repair, increased transportation, chore programs, telephone reassurance, adult day care, friendly visitors, rehabilitation and therapy, counselling, meals on wheels, visiting nurses, etc.

5. The workshops on "Transportation," and "Rehabilitation" recommended the expansion of Federal aid to existing transportation services for the elderly and handicapped. In New Jersey, this expansion would permit longer non-peak hours for reduced senior fares, financial assistance to county and local governments purchasing or renting custom vehicles for the handicapped, and more shelters at public transportation pick-up points.

6. The workshop on "Transportation" also endorsed the de-regulation of inter-state and inter-city bus routes as a means to increase and coordinate local service.

ISSUE: CRIME AND SAFETY

This year's State Conference delegates were determined that the 1981 White House Conference on Aging should be the last national forum on aging to make safety from crime a top priority. Ten years after the last White House

Conference committed itself to senior safety, national and state crime rates continue to rise unchecked. Last year saw New Jersey's largest increase in violent crimes since 1971. (Violent crime in the Garden State soared 21% compared with a national jump of 13%.) Because of their physical vulnerability and segregation from younger, stronger, neighbors, the residents of urban elderly housing projects have become prime targets for such crimes as purse snatching, strong arm robbery, and assault. Delegates agreed this tide must be stemmed now, with decisive action at Federal, State, and local levels.

While recommendations on housing security and increased police protection for the elderly originated primarily in workshops exploring crime and housing, one form of crime against seniors found support from a much broader range of delegate interests. The insidious practice of senior abuse was tackled by workshops on "Advocacy," "Crime," "Legal Services," "Long Term Care," "Mental Health," "Minorities," and "Self and Community Image." Although domestic and institutional abuse affects ten percent of dependent elderly, this problem, delegates noted, has received little attention from Federal or State lawmakers.

RECOMMENDATIONS

1. Seven conference workshops proposed a State Adult Abuse Reporting Act. Most delegates agreed with the "Legal Services" workshop that such a law should contain provisions for mandatory reporting of abuse by professionals (e.g. doctors, nurses, social workers, etc.) and for privileges of confidentiality and immunity for those reporting the abuse.

2. Workshops on "Living Arrangements," "Minorities," and "Crime" advocated revision of housing codes to make safety/security features mandatory in new senior housing. Such features should include more efficient locks, intercoms, 24-hour security, etc.

3. Crime and safety recommendations frequently concerned improvements in police protection and relations. In addition to the conversion of patrol car teams to patrolmen walking a beat, "Minority" and "Crime" forums suggested that community police forces assign a liaison officer or senior unit to work with local oldsters.

4. Several workshops called for enabling state legislation to permit intervention in adult abuse cases by the Division of Youth and Family Services or a similar agency with established county offices. (Currently, only seven counties operate protective service centers.)

5. An increase in protective services for the elderly was proposed by many delegates, a majority endorsing Federal and State laws permitting public guardianship or "conservatorship" of the frail and incompetent elderly. Such laws would allow temporary agency management of an older person's finances (rent-paying, shopping, chores, etc.) without appointment of a guardian or the finding of incompetency.

6. Workshop delegates concerned with crime also addressed the need for county Elderly Witness Assistance Units to escort, stand in for, and help prepare testimony of older crime witnesses. (Currently, the New Jersey Council on Crime Victims operates such a program in several counties.)

ISSUE: EDUCATION AND RECREATION PROGRAMS

For older adults, retired from full-time jobs, with diminished family roles, stimulation and productivity become vital to mental and physical health. If a community is to provide its older residents with comprehensive services, these very real, though intangible, needs have to be recognized by program planners. "Education and meaningful use of leisure," noted the Governor's Task Force on Leisure, "must be viewed as important in support of a quality life. They are not superficial frills."

While research has established that learning can continue throughout life, it is clear that the nature and pace of learning does change with age. Thus, although compensations and adjustments are sometimes necessary, there is no reason for older students to feel unequal to any academic challenge. The popularity of relaxed, neighborhood adult school programs in our state suggests a place for non-threatening senior support centers on college and university campuses. In addition, the state college network seems ideally suited to provide outreach educational programs for handicapped or semi-mobile students.

Some existing community recreation programs, workshops discovered, are geared to seniors or to other age groups, but seldom to both. While age-entitled services and senior housing are sometimes unavoidable, locally sponsored recreational activities should also offer opportunities for integrated programming. It was toward this goal that most of the workshops considering leisure directed their efforts.

RECOMMENDATIONS

1. Many delegates urged expansion of educational opportunities for seniors through free adult school and college tuition, for all older New Jerseyans.

2. The Governor's Committee on Leisure as well as the workshops on "Leisure and Volunteerism" and "Education and Training," proposed legislation requiring all state colleges to offer tuition waivers on credit courses to students over 65.

3. The workshops on "Leisure" and "Rehabilitation" stressed the importance of age-integrated community recreation programs. Their proposals included use of school buildings and vehicles by community groups including senior clubs; the creation of new programs which include residents of all ages;

and modification of existing programs to include older participants.

(e.g. the involvement of senior committees in developing and leading elementary and high school extra-curricular activities.)

4. Several workshops encouraged off-campus college offerings for older adults (at senior centers, churches, schools, etc.), as well as television and correspondence courses for the home-bound and handicapped.

5. The workshop on "Education and Training" advocated Federally funded scholarships for older students enrolled in degree programs, as well as the establishment of senior resource centers at major campuses.



OLDER AMERICANS AS A NATIONAL RESOURCE

POLICY: Our society must develop a positive role for the growing numbers of elderly. Both public and private sectors should be supported and encouraged to use the experience and skills of the elderly, at the same time the elderly are supported and encouraged to use their experience for the communal good.

"We all have a lot of learning to do about the new generation," reports New Jersey's Advisory Committee on Retirement Roles. In its policy paper for the Governor's Conference, the Committee concluded that "the aged should be made conscious of their untapped potentials by sharing their resources to contribute to society." As the "baby boom" of the 40's and 50's becomes the "senior boom" of the new century, this goal will assume the importance of a nationwide, social necessity.

Current trends towards early retirement and categorical programs and services for the aged, diminish the productivity and involvement of more than 23 million Americans. Many of the 21 workshops at the 1981 Governor's Conference were concerned with halting such trends and returning this ever-growing, undervalued pool of experience and abilities to the population mainstream. While forums devoted to Income Maintenance, Employment, Rehabilitation, Education, and Minorities were principally interested in expanding employment and training opportunities for older people, the workshops on Leisure and Volunteerism, Self and Community Image, Mental Health, Research, Crime, and Advocacy explored other means to curb the waste of skills and energies caused by confining a broad, heterogeneous aging population within narrow, negative stereotypes.

Many delegates were anxious to bring senior talents and perspectives to bear on community problems and issues. In addition to endorsing more employment

of older workers, they proposed that local planning boards and service agencies take greater advantage of older residents' extra time and experience. So long as categorical programming for the aged remains a reality, conferees reasoned, service and outreach efforts should certainly be partially manned by the aging themselves. Additionally, non-age related, community-wide programs could benefit from the involvement, both at staff and policy-making levels, of committed veteran residents.

Finally, the make-up of the State Conference itself, which included more than 300 delegates over 55, suggests still another area in which older persons can and should assume leadership---that is, the evolution of their own political and social destiny. Time and again, in workshop after workshop, delegates pointed out that only if older people themselves continue to take the initiative in expanding their opportunities and responsibilities, will their power, both in terms of numbers and wisdom, be fully felt by the society at large.

ISSUE: EMPLOYMENT AND TRAINING OPPORTUNITIES

As the retirement age drops, it shortens the period workers contribute to the tax base, while at the same time lengthening their draw on social services. This amounts to ever fewer workers financially supporting the retired population. The economic dilemma caused by this growing dependency ratio has prompted the Federal House subcommittee on Social Security to vote in favor of a gradual increase from 65 to 68 in the full-benefits SS retirement age, and the Reagan administration to propose reducing benefits to those who retire before age 65.

In New Jersey, community forum members as well as State Conference delegates, felt a more appropriate policy would be the removal of earnings limitations on Social Security and other subsidies, so that more retired seniors could "afford" to work full or part-time. The removal of such fiscal

barriers, as well as new measures to overcome industry and business reluctance to hire older workers, conferees agreed, should lead to a cost-effective reintegration of the elderly into our national work force.

In order to prepare older people for re-entry into the job market, the workshop on Education and Training, as well as those on Advocacy and Self and Community Image, proposed special educational supports. Mid-career seminars, retraining and confidence building were all viewed as necessary adjuncts to successful re-entry, since not only employers but seniors themselves often accept unfounded stereotypes of old age as a time of diminishing mental abilities and physical acuity.

RECOMMENDATIONS

1. The Workshops on Employment, Mental Health, Income Maintenance, and Minority and Ethnic Concerns endorsed elimination of mandatory retirement in Government and industry, as well as a substantial increase in Social Security benefits after age 72.

2. Many workshops favored the promotion of private industry roles for older workers by means of tax incentives or other cost relief measures to employers hiring seniors.

3. Several workshops joined the Governor's Task Force on Employment in proposing a massive public relations campaign informing business of the advantages of hiring older workers. Such a program might utilize the PIC (Private Industry Council) and would present statistically verified evidence of senior employees' flexibility, low rates of absenteeism, and high productivity.

4. The Workshop on Research urged Federal and State funding for research on career patterns, manpower, retirement impact, and on appropriate teaching and training techniques which may compensate for declines in response speed and integrative reasoning in some older learners.

5. Delegates called for the development of local "cottage industries" employing older workers, as well as for community "talent banks" which would provide area firms with listings of employable seniors.

6. A frequent workshop proposal was for re-training programs for seniors. (When offered by employers, tax incentives offsetting the training and hiring cost should be provided.) Education and career counseling, as well as scholarships for degree or career-advancement studies were suggested. English as a second language for Spanish and other foreign-speaking oldsters seeking employment was also urged.

ISSUE: COMMUNITY INVOLVEMENT

In addition to removal from the general work-force, many older Americans also endure segregation from active community life. Even the best-intentioned local planners sometimes fail to envisage older residents in policy or delivery roles, and reduce them instead to passive recipients of services and programming.

The loneliness and waste inherent in such oversights was decried by delegates to the State Conference. Provided with a summary of community forum reports which indicated that twice as many of these grass-roots meetings concerned themselves with integrating oldsters into the total community as with inter-generational conflicts on an intimate family level, conferees urged a re-orientation of service and planning personnel who are geared toward "caring for" the elderly, rather than consulting or involving them.

While the first step toward community involvement of the aging is combatting "ageism" (and will be discussed under the Federal category, "Creating an Age-Integrated Society"), the ultimate goal is an increase in the number of senior elected officials, registered voters, active volunteers, agency directors, outreach workers, paid consultants, and board members in every New Jersey community. It is toward this goal that the following Conference proposals were

directed.

RECOMMENDATIONS

1. In order to promote the concept of volunteerism among seniors, the workshop on Leisure endorsed a nationwide public relations campaign to attract eligible oldsters anxious to rechannel energies no longer directed towards paid employment.

2. Additional inducements to senior volunteers proposed by various workshops included reimbursement of out-of-pocket expenses, local informational clearing-houses on volunteer needs, free accident and liability insurance, recognition incentives (tax rebates, board appointments, discounts, or promotions to second careers.)

3. The Workshop on Education and Training proposed more involvement of seniors in community education and planning. Delegates urged "inter-generational teacher-resource programs" at all educational levels, including infant and day-care.

4. The Workshop on Minority and Ethnic Concerns stressed the need for more older residents to serve as policy makers (with civil service and other requirements being waved in the case of minority or exceptional applications).

5. The Workshops on Minority and Ethnic Concerns, Education, and Advocacy felt communities could encourage political involvement of their older residents through public affairs education and providing free door-to-door transport to federal, state and local polling places, town council hearings, and public board meetings.

6. The Workshop on Crime proposed community involvement for older New Jerseyans through part-time service as local police volunteers. Such volunteers are already easing police workloads in several demonstration projects across the country by screening calls, doing paper work, and giving counselling.

ISSUE: SELF-ADVOCACY

In it's policy paper A.I.D. #9 "Eliminating Stereotypes", the Gerontological Society of America suggests that the landmark Older Americans Act may require some second thoughts. Critics of this legislation suggest that "services designed and implemented by professionals in the field cannot be as valid as services designed and directed by older persons themselves...". Indeed, one of the most important ways of utilizing mature talents and expertise is in the advocacy of senior rights and services. Without active, courageous leadership by senior citizens themselves, the political, social, and economic reforms sought on behalf of older Americans will remain threatened by half-hearted tokenism or misguided prejudices.

It is significant that more than a quarter of this year's community forum responses concerning senior advocacy involved proposals for older people advocating their own causes. Similarly, State Conference workshops urged New Jersey's oldsters to come to meaningful terms with their sizable power as a voting and consumer bloc. They called for increased legislative and political awareness for seniors, encouraging them to stand up for their own rights and lobby for expanded opportunities.

RECOMMENDATIONS

1. The workshop on Education endorsed education for seniors in current events and issues to "facilitate their intelligent voting, lobbying, advocating." The workshop on Minority and Ethnic Concerns urged more disclosure of voting records by public officials as well as community courses in public affairs, voter awareness and ethnic values.

2. The Governor's Committee on Living Arrangements and several workshops encouraged the establishment of tenant councils to promote a closer relationship between elderly tenants and management in senior citizens' housing. The

appointment by housing corporations of such senior tenant relations committees would allow the airing of grievances and suggestions.

3. The Workshop on Nutrition suggested that older people pool their buying power to form food co-ops, while the workshop on Advocacy proposed formation of senior consumer blocs to promote discounts for the elderly.

4. The Workshop on Crime urged neighborhood block-watches and patrols by concerned seniors. Such anti-crime groups could not only serve as local watchdogs in high-crime buildings or areas, but also form committees to act as liaison with community officials and/or investigate group purchase of safety equipment (locks, alarms, inter-coms, etc.).

5. All workshops agreed that senior programs should not only be developed for, but by the aging. To this end, delegates proposed expanded recruitment and training of senior-aides in multi-purpose centers, mature bereavement and outreach workers for religious centers and service agencies, older speakers and teachers for senior self-help courses, and senior volunteers and staff in such areas as meals-on-wheels, friendly visitors, para-transit systems, and other community programs.



CREATING AN AGE-INTEGRATED SOCIETY

POLICY: The aging, as does every other minority, deserve the same freedom of choice, the same range of options and the same access to resources to overcome barriers to the full life that the younger part of our society now enjoys. A national policy on aging must include specific action that moves immediately to develop these choices, options and resources for those elderly who do not have them.

Despite the fact that aging begins at birth and is a process shared by every living organism, American society has been strangely reluctant to learn about and confront human aging. Negative "ageism" has shaped our Nation's treatment of its elderly so that citizens over 65 tend to be regarded, and in many cases to regard themselves, as stereotypes rather than people with the same needs, desires and abilities they have spent a lifetime developing. Through the provision of programs which serve, rather than utilize the aging; through the encouragement of elderly housing and retirement communities which may tend to "ghetto-ize" their residents; through ignorance and fear of the changes and accommodations which growing older entails, Americans continue to deny themselves the rich satisfactions possible in an exchange between generations.

After the urgent economic and health reforms they sought for millions of low and middle-income elderly, New Jersey delegates to the Governor's Conference were most concerned with "mainstreaming" the elderly whose talents and experience are being wasted by age-segregation. This segregation, they agreed, can be reversed by education in aging. All of us, laymen and professionals, children, young adults, and even seniors themselves, are victims of knowledge gaps and

misconceptions which can make us uncertain and apprehensive about old age.

Although gerontological research has long ago disproved the validity of such cliches as "older people can't learn", "seniors are conservative and oppose all change", "senility is the result of growing old", "oldsters don't need sex and love", still many of our aging initiatives and social attitudes are molded by such negative generalizations. It is time, State delegates observed, that our public school systems, our medical, social service and military training programs, as well as our mass media, combine forces to eradicate "ageism" and promote factual, positive information on later life. When misinformation and stereotypes are discarded, aging should become the common bond which unites rather than separates generations.

ISSUE: PUBLIC EDUCATION IN AGING

Thanks to retirement villages and senior housing as well as the proliferation of senior clubs, nutrition centers, and special senior transportation, many school-age youngsters may actually not know a single older person beside his own grandparents. The elderly have rarely participated in our educational systems. While teen-age and even elementary school children are exposed to information on nutrition, sex, and psychology, there has been no effort to include aging in Family Life or Group Living curricula. Casually familiar with the "facts of life", these youngsters know little about how they and others mature, grow old and die. "If we are ever to erase the isolation of the elderly" concluded a sociology class at Rutgers University, "the first step must be at an early age."

RECOMMENDATIONS

1. The Workshop on "Education and Training", as well as those on "Advocacy", "Research", "Mental Health", "Minorities", "Primary Health Care", "Rehabilitation" and "Self and Community Image", recommended that the State Department of Education

develop life-cycle courses for all grade-levels and that aging be included in the secondary Family Life program.

2. The Governor's Advisory Committee on Health, as well as the Workshops on "Mental Health" and "Primary Health Care", urged financial incentives to community colleges and universities to provide undergraduate and graduate courses in aging.

3. The Workshops on "Education" and "Leisure" endorsed intergenerational community programming which utilizes public school buildings for senior programming and which encourages access to facilities for after-school projects and activities of all age groups.

4. The Workshop on "Education and Training" stressed the need for teacher training and resource programs in aging. They proposed that intergenerational programs and materials for all grade levels be developed and included in Teachers' College offerings.

5. In view of the fact that many oldsters regard themselves as "too old to learn or be useful" many delegates encouraged the development of consciousness-raising workshops for seniors. The Workshop on "Education" proposed development of appropriate materials by the Federal Department of Education for use nationally by local groups of older adults.

ISSUE: PROFESSIONAL TRAINING IN AGING

While only five to ten percent of the older population is ever afflicted with senility (a disease which can strike as early in life as the forties), many health professionals continue to view this illness as an inevitable result of aging rather than a treatable medical problem. By falling prey to such "ageism", community health services often overlook such causes of senility as

malnutrition and arteriosclerosis, and relegate older patients to custodial and maintenance programs rather than encouraging positive treatment and prevention.

Just as physicians sometimes form inaccurate generalizations about aging on the basis of their experience with the minority of ill and frail seniors, so social service practitioners often develop a negative, stereotyped view of the elderly from serving dependent, needy clients. While ten percent of our Nation's older people require home health aides, meals on wheels, shoppers, drivers, etc., many of the remaining 90% just as strongly need to be active and performing rather than receiving such services.

New Jersey's delegates expressed the view, in workshop after workshop, that health and social service practitioners, as well as industry, military, and community professionals need to be made aware of the positive aspects of growing old. Until the programs and services geared for older citizens are designed around people, instead of problems, seniors will continue to suffer more from ageism than from age.

RECOMMENDATIONS

1. Numerous workshops advocated in-service training for all professionals dealing with older people. The most frequent proposals concerned practical and academic courses in gerontology for physicians, nurses, rehabilitation counsellors, paid-professionals and other health-care providers.

2. A recommendation originating in many workshops called for training programs for social service workers and volunteers in aging programs. A University-developed aging program based on self-instructional materials was seen as the most efficient training vehicle, allowing agencies to utilize their own training staff.

3. The workshops on "Living Arrangements" and "Crime" suggested special

training for the planners, administrators, and staff of senior housing, including security guards, recreation directors, housing board members, etc.

4. The workshop on "Crime" proposed "sensitizing" local police departments to the needs of older residents. Police academies, they noted, should be encouraged to include courses on older crime victims in their curricula.

5. The workshop on "Legal and Protective Services" called for education in aging for all lawyers and para-legals providing services to the elderly.

ISSUE: AGING IN THE MEDIA

It is time, noted members of the conference workshop on "Self and Community Image", that the media "recognize aging in a dignified, respectful way", instead of portraying oldsters in helpless or comedic roles. The few television programs that feature seniors, studies show, often picture them as stereotypes. One nationally syndicated exception to this rule is a children's program which employs young actors to play the active, involved older people in its television neighborhood!

Media advertising, too, has failed to recognize the strength and savvy of older consumers. While some older people are depicted in commercials, few major campaigns are directed towards the sizable senior market. When their consumer power is finally acknowledged by advertising agencies, older Americans can look forward to a lightening-quick change in their media image! Until such time, however, New Jersey delegates found much room for improvement.

RECOMMENDATIONS

1. A national media campaign to combat aging stereotypes, was the basis of many workshop proposals. This campaign, delegates agreed, should be spearheaded by the National Association of Broadcasters and the Federal Administration on Aging. It would promote a positive image of aging through emphasis on the contributions of older citizens.

2. Many workshops advised community support of such a national campaign, noting that campus radio stations should be effective vehicles for local programming on aging. There are seven state colleges where media resources could be utilized to train senior announcers and engineers, as well as to present programs.

3. The workshop on "Self and Community Image" proposed the development of a State Film Library on Aging which would coordinate resources, circulate films, and promote more positive cinematic approaches to old age.

4. Several workshops suggested reviving the Newsletter of the Division on Aging, (formerly Added Years). In a new format, this agency letter would reinforce positive attitudes and be directed, not only to professionals in the field, but laymen and older people themselves.

5. Delegates considered a National Merchandising Week devoted to senior citizens, as one key to awakening media interest in older consumers.

6. The workshop on "Primary and Preventive Health Care" endorsed a a state-level Governor's Senior Citizens Media Advisory Committee including representatives from senior organizations, the health professions, social service agencies, the media, industry, and other affected groups.

RESEARCH

POLICY: The phenomenon of a society with a large and growing elderly population is new in the history of man. It is imperative for the welfare of the total society that we understand the implications of extended aging in both community and individual terms. To achieve this knowledge research must be undertaken and supported on the Federal level.

"Aging", concluded the delegate brief on research, "will be accepted as a normal part of the life process only when its biological causes are clearly stated and widely understood." This complete understanding is, of course, years in the future, but the 1974 Research on Aging Act established the federal mechanisms to coordinate biological, medical, social and economic research efforts. It remains for the 1981 White House Conference to effectively utilize these mechanisms.

While only one of New Jersey's twenty-one conference workshops was specifically devoted to research, a majority of the others found that research was a prerequisite to taking action in many spheres. The Workshop on "Crime", for example, noted that few reliable statistics on crime against seniors are available; the workshop on "Mental Health" called for research on the nutritional and other deficiencies which are currently being diagnosed as senility; and the workshop on "Living Arrangements" proposed more human services research in housing for the elderly. In sum, though only the "Research" workshop devoted itself to the development of coordinated National and State research agendas, specific items to be included on these agendas find their source in recommendations from the entire conference.

ISSUE: BIOMEDICAL RESEARCH

If medical practitioners dealing with the elderly are to free themselves of negative stereotypes, if health care of the aging is to be both preventive and custodial, and if the metabolic changes created by aging are to be included in the diagnoses and the treatment of depression, dementia and other disorders, the level of funding for biomedical aging research must keep pace with inflation.

As the percentage of elderly in our population rises, the need for such research becomes more urgent. While the burden of funding should ideally be spread over as many public and private sources as possible, delegates urged the federal government not to abandon its leadership role through the Administration on Aging, National Institute on Aging and the National Institute of Mental Health.

RECOMMENDATIONS

1. At the Federal level, conferees urged an increase in present funding levels of gerontological research. By establishing the parameters of mental and physical health in later life, such biomedical research should ultimately reduce insurance costs and help increase the effectiveness of our national health care network.

2. At the state level, delegates recommended the establishment of a New Jersey agenda for research in aging. Utilizing casino funds, this agenda would include life-span studies, industrial health surveys, and additional research on the "well" elderly.

3. Several workshops urged research on the use and abuse of drugs by elderly and/or their care-takers.

4. Alcoholism and the elderly was another research topic requiring attention, according to the workshops on "Research", "Mental Health", and "Rehabilitation".

ISSUE: BEHAVIORAL AND SOCIAL SCIENCE RESEARCH

Workshops concerned with social, cultural, economic and psychological factors all urged increased funding and coordination of research at federal and state levels. A major concern in these areas was documentation. Workshops on "Crime", "Mental Health", "Research", and "Primary Care" cited the need for research and statistics concerning senior abuse. The establishment of a State Adult Abuse Reporting Act may well hinge on the statistical size of this problem. Similarly, statistical studies on senior crime victims, senior compulsive gambling, and senior housing patterns will speed and help formulate legislative and social service solutions to these problems.

RECOMMENDATIONS

1. Many workshops endorsed immediate research, at both the federal and state levels, of the apparently chronic problem of elderly abuse.
2. The workshops on "Mental Health", "Rehabilitation", and "Research" proposed research on social attitudes toward mental illness and appropriate methods of inducing people to seek out professional help.
3. The workshop on "Mental Health" also suggested state-wide programs of research devoted to older compulsive gamblers, widowhood, and retirement impact.
4. The workshop on "Living Arrangements" urged wide-ranging studies of living patterns and alternatives to segregated elderly housing.

ISSUE: HUMAN SERVICES RESEARCH

Service needs and the resources to meet them involved the members of virtually every conference workshop. While their ultimate goal was, in the words of a report from the workshop on "Support Services", "the connection of older people with appropriate services", one of the most frequently cited means to this end was research..

This no longer seems a controversial position. In the past, some have

argued that the cost of evaluation or service systems research deprives some needy persons of actual service. Yet the incalculable costs of revamping vast mistakes like Medicare/Medicaid's reporting methods or long term care provisions would certainly seem to still such arguments forever.

RECOMMENDATIONS

1. The workshop on "Research", as well as the forums on "Long Term Care" and "Health Insurance Costs", advocated research to determine the relative cost of home care versus institutional care. This study should last at least five years and be made in at least four different U.S. cities.

2. Delegates noted that continued federal research is needed to evaluate the outcome of home health services. These results can be used as quality assurance for providers, and reimbursement measurements for third party payers.

3. The workshop on "Research" called for additional studies on comparative use of institutions, rural and urban transportation, health care delivery in inner city areas, and record keeping or coordination of community services.

SPECIAL REPORT
ON
MINORITY CONCERNS

The "double jeopardy" of older Americans who are victims of both age-discrimination and racial or ethnic prejudice, persuaded New Jersey's White House Conference on Aging Advisory Committee to hold two Professional Forums as well as to conduct three regional workshops on Ethnic and Minority Concerns. Participants in these efforts agreed that the problems of the minority aged differ from those of the rest of the older population, not so much in kind as in degree. Hispanic, Asian, Amer-Indian, and Black older Americans tend to be poorer, less educated, and have more chronic health problems than their white counter parts. As a result, they require special economic and social supports if they are to enjoy the same rights and opportunities many of us take for granted.

In order to meet the needs and utilize the talents of a large minority population, Federal, State, and local planners must move to correct inequities produced by years of neglect: Retirement, for example, comes earlier to minority elderly than to whites, both because of discriminatory job practices and because their jobs are predominantly those requiring physical labor. On the average, minority workers earn less and build up less equity in social security or pension funds. (There are still more than a million American black and Hispanic workers who are not enrolled in the Social Security Program.) Minority health and housing problems have also been compounded by society's "benign neglect." There are millions of minority elderly suffering today from poor health, faulty nutrition, dental deterioration, and ocular problems which could have been prevented with early diagnosis and regular treatment. Discrimination persists, too, in such basic areas as housing and long-term care. Minority aged,

especially blacks, often find themselves on the end of waiting lists for senior housing, while loopholes in Federal legislation allow nursing homes and sheltered care facilities to deny admission to minority Medicaid patients.

Finally, too many minority needy are not politically sophisticated enough to be familiar with the community resources and services available to them; potential recipients, particularly first generation immigrants, are further separated from program providers by ethnic and language barriers. No matter how well-intended community outreach efforts may be, unless they take such factors into account, they will fail to find and effectively serve minority residents.

ISSUE: ECONOMICS AND HEALTH

With less education and lower income levels, minority elderly find retirement far different from the gold watch send-off experienced by many older whites. Most minority retirees seeking to meet rising food, energy and housing costs, are forced to augment SSI or Social Security benefits with part-time work. Too often, though, they are frustrated by income ceilings on subsidies, rentals tied to Social Security increases, lack of second career training, and chronic, costly ailments. (Medicare/Medicaid coverage and New Jersey's PAA program frequently begin too late to spare shorter-lived minority oldsters the financial and physical costs of debilitating health problems.)

In addition to these age-related problems, minority elderly often continue to endure the handicap of discrimination. If younger minority employees are "last hired, first fired," senior minority workers have become practically invisible within the nation's job market. They cannot possibly compete for second career positions without special training programs or the institution of separate minority applicant standards. As a result, even within government

and non-profit agencies serving minority and ethnic communities, the majority of part-time positions, both at staff and planning levels, are filled by white, non-minority workers.

RECOMMENDATIONS

1. The workshop on Minorities joined many other conference forums in recommending that levels for determining eligibility in all Social Security and Medicare/Medicaid programs be raised to more realistic levels.

2. Minority delegates stressed the importance of raising income ceilings on Social Security benefits to allow more part-time employment for retirees.

3. Hispanic delegates proposed revisions in SSI and Social Security regulations to permit retirees returning to Puerto Rico to maintain their benefits.

4. Minority workshop members also urged Social Security reforms to ensure complete coverage of burial costs, and to increase food stamp allotments for recipients on special health-related diets.

5. Minority-proposed changes in Medicare/Medicaid services included coverage of check-ups, dental, orthodontic, and optometric treatment, and equalization of eligibility levels for long-term and home-health care.

6. Delegates endorsed lowering the State's PAA age eligibility level to 55 for handicapped elderly suffering from chronic, debilitating diseases.

7. Workshop members called for an expansion of minority employment and training opportunities, including re-instatement of CETA job programs, removal of civil service requirements for minority applicants, and training grants for the study of second career skills, English as a second language, and communications.

ISSUE: HOUSING AND TRANSPORTATION

While reduced incomes make housing a problem for many elderly, minority aged find themselves victims of an especially acute housing shortage because of

the added burden of discrimination. Because minorities are not as sophisticated in using existing social service systems, they are late in applying for benefits and last to receive them. In addition, poor minority families who try to maintain older relatives at home often find themselves penalized by a reduction in the senior's SSI payments, SSA benefits or food stamp allotments. As a result, the last homes of many minority oldsters are either ghetto housing projects or unlicensed boarding homes where minimal or vague local or state regulations permit abuse, fraud, and overcrowding.

The isolation of such housing is accentuated by transportation inadequacies in many minority neighborhoods. Bus service is often infrequent, and many taxi drivers refuse to make pick-ups in high-crime areas or projects. These transportation gaps, combined with financial limitations, can make it more difficult for minority elderly than for white seniors, to travel to stores, hospitals, doctors' offices, churches and social activities.

RECOMMENDATIONS

1. The Minority workshop, together with a majority of conference forums, urged Federal support for families who care for old or frail relatives. Not only must subsidy guidelines be revised to allow older family members to retain full benefits, but tax incentives and/or direct payments should be provided to the family-caretakers.

2. More and better maintained housing for minority elderly was a top priority of the Minority workshop. In addition to an increase in rental assistance units, delegates recommended an array of housing alternatives including half-way homes, foster families, and regulated, old-fashioned boarding homes.

3. Crime was a major minority concern. Workshop members endorsed mandatory 24-hour security for all housing projects and special training for management and security staff of elderly units.

4. Several workshops including those on "Minorities," "Crime," and "Long-Term Care," addressed the problem of unlicensed boarding homes. County Remediation Committees and increased state inspection staff were proposed as answers to the mounting abuse and fraud in these homes despite a state law regarding the rights of boarding home residents.

5. Delegates advocated more funding of community transportation for the elderly, including vans and mini-buses for emergency use as well as for group shopping trips and senior club outings.

6. The minority workshop endorsed a nationwide half-fare or free transportation provision for all senior citizens. This program would include 24-hour service and extend across state and county lines.

7. Delegates noted that seniors in several New Jersey counties enjoy half-fare taxi rates. They encouraged expansion of this program, and urged driver education through booklets on the needs of elderly and handicapped passengers.

ISSUE: COMMUNITY SERVICES

Workshop delegates agreed that major stumbling blocks to program acceptance in minority communities, are linguistic and cultural barriers. "It is imperative," concluded the Minority and Ethnic Workshop's Conference Report, "that the ethnic population be made aware of all their entitlements and the availability of programs and services." Until media service announcements are specifically geared to the communities in which they appear; until outreach workers represent and understand their clients' special ethnic backgrounds and needs; until community education stresses voter, consumer, and legal rights, minority neighborhoods may appear to be unresponsive or resistant to social service and welfare projects.

RECOMMENDATIONS

1. Many workshops, like the community forums which preceded the conference,

stressed the need for social service agency employment of multi-lingual Hispanic or Black staff in proportion to the ethnic population served. This should mean increased minority representation on all levels, including policy planning, consulting, field workers, and office staff.

2. Workshop delegates called for funded public community education programs in low-income, ethnic neighborhoods. Courses would stress self-help and block organization, consumer education, voter awareness and legal rights, and would include information on all relevant services and entitlements.

3. Delegates urged increased media coverage of minority elderly concerns. Radio, television, and newspaper campaigns should be bi-lingual, and directed towards increasing seniors' political, health, and consumer awareness.

4. Community health clinics and expanded neighborhood nutrition programs were recommended by many conferees. The importance of trained personnel with backgrounds in minority health problems and ethnic diets was emphasized.

5. Since the church plays a major role in the lives of Black and Hispanic elderly, minority delegates agreed that government restrictions should not limit the religious orientation of most funded programs.

6. Finally, workshop members suggested more federal and state grants to assist communities in providing their own local services. Funding of neighborhood projects would include allowances for construction or leasing of facilities as well as for staff training and salaries.

APPENDIX 1



At the conclusion of the Governor's Conference on Aging, March 24, 1981, the delegates unanimously adopted the following resolution:

WHEREAS, President Reagan has called for a "New Beginning" and a revitalization of American society and the American economy, and leading spokesmen for the Administration have specifically endorsed the concepts of prevention and home care - two of the most essential but neglected forms of health care for the elderly; and

WHEREAS, recent Administration proposals to cut medical, social, and income-maintenance programs not only threaten the nutrition, health, and welfare of millions of senior citizens, but contravene the President's promise to maintain the "social safety net;" and

WHEREAS, recent statements by a leading Administration spokesman, to the effect that the American people are not entitled to any government services, regardless of previous tax-payments or governmental commitments, call into question the reliability of all government programs, including Medicare, Social Security, unemployment insurance, even Federal bank deposit insurance, etc.

THEREFORE, BE IT RESOLVED, by the 642 delegates to the New Jersey Governor's Conference on Aging, assembled in Trenton, March 24, 1981, that:

1. We call on the Administration to disavow the recent statements attacking essential human service programs and questioning the reliability of the government's commitment thereto; and
2. We call on the Administration, acting through the 1981 White House Conference on Aging, to translate its promise of a "New Beginning" into a revitalized health-effective and cost-effective health

care program for older Americans, with specific emphasis on prevention and long-term care.

Copies of this resolution were sent to:

Secretary Richard Schweikert, Department of Health and Welfare

Senator Harrison A. Williams, Jr.

Senator Bill Bradley

The Fifteen members from New Jersey in the House of Representatives

Mr. David Rust, Executive Director, WHCA

APPENDIX 2



THE COMMUNITY FORUMS

I INTRODUCTION

The Division on Aging is proud of the activity that made up this phase of the White House Conference on Aging process. The efforts of the County coordinators helped to develop over 600 Community Forums involving 30,000 people, most of whom were elderly. This is by far the largest group we have ever dealt with on a single theme, and we believe the magnitude of interest and willingness to participate reflects an increasing concern by and for the older segment of our society.

We have measured the population of Forum participants against the population of the total elderly in New Jersey and have found that Forum participants represent a valid sampling. A sample of this size adds to the significance of the responses. What the Forum reports represent is a thorough needs analysis of the State's elderly, and as much as anything else in this Report indicates the weak spots in our social service network.

As time goes on the field of gerontology is growing more sophisticated in its ability to define problems and suggest solutions, but the problems seem to be expanding at a faster rate than the answers. This is especially true in economics. As a group, the elderly do not have the economic flexibility of younger groups in meeting the challenges of high inflation. The Community Forum responses reflect this deep concern.

RANKING OF MAJOR THEMES, BY NUMBER OF RESPONSES
AND PERCENTAGE OF TOTAL RESPONSES, FOR 499 FORUMS.

<u>CATEGORY</u>	<u>RESPONSES</u>	<u>PERCENTAGE</u>
HEALTH	872	20
ECONOMICS	870	20
HOUSING	536	12
TRANSPORTATION	515	12
LONG TERM CARE	316	7
NUTRITION	166	4
EMPLOYMENT	153	4
ADVOCACY	152	3
CRIME	147	3
ENERGY	139	3
EDUCATION	113	3
HANDICAPPED	81	2
LEISURE ACTIVITIES	68	2
OUTREACH	59	1
LEGAL	49	1
INTERGENERATIONAL	40	1
VOLUNTEERISM	36	1
RETIREMENT	31	1
MINORITY ELDERLY	19	0
TOTAL RESPONSES	4,362	100

II THE REPORTS

The responses of the Community Forums were coded so that the findings could be computer tabulated. There were 19 major themes. These were subdivided into subcategories and they in turn were further refined into specific programs or recommendations. Because the Forums were open-ended discussions it was a monumental task to code the reports. Ninety-five percent of the report statements were specific at the secondary or subcategory level and seventy-one percent were specific at the definitive third or program level.

A total of 499 Forum reports were included in the computer programming. The others, not included, were either too late in arriving or too vague or incomplete to be program coded.

Separate analyses were developed on comparisons of rural, urban and suburban communities, and also on poor, average, and affluent communities. A county analysis will be developed later for the benefit of the County Offices on Aging.

III THEMES

Five major themes were clearly the most important to the forum participants. These themes divided in an interesting way. The first two, Health and Economics were almost even in placement. Then, dropping a significant amount, Housing and Transportation were closely grouped, and finally considerably further down on the list, was Long Term Care. After that there is another large gap with six other themes clustered rather closely: Nutrition, Employment, Advocacy, Crime, Energy, and Education. The remaining eight themes drew less attention.

There were no surprises in the ranking of the top five themes since they have been of perennial concern to older people. The same five were the major concerns of the 1971 White House Conference on Aging. The group of medium concern themes did include some newer areas such as Crime and Safety and Energy Costs, both of which have developed into major national problems for all citizens. Energy costs, being an economic problem was especially disturbing to the elderly.

Health concerns, which are mostly founded on fears of extensive costs, were cited on one out of every five responses. Especially emphasized were the Medicare and Medicaid programs. These comprised fifty percent of all health responses. Special concern was on coverage for additional Medicare and Medicaid Services and the setting of fees for doctors under Medicare and Medicaid Services. There was also substantial interest in revising the Pharmaceutical Assistance Program to raise the income eligibility levels and permit greater participation.

Suburban communities showed a significant interest in preventive medical services which indicates an ability to handle medical expenses, but calls for increased attention to the services that reduce the onset of health decline. Poor communities, on the other hand, reflected the economic side of health concerns by responding strongly for Medicare and Medicaid payments to be accepted as full payment for medical services.

Economic issues emerging as money or money substitute concerns accounted for another twenty percent of all responses. This was especially true in rural communities and less than might be expected in urban and poor communities. Urban dwellers, however, to a greater extent than rural are renters rather than property owners subject to direct local taxes. This urban theme for rent relief was raised under Housing. Taxation, in all forms, local, state and national, was the most cited economic problem, accounting for fifty-three percent of all responses. Close behind it was the impact of inflation on the resources of older people. Since inflation is beyond the control of any individual, those with low income or without budget flexibility cannot adjust their resources to maintain their present status. They cope by eliminating rather than rearranging resources.

Urban community forums indicated great concern over Supplemental Security Income payments and called for raising the ceiling on SSI. They also strongly supported liberalization of Food Stamp eligibility. This directly opposes the new White House budget proposal to eliminate cost of living increases to SSI recipients and tighten eligibility for Food Stamps.

Housing ranked third in interest, but well behind Economics and Health. The greatest Housing response came from the suburbs and from forums in prosperous communities. A need to increase low-income housing units comprised twenty-five percent of responses. There was also support for programs on independent living and the expression of need for rent controls. Urban communities strongly supported programs to provide subsidies for home improvement loans. This was also an important issue in poor communities.

Transportation, at twelve percent of all responses, was the fourth theme in order of Community Forum importance. The expansion of Public Transportation was the most specific recommendation noted with rural communities being especially concerned. In most cases there is little or no rural public transportation to expand.

Free transportation in non-peak hours and reduced fares at all times were recommended frequently, especially in urban and rural communities.

Long Term Care was the last major theme in the responses. "Development of Better Home Care," was the most popular recommendation in this area, with over twenty-five percent of all responses. This indicates a strong demand for support services delivered at home as opposed to expansion of long term care facilities. Lower cost for care was a significant factor for many, cited often in urban and suburban forum reports.

The next six themes are closely grouped with a range of only 53 responses separating the highest from the lowest in this grouping. Nutrition heads the group and received its greatest support in urban and poorer communities. An increase in programs of congregate meals and home delivered meals was the important recommendation.

Employment was the seventh in rank and was particularly important to people of average income. They also opted strongly for elimination of all income limitations on Social Security benefits.

Advocacy, the eighth ranked theme, tended to have less specific statements,

basically because advocacy is as much a psychological thrust as an operational process. It is also a theme that is part of every other theme and program. The general comment "Promoting Elderly Concerns," without defined themes was most cited. There was a strong response on "Involvement of Religious Institutions," from forums held in urban communities. "Elderly to Advocate their Causes," was mentioned in about a quarter of the Advocacy responses.

Crime and Safety, ninth in order, was particularly significant in poor and urban communities. Increases in public protection and street safety were important urban considerations. Suburban forums stressed the need for help in protecting the home. Programs to combat Elderly Abuse were strongly advocated in forums in urban areas and poor communities.

Energy Costs ranked tenth and was most significant in suburban forums. Again, suburbia represents a higher ratio of homeowners than would an urban area. Increased financial assistance to the homeowner was the most specific recommendation. Changes in Life line Credits were strongly advanced in both urban and suburban forums.

Education was the last in this second group of major themes. It was promoted most in prosperous and rural communities. The focus of responses was on educating the general public on Aging. There was also a measurable amount of support for developing community educational programs for the elderly.

The remaining eight topics had statistically fewer responses ranging from two percent for handicapped and leisure activities to less than one percent for most of the remainder.

The handicapped category identified concerns regarding access to buildings and transportation. Leisure activities had an unusually high number of responses advocating increased opportunities for social dancing. Outreach responses were usually defined as a desire "to increase services." However, there was some concern expressed that programs reach isolated elderly. The Legal category centered on "Better Information on Legal Services for Elderly." Concerns about

adjustments when the elderly move into their children's home and the integration of elderly into the total community were cited in the Intergenerational area.

Volunteerism concerned itself with three topics, i.e., information on volunteer opportunities, the need for shopping assistance and Nursing Home Aids. Retirement issues centered almost entirely on the desire to eliminate mandatory retirement at any age. Minority elderly concerns were almost solely listed in urban and poor communities. Interpreting for Hispanic Elderly was cited as a need in only urban forums and mainly those from poorer communities. This indicates that, at this time, the Hispanic elderly are concentrated in poor, urban communities.

The following five categories, besides having a low priority had some interesting omissions. Legal had an extremely low showing in poorer communities and in the recommendation to provide "more low cost legal services," there were no responses at all from poor communities. The Intergenerational topic was below average in interest in the suburban community forums. Volunteerism, in general, had little support in prosperous communities. The need for shopping assistance had no response from rural communities. Retirement issues were mentioned infrequently in suburban communities. Of the total response of minority elderly, ninety-five percent came from urban communities, with suburban and rural sharing the remaining five percent.



APPENDIX 3



SUMMARY of the MINI-CONFERENCES on AGING

Within the six major areas that were examined at Stockton, Kean and Trenton Colleges the four subjects, Income, Health, Housing and Transportation, that have been receiving major attention in any examination of needs since 1970 also received the major attention at these mini-conferences.

The financial recommendations emphasized protecting the value and purchasing power of money by:

- a. reducing fiscal obligations (extended Medicare benefits, loosen eligibility rules, expanding home maintenance programs, reducing or freezing taxes, etc.), or by;
- b. increasing income (raising SSA benefit payments, disregarding earnings, etc.)

Housing and Transportation recommendations called for more of each with greater flexibility and options made available to the elderly. The Health recommendations ranged widely but there are two major emphases; development of either a national health care plan or wide expansion in Medicare/Medicaid covered costs, and much greater concentration on preventive health care practices and funding.

Running across and through the major areas and subjects, however, are several less focussed but equally real concerns. The first is the large number of elderly who do not feel the system is working for them. While the choice of the six areas necessarily spotlighted minorities within a minority, these are the elderly with the most pressing needs. If the system is not working for them, then serious questions must be asked about structure and the direction of the system. Older Women, the Frail and Vulnerable, Rural Elderly and Ethnic and Minority groups all indicated a sense of exclusion that had nothing to do with

eligibility rules. Recommendations from these elderly called for sensitizing and training providers and agency staff in how to deal more effectively with their problems. They call for more flexibility and less regulation in programming for them and it would appear they have a good argument for being included in all program planning sessions.

A second concern is the lack of adequate local support. Participants attended these conferences prior to the inauguration of the Reagan administration, but they were already emphasizing more local support for their needs. Greater local involvement could mean more personalized programming, more attention to individual needs. Participants are saying here, too, the individual is getting lost in the mechanics of the program. This must be turned around.

There is also repeated emphasis on training; training providers, training the public, training the elderly. This reinforces the already expressed feeling of insensitivity of the system. It also indicates a lack of desire for the elderly to be their own advocates. They are saying you do it, you fix it, you take care of it. In many cases this is the only possible course, but it would solve a lot of their problems of image, isolation, sensitivity and cooperation if the elderly themselves would get personally involved. They are their own best advocates and they can be very effective especially in solving local problems.

The anger at their minority status does not surface in most concerns, but does come through when the elderly discuss crime and abuse. Recommendations in these areas are specific and precise, and this reaction can be a model for future directions by the elderly. Optimistically, it could be a portent of the new older generation.

THE MINI-CONFERENCES ON AGING

In the broad based effort of the White House Conference on Aging the Executive Committee tried to develop a diversified approach to examining the status of the aging. The elderly presented their views at open-ended Community Forums. Service providers dealt with individual disciplines at the Professional Forums, and a mix of professionals and non-professionals dealt with the major themes via the nine Technical Committees to the Governor's Conference on Aging. In addition, however, the Executive Committee identified six areas of particular concern to the elderly of New Jersey. These areas dealt with the special needs of:

Older Women

The Frail and Most Vulnerable Elderly

Crime and Safety

Ethnic and Minority Groups

The Rural Elderly

Self and Community Image of the Elderly

The Executive Committee contracted with three State Colleges, Stockton, Trenton and Kean, for each to organize and conduct a one-day Mini-Conference on Aging in December, 1980 with all day workshops on the above themes. Following are the findings of the three Mini-Conferences.

THE SPECIAL NEEDS OF OLDER WOMEN

There were strong indications that despite their majority status among the elderly, women as a group were involved with a social system not particularly sensitive to feminine needs. Each of the Mini-Conferences recommended more outreach and educational programs designed to improve communication between service providers, families, the public and older women, to develop better inter-generational understanding and to illuminate the special problems of older women.

Each wanted greater utilization of older women as resources in the service system and each decried the present media image of older women.

The mini-conferences recommended revising wage standards, pension benefit payouts and social security regulations for widows so that more adequate financial compensation and support was available. In addition to more housing alternatives, including low-income housing, home maintenance support and property tax relief for older women were recommended.

The health care system was identified as too costly, incomplete and under-insured. A National Health Insurance program with coverage for all preventive health care programs was recommended with a publicity program for educating the public on what the benefits are. Until this is developed Medicare/Medicaid should cover preventive health care costs and mental health counseling to the elderly and their families. Medical schools should increase geriatric programming.

The last major problem was inadequate and unaccessible transportation. The conferences call for Federal, State and local support for establishing and expanding transportation that meets the major needs of older women, for better coordination of established transportation resources and for greater individual involvement through training and ride sharing.

THE SPECIAL NEEDS OF THE RURAL ELDERLY

The Rural Elderly, as did older women, felt the service system was not particularly sensitive to their real needs. They recommended more research and evaluation of the effectiveness and efficiency of support systems for Rural Elderly. They want more aggressive outreach and more publicity on the location and activities of senior centers. They want providers better trained to serve them with incentives for younger people to enter this field. They recommend more education and training programs for themselves and education of the general public on the specific needs of Rural Elderly.

Along with better training, the Rural Elderly want more uniform eligibility standards for assistance programs. They ask for Pharmaceutical Assistance to the Aged eligibility levels to be changed in relation to the cost of living. Older persons should not be penalized by deducting earnings from Social Security retirement benefits.

Rural Elderly also recommend more alternatives in living arrangements with special allowances for their emotional and social needs. They recommend freezing property taxes at age 65 and using the revenue from casino gambling to subsidize property taxes. Increased Rental assistance, more public housing, home repair and weatherization programs were described as critical needs. Finally, because of their relative isolation, the Rural Elderly asked that municipal boundary lines be eliminated in determining program eligibility.

Health needs were defined in practical terms. The Rural Elderly recommended funding and support incentives to establish doctors in rural areas, to encourage use of nurses and paramedics where doctors are not available and to establish health care services at all nutrition sites. They want more Day Care and Sheltered Care Centers made available to them and they want Medicare/Medicaid benefits to cover all custodial care costs.

Transportation was, naturally, a strongly felt need. The Rural Elderly recommended special transportation for medical purposes, possibly augmented by a voluntary emergency transportation system. They want greater involvement of the private sector, including funding organizations, in providing transportation. Existing transportation services can include volunteer drivers, reimbursed for their expenses, and the establishment of satellite stations to improve service flexibility. The transportation elements of the nutrition project and other social services need upgrading, and the UMTA 16 b2 program should be evaluated as to how much it supports the Rural Elderly.

THE FRAIL AND MOST VULNERABLE ELDERLY

This constituency was represented at the Mini-Conferences by well elderly and by professionals in aging. Nevertheless the problems of this group received as much attention and emotional reaction as any of the other special groups. Expanded outreach to locate and help the frail and vulnerable must include multi-lingual assistance where necessary. Special transportation linking them to necessary services is another must. It is recommended that New Jersey legislate a State Older Americans Act to coordinate services to all elderly, and that the revenues from the casino gambling operation fund these services. This group also recommended making family members legally responsible for financial assistance to its own elderly.

Recommendations in housing called for modification or elimination of existing building regulations to encourage more private development of housing for the frail elderly, and for more congregate housing with subsidized support services. There must be more support for the individual via the rental assistance program and more support for families who provide in-home care for the elderly via tax credits. For elderly home owners home repair and chore services could be provided through community churches, clubs, agencies and organizations emphasizing intergenerational cooperation.

This group recommended a National Health Care plan that upgrades present Medicare/Medicaid assistance. The upgrading would cover costs for: custodial home care services, medical day care, foster home, hospice aid, preventive care for eyes, ears, feet and dental health. Doctors should accept Medicare/Medicaid payments to cover all costs. Medicaid eligibility determinations should not include cost of living increases in Social Security benefits or pension payments. It is recommended more teaching hospitals establish a residency in gerontology. This group also called for more community and local responsibility for care and services to the frail elderly.

Federal and State legislation protecting the elderly from abuse and exploitation, requiring observers to report instances of abuse or neglect and providing the reporters with immunity is strongly recommended. Greater flexibility in the application of these protective service laws should be encouraged.

Education on the aging process and training for service providers and volunteers, including visiting homemakers was the final recommendation of this group.

THE SPECIAL NEEDS OF ETHNIC AND MINORITY GROUPS

Minorities feel they are not part of the system. They recommend emphasis on information and referral programs so that minority elderly know about services and their rights to them. Legal services at low cost should be available. They also want to be involved in the planning efforts at the Federal and State levels and they expect the decision makers and the service personnel to reflect the Ethnic and Minority groups that are to be served. Programs should be designed with cultural elements that are meaningful to the participants even to the extent of waiving government restrictions on religious elements. This point was reemphasized by the recommendation for Federal and State funding for ethnological studies of aging and for sensitivity training in cultural, ethnic and racial environments. State scholarships are recommended for those minorities who want to work for the elderly.

Since most of Federal funding allocations are made on the basis of populations or elements of the population, the Ethnic and Minority group recommends more accurate census taking. They recommend increases in benefit levels from Social Security, the Supplemental Security Income Program, Medicare and Medicaid and they want the age of eligibility for retirement benefits lowered.

Ethnic and Minority groups want local communities to take the responsibility for providing housing at least in proportion to the numbers of poor elderly. More and better housing, both low and moderate income, should be made available

in non-ghetto areas, and Ethnic and Minority groups should be supported in providing services for their elderly.

The groups recommend a comprehensive, high quality health care program that is affordable and easily accessible. They want present Medicare/Medicaid practices investigated for possible abuse and corruption. Above all, Ethnic and Minority participants want health programs that are sensitive to and respond to cultural differences, especially where physical, mental or financial abuse, and isolation, is involved. Adequate public transportation must be available to Ethnic and Minority elderly with competent drivers and strict vehicle operational and maintenance standards.

A better communication system between Federal and State agencies should avoid overlapping, duplication and waste. Then Federal and State funding support should be made available to meet the unique needs of Ethnic and Minority elderly in nutrition, health, religion and community activity.

SELF AND COMMUNITY IMAGE

Mini-conference participants who dealt with the problem of the negative image of "old age", and the careless application of that designation to anyone ten years older than the observer, made recommendations for action along two parallel lines. The first recommendations, obviously, dealt with advocacy and education.

Image participants recommended education at all age levels on the physiological, psychological, sociological and economic aspects of aging. "Family Life" programs presenting generational similarities and differences using presenters of any age should be part of school curricula. The elderly should be provided programs that deal with their interests such as volunteer opportunities, consumer education, hobby expansion and group discussions. Paraprofessionals should be trained to deal with psychological problems of the elderly.

More elderly should be employed as consultants to social programs for the elderly. The media can provide projections of the elderly in a positive way by illustrating the capabilities, the skills and the variety of life styles of older persons. Local media can be especially useful in showing how the elderly in the community defy the negative stereotype.

The second line of recommended action involved health. Image participants called for increased research in attitudes toward mental illness and the self-imposed barriers to the individual needing help. They recommended increased research to upgrade the ability of medical practitioners to diagnose mental and physical health problems of older persons. More preventive health care programs and transportation to all health programs were recommended. Outreach programs to the elderly should be part of a Community Mental Health Center's program. All health programs should encourage more social interaction by the elderly so that they and the rest of the community can see them as individuals with distinct roles.

CRIME AND SAFETY

Recommendations from this group of Mini-conference participants divided into preventive action and enforcement action.

They recommended establishing crime and victim programs as permanent curricula in the educational system funded by Federal, State and local governments. Victim assistance centers for the elderly with all necessary support elements should be established and victim compensation should be assured. Courses in avoiding victimization by fraud or violence including self-defense steps should be available at no cost to the elderly. Federal funding should support sensitivity training on the psychological impact of crime against older persons for police, sheriffs, prosecutors and service providers. Police departments should have senior citizen crime prevention units, and specific data collection on crimes

against the elderly should be mandated for all police units. Block watch programs should be developed and supported by local police departments.

The anger of victimization or the threat of it is illustrated by the recommendations calling for stricter enforcement of the law and mandatory punishment for those guilty of crime against an older person. Juveniles who commit such crimes should be tried as adults and their identity publicized. Quicker trials for these crimes should be assured. Crime and safety participants called for a State task force to investigate the extent, causes and remedies for the abuse and battering of the elderly and from this develop State legislation for the protection of the elderly from abuse. The legislation should include legal protection or immunity to victims or witnesses to guard them from intimidation, harassment or further abuse. The final recommendation is to include crime as a discussion area at the White House Conference on Aging.