

**PUBLIC HEARING**

before

**ASSEMBLY COMMITTEE ON AGING**

on

"Issues and Concerns of Senior Citizens"

Held:

February 17, 1983

Labor Education Center

Rutgers University, New Jersey

**MEMBERS OF COMMITTEE PRESENT:**

Assemblyman Thomas H. Paterniti (Chairman)

Assemblyman John Paul Doyle

Assemblyman David C. Schwartz

Assemblyman Warren H. Wolf

Assemblyman Edward K. Gill

**ALSO PRESENT:**

Norma Weiss, Research Associate

Office of Legislative Services

Aide, Assembly Committee on Aging

New Jersey State Library



# I N D E X

	<u>Page</u>
Alan J. Karcher Assembly Speaker New Jersey State Assembly	2
Jacques Label Director, Division on Aging Department of Community Affairs	8
Rick Green Coordinator in Gerontology Department of Health	9
Belle Weiss Vice President, Advisory Council Essex County Division on Aging	12
Thomas Hamilton Division of Aging Middlesex County, New Jersey	16
Eleanor Stone Association of Jewish Federations of New Jersey	20
Linda Schenker, President Association of Jewish Family Service Agencies of N.J.	22
Arthur Eisenstein, Executive Director Northern Middlesex Jewish Federations	28
Peter Shields, Executive Director Union County Division on Aging	
John J. Fay Ombudsman for the Institutionalized Elderly	36
Dennis Hett, Executive Director New Jersey Association of Non-Profit Homes for the Aging	39
Jean Kraemer Home Health Agency Assembly of New Jersey	43
Edith Edelson New Jersey Federation of Senior Citizens	46
John Tergis Advisory Council, Monmouth County Office of Aging	51
Harold Foulks, Senior Citizen Liaison Monmouth County Office of Aging	56

INDEX (Continued)

	<u>Page</u>
Carl F. West	58
New Jersey Association of Area Agencies on Aging	
Peter Lapinski	62
Private Citizen	

**ASSEMBLYMAN THOMAS H. PATERNITI (Chairman):** Can I have your attention, please? I would like to get this hearing started. Is Mr. Gill here?

MEMBER OF AUDIENCE: He is getting some coffee.

ASSEMBLYMAN PATERNITI: Okay, fine. We will just wait until Mr. Gill gets here.

Good morning, ladies and gentlemen. I am pleased to welcome all of you to a public hearing, conducted by the Assembly Committee on Aging. My name is Thomas Paterniti and I am Chairman of this Committee.

Before we start, I am going to take the opportunity to introduce the members of our Committee. To my right is David Schwartz. Next to David Schwartz is Norma Weiss, committee aide to the Committee on Aging. On my left is John Doyle, who is a member of this Committee and who is also the Majority Leader of the General Assembly. Edward Gill is also present.

I would also like to mention that if you have any written testimony, or if you wish to be placed on our witness list, please contact our staff aide, Norma Weiss.

The New Jersey Legislature has created a long-awaited and greatly needed Assembly Committee on Aging. Now for the first time legislative efforts dealing with issues, problems and concerns of the senior citizens will have a forum and mechanism devoted solely to this purpose. Before the formation of the Committee on Aging, legislation which addressed the needs of senior citizens went to different committees. Now we can give top priority to these concerns and coordinate a more effective response to the problems faced by senior citizens.

I would like to thank the Speaker of the General Assembly, Alan Karcher, for recognizing the need for a legislative forum for the aging.

To be an older person today is to be subjected to a growing area

of frustrations and problems. Two of these frustrations, maintenance of a decent standard of living with limited resources and a fixed income, and health concerns are issues that we hope to address in this Committee.

Some of the other problems we will address are rising cost in energy, food, housing, and health care, coupled with reductions in Federal programs designated specifically for the aging in this area, age discrimination, high levels of unemployment among the aging, cutbacks in transportation services and subsidies, housing problems, property tax relief and condominium conversions which force the aging into an expensive rental housing market, and long term health inadequacies.

This public hearing is the first of three hearings which will be held throughout the State. We are conducting these hearings to get your input. We want your thoughts, ideas and questions. We may not have the answers at this moment, as this is basically an exploratory hearing, but we want you to take part in helping us to focus on the direction in which we will proceed. The Committee is interested in hearing your comments on these very important issues. I would like to ask the witnesses to keep their testimony as brief as possible. Anyone who wishes to present written testimony for the public record may do so.

The first person I would like to call before this Committee to speak is the Speaker of the General Assembly and the architect of this Committee, the Honorable Alan Karcher.

**ASSEMBLYMAN ALAN KARCHER:** Mr. Chairman, ladies and gentlemen, I am going to be brief, I hope. I always promise that, but it is one of the promises that I don't keep too often. But let me share with you for a minute or two some insights into the life of the speaker of the General Assembly. Oftentimes the public's familiarity with the legislative process comes from what they read in the newspapers or see on public television,

etc. They think that the role of the Speaker of the House is one that primarily involves being the presiding officer during legislative debates. And, certainly, that is a very large, important part of the tasks of the Speaker, to preside during those legislative debates.

I just want to mention that last year, for instance, during my first year as Speaker, we had as many meetings and as busy an agenda as any time in the history of the State, maybe even more so. But, notwithstanding that, what I want to point out is the other role of the Speaker, which is partly unseen. For the most part, people do not generally recognize the other task of the Speaker's office, and of the Speaker individually, and that is to select committees, staff those committees, make appointments to those committees, and to have some sensitivity and some knowledge about the problems of the State and how they should be best addressed. Although that is not the area that certainly demands or warrants the most attention in the press, I consider it to be an area that is equally important, perhaps more important. And, as I look back over my first year as Speaker of the General Assembly, I look with some sense of satisfaction and pride at what we were able to do and the things that we changed. Some of the source of that satisfaction was, for the first time in the history of the State we were able to appoint as chairmen of these two extremely important and vital committees, one dealing with education in the State and the other dealing with the operation of State government. For the first time those two extremely important committees are chaired by women. Because of my ability to have this under my jurisdiction, it was within my power to do that and I look back on it as a source of personal pride. Last year we created a new committee, and that committee, as I said, is in the same tradition of this committee. It serves as a recognition of one of the pressing, real problems in the State of New Jersey. So, last year the rules changed and I was in the position

to appoint a chairman of a Committee on Housing and Urban Policy. I can't think why New Jersey could have had over two hundred years of history and be the most urbanized State in the nation -- the most densely populated State in the nation -- and, yet, the legislature has never seen fit to have a separate committee to deal specifically with that problem that is identified with our state, that problem being urban policy. We took care of that last year.

I want to take a few minutes to identify this Committee so that you know what some of the background was for forming it, but, more importantly, what some of the decision-making was that went into the selections that I made. Because I want, as you deal with this Committee-- And I am sure you will be dealing extensively, intensively, and exhaustively with the members of this Committee. I hope you do. But, I want to tell you some of the facts on some of these people.

First of all, there is the Chairman. The Chairman of the Committee is Doctor Paterniti, and I emphasize Doctor because I think that is important. Doctor Paterniti is a man who comes to the Assembly with both a political background, having a history of being a councilman and mayor of his own community, and also in his private life he is a man of the healing arts, a man of the healing sciences, a man who has the sensitivity, the compassion, the understanding, and the awareness of medical problems. I think that adds a particular and special dimension to what he brings to the chairmanship of this particular committee. He also happens to represent the 18th District, which is adjacent to where we are now, and which has a very, very significant senior citizen population. So, I think he has a unique combination of political backgrounds by serving at various levels of government, both in his own municipality of Edison and now in the State Government as an Assemblyperson. He has that second dimension of representing a district with a very significant senior population and aging population. Third, he has



that third and very special dimension of coming from the healing arts, and he has sensitivity and compassion. So, I think he is going to be an excellent Chairman and I have great faith and confidence that he is the right person for this job.

Secondly, I should have mentioned that David Schwartz was the person I selected to be the Chairman of our Committee on Housing and Urban Policy, and he represents the district we are in, isn't that right, David? More importantly, I have to honestly confess -- and I would be remiss if I did not point this out -- David is a person who probably deserves as much credit for the formation of this Committee as anybody in the State of New Jersey, because he is the one who has continually, for the last three years, been after me to identify the problem. He has pointed out to me the fact that we had legislation concerning problems with the aging and senior citizens that was spread out over six or seven committees and that they should really be consolidated and brought under one committee. I don't want to get into a lengthy discussion about this, but if you look at the Legislative Index, you know the record of David Schwartz, you know that he is a person who has been up-front. I am honored that he asked me to be a co-sponsor on some of his legislation dealing with the problems of the aging, particularly the abolition of forced retirements, which is something that was David's brainchild and something for which he deserves a great deal of credit. But, you are in good hands with David Schwartz.

To emphasize the importance of this Committee and to indicate the great expectations we have for this Committee, for the first time -- at least during the last decade since I have served in the Legislature -- this is the first Committee on which the senior leadership of the party has been asked to serve. And, John Paul Doyle, as Chairman Paterniti pointed out, is the

Majority Leader, the second ranking member of our party in the Legislature, and he has, as a personal favor to me, in order that we could demonstrate what high expectations we have for this Committee and how important we think it is, allowed me to twist his arm -- because he is a very, very busy man -- and has been courteous enough to do me the favor of serving on this Committee. But, this is not a favor to me, it is really a favor to the aging population -- the senior citizen population -- of this State. John Paul Doyle and also the Assemblyman from his District, Warren H. Wolf, who is his counterpart in his District of Ocean County, are serving on this Committee, and they come from the one single District in this State, District 10, that has the highest concentration and percentage of the aging population. So, we have both the Democratic member and the Republican member from that all-important District which serves the largest, single senior citizen population in our State.

Last is my friend, Ed Gill, who I have served with for four or five years now. Ed has been with us for a number of years and he is another Republican member of this Committee. He has a great deal of sensitivity and a great deal of empathy -- I won't say sympathy, but empathy, "he understands with"; "it is a feeling with" -- with these problems. He is a reasonable and rational person, a person who has shown a conscientiousness, dedication, and particular concern for the problems of the aging and senior citizen population. So, I was delighted to see him as a member, and I am sure you are going to be delighted as well.

All of these people are serving at my request. As I said, they are not doing me a favor, they are really doing a favor for the people of the State of New Jersey. These are the five people who I think stand out in a particular fashion from the rest of the membership. And, if I had to select from eight hundred people rather than from just eighty, I don't think we

could have found five finer people or people more concerned with this subject matter.

Last, let me say this: Tom Paterniti, you impressed me to no end with that agenda. Even though that agenda was not on a specific bill, but just on the subject matter, it was clear when one heard that list of subject matter that Tom Paterniti talked about that it was not conducive for the Assembly to have those concerns spread out over six or seven committees. It just makes good, common sense to have consolidated all of those areas of concerns. If there is anything I can say it is that this Committee certainly has its hands full. It certainly has a very, very energetic agenda -- if one can use that term -- set out for it. Rather than deal with it, you know what the problems are and this Committee knows what the problems are also. I wish you God speed in dealing with them.

Last, let me say this: The creation of this Committee and the people selected and chosen to serve on it is more than just tokenism, is more than just symbol -- it is more than just symbol. We want the creation of this Committee and the quality and the caliber of the people selected to serve on it not to be a token, but to be a real signal to the senior citizens and the aging population of the State that the New Jersey General Assembly, on a bipartisan basis, cares about their problems. We have seen that we may have been in error in the past in trying to spread them out and diffuse the issues, and we are correcting that. So, we want a real signal to go out from today forward that the New Jersey General Assembly has their eyes open, their ears open, and their hearts open to what your problems are, and we want to deal with them in an affirmative, positive, unified, constructive fashion.

With that, I promise that is the last thing I will say. God speed to the Committee. (Applause)

ASSEMBLYMAN PATERNITI: Thank you very much, Mr. Speaker. I know

that with the caliber of people we have serving on this Committee, we are going to try and live up to your expectations.

The next person I would like to call upon is Jacques Label. He is the Director of the Division of Aging, Department of Community Affairs. Jacques.

**J A C Q U E S   L A B E L:** I am here today not to give testimony. There will be an opportunity from me and other government officials to give a presentation to the Committee on the 28th of this month. I am looking forward to presenting significant input, I hope, to the operations of the Committee.

My reasons for being here today are really three-fold. The first is to exchange greetings with the members of the Committee and to really be the visible representative of my Division at this very important hearing. I am pleased to be here and I do extend those greetings.

Secondly, I am here to join with the Committee in listening to the testimony which will be presented. The State Division on Aging is, of course, interested in, and needs to know, the same kind of input that the Committee does, and I will be sitting taking notes and listening attentively. Perhaps I will be able to do something before I am told to by the Committee through legislation, which would be a good move on my part.

But, thirdly, and most importantly, I am here to celebrate. Speaker Karcher's foresight in establishing this Committee and your interest -- the members of the Committee's interest -- in serving on it, responds to a long-standing hope -- perhaps I should say a long-standing dream of New Jersey's elderly and those of us who serve them. I celebrate the existence of this Committee. I wish you well in your extensive challenge, and I think you will find as this hearing progresses that it is an extensive challenge. I am sure I speak for my Commissioner, John Renna, when I say that I commit

the support of the State Commission on Aging to your activities from now on and for as long as it is needed. Thank you very much for giving me this opportunity to speak.

ASSEMBLYMAN PATERNITI: Thank you very much, Jacques.

The next witness I would like to call upon is Rick Green, the coordinator of geratology with the Department of Health.

**R I C K   G R E E N:** Good morning. I am pleased to have this opportunity to appear before this Committee to explain the Department of Health's role in providing services to the elderly population of this State and to identify what we believe are crucial issues yet to be resolved.

First of all, I would like to state that the Department of Health is committed to working for the establishment of continuing care to ensure that the elderly have access to the most appropriate form of care they need.

We have long recognized the need to provide quality services for the elderly. The Department currently licenses and inspects long-term care facilities, hospitals, medical day care centers, home health agencies, and residential health care facilities, among others. The latter category is the form of boarding home that the Department of Health licenses.

In addition, we also operate a certificate of need process for new and expanded health care services in the State.

In the Fall of 1981, the Department established the Geratology Program. Since almost eighty percent of the elderly have one or more chronic illnesses, the program was part of the chronic disease services unit. The goal of the program is to improve the quality of life of the elderly through the provision of supportive services to allow them to remain in a least-restrictive environment.

Some of the activities that the Geratology Program has been able to accomplish thus far include: We have worked closely with the Home Health

Assembly and the Home Care Council, and statewide associations for home health and homemaker agencies. Our joint efforts have been to plan for expanded home health services, ensure quality care, and to upgrade staff skills.

More than half the recipients of home health services are elderly. We recently planned, staffed, and cosponsored a two day conference entitled, "Broadening Access to Long-Term Care", with those agencies, UMDNJ, and the Departments of Community Affairs and Human Services.

The Geratology Program approves training courses for homemaker, home health aides, and certifies them upon completion of a forty-hour training course. We are presently in the process of expanding the training course to sixty hours. We certify approximately forty-four hundred aides each year.

The Department also initiated two countywide programs to provide comprehensive dental programs. Dental services, such as prophylaxis, extractions, fillings, and dentures are provided to elderly individuals who qualify for the PAA Program.

In addition to dental services, each individual is screened for hypertension and oral cancer, given a nutritional assessment, and provided with dental education.

Outreach and transportation services are coordinated with the area offices on aging. Thus far, the programs have received favorable support, and other communities have expressed a desire to offer similar services.

We are in the process of offering a series of seminars for dentists and hygienists in conjunction with Fairleigh Dickinson University and the New Jersey Dental Association. The seminars will emphasize the problems of the elderly and present dental care providers with the most advanced methods for treating the geriatric patient. A forthcoming seminar for nursing home administrators will focus on institutional dental care. We are working

to promote hospice care in the State. We have contracted with the Home Health Assembly to offer two seminars on hospice care for health and social service providers. We are also monitoring the plans being formed in Washington for Medicare reimbursement and as it is required, we will develop licensing standards for hospices.

We have recently awarded a contract to the Atlantic County Health Department to establish a geriatric assessment program. Under the provisions of the contract, an interdisciplinary team consisting of a nurse and a social worker will conduct comprehensive assessments of elderly persons, facilitate the arrangement of community-based services, and monitor the effectiveness of these services. Proper medical and social services will be arranged to prevent further disability and functional loss. We will be evaluating this program to determine its effectiveness and to see whether it should be replicated in other areas of the State.

Finally, we are currently working with the Division on Aging and the New Jersey Pharmaceutical Association to design and implement a statewide program of drug education and counseling for the elderly. We plan to utilize retired pharmacists who are willing to volunteer their time.

It is our belief that much more must be done to ensure that the elderly receive the appropriate care that they need and deserve. We have only been able to impact on several areas. Some of the other unmet or inadequately-addressed health needs of the elderly are standard home health services for all elderly. Supportive services must be developed to assist families that are caring for their aged relatives, such as patient education, respite care, and counseling. Efforts must be taken to provide health services that are currently not covered under Medicare -- again, such as dental care, foot care, visual and hearing supplies. A single agency should be designated to act at the entrance point to the long-term care system.

There the elderly person can be assessed, appropriate health and social services arranged, and ongoing case management services provided. Health promotion activities should be increased to detect chronic illnesses early, facilitate care, and to prevent further disability. Access to hospice care should be available to all residents of the State. Mental health services should be expanded for this population. Efforts should be taken to recruit, train, and coordinate retired professionals, to provide health and social services to other aged individuals.

Finally, additional support services must be developed for the elderly residing in boarding homes. Thank you.

ASSEMBLYMAN PATERNITI: Thank you very much, Rick.

The next witness I would like to call is Belle Weiss, Vice President, Advisory Council, Essex County Division on Aging.

**BELLE WEISS:** I too would like to commend the Assembly for establishing this new and important Committee. We would like to inform the Assembly -- as Mr. Label pointed out -- that there is in place a State Division on Aging, divided into twenty divisions and offices on aging. All are federally designated agencies, administering the "Older Americans Act." This is a wide system that is professional and standardized in its methods for getting things done. Its effectiveness has been proven. Bypassing this network in whatever your future plans might be would be counter-productive. This would institutionalize duplication and further fragment delivery of service.

Unlike other divisions of state agencies, we are an example of the fact that cooperation can and does exist between the state office and its subsidiaries. The system, indeed, works well.

Intrinsic in this program is the fact that older adults play a role in formulating policy and establishing and directing programs. We are



proud of the fact that the agencies in this network are non-"ageist".

The Division on Aging and its county and community offices are under the jurisdiction of the Community Affairs office in Trenton. Medicaid and other health programs are under the aegis of the Department of Human Service. This, I would like to point out, has created problems.

In addition, the Governor has designated that casino revenues for aging be administered by the Department of Human Services. This too will add problems in communication and in augmenting programs.

We would like to point out that of all the State agencies and offices, the Office on Aging -- The Division on Aging -- has, in fact, the lowest administrative overhead. The money gets passed down directly to the older adult in-services. All our services are community based. This means that there is direct communication and dialogue with the constituency it serves. Our older adults have an opportunity to express their needs and professionals have a first-hand opportunity to communicate these needs to administrators of programs, so that the programs remain dynamic and flexible and really reflect the changing needs of the population that it serves.

Nutrition accounts for about one-third of our budget. This program not only provides food on site and in the home, but offers nutrition counseling and nutrition education.

Transportation is also a priority. We have established a major countywide transportation service that links communities and provides medical and non-medical usage. Legal services are another important component of our Division's work. We have been recognized as having the best nursing ombudsman's program in the State.

We are heavily committed to provide in-health and dental services, and at present we are implementing a new and innovative regional health and screening service in cooperation with the New Jersey College of Medicine and

Dentistry. This does not only include all dental services, but it also provides health education as well. One of these offices will be based at the Essex County Geriatric Center. This is the first time that such services will be provided on-site. Fourth-year medical students will be supervised by a resident staff dentist in the performance of treatment.

Title XX Income Guidelines address this population that does not come under the benefits of Medicaid. This program will finally take care of the population long known to suffer from dental neglect. Our overall commitment is to wellness and health maintenance, and all our programs are directed to education and reeducation.

This office is also unique in providing programs to assist the elderly who live in boarding homes. Home care, as well as training and guidance for family members charged with the responsibility of caring for their aging parents is also provided by our office.

We also fund an employment office for those older adults who would like an opportunity to work. There is a job bank and there are counselors and volunteers who work very closely with these people. We have a wide variety of recreational and cultural programs that are growing in importance and dimension.

In conclusion, and crucial to the success and very important, I think, because I see it in my community, are the community coordinators who are funded by the office, and whose work begins at the grass roots level. The community coordinator works in conjunction with a blue ribbon township advisory board. They are super volunteers, and each of them is responsible for a specific area. In the community I come from, the Millville-Saws Mill Township, we just had a very extensive survey on housing needs, for instance, and many of the old guard were surprised and chagrined at what the findings revealed. We are moving in that direction, despite resistance in our

kind of community to the stigma that they feel comes with that. We are overcoming that.

Our advisory board committees are a cross section. The Junior League participates with others in nature study. It is just a very vital and wonderful kind of program. All of us know the things we want to do, and that loneliness is a killer. It isn't only Dr. Lynch's book that brings that point home. The fact is that older people are isolated in the kind of world we live in, and the coordinator somehow ferrets this out. Her committee helps her to identify the needs and translate them to committees and coordinators in similar communities. And, all this information is pooled and shared, and the outcome of this is very dynamic and ever-changing programs on the community level.

For instance, one of the needs involves weekends. Weekends are lonely and senior citizens are out of touch. We directed that need, and one of the things we did was to make the high school accessible to senior citizens, so that the empty space might be used by them, since getting out to adult classes is difficult. We have overcome that hurdle, and the result has been very rewarding. The acceptance of this on the part of the high school students, and the affection felt for the senior citizens by these students -- those people who wanted to learn French are learning it, for example -- is making this work well. I am just citing this as an example of what can, and does, go on.

In conclusion, I want to thank this Committee, wish them well, and invite all of the Committee members to visit our community -- visit our Essex County office -- and get a first-hand look at what goes on.

I just want to add that at our Essex County Advisory Board Meetings there are Freeholders present, and each and every one of them -- and I feel we shouldn't toot our own horns, but I must in this case -- go away saying

they have never seen or been present at a committee meeting that works quite this way. Thank you.

ASSEMBLYMAN PATERNITI: The next witness I would like to call upon is Tom Hamilton. He has a Division of Aging in Middlesex County.

**T H O M A S     H A M I L T O N:** Tom, I would like to thank you as a long-time personal friend, and former associate. I served under you when you were Mayor of Edison. Thank you for this opportunity, and for putting me ahead of a lot of people who probably had priority over me.

I just returned to the State yesterday. It is not political influence -- but I hope it is -- that prompted Tom to put me ahead of others, because we are long-time friends. He is my dentist. He is the former Mayor of Edison. He is a former Councilman. And, I want to thank him, and Dave Schwartz. We are long-time political allies.

I am so happy that Tom is heading this Committee because I know him. I know how dedicated he is, and what kind of energy he has when he decides to really work for something. He and I have been friends for a long time.

I don't know the other gentlemen, but I want to congratulate them. It is good to have this Committee. It is something that -- as John said -- the State has been waiting for for a long time. I think you will do a tremendous job. I know Dave Schwartz. He never lets anybody alone. (laughter) Once Dave gets something under his bonnet, watch out. I know that Dave and Tom, and I am assuming the other gentlemen, are of the same mold, because they all come from municipalities.

I am going to speak on behalf of the municipalities, Tom. Being a municipal official also, in addition to serving the county, I know Dave was a Councilman. Tom, you were a Mayor and a Councilman. I don't know if anybody has spoken on their behalf, but I will.

We have five hundred and sixty-seven municipalities in this State, twenty-five in the County of Middlesex. And, we are just unable to answer the demands of the elected municipal officials.

Yesterday I had two calls from two Mayors. They all think we have a lot of money. I know Tony asked me for one million dollars. That is our Mayor of Edison, who is a long-time personal friend also.

But, on the municipal level we can't do what everybody thinks we can. We only get an allotment of about one million dollars in Middlesex County. Fifty percent of that is earmarked for nutrition. And, then we have the twenty-five municipalities and twenty-five Mayors to deal with. It is awfully hard to satisfy everybody.

I think these programs are more effective on the local level. Tom knows that, we have worked together -- and so does Dave. I think something has to be done eventually, maybe some type of allotment. Not too far in the future either, Tom, because I think some of the services we have been funding throughout the last decade have been cut back, and the Older Americans Act will gradually fold up, or dry up, because the municipal people are not able to fund some of these programs that were instituted in 1972 or 1973. Things have just gotten out of hand, as far as taxes are concerned. In some municipalities our people are complaining about the tax base. So, I think maybe now is a good time for the Legislature to seriously think, and see how they can possibly help the municipalities with some type of block grant approach to fund some of these aging programs at the local level.

I know in our office we work very closely with all the elected officials. We help them as much as we can, but sometimes there are not that many resources we can allocate. And, I think that down the line those resources will be drying up. The trend seems to be to cut these social service programs by the present Administration in Washington. If it keeps

going that way, eventually the Older Americans Act money will dry up too.

So, I am hoping and praying that after I am gone - it won't be too many years, Tom, when I won't be around in this particular job -- something can be done to protect these programs and services that we have in place in the municipalities. Because I think they are the most efficient, they are the most effective, and we actually know and meet the people that benefit from the services we have in place.

I think that is about all I have to say. I have a party we have to go to in Strawberry Hill. It is a belated Valentine's Day party. I would like to invite the Committee over for lunch if they have a chance to come, because I think we have the best senior citizens center in the country. It was the first one to be started in the State of New Jersey. It is the Strawberry Hill Senior Center in Woodbridge. And, if the Committee can make it, we will hold lunch for them.

ASSEMBLYMAN PATERNITI: Thank you very much, Tom.

MR. HAMILTON: Can you make it?

ASSEMBLYMAN PATERNITI: Let's just play it by ear because we have a lot of witnesses.

ASSEMBLYMAN SCHWARTZ: Tom, I want to say this, because your comments do call for some response, it seems to me, and I know the Committee as a whole will want to respond to you. Speaking for myself, I want to say that I couldn't agree more. I think it is time we recognize that what is needed in New Jersey is a new deal for our elderly, and that the towns and counties have tried to do the job with remarkably limited resources.

By the way, Mr. Chairman, Highland Park, which is in this district, and in Tom's area, called me this morning to invite this Committee to see what can be done with charitable and volunteer services -- breakfast programs and lunch programs -- and would like us to come in and take a tour of

Highland Park, who also has some certificates and honors they would like to give to you and to the Speaker.

But, I think what has to be said is, we have talked this morning about the need for coordination of policy, and I certainly agree with that, and I thank the Speaker for saying I had something to do with that. Coordinated policy sounds wonderful. The question is, "What is the Policy that we are coordinating?"

We have begun, but only begun, Mr. Chairman, to deal with a policy for housing. We know the need is very substantial -- far greater than we have been able to meet. We know the need for improved nutrition services and health care services, about which we have heard. These needs have to be met, this is not going to be done by doing more with less. We can look at the budget that is proposed for the State of New Jersey, and the budget that is being proposed by the Federal Government, and ask the question, "Are we moving in the right direction?"

I would just say, in response to Tom's testimony -- and I realize that the primary purpose of this meeting is to hear others, and not to make speeches, and so I am going to be quiet in a minute -- that my heart is touched by what Tom said. We do have an obligation to provide not merely a coordinated policy, but a good policy -- and that does in this particular case mean more housing, not less housing; better nutrition services, and sometimes more nutrition services; and better and sometimes more health services. So, it is not just coordinated policy we need, it is decent policy for the elderly. Thank you.

ASSEMBLYMAN PATERNITI: Thank you very much, David.

MR. HAMILTON: Thank you, David. I don't know whether Tom had an opportunity to welcome you all here. We don't have our official greeter here

today. Our Freeholder, David Crabiel, greets everybody that comes into Middlesex County. He says you either have to walk, fly, or drive through Middlesex County to get anywhere. I agree with Dave. I think we have one of the best counties in the State. Thank you, gentlemen.

ASSEMBLYMAN PATERNITI: Thank you. As our next witness, I would like to call Eleanor Stone. She is with the Association of Jewish Federations of New Jersey. Eleanor.

E L E A N O R     S T O N E: Being able to follow so many good speakers leaves a little story for me to share with you. While I was sitting it out here, I realized that not one of these gentlemen looks like Claude Pepper, and I hope that we get a good, coordinated, "more-of-a-senior-citizen" policy before they look like Claude Pepper, and before we all have to look like Claude Pepper, prior to having it in New Jersey.

The Association of New Jersey Jewish Federations, as many of you may be aware, supplies social services to a substantial number of senior citizens and to the entire Jewish community and the other communities within our borders. We have Federations in sixteen counties of the State, and we service approximately four hundred and fifty thousand people. Of that number, a significant amount are elderly.

We provide services not only in housing, transportation, nutrition, counseling, home health care, and education, but in particular I would like to speak with you today -- and introduce to you some people I brought with me who have expertise in the field of aging -- particularly on housing, home health care, and on health care in general.

In order to provide housing for the poor elderly, there will need to be some incentive for the public and the private sector. One cannot expect the private sector to be able to provide this type of housing without an incentive, not the nonprofit sector nor the private sector.



This type of housing should include regular multi-dwelling units and congregate housing. Most Jewish elderly originally entered 202 housing in moderately good health, seeking inexpensive rentals and socialization opportunities. Over the past years, many of these tenants have developed medical and psychological problems as part of the aging process. The impact of this aging population on the housing facility and the issue of moving some of the elderly out of housing is a very great concern for our community, and for the general community.

There is a growing need for more intermediate types of care which falls between housing for the well elderly and institutionalization in a home. There is a question of whether the provision of health facilities at the housing site promotes greater dependence on and use of these facilities, or promotes greater health.

The image of a housing facility is affected both by the number of ill and aged tenants and the availability of housing services. The more the population in housing becomes sick and very old, the less desirable it is viewed by the general public, and it appears that less and less younger applicants apply for these housing units. It is important to maintain a balance in the population living in these facilities.

The difficulties in the smaller Jewish communities, some with fewer alternatives when tenants become ill, are that there are no alternative sites. It is important that the housing admission policy not only be clearly defined, but that there be alternatives developed.

Some alternatives have been presented in this State, and are being considered. I hope that this Committee continues to consider some of them.

I have with me today three people from the Jewish agencies who will speak on this area. One is Linda Schenker, who is the President of the Association of Jewish Family Service Agencies of New Jersey; Elliott Rubin,

who is the Executive Director of the Jewish Counseling Service Agency of Metropolitan New Jersey, which includes Essex and Morris Counties, basically; and Arthur Eisenstein, who is the Executive Director of the Jewish Federation of Northern Middlesex County. Linda?

**L I N D A     S C H E N K E R:** Good morning. My name is Linda Schenker, and I am President of the Association of Jewish Family Service Agencies of New Jersey. I reside in Ridgewood, and I am a past President of the Jewish Family Service in northern New Jersey, which includes Fairlawn, Paterson, Wayne, and about ten other little communities scattered around. So, I speak from at least a broad background.

With me today is Mr. Elliott Rubin, who is the Executive Director of the Jewish Counseling and Service Agency of Metropolitan Agency. Mr. Rubin is here in his technical capacity, while I am here representing the Boards of Directors of the fourteen agencies in the Association. Our combined agencies are responsible for providing mental health, outpatient services for over one-half million people in New Jersey -- most of them of the Jewish faith.

Our current case load -- the elderly alone -- is over two thousand families past the age of sixty-five. The reason I am stating these numbers is to make clear that the testimony today is based on substantial experience in providing services to the aged in their own homes and in their own community.

The comments which will follow, are based on the substantive experience of attempting to help the aged remain in their own homes, and to avoid inappropriate or premature institutionalization.

Experience has shown that only five percent of those over sixty-five are in institutions at any given time. The remaining ninety-five

percent of these people we call "aged", must, of their own choice or of necessity, live in their own communities and in their own homes.

It used to be felt that age was a time of rapidly-increasing fragility, rigidity in thought, and deterioration of health. These assumptions were based, for the most part, on a population that was largely immigrant and poor, or native American and poor. The massive changes in public health care, in nutrition, and in the general upgrading of the standard of living that has taken place in the last eighty years has meant that more and more Americans over the age of sixty-five are in reasonably good health, reasonably alert, and do not view themselves as the rejects of the population.

It is clear that in a stable, urbanized environment, with children becoming a decreasing segment of the population -- I would like to remind you of all the school closings that have gone on throughout the State -- the aging are becoming a larger and larger portion of the electorate. Currently, the aged are between eleven and one-half and fourteen percent of the population, depending on specific communities of about seven hundred and seventy thousand. A fair estimate for New Jersey suggests that by 1990, the aged will be about twelve and one-half percent of the total New Jersey population -- about eight hundred and seventy-five thousand. Unlike the new voters of 18, the aged population is literate and concerned about its own welfare. It is a population who will be looking to the State, and its Legislature and Administration, for the means to a secure, a safe, and a moderate life.

From the specific point of view of the service agencies, there are a number of things that we would want you to bear in mind when you consider the development of services and funds for this specific age group:

A. Services by population alone should give precedence to community-based programs -- remember, that is ninety-five percent of the people, of the aged, who are out there.

B. These problems should be designed so as to allow the older person to choose the service provided, given the possibility that the quality of service is equal.

This is of special interest to populations, such as ours and others whose ethnic identification is a source of strength and community support. Here I refer to populations, such the as Jews and the Italians, the so-called ethnics, as well as the racial minorities who have clearly established the right to have services given to them within the context of their own culture.

C. A partnership between governmental and nongovernmental, with the government acting as a licensing and quality assurance agency, but not necessarily delivering the services itself. This service would provide for adequate supervision without an over-elaborate, bureaucratic infrastructure within the administration itself.

Many political thinkers are now suggesting that the government can provide social welfare programs without over-elaborate administrations.

New Jersey has always been a model to the rest of the country in being fiscally responsible while humanistically sensitive, and it could take leadership for developing new systems of service delivery.

What are some of these services that are needed?

1. Homemaker services and a chore service. In the main, there are people who need assistance with tasks that are becoming difficult in the home. A homemaker service, which can provide service in the home -- shopping and companionship -- is needed as often as health services. The major problem, as has been stated here before, is that the aged are very often alone and feel isolated. They often outlive their friends, and sometimes --

and very often -- their children. As a result, they are depressed and they are left without the will to live.

It should be noted for the record that homemaker service, such as the Jewish Counseling and Service Agency provides in Essex County, costs the community about five dollars an hour. For a forty-hour week, the cost of providing full-time chore service, companionship, and shopping service for one person, in that person's own home, is less than the cost to keep that older person in a hospital for one day -- and that is because there is no place for that person to go.

The State cannot continue to expand a "bricks and mortar" program in order to assist general acute care hospitals in discharge planning.

To continue, for example, a non-medical homemaker, providing fifteen-hours-a-week service -- that's five days a week, three hours a day, in companionship, shopping, and home chores -- can do this task at a cost of \$75.00. As the statistics have shown you, home-based care is certainly less costly, but it is often not the care of choice, and this is because its costs are not reimbursable, as are the costs for institutional care.

With the high mobility of younger families, particularly in a state like New Jersey, which is a high-tech state, this means that many older people are left without their children to care for them. This does not come about because of any lack of care or compassion on the part of the children for their parents, but because of the very nature of our society, which requires a mobile work force. These needs must be addressed in a way that is both economic and compassionate.

3. The great majority of the aged live in their own homes, and in their own community, and all the research that has been done would indicate that this kind of living, provided that there are adequate community supports, and that the individual is physically and emotionally intact,

offers the best quality of life for the older person.

The literature is replete with issues of "transplant shock", relating to older people being moved out of their homes into nursing homes, and removed from their homes and being forced to live with their children. Transplant shock refers to the dislocation that comes from interrupting ingrained patterns and habits of living. Many older people, even those quite intact, become severely troubled and disabled because of forced relocation.

The Jewish Counseling and Service Agency, of which Mr. Rubin is the Executive Director, currently operates under a Federal Department of Health and Human Services Research contract, to demonstrate the proposition that older people can be counseled through psychotherapy in their own homes to adjust to changing times and conditions and to live satisfying lives. And, this report is available to the Committee. I believe Elliott is giving you a copy.

I have taken the liberty of providing with this testimony, three pieces of documentation outlinging in detail the proposition I have noted earlier. I would like to add that the thirteen other Jewish Family Service Agencies in the State, as well as a host of other family services agencies, sectarian and non-sectarian alike, are performing substantially the same service as at Mr. Rubin's agency.

This kind of mental health care, which is community based, often taking place in the home and focused on providing service to the whole family, is a service which is designed to deal with the effects of depression occasioned by family loss, job loss, reduced economic circumstances, and loss of friends. This service, home and community based, is far cheaper than the indiscriminate use of custodial institutions to care for older people. We would ask your committee, in its deliberations, to consider, in the light of new approaches to government, how to provide financing for community and

home-based services.

It should be noted that it is not unusual for custodial care, which has been used to treat depression in the aged, to cost, for a single individual, easily within the thirty-thousand-dollar-per-year range in this area of the country. I would like to note that this same thirty thousand dollars would provide a psychotherapist to treat fifty to seventy-five older persons a year, who live in their own homes and can be successfully treated for their depression.

The argumentation above is not to pit nursing homes or custodial care against community-based or home-based care, but to encourage you, as legislators, to consider that there are many ways to solve problems.

No solution, such as bricks and mortar, is either the best, the most economic, or the most efficient. Yet, I would want to remind you, as legislators, that this State -- as many others -- has been addicted to concrete at the expense of finding simpler, more elegant, and more helpful solutions to the problems of providing for human services.

Home-based care is not a substitute for nursing home care, but too often, as I have stated, it becomes the care of choice because the money is there and people are reimbursed.

The establishment of your Committee to address the problems of a growing significant portion of the New Jersey electorate deserves our commendation, and we will support you without limit in your investigations.

We would be pleased to act as a data and information resource to your Committee, should you wish us to. The only thing we ask in return for our support is that you be sensitive, and thoughtful, and caring in your deliberation.

I thank you very much.

ASSEMBLYMAN PATERNITI: Thank you very much.

MS. STONE: After we heard from Linda and we have seen a general overview of all the Jewish Family Services, I would like to present the very specific point of view of Middlesex County's types of services to the aged through the Jewish community. Mr. Arthur Eisenstein, who is the Executive Director of Northern Middlesex Jewish Federations, would like to speak to the Committee concerning the specific local services provided.

**A R T H U R     E I S E N S T E I N:** I would like to thank you for the opportunity to be heard. I appreciate it. I also appreciate being heard in my own bailiwick, so to speak, because we are neighbors to our Chairman, and also neighbors to building in which we find ourselves today.

I am the Executive Director of one of the sixteen Jewish Federations in the State of New Jersey that Ms. Stone spoke to you about, and I would like you to know that the Jewish Federation of Northern Middlesex County -- because there are two Federations covering Middlesex County -- is part of a network of Jewish Social Service Agencies which provide a variety of services to the Jewish elderly in our area.

In northern Middlesex County these agencies include the Jewish Family Service of Northern Middlesex County, the Perth Amboy YM/YWHA, the Jewish Community Center of Middlesex County, and the Central New Jersey Jewish Home for the Aged, whose facilities we share with three other Jewish Federations which surround it. Since that facility has a total of one hundred and twenty-five residences available, I think the problem of keeping people out of residential care and keeping them, if possible, alert, alive, and healthy in their own home surroundings has become for us more than a theoretical problem, but an actuality with which we deal every day.

On the Federation's part, in addition to providing some financial support to each of these agencies I mentioned, for their programs with the



elderly and with other age groups, we serve as a planning and a coordinating body, insofar as is possible, to help determine the needs of the elderly in our area, and then find the best way for coordinated and cooperative methods of meeting them.

We represent the private sector, the non-profit agency, the people who are trying to take care of their own, insofar as possible, because we think we have some very particular needs when it comes to dealing with Jewish elderly. These are people whose traditional and ethnic background requires special facilities, and sometimes special commitments and considerations which are not to be found in public or perhaps other sectarian-type services.

At the present time, we are organizing a task force on the Jewish elderly in our area, because we hope that we can formalize, among ourselves, some kind of assessment of needs; and, also, as I said, the best possible method to serve the elderly.

We are part of an emerging group of services. There are some eleven municipalities involved in the area in which we serve, and it is a rather sprawled-out area, and difficult to deal with. The agencies, like our Federation, are fairly young, and we are dealing with old problems, problems where we have only scratched the surface and perhaps found -- although this is a poor analogy in a discussion of health -- deep wounds underneath which are going to have to be dealt with.

One of the primary objectives, of course, in serving the elderly is to help them survive in their home environment with whatever assistance can be provided to prevent the need for institutionalization. I would like to briefly list some of the services which are being provided through our agency. I list them by category because I cannot begin to give you a picture of the depth, the quantity, and the quality to which these services must be expanded in order to provide some sort of adequacy.

We are providing home counseling for the elderly. We are providing friendly visitor services. We are providing volunteer shopping services. We are providing workshops and seminars, not only for the elderly, but for their families also -- their children -- with whom many of them have developed rather deep-seated problems.

We offer referral and information services to the elderly, through which they can be, in some instances, steered to public, private, and other agencies who can perform services for them that are not within our purview to do.

We provide for the delivery of special foods, especially around the holidays when the elderly are not able to go shopping for some of this material, and furthermore they cannot afford it. In some instances, these special foods even have to be cooked.

We provide opportunities for socialization and outreach, which we think is extremely important in order to avoid the kind of reclusiveness which ultimately results in the deterioration of mental health and the need for institutionalization.

We provide very limited transportation services because we haven't the facilities to do otherwise. We provide for educational programs on varied subjects which are pertinent to the continued existence of living as an elderly person.

We provide health education for the elderly. We provide recreation services for the elderly. We provide information on aid available, such as food supplements, fuel supplements, and other services which are provided on the national and State level, when they are made known to us. We also provide special services to elderly widows. I don't know whether widowers will take offense to this or not, but it is a starting service.

So, you can see that for a group of relatively new agencies,

institutionalization for a rather sizeable population in our area. Our estimate is that there are some seven thousand, five hundred Jewish families, totally, in the northern Middlesex County area, representing somewhere around twenty-five thousand individuals. And, the elderly population represented among those twenty-five thousand is a rather heavy one.

We have sought, rather unsuccessfully, additional financial resources in order to help us with what we think is a service program that is growing and requires more growth. And, we look forward to the opportunity to present to this Committee and our local committee, which deals with it, a clearer picture, perhaps, of some of our specific needs, with the understanding, of course, that many of the services which are being provided, and which can continue to be provided -- not only by Jewish agencies, but by other sectarian agencies -- can, in many instances, be preferable to parallel services being offered on a public, or widespread, basis. It is a kind of grass roots program that gets down to an individual on a person-to-person level, and the effectiveness of it goes without saying, plus the fact that we are not dealing with individual agencies. We are one of the smaller Federations in the State of New Jersey, and many of the other Federations have a more extensive network of agencies within their purview which deals with the problems of the Jewish elderly

As I said, I appreciate this opportunity. I hope that we will be given further opportunities to discuss our problems with this Committee and with our local committee. We certainly look forward to your work. Thank you very much.

ASSEMBLYMAN PATERNITI: Just one minute, Mr. Eisenstein, I believe Assemblyman Schwartz would like to ask you some questions.

ASSEMBLYMAN SCHWARTZ: Thank you, Mr. Chairman. Art, you are quite right. Sectarian and other ethnic organizations, in the delivery of services to the elderly, are really not in question. Indeed, the Federal Older

Americans Act requires that, in the delivery of services under that Act, ethnic differences be honored, wherever feasible.

I know we are going to have groups come before this Committee who are from a variety of ethnic organizations, and who have a desire to have that Federal law enforced effectively in New Jersey, not only the Jewish community, but the Hispanic community, the Polish community, and many more.

To the extent possible -- I am not going to ask you to do it now because of the length of the agenda our Chairman has put together -- if you can, indicate clearly to the Committee what honoring ethnic differences "where feasible" means to the Jewish community, with reference to service to the elderly, in written testimony. I am going to ask that of other sectarian organizations also, through you, Mr Chairman. I think that would be very helpful to us.

I will conclude with this: Having fought hard, as a member of the Legislature and also as a Board Member of the Jewish Federation of Raritan Valley for a nutritional program, I know something about it, but I need to be educated more, and I think this Committee will want to be educated more. I think we probably agree with you. I won't speak for the whole Committee, but I think we probably agree with you, that local services are the best services, because they are sensitive to the needs of the people. I think the Congress was right in saying that honoring ethnic differences is a good idea.

So, I appreciate your testimony in detail on that subject, and if possible your additional testimony, in writing, through the Chairman.

MR. EISENSTEIN: We would be delighted to provide that. As you know, there have been a number of studies completed on the value of ethnic services as a method of delivery. Certainly, we can capitalize on that, and on our own experience, and we would be very pleased to present you with that.

Thank you, Mr. Chairman.

ASSEMBLYMAN PATERNITI: Thank you. This group has made copies available to us of certain services they are rendering. I will make sure

that everyone on this Committee gets a copy of this, all right?

Thank you very much. The next witness I would like to call upon is Peter Shields, Executive Director of the Union County Division of Aging.

**PETER SHIELDS:** You know, I am filing for Medicare this year. I'm not in such great shape. In fact, I am bothered today. I have a little problem with a pinched nerve. I thought I could see the doctor, but I understand you are a dentist, is that correct?

**ASSEMBLYMAN PATERNITI:** That's correct, that's not my field.

**MR. SHIELDS:** You know, I am reminded a little bit about a line from a movie I saw last week with my grandchildren. I was kind of a little sorry my daughter insisted I take my grandchildren to this movie, because -- you know -- movies are not as clean as they should be. But, the movie had to do with Goldie Hawn and Burt Reynolds when they were living together; then they got married and the relationship got "screwed up." But, anyway, the one line in the picture was, when the mother was talking to her daughter, Goldie Hawn, about old age -- and I won't use the exact expression -- the mother said to the daughter, "You know, daughter, old age can really beat the hell out of you." You know, that is the way some of us feel.

Now, I have written testimony, which is short and sweet.

My name is Peter Shields, Director of the Union County Division on Aging for the past ten years, one time County Welfare Personnel Officer, and prior to that retired as a Field Representative from the U.S. Social Security Administration, with over thirty years of Federal service.

I am presently Chairman of the Long Term Care Committee of the New Jersey Association of Area Agencies on Aging, a member of the State Nursing Home Task Force, immediate past President of the New Jersey Association of Area Agencies on Aging, and former Legislative Chairman of the National Association of Area Agencies on Aging.

I have made copies of my testimony available to the Committee.

I am also Chairman of an Advocacy Committee, representing the State's area agencies, visiting nurses, home health aides, and medical social workers.

Please accept my heartfelt commendation on the establishment of your Committee, that is so vitally needed in view of the "greying" of our society.

Without going into population trends and statistics -- which you no doubt already know -- I would request you consider my statements that refer to the frail elderly -- the sick elderly poor -- and set as your highest priority home care for the sick elderly poor.

I believe that one of the greatest mistakes our State legislators have made is the tremendous amount of lost time they have put into well-meaning, good-intentioned proposed legislation that never became law, and if it did, it did so at the expense of more important issues.

I would suggest to the Committee that your first order of business, after these hearings, is to decide on your priorities, realize that you can't be all things to all men, consider the limitations of the dollar, and resolve to spend that dollar first on the sick elderly poor, and, if possible, double that State dollar through permissive Federal financial participation.

Our State is in the middle of a crisis concerning the shortage of nursing home beds for Medicaid patients. With this in mind, Governor Byrne created a Statewide Committee on Long Term Care and, more recently, Commissioners Albanese and Rodriguez have created the current Nursing Home Task Force, to attempt to resolve this problem.

We have three thousand sick elderly poor who are certified under Medicaid as in need of nursing home beds. This is only the tip of the iceberg, as there are thousands more who are also in need of long term care, whose income may just put them beyond the reach of Medicaid eligibility, but who are medically indigent due to paying medical bills.

I don't want you to get the wrong impression, as some people do, that we are speaking about the elderly as a whole -- we are not. As a whole, the large majority of elderly are doing pretty good in this State. This is evidenced by a recent needs survey we conducted of Union County's elderly, which I am glad to make available to the Committee. We are considering here just that small impoverished percentage that we must look to, which are also referred to in our needs survey.

I would suggest that you stop and take a look at the way you have been spending the casino funds. You have been spreading them across too many senior citizens who no doubt need the assistance you have provided, but you have neglected the group that needs it the most -- the sick elderly poor.

I know that you have all been pressured to spend the money in well-intentioned ways -- on transportation, utilities, real estate rebates, rental assistance, etc.

Now, I always use this example: If you only have one dollar to spend and you have three elderly people, one sick in bed, one standing up in the corner with a shopping bag looking for a ride, and one looking for rental assistance, who are you going to give the dollar to? The answer should be obvious: Give it to the sick. Don't spend it on transportation, or rental assistance, or realty tax rebates, and so on.

In Union County, our stress has always been on the sick elderly poor and the improvement of home health care, with consideration to home-delivered meals, nursing and home health aide assistance, medical transportation, and training competent social workers to assist the elderly with their problems.

I would ask you then:

1. Get your priorities straight.
2. Stop considering "do-gooder" legislation for all the senior citizens.

3. Look at the nursing home crisis.
4. Consider how to improve home health care and community based services to keep people out of nursing homes.
5. Consider medically-needy legislation, such as that recently requested by our Advocacy Committee representing the area agencies, visiting nurses, home health aides, and medical social workers.
6. Take a look at a possible Older New Jerseyans Act that could coordinate programs in a more orderly fashion.

I thank you for permitting me to testify.

ASSEMBLYMAN PATERNITI: Thank you. I have a witness list here and I am trying to follow it, but I have one gentleman that has a meeting in Trenton and I would like to hear from him. I believe he has had quite an impact on the elderly. I know him from way back. He served as a Councilman in the biggest community in Middlesex County. He served as a Freeholder. He has served in both Houses of the Legislature. I would like to call upon John Fay, Ombudsman for the Institutionalized Elderly. John?

**J O H N     J.     F A Y:** Thank you very much, Tom. Excuse me for breaking in like this, but I do have a most important meeting to get to.

I did want this opportunity to report to Assemblyman Paterniti on the creation of this Committee. It is a breakthrough. I think we just have to look to Washington, to realize that of the 537 men and women who serve in the Congress and the Senate of the United States, it is a Claude Pepper who has been one of the few strong, clear, consistent voices through the last twenty years on this subject. And, this is a revolution we have been talking about over the last twenty years.

If we go back to before Medicare and Medicaid, there were no nursing home problems; there were very few nursing homes. The new legislation was revolutionary. But all the good that came from Medicare and Medicaid and is still coming-- We went through those terrible, horrible years of nursing home tragedies and scandals.



As one who was a State Senator at the time the scandals hit New York, and I knew that there is very little that affects New York that doesn't affect New Jersey, directly or indirectly.

There was a State study that was done and my present office evolved from that study.

New Jersey has, in many ways, done significant things, and I am proud of this State.

Always, a major qualifier is, "compared to what?" -- compared to Mississippi, or compared to Indiana -- and there was such a long way to go. But, the fact is, we do make these major attempts, these major breakthroughs. I think this Committee is one of those breakthroughs. I don't envision this Committee as another standing Committee. It is even potentially more significant than the House Committee on Aging, or the Senate Committee on Aging in Washington. It can legislate.

I see it as being the focal point of one of the major areas of society. It has been said much more eloquently this morning by people who are in the field, working with the elderly on different levels -- Jacques Lebel, from the State Office on Aging, Peter Shields, from the county office, the Jewish Federation, and other groups still to be heard from.

This is such a broad subject, the field we are talking about and the people we are talking about. We are talking about the relatively well-off, the relatively healthy, the relatively secure elderly. Yes, we are. But, we are talking also about the great trauma, where you are seventy years old, married, healthy, and well-off and the husband or wife dies -- usually the husband -- and then the wife gets sick, or she is injured, and then comes the shock of finding out that a private nursing home in New Jersey is twenty thousand dollars a year. At that point you find out how fast you go from relatively healthy and relatively secure to being poor and alone, which is equally frightening.

I believe Mother Theresa at her Nobel Prize award ceremony said that it is not just the physical diseases, it is not just that; she found in the world of the poor that it was loneliness and despair that was the greatest illness. That is what I found in the last five years I have been in this office. In the best of the nursing homes, in the good nursing homes, in the better-than-average boarding homes,

loneliness was there and despair was there.

You know, this isn't anything you can legislate for or against, but you can lead, and the Governor and the President are the people who are supposed to lead us with this, and not just lead with government.

I don't want to embarrass Assemblyman Schwartz, but one of the few voices talking about the homeless-- If you are in a bad nursing home, which is frightening, if you are in a bad boarding home, which is terrorizing, but how about no roof over your head, which is a growing phenomenon? And, you don't have to go to Penn Station in New York to find the bag ladies and the men in the gutters. You can find them in Asbury Park right now. You can find them in East Orange right now. Ten minutes away, in New Brunswick, you can find them right now -- homeless. And, I am not trying to simplify it.

Yes, the discharges from the mental institutions are a good part of it, but it is not the only part of it, believe me. It is not the only part of it at all.

The boarding home tragedies that we have gone through already-- And, I think it is significant to this Committee that when the House Committee on Aging did come into Keansburg, we did have public hearings. And, let me state here that the most eloquent witnesses there were the survivors, they were the men and women who survived the boarding home fires in Monmouth and Ocean Counties.

There was a fire just last weekend that could have dwarfed all of the fires we have had in the last two years. It was in an old hotel. By the way, it was a better than average boarding home in Asbury Park. It had a fire. Fortunately, it was contained, and thank God, there were sprinklers in that building, or I might not be here; I might still be in Asbury Park. This is a boarding home with one hundred and forty plus people. It is in Asbury Park. I just learned this morning of another tragedy in a boarding home in Asbury Park.

So, it is this broad, frightening world that our State and our nation has gotten to. The Housing Committee on Aging that came into Keansburg -- from that came national standards which are hardly high enough. You will notice that in Washington, Medicaid was cut before Medicare. You will notice the people we are talking about are

just here and there. I think the major senior citizens groups in New Jersey do a yeoman's job in representing the elderly, by insisting that there are so many people falling through the cracks, there are so many people out there without a voice.

It is very easy for me to be strong; I go home every night. Some only have a roof over their heads and now we are talking about people who have nothing over their heads, but maybe an alleyway or a railroad station at best.

I am pledging to this Committee my personal complete support. I have sent the yearly report of the Ombudsman's office -- the summary report. But, it is, and I think it will be, with the people representing it, a new, innovative program to look at and to hold public hearings on -- not limiting yourselves to Trenton, but to go into the State. Most of the people who are in boarding homes -- we know who they are. We know they are in the shore communities, we know they are in the inner cities. But, the problems are much broader than that. It is not just who is there, but who is going to be there. This is what scares me, and I don't scare easily.

In the last two years we have seen the phenomenon of the sixty-five or seventy year old son or daughter appearing for their ninety year old father or mother, or their ninety-five year old mother. So, there is a growing age group that is becoming very poor, very sick, very uncared for, and very frightened. I think this is, and will be our highest priority. Thank you again.

ASSEMBLYMAN PATERNITI: Thank you. The next speaker I would like to call upon is Dennis Hett, New Jersey Association of Non-Profit Homes for the Aging.

**D E N N I S     H E T T:** Good morning. My name is Dennis Hett. I am Executive Director of the New Jersey Association of Non-Profit Homes for the Aging. We are a statewide organization of voluntary and governmental facilities, founded in 1931. We have seventy-six member institutions who care for approximately ninety-five hundred older people.

I will first explain a little bit about what a non-profit home is, what the trends are that are facing us, and then I will make three recommendations.

The non-profit home is a community response to the needs of

the elderly in that community, whether that community is geographic, ethnic, religious, fraternal, or governmental. They are usually based on residential services. Two-thirds of our member facilities provide both residential and nursing services. And, almost all of the non-profit, residential health care beds in this State are in multi-level facilities; that is, they have both residential and nursing under one roof.

The service patterns in our facilities include straight nursing homes. We have live care communities, retirement facilities, free-standing elderly housing. We have geriatric clinics. We have congregate housing and nutrition programs. We are multi-service organizations.

One of the significant developments in our field is that hospitals are entering the field. They are purchasing nursing homes and converting them to non-profit sponsorship. You will see more of this as time goes on.

The great challenge that faces us is that the elderly population that is at risk is increasing. The Department of Human Services tells us that the New Jersey elderly population is increasing at the rate of twenty-seven percent during this decade. Since the very old -- the old, old -- those over eighty-five are users of nursing home services, we know that the need is going to increase by at least twenty-seven percent during this decade. It could go as high as fifty-six percent by 1990. So, you see that the need is increasing, and that the supplier services, no matter how hard we run to keep up on the institutional side, we cannot keep up with the demand. It is extremely important that the institutional and non-institutional services be increased to meet this need.

At the same time, the population that is in our facilities is becoming increasingly more disabled. The U.S. Department of Health and Human Services recently released a study comparing the conditions of nursing home residents in 1973 and in 1977. They found that in that four year period, the number of those needing help in bathing increased to eighty-six percent of the population from seventy-one percent.

Those who were not dependent in any way -- those who you might say were inappropriately placed -- decreased from twenty-four percent to ten percent. In addition to that, those who needed help in dressing

and in eating had increased by ten and fifteen percent, respectively.

So, you see that the population is becoming more and more disabled. Their care needs, in other words, are increasing.

In response to this challenge, we are going to make three recommendations to you, and they are going to deal with the long-term care system in general. These are the very old, the very poor, and the very sick, those whom Mr. Shields mentioned earlier.

The first recommendation is that a sound long-term care system rests on supportive housing, coordinated community services, quality institutions and improved geriatric medicine. Let me explain each briefly.

A supportive environment, first of all, is a housing environment, such as congregate housing, or residential facility that keeps a person independent for a longer period of time. If you have an apartment or a house that you can't maintain, it is going to immobilize you; it is going to immobilize you; it is going to put you in the need for heavier services sooner. Therefore, it is imperative that we expand the supply of these services. In the geratological lingo it is called the "immobilization syndrome." We talked earlier about transfer trauma, but there is another syndrome called immobilization that sets in if services are not forthcoming. This has led to premature institutionalization in years past.

Community services, which we have heard about from previous speakers, build on and enhance informal support networks that already exist -- the families, the neighbors, the churches that take care of older people.

Quality institutions are needed to care for those persons whose needs cannot be met in other settings. I would also put in a word here for the Medicaid program and the need to keep it up. Nursing homes are currently reimbursed on compliance with minimum standards. It is very difficult to cut reimbursement to a nursing home without cutting services in this State. We believe that the homes are meeting the minimum standards, but I would drive home the point that they are minimum standards.

Finally, I mention geriatric care. It is imperative that we have physicians who are trained in the care of older people. An older person, as he or she becomes disabled, exhibits more than one disabling

condition, and one condition may mask another. We are finding more and more conditions that appear to be senility, but really are not. If these conditions are correctly diagnosed, if they are treated, the person does not need the intensive services in the long term that they might otherwise need. We hope that the Committee will have as one of its agenda items the increase in the number of geriatric physicians.

The second point is, when you talk about the cost of health care, that is the allocation of that dollar that Mr. Shields talked about, you should look at the whole system, not just the components of it. We should be looking at models, such as the Social/Health Maintenance Organization -- or SHMO. We should look at New York's Nursing Home Without Walls Program. We should look at the Community Care waivers, authorized by the Omnibus Budget Reconciliation Act of 1981. These are all alternatives that move the person down to a lower level of care at the appropriate time, but keep them out of the expensive hospital, and keep them in the lower technology setting that may have more of a human touch than those "cure" oriented institutions do.

And, there may well be some savings to be had by transporting some hospital services -- the physicians and some of the diagnostic capabilities -- into other settings as well. A recent issue of the New England Journal of Medicine described the hospital as an environment in which testing is rampant, that expensive things happen, and if we can keep people out of this environment we might stand a better chance of having our dollars go further.

Finally, one of the issues you are going to face is the fact that policymakers are beginning to be attracted again by the thought of some kind of contribution from the families of elderly persons. This is going to be a very ticklish issue. The debate will focus on when the family should be required to contribute, how much they should pay, and not whether they can pay or not.

One of the parameters you will have to deal with is the fact that many older people, by the time they reach the stage of needing a nursing home, have outlived their children, or they never had them. Their spouses are going. The family may be in another State. It is going to be a very complex issue. Some of it will be decided in Washington, but you will have a subsidiary role to play there.

We also know, finally, that families who do pay for the care of their elderly have a greater and more active interest in the quality of care in that institution, or by that service provider. And, they have an active interest in keeping the unnecessary cost low. We also hope that from the perspective of a voluntary non-profit institution, you will take into account the fact that we already rely on families as part of a general fund raising. It is illegal to require the contribution as a condition of admission or continued stay. But, the families do willing participate in this and we hope that such a policy development would not destroy that source of support and participation for families.

We will be happy as time goes on to support you in your endeavors, to serve as a resource, and we will be happy to answer any questions you might have right now.

ASSEMBLYMAN PATERNITI: Thank you, Dennis.

As our next witness, I would like to call on Jean Kraemer, Home Health Agency Assembly of New Jersey.

**J E A N     K R A E M E R:** I am Jean Kraemer, and I represent the Home Health Agency Assembly of New Jersey. We thank you very much for the opportunity to talk to you today.

Let me tell you who we are. We are fifty licensed and certified home/health care agencies throughout the State of New Jersey. You have heard a lot of talk about home health care here today. Well, we are the pople on the front line. We are the people who deliver the services.

I will just quickly tell you the kind of services we deliver. You probably know us best as visiting nurses. We do, indeed, send out licensed nurses, but we also send out home health aides; we send out physical therapists, and dietitians to counsel people. In other words, we provide the appropriate kind of professional care, or nonprofessional care, that is needed to keep people at home. That is why we are here today. We are very interested in your Committee. We feel that home health care is going to be talked about quite a bit in your deliberations.

I am going to try to briefly explain to you something that really must be made very clear, and that is, how reimbursement for home health care works today. Medicare, which, of course, deals with the

elderly population, does reimburse for home health care services, but it only reimburses if a person is acutely ill. It does not reimburse for home health care services for the chronically ill person, and many people have chronic illnesses, so they are out of luck, from the Medicare point of view.

In New Jersey we have a very good Medicaid program for home health care, and it does reimburse in New Jersey for chronic illness. But, as you know, Medicaid is very limited in the number of people it reaches because according to their income, which has to be very, very low, there is just a certain population that it will reach.

There are other sources of monies for home health care in New Jersey. Title 3, which is the Older Americans Act, also has a certain amount of money that goes into home health care, and Title 20, which is a Social Services Act, also provides money. That is usually used by the individual counties, and they develop their individual programs, mostly for homemaker services. Well, last fall we were very fortunate to have the cooperation of the University of Medicine and Dentistry and the varying departments in the Administration in Trenton, and we had a conference called, "Broadening Access to Long-Term Home Care." And, we published the proceedings and sent them to all of you. If you have not received it, I would be glad to provide you with a copy.

So, I think the proceedings not only summarized the concerns of our elderly in need of long-term home care, but they even made some suggestions. I want to just highlight two of these suggestions today for you -- or problems, as you will.

One solution that was offered at the conference was the so-called waiver. I don't know how familiar you are with that, but in his budget address, Governor Kean mentioned that the State of New Jersey is going to seek a waiver under Medicaid so that we can have a program to provide home health care for people who, under Medicaid, would be eligible to go into a nursing home. But, of course, we don't have a nursing home available because we have such a waiting list in New Jersey. Now, these people have to qualify as being that ill that they would be suitably placed -- appropriately placed -- in a nursing home. And, the way the program is set up, next year or the first year the waiver is instituted, there will be six hundred people in seven counties who will be given home health care under Medicaid, and then



over three years, hopefully it will go up to a complement of eighteen hundred people throughout the State. It will be a statewide program.

We think this is a fine program, but it is a first step. It is not going to solve the problem. First of all, it is limited, even at its maximum, to eighteen hundred people. And, you know that doesn't come up to the full quota of the nursing home waiting list. Secondly, I feel strongly that you must understand that there is a whole population that it doesn't even address. We are talking about people out there who are elderly, who have chronic conditions, but who are not now deemed at the point of going into a nursing home. So, they wouldn't be able to apply for this kind of program.

What we feel New Jersey should do is look into a program that would give home health care to these people. I am not talking about a daily nurse, or anything that substantial, but some sort of aide service, supervised by a professional nurse, to help these people out, help them maintain themselves at home, and basically to postpone -- I am talking about postponing -- or prevent their having to go into an acute illness phase where they will have to be hospitalized. This hasn't happened in New Jersey yet, and we would like you to seriously consider such a program.

Now, there is just one other point I would like to bring to your attention. At the conference, the private insurance industry did speak, and basically they are not prepared at this time to substantially become involved in home health care reimbursement. Indeed, at present I would say that the contribution of private insurance in New Jersey is really minimal in reimbursement for home health care.

I am going to give you a classic example. Consider a woman who is an elderly woman. She lives alone. She is not Medicaid eligible, she is just an ordinary neighbor. She has been in the hospital and she is about to come home, or be released from the hospital. She really wants to come home. Her family wants her to come home. It turns out that her diagnosis is the onset of senility. She probably could make it at home with some help, at least for now. So, what is she to do? She doesn't qualify for Medicare, because senility is a chronic illness; it is not acute; it doesn't come under Medicare coverage. So, she investigates her insurance policy. Her husband got

involved in a Medicare supplemental insurance policy. They were up to date with the payments. They had been paying for years. And, she looked into that, and it turned out that they had a home health benefit. But, when you looked further, the home health benefit said that they would only pay for R.N.'s at home -- full time nursing, that high level of care. Well, she cannot justify an R.N. in the home. That is really not the kind of care she needs; she really needs an aide. The insurance company is not going to pay for an aide, and because she can't justify the R.N., the insurance isn't going to pay for the R.N. either. So, she is left without any source of reimbursement. And, where can her family put her? What can they do? There is no source of payment to keep her at home. So, this is an unresolved problem, and I just bring it to your attention, and I hope that you will be considering it.

ASSEMBLYMAN SCHWARTZ: Mr. Chairman, if that concludes the witnesses' testimony, how would the Senior Companion Program help her? Do we have a Senior Companion Program in New Jersey?

MS. KRAEMER: I don't personally know of a senior companion program in New Jersey.

ASSEMBLYMAN SCHWARTZ: Thank you for your testimony.

MR. LABEL: There is one being started, but it is only in the early stages.

ASSEMBLYMAN PATERNITI: The next witness I would like to call upon is someone I have heard from before, Ms. Edith Edelson, New Jersey Federation of Senior Citizens. Edith.

**EDITH EDELSON:** Mr. Paterniti, and members of the Assembly Aging Committee, we are very pleased that you have called this public hearing so soon after the formation of your Committee. It shows a recognition of the importance of involving seniors in planning and making decisions on issues that concern them. And, based upon our past contacts with you, Mr. Chairman, we have every reason to hope for a close working relationship between your Committee and the aging community.

You know, as I sat here, it occurred to me that with demographic changes, it is estimated that in the year 2030, one out of four people in the United States will be elderly. With these demographic changes, we have to have a mental set about services to the

elderly that is the counterpart of our mental set about education for the young. No one says, "Can we afford to educate the young?" But, I have read articles which question, "Can we afford the elderly?" Just as we have accepted society's obligation to provide education for the young, for productive living, with our aging society we have the same kind of obligation to provide for meaningful, independent living for the elderly, and that means providing the right kind of services for those that need them. That is the kind of mental set needed if we are to provide appropriate values and priorities at the legislative and administrative level.

The major concern of the New Jersey Federation of Senior Citizens is the use of the Casino Revenue Fund. There is the tendency to use it for funding any program that has the word senior in it. For example, Medicaid currently pays nursing homes to hold an empty Medicaid bed for a total of fourteen days a year while the patient visits their family or relatives. Assembly Bill 2305 has been introduced to use the Casino Fund to provide reservation of a Medicaid bed in the nursing home during a seven-day period spent in a hospital or when a visiting a relative.

Thus, even though there is money in the Medicaid fund, money would be taken out of the Casino Fund to replace Medicaid funding when a person visits a relative -- which is in violation of the constitutional provision - and also to hold a bed during a hospital visit.

At the same time, both Houses have passed A-2268, an appropriation bill including a provision reducing the current year appropriation for Medicaid by \$14 million because it "presently has a balance in excess of actual needs."

Representatives of the Federation and the disabled community have asked that an oversight Casino Fund Commission be established to review the disbursements of the Fund. SCR-75 would do so. We have been in close contact with legislators on the bill and succeeded in increasing the representation of seniors and the disabled community on the Commission. We and the other statewide senior organizations and the disabled community are in accord that such a Commission is a primary need. But, SCR-75 has not moved since the end of June, when it was reported out and placed on second reading in the Assembly, having

been passed by the Senate.

Some of the Casino Fund is still being used to bail out the Property Tax Fund for some of the costs of property tax rebates. We strongly object to this as a misuse of the Fund and a distortion of the constitutional provision.

We favor S-139, to prohibit the use of casino funds for programs previously funded by the property Tax Relief Fund. That bill passed the Senate and has been dormant in the Revenue Committee of the Assembly for almost a year. A-579, by Assemblyman Doyle, a companion measure to S-139, also shows no signs of movement since then. SCR-10, by Senator Russo, would amend the Constitution restricting the use of the Casino Fund to programs that were not funded prior to January, 1978. That was introduced in the Senate one year ago, and has been locked in the Senate Revenue Committee since then.

We need some legislative guarantee that the constitutional provision for the use of the Casino Fund will not be distorted and used for any purpose other than what the Constitution provides.

It is most important that priorities be set for the use of the Casino Fund. The Federation, together with the other statewide senior organizations agreed upon two top priorities. These are renters' relief and the Medically Needy Program for home health care for seniors and disabled at risk of being institutionalized, although actually the second priority was for home health care, and not just for those at risk of being institutionalized.

The budget has an appropriation of ten and one-half million dollars to come out of the Casino Fund for general medical services which includes community-based long-term care for the elderly and the disabled. I haven't been able to get a copy of the bill yet, but it looks as though that might help to take care of home health care. But, no bill has as yet been introduced to appropriate money for renters' relief.

The only bill for renters' relief is AJR-4, to provide for a plan for renters' relief and to submit it, together with legislation on or before June 15, 1982. So, tenants have received no rental relief at all.

All the above clearly indicates that the Legislature is more concerned with the money in the Casino Fund than with the needs and

wishes of the aging population. We need quick and decisive action to turn this around.

Among our other concerns is the plight of the people receiving Supplementary Security Income -- SSI -- a program for seniors and disabled who have no other income, or a very low income. SSI is funded by the Federal Government, and the State adds a supplement so that the benefits -- including Lifeline -- are \$311 a month for an individual and \$447 for a couple. In February of 1982, the State cut its supplement to SSI in order to comply with a court order without spending any more money. By this action, 1,000 or 2,000 people were cut off not only from SSI but also from Medicaid, which provides free medical service.

A bill to restore these cuts passed both Houses, but was vetoed by the Governor. We were given to understand that there was no surplus in the Medicaid Fund that wasn't already dedicated. And now we find that there was a surplus of \$14 or \$15 million in the Medicaid Fund. To have restored Medicaid to these people cut off from SSI would have entailed an expenditure of \$3.2 million, and that they said was not available.

A-1814 would restore free medical services for 721 of the above people. It was introduced by Mr. Van Wagner in September, and has shown no signs of life in the Assembly Corrections Committee. S-1844, a companion bill introduced in October also has not moved. While we favor restoring medical services for anyone who lost it because of the cut, we feel that these services should be restored for all those who lost Medicaid.

There is no bill pending to restore the State's SSI cut, and that is a grave injustice to the poorest people.

We are also concerned about transportation, even though it is not our top priority. Seniors must be able to get away from the four walls of their home, and so they are very dependent on mass transportation and on mini buses. But, mass transportation is totally unavailable in some parts of New Jersey, and in other parts of the State it is available only in a limited way as far as hours of service and bus routes are concerned. Also, with the high cost of bus fares, we need free transportation. This has been almost within reach for years, but the closer we've gotten to it, the further away it moved.

care and health care in the community, with institutions only as a last alternative.

Many of us live with chronic illnesses that need monitoring on a regular basis, but too many of us do not have the means to pay for this, and so there is neglect which leads to acute illness and hospitalization, more frequently and for longer periods of time. An example of this is a woman who kept complaining about dizziness. She refused to go to her doctor because she said she did not have the \$30 for the visit. She landed in the hospital with a stroke.

The greatest boon for seniors and the disabled is the PAAD. The many people whose drug bills amount to between \$50 and \$100 a month can afford to get the drugs necessary to maintain their level of health because of this program. The Federation has been in the forefront of protecting PAAD against continuing attempts to modify it because of the cost factor. But, we must all guard against these attempts to limit this human service. People with chronic illness can function independently and well with the drugs prescribed for them, in spite of the pain and other handicaps. If these drugs become unavailable to them because of cost, their suffering would become intolerable and acute illness would follow much sooner.

I would like to emphasize that seniors are not a separate group, outside of the rest of the population. We know very well that we are in the same boat with the poor and the near-poor. In fact, contrary to the impression that is given in some articles and in the media, the percentage of poor people among the elderly is greater than in the population as a whole -- almost sixteen percent compared to thirteen percent in the general population. And, this is not surprise, since most of the elderly are women, and throughout their adult lives they have been at the bottom of the economic ladder. So it is that we share with the younger people the suffering caused by the cuts in health care, in foodstamps, in housing, in energy assistance, and in the bite of inflation.

In this period, when the focus is on saving money at the expense of human needs, when all kinds of tax breaks are being given to the wealthy at the expense of human needs, when there is unbridled funding for the military at the expense of human needs, when the Federal Administration says that human needs are irrelevant to the

functioning of the National Government -- and the State too seems to be moving in that direction -- we are very much concerned about the irreversible damage being done to both young and old.

We ask our legislators to reexamine their values and to raise their eyes above the figures and the charts, so they can see the human beings affected by the laws and regulations. We in the Federation will continue to try to impress upon those in government that while cost effectiveness is an important factor in administrative costs, it should not be the primary consideration in assessing human needs. We must also point out that there is a danger in balancing budgets by robbing Peter to pay Paul, even as both are being deprived of basic necessities. We must face the fact that juggling alone will not be a viable solution, that the Legislative body must provide more funds. I like the way Assemblyman Schwartz put it, "We cannot do more with less." Providing funds for human needs should be done by shifting monies from other than human services. And, if more taxes are needed, then they should be progressive and fair in nature. Thank you.

ASSEMBLYMAN PATERNITI: Thank you very much.

The next witness I would like to call upon is John Tergis, Advisory Council, Monmouth County Office of Aging.

**JOHN TERGIS:** My name is John Tergis. I am Legislative Chairman of the New Jersey Council of Senior Citizens, Monmouth County Council of Senior Citizens, and the Advisory Council, Monmouth County Office on Aging.

First, I want to say that the statement I have given to you today, Mr. Paterniti, is our report from our Legislative Conference, held in October. It is the Legislative Report, plus the recommendations. I hope that you will read them. They are along the same lines that I am going to speak on today.

We think it is significant that the first session of the Committee is on issues and concerns rather than bills. I think that is a good omen for the success of this Committee. I want to thank you for establishing the Committee, and I also want to thank Assemblyman Karcher. I think it is a very fine move in the right direction.

All of the organizations I represent, and, in fact, as you have heard, all of the senior citizen community, believe, we have to

establish priorities for the expenditure of casino revenues.

Second, and more important, we have to conserve funds and use funds towards those priorities, rather than follow the haphazard plan that has been going on, where the sponsors of every bill, and the leaders in the Legislature all want to get their own measures passed.

Now, after due consideration, all of the senior citizen organizations have decided that in their view there are two priorities for which the funds should be used. One is rental assistance for eligible senior citizens. And, ladies and gentlemen, renters have been the forgotten people in this whole process of government in New Jersey. They comprise fifty-five percent of senior citizen families, and only about four percent are in subsidized housing; the rest are thrown into the open market to fund their own facilities, and they are unable to pay the increases in their rents and keep up with the competition -- condominium conversions, etc.

If you just think about it for a moment, look at what we have done for property owners. They have a homestead rebate and they get \$50 extra -- that's around \$250. Then, there is the tax reduction, which this year is \$250. So, that is \$500. We have done nothing for renters, and believe me they are in a bad, bad way. I feel that our program has to encompass these people.

The second priority you have heard, and everyone seems to agree with it, concerns home health care -- or home care may be a better description for this. There should be some kind of system put in place, whereby people can be cared for in their homes as they begin to get frail, in order to delay the time when they have to go to a nursing home. We find that people -- and this is through my own personal experience -- live longer and they are happier if they can be maintained in their own home. They begin to deteriorate when they are placed in a nursing home. Very sadly, this seems to be true. And, furthermore, there is evidence that shows it is cheaper for government to do it the home care way.

I was very glad to see that the Governor in his message has indicated that he wants to establish a plan for home health care. We haven't reviewed it carefully. We don't know much about it. But, as it has been pointed out to you, this is just a demonstration project for -- I don't know how many people; I think it was six thousand, as I



recall, after reading his message. But, you can see the amount of money that is involved. If you extend that, you can see it is going to take a great amount of money to do this, which is a very worthy project.

But, I want to raise a question in a general way: Are we working toward these goals through the expenditure of casino revenues? Gentlemen, my answer to that is, "no, we are not." The decisions have been made on a haphazard basis. There seems to be very little direction from the Administration, and we are faced with this. Many proposals come along which are nice. You know, they are nice. But, what we have to say is, they are like throwing a bone to senior citizens. What we are going to do is, when we come up against something like that, we are going to say, "It is nice, gentlemen; yes, we thank you for it. But, we have to disagree with it, because it doesn't lead toward the priorities which are necessary."

Now, let me give you an example of this. And, I am sorry if I offend any of the Assemblymen here. I almost cried when I read what the Governor said in his message, that he wanted to increase the Lifeline benefit by \$25 this year. And, not only that, he wants to increase it by another \$25 in fiscal year 1985, and another \$25 in fiscal year 1986. Now, will you bear with me a moment? The Lifeline, program, which grants energy assistance to senior citizens and the disabled, now costs \$64 million. Now, how much will a \$25 increase in that program cost? The number of participants in Lifeline, according to the Governor's message, is 337,000. Now, how much is 337,00 times \$25? If you had your pocket calculators here, you would be able to calculate that it is \$8.5 million. Now, if you increase it this year, and you increase it next year, and you increase it the next year, it will cost at least \$25 million, very conservatively, because there are going to be additions to this program. Twenty-five million dollars on top of \$64 million is \$90 million, and the fund is supposed to produce \$130 million this year. In other words, it seems to me that it is going to use up most of the fund.

Now, what is wrong with the program? What is wrong with it is this: It distributes aid over too broad an area. All right, we have to be realistic. The people in subsidized housing-- And I don't mean to be unkind, but we have to be realistic, we can't be maudlin, we

can't be over-sympathetic; we have to be realistic, and we have to be evenhanded and fair. The people in subsidized housing have very nice apartments. They pay either 25% or 30% of their income in rent. They have very nice apartments. Possibly it is costing some of them \$100 for an apartment that costs maybe \$400 or \$500 normally. They live in situations where there are community events. Usually buses come. They usually have programs. You know, they are not being treated that badly, when compared with the people in the open market who have to fend for themselves in housing. And, many of them are paying. I think you would be surprised, and I think you know, Mr. Schwartz, that a great many of the people, probably the majority of the people, in the six, seven, eight, and nine thousand dollar category are paying in excess of thirty-five percent of their income in rent.

So, we have to educate them. What we would say to some of these people -- and I think the answer would be obvious -- is, "Would you rather have seventy-five dollars added to your Lifeline benefit, or would you like to have some kind of a system in place, whereby you would be cared for when you begin to grow old and start to fail, so that you don't have to go to a nursing home quite so soon?"

Or, you could say to another person who is maybe paying fifty or sixty percent of his income in rent, "What would you rather have, the seventy-five dollars, or would you rather have three hundred and fifty dollars in rental assistance?" Do you think there would be any question as to what the answer would be?

So, we have to begin to prioritize these needs.

Another thing I would like to point out has to do with the PAA Program. It is a very fine program. But, I would just like to point out-- And, I completed a study on this Program. I had been asked to do this. I sit on a PAA Advisory Council. They asked me to prepare a study, and this is going to be presented to Commissioner Albanese, hopefully. When it is, I want to give you a copy of it. But, the cost of this program has been-- For example, this year it is expected that the program will be in the neighborhood of \$65 million -- this year, \$63.9 million. Next year it is expected that the program will cost \$69 million. That is an 8.5% increase. Now, there is going to be a terrific toll on the Casino Revenue Fund, because, as you know, the program was extended to people who earn between \$12,000

and \$15,000, married. Their funding is going to come out of the Casino Revenue Fund. So, what will happen in, the Casino Revenue Fund is going to have a double liability because of not only the increase in the cost of drugs that is going to affect it, but the fact that so many people are transferring from the old program to the new program -- the extended program -- which is funded by the Casino Fund.

Now, it is estimated that this year the Casino Fund -- the revised estimate this year -- will be \$19.5 million. And, next year the revised toll on the Casino Fund is going to be \$25.8 million. That is an increase of \$6.3 million, or a 32% increase. Now, what is wrong with this program? I don't want to offend any of my colleagues. I know we have to study this report, and what we are suggesting is-- I am not suggesting any particular thing, but I think that this should be studied. That is the content of the report that I am submitting.

But, what is wrong with the program? It is much too liberal. The program is too liberal. An insurance company would not underwrite this program. New Jersey cannot afford to cover people for their first prescription. And, anyone in the \$15,000 category, or, as a matter of fact, in any category, should be happy that if they have a need, if it is based on need -- in other words, if their expenses exceed a certain amount -- they will get aid under this program. I think, ladies and gentlemen, that it is going to come to this.

I might say that under that program, the 1980 study reveals in the first six months of calendar year 1980, 21% of the participants had extremely low use of the program. Well, we not only have to pay claims on that, but there is an administrative expense to keep those people in the program who have extremely low use of the program. Not everyone is in poor health. This is one of the things that is causing a drain on the program.

But, the answer to the problem is up to the Commissioner, I suppose. However, this is one of the things we are going to be talking about.

It might very well come down to this, and I think it is going to come down to this: If we want the Lifeline Program to remain, as the Governor has outlined it, if we want the PAA Program to remain as it is, then we are not going to have a health program, and we are not going to have a rental assistance program. If we want these things, we

are going to have to start studying existing programs, and the Governor has said this in his message. I hope he agrees with it. I hope he is going to do it. But, we have to study these programs to see if we can accomplish the goals that we have set out to accomplish.

Now, we have sent resolutions to everybody. Maybe we are not forceful enough. I know nothing much happens with these resolutions. But, believe me, if I stay in this work, I am going to find out how we can get to a representative of the Governor. I don't know if we will be successful or not, but at least we can try.

Now, in conclusion I would like to say that we have an advantage over other states. We have the Casino Revenue Fund, which has been dedicated to the use of senior citizens, and the whole question is whether we are going to use this to the best advantage in order to accomplish the priorities that we all seem to agree on.

You know, we are building for the future here. We are building for the future. And, if I may be so bold, Mr. Paterniti, I would like to look forward a few years, say to 2015, when perhaps many of you ladies and gentlemen will be in the same position we are in now, agewise. At that time, are we going to have a health system in effect that we will assist people in their homes? Are we going to have a system in effect to help them to pay for their drugs? Are we going to have a system which helps those who are in need of rental assistance? That is the question. Or, are we going to have to shift your contemporaries off to nursing homes at the tremendous expense of their children? This is the challenge, and I think the thing we can do right now-- I am sorry Mr. Doyle isn't here. The thing we have to do is -- all right, if the legislation has to go through increasing Lifeline from \$175 to \$200, if that seems to be the shape of things, why do we have to commit \$25 in 1985 and another \$25 in 1986? Let's remove this from the legislation. Let those years speak for themselves as they come up.

We certainly invite your participation and help with this.  
Thank you very much.

ASSEMBLYMAN PATERNITI: Thank you very much.

The next witness I would like to call upon is Harold Foulks.  
Harold?

**H A R O L D      F O U L K S:** I'm not Claude Pepper, but I am as old

as Claude Pepper. My name is Bud Foulks. I was former Mayor of Middletown Township for nine years. I volunteer my service in the Office on Aging in Freehold, and I think we have about the best office around. We have six paid employees, and four part-time employees, and hundreds and hundreds of volunteers.

Everything has been said, I think, this morning. I didn't even think I would be called upon to speak because I was only notified of this yesterday. I happened to come into the office and Sister Simon asked me if I would come to this meeting and bring back some information, or give some input here. But, she didn't tell me I had to get up on the podium or anything.

I want to congratulate this group. I know this group because I know the background on every one of you, whether you know me or not. I happen to know the coach down there, because I am an old sports buff and politician and everything else. Now I am an old man. But, I have something I would like to bring to you people. I am getting ahead of myself.

In the Office on Aging, we have three terrific gals that do nothing but answer phones and refer the services that are offered to the elderly people in Monmouth County. Monmouth County is a good county and it is a big county. I started twenty years ago, in the '60's, when I was Mayor of Middletown Township, to do something about the senior citizens, and that is when we got our housing started.

However, I don't want to belabor the point. We see Jack Fay quite a bit. I was glad to see him, because after that fire in Keansburg we ran his office ragged with different complaints, from Asbury Park on up.

I have twelve grandchildren, and all I hear is casino gambling: "The money ought to go for this, or it ought to go for that." Well, I have different thoughts. Casino gambling, okay. You have horse racing. You have income tax. You have casino gambling. I would like to add one more thing, and I am not a gambler. You wouldn't make anything for anybody if it was up to me to gamble on anything. But, Senator Gallagher who comes from my town, Middletown, has a proposal, and I hope you fellows get into it with him. It is national lottery that would take care of Social Security. Now, millions and

millions of dollars are spent on the Irish Sweepstakes, why can't we turn this around?

You fellows, have the initial start right here in New Jersey, and I think New Jersey is great for starting things. You fellows should get together with Senator Gallagher. I know he has the game plan to work something out on this, because we spent many hours, Senator Gallagher and myself, on this. This isn't from the Office on Aging. It is just a clue as to how we can get some money. I think that would be the way to solve a lot of these problems. Because all I heard today was that you are taking the casino money and spending it on "this" and on "that." Let's get the lottery and that will take care of Social Security and it will take care of my twelve grandchildren, who are in the school systems now, they are not out in the world. But, I don't want to see them pay. I know the social security that I paid into I have more than gotten back in the five years since I retired from Metropolitan Life.

Now, my co-worker here, he was from Prudential Life Insurance, that is why he was giving facts and figures. I was only a salesman for Metropolitan Life, but we were two of the big companies, and as he said before, the insurance companies wouldn't buy some of these plans.

With that, gentlemen, I wish you luck. I know this group here can do the job. Thank you all.

ASSEMBLYMAN PATERNITI: Thank you very much.

The next witness I would like to call on is Carl West, New Jersey Association of Area Agencies on Aging.

**C A R L F. W E S T:** On behalf of the New Jersey Association of Area Agencies on Aging, I would like to take this opportunity to welcome the Assembly Committee on Aging to New Jersey's aging network.

Speaker Karcher and members of the New Jersey General Assembly are to be congratulated for their wisdom and foresight in the creation of this vitally important committee. The New Jersey Association of Area Agencies on Aging has long advocated the establishment of a legislative committee on aging, recognizing the absence of same has resulted in the existence of an important missing link within our aging network. Mr. Chairman, members of the Committee, NJ4A pledges its full support and cooperation and stands ready to

assist you in any way which you feel would be appropriate.

For those members of the Committee who are not fully aware of our Association's background and purpose, may I briefly advise you of same?

The first Office on Aging was established in September, 1966, through a Title III, Older Americans Act grant from the New Jersey Division on Aging. The Office on Aging was designated as a single purpose agency within county government, with the responsibility of planning services for older adults, sixty years of age or older. In addition, the Office on Aging was assigned the task of "chief advocate" on behalf of older New Jerseyans. In essence, the Office on Aging became the conscience of New Jersey in its dealings with its elderly citizens.

The New Jersey Association of area agencies on Aging was founded in 1971. NJ4A's purpose for organizing was relatively basic:

1. To encourage and maintain high standards of professionalism and service in the field of aging.
  2. To gather and share information concerning the administration of the Older Americans Act programs and other programs serving the elderly.
  3. To identify needs and gaps in services and to advocate passage of such legislation as is deemed necessary and appropriate.
- The Association's twelve county membership rapidly grew to its current membership which includes all of New Jersey's twenty-one counties. NJ4A, which is the collective voice of the twenty-one counties' Offices on Aging, soon became an affiliate of the New Jersey Association of Counties and the National Association of Area Agencies on Aging.

The twenty-one county Offices on Aging, created through authorizing legislation, NJSA 40:23 -6:44, are the primary advocates for the over 1.2 million new Jerseyans, sixty years of age and older. NJ4A members frequently appear before public bodies, be they town hall meetings or U.S. Senate hearings, seeking to represent the interest of older New Jerseyans. As the Legislative Committee Co-Chairman for NJ4A, I have often been called upon to provide testimony before a variety of groups, whether it be in opposition to mandatory retirement before a New Jersey Legislative Committee in Trenton, or to discuss the plight of the urban elderly before a Congressional panel in Washington,

D.C. NJ4A is committed to the cause of improving the quality of life for all older New Jerseyans, particularly those who are most vulnerable and in greatest need. Our efforts are in the spirit of cooperation rather than antagonism, harmony rather than discord, and a keen sense of hope rather than despair.

During this period of severe economic recession, it is extremely important in our struggle to bring about an equitable resolution to the many problems confronting the elderly citizens of New Jersey that we take great care not to pit the old against the young, the rich against the poor, and the urban against the rural.

It is our sincere hope that this Aging Committee will be the guiding light for the Legislature in dealing comprehensively with the perplexing and complex problems which ignore the needs and aspirations of New Jersey's elderly citizens.

It is NJ4A's hope that this Committee will adopt and promote a statewide New Jersey Policy on Aging. This policy statement should be designated to provide a conceptual framework within which legislation, administrative policies, programs and procedures intended to improve the well-being of older New Jerseyans can be developed. The policy statement should include, but not be restricted to, the following points:

1. Complete accessibility to a full range of health services, with a special emphasis on prevention, and self care, and accessibility to a continuum of social services.

2. Expanded and improved housing programs to permit the aged adequate opportunities to make choices about their respective living arrangements.

3. Develop a system of incentives that will encourage institutions of government and organizations in the private sector to design more and improved programs for older adults.

4. Expand opportunities for older adults to participate in programs designed to improve the quality of life for the aged and other population groups.

5. Expand resources to meet the special needs of the aged who have extraordinary difficulties due to minority status, poverty, or health problems.

As you are well aware, casino revenue funds amounting to



approximately \$154,000,000 annually, provide for services to the elderly and disabled residents of New Jersey. Of this amount, only \$500,000 is made available to our existing aging network, which provides for a statewide congregate service program, administered by the New Jersey Department of Community Affairs, Division on Aging. And, despite what anyone says, the Division on Aging is within the Department of Community Affairs and not in the Department of Human Services.

NJ4A fully supports legislation that will provide for formula funding of surplus casino revenue funds to the twenty-one county Offices on Aging, via the new Jersey Division on Aging. The Offices on Aging would utilize the funds to provide for rental assistance, community home care and/or paratransit services for eligible elderly and disabled residents of the State's twenty-one counties.

New Jersey, with the Division on Aging and the twenty-one county Offices on Aging has in place a viable aging network with a proven record of excellent performance, with the capacity to expand its operations without significantly increasing administrative costs.

In conclusion, we must ask ourselves: What does the future hold in store for the thousands of elderly poor New Jerseyans? Unless dramatic changes occur immediately, their plight will continue to grow. The criticalness of the situation is quite evident at this very moment. While the eyes of the nation are focused upon the decimation of federally supported social programs, unemployment is running at double digit levels, energy costs are creating "heat or eat" conditions, and a trip to the local supermarket requires a major financial investment for a week's supply of groceries. It is true that the entire nation is suffering; however, the greatest shock of this economic tremor is being felt by our older Americans, many of whom are on fixed incomes with very little hope of realizing increased incomes to meet this spiraling inflationary economy.

It is our sincere hope that with your guidance and expertise, our Legislature will listen very carefully to what is being said and commit its efforts to putting together an immediate and comprehensive legislative package that recognizes the concerns of this State's elderly citizens. NJ4A stands ready to join you and other partners within New Jersey's aging network in the development of the resources

needed to reach those goals that will improve the quality of life for all New Jerseyans. Thank you.

ASSEMBLYMAN PATERNITI: Thank you very much. I believe this concludes the list of witnesses who wanted to have input at this hearing. I just want to say that I think this was a very informative session. I think you have opened our eyes to a lot of the problems that are facing the senior citizens. I know my Committee and I are going to have two more hearings. They will be announced at a later date. One will be held in northern New Jersey, and the other will be held in southern New Jersey.

When we have all the input, we will sit down and digest the input, and it will give us some direction as to which way we should go in assessing what the priorities are and what our responsibilities are to the senior citizens of this State.

I want to thank you all for coming. Have a nice trip home.

(Member of audience requests time to speak)

Please come forward, sir. I'm sorry, I do not have you listed on the agenda, but you are welcome to come up here and speak before this body. What is your name, sir?

P E T E R     L A P I N S K I: My name is Peter Lapinski. I am 78 years old. I lived in a home. The food was bad, and the people didn't have any money. There was an editorial in the newspaper stating how much waste is going on in this country, while the senior citizens go hungry.

I have been going to Helmetta Nutrition Center for over five years. For the last four years I have been elected to a committee that represents the people. Every day I arrive at the site at 7:30 in the morning. I set up the tables, get out the water, and pour it for the tea. When we eat outside, I set up the tables and chairs outside. We have our blood pressure taken two times a month. I set the tables for the nurse, and have the people sign up when they come in. I wait for the food truck. I bring the food in and put it in the ovens. I serve coffee for the disabled and the handicapped before dinner. I serve coffee for everyone during dinner.

When we have a lecture, I bring the projector in, set it up, put out the lights, and pull the curtains. When it is over and the bus cannot get started, I move my car and jump it with cables. At 10:40 I

was told by the Chief of Police to get out without warning, notice, or anything. He did not let me finish my coffee. I said this is not Poland.

Four days later I received a letter from the Director stating that I was suspended for six months. I could not come to the Helmetta site. I would like you people to investigate this site. The staff discriminates. It is illegal, immoral, and unconstitutional what they have done. They have a personal vendetta against me. Why? Because I am doing my job. Thank you.

ASSEMBLYMAN PATERNITI: Thank you for coming. I believe Helmetta happens to be in my District. I do represent it. I have actually eaten at your nutrition center, about a year and one-half ago. When that became my District -- Helmetta is less than one square mile, but because it was the smallest town I made it my top priority to go from door to door to meet every single homeowner, or every person who lived in Helmetta. I am very familiar with the town, and I certainly will look into your problem.

MR. LAPINSKI: Thank you.

ASSEMBLYMAN PATERNITI: I want to thank all of you for coming, and this hearing is now concluded.

(Hearing Concluded)

