1974

BLAINE HOUSE
CONFERENCE ON AGING

A REPORT OF STATEWIDE PUBLIC HEARINGS
CONFERENCE PROCEEDINGS
AND
RECOMMENDATIONS

steps for MAINE'S ELDERLY

GOVERNOR KENNETH M. CURTIS

Blaine House

Augusta, Maine 04330

October 17, 1974

Dear Fellow Citizens:

On September 25th and 26th, 1974, the 5th Annual Blaine House Conference on Aging was held in Augusta to prepare recommendations for action by the next Governor and the 107th Legislature.

Throughout the summer, the Maine Committee on Aging, sponsor of the event, had visited senior citizens' clubs and held public hearings throughout the State to determine what the elderly themselves considered to be their priorities. These issues were discussed in workshops on September 25th by elderly leadership and numerous professionals whose efforts produced a large number of resolutions.

On September 26th, a record number of Maine's elderly filled the 1,200 delegate seats at the Augusta Civic Center, heard Senator Frank Moss of the U. S. Senate Special Committee on Aging deliver a moving keynote address and, after much debate, acted upon the resolutions. Their recommendations are submitted herein.

The actions taken by the Conference well represent Maine's 165,000 elderly. These recommendations have been carefully developed and represent the honest, legitimate needs of our elderly. They must be heeded by all levels of State government.

In leaving office, I shall pass on these recommendations to our next Governor and the leadership of the 107th Legislature and strongly urge their full support. While I regret that I will be unable to personally attend to these recommendations, I shall do everything possible, as Governor and as a private citizen, to insure their implementation. Furthermore, I urge all Maine citizens to join with our elderly in forwarding their cause and implementing their goals.

Sincerely,

Kenneth M. Curtis

KENNETH M. CURTIS
Governor

KMC/gwd

STATE OF MAINE

DEPARTMENT OF HEALTH AND WELFARE

Augusta, Maine 04330

Dean Fisher, M.D.
Commissioner

Representative Kathleen Watson Goodwin
Chairman
Maine Committee on Aging
State House
Augusta, Maine 04330

Dear Representative Goodwin:

Once again the annual Blaine House Conference on Aging was a tremendous success and encompassed many important concerns of the elderly. It is always inspiring to see the elderly, the Bureau, and the Committee working together to prepare a plan of action for the upcoming year. With a new Governor and Legislature, the Maine Committee on Aging will certainly have a task ahead in keeping state government informed and advised about the status of these recommendations. I wish you the best in your efforts.

On behalf of the Bureau of Maine's Elderly, I have reviewed your recommendations and found them most interesting. I look forward to working with you to insure that these laudable recommendations become positive action in the upcoming year.

Sincerely,

Richard W. Michaud

Richard W. Michaud
Director
Bureau of Maine's Elderly

RWM/bp

MAINE COMMITTEE ON AGING

State House

Augusta, Maine 04330

November 1, 1974

The Honorable Kenneth M. Curtis
Governor
State House
Augusta, Maine 04330

Dear Governor Curtis:

It is a pleasure to present the 1974 Blaine House Conference on Aging report to you. This document is a comprehensive account of the conference and the statewide public hearings which preceded it. It is our hope that you will find these recommendations worthy of endorsement, for they represent the work and needs of all Maine's 165,000 elderly.

On behalf of the Maine Committee on Aging, I wish to express a most sincere thanks to all participants, resource personnel, and the Bureau of Maine's Elderly. Their continual dedication to improving the lives of our elderly has made them a successful advocate for change in the lives of our elderly.

We hope that this report receives wide attention throughout the State for it is a documentation of the needs of our elderly as presented by the elderly themselves. We of the Committee are dedicated to these recommendations and appreciate your support and the support of Maine's people.

Sincerely,

Kathleen Watson Goodwin

Kathleen Watson Goodwin
Chairman

KWG/jw

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INTRODUCTION

Traditionally, the Blaine House Conference on Aging is held each year to represent the ideas and needs of Maine's 165,000 elderly to the Governor, Legislature, and other state agencies during the upcoming Legislative session. It is essential that the elderly themselves determine their own needs. In order to achieve that end, the Maine Committee on Aging spent much of the summer visiting statewide senior citizens clubs, listening to the elderly discuss their concerns. In August, the Committee held statewide public hearings in each of the five elderly task force areas. Each hearing was attended by at least 100 people and lasted for about three hours. Because of the vast amount of information collected at the hearings, it was impossible to transcribe them in full here. However, selected statements have been printed to show the kinds of concerns that were voiced.

The findings of the hearings were used to determine workshop topics and develop resource papers. These papers represent the hearings and opinions of resource people, listed herein, and were used to precipitate discussion in each workshop. They are a summary of many opinions and are not to be viewed as position papers. Each workshop developed its own recommendations which were presented by the workshop chairmen to the General Session on September 26th.

The actual recommendations adopted by the 5th annual Blaine House Conference on Aging are listed verbatim at the conclusion of the report. Copies of this report may be obtained by contacting the Maine Committee on Aging, State House, Augusta, Maine 04330 (207-289-2561).

MEMBERS OF THE MAINE COMMITTEE ON AGING

Miss Blanche Applebee
Mr. Arnold Briggs
Mr. Harold Collins
Miss Helen Dunn
The Honorable Kathleen Watson Goodwin, Chairman
Mr. David Graham
Mrs. Germaine Hebert
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The Honorable Jane Kilroy
Mr. Jack Libby
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Mrs. Betty Patten
Miss Helen Philbrook
Mr. Roland Preble
Mr. Tom Randall
Mrs. Susie Soiett

SELECTED STATEMENTS

from

STATEWIDE PUBLIC HEARINGS

Statement by Marion Cooper of Eastport at Maine Committee on Aging hearing in Lubec, August 23, 1974

"The only doctor we have in this area to take care of the people of Eastport is Dr. French and he cannot handle it so he is sending more and more people to Bangor. If you go down for anything you will have to go to Bangor as we have only one clinic and there isn't enough wrong with me to go to Bangor so I am not going to Bangor but he will not like it but I am not going because I can't get to Bangor. My husband, he died of cancer, and it cost us $40 to make a round trip to Bangor and back in one day and now it has gone up to $50 by taxi. He had to go by taxi, it's the only way he could get to Bangor, he couldn't drive and the people from Eastport have to go to the doctors in Bangor because Dr. French cannot handle them so there has to be more transportation out of Eastport.

" . . . Who in Eastport can afford $50 for taxi fare to Bangor and back and if you are sick, you can't take that trip so they need more ambulance service and need better transportation for people that can't sit up to go to Bangor to the hospital.

"I know one man in Eastport who is very sick. He has a very bad heart condition and he is supposed to go to Bangor. He can't even stand the trip in an ambulance, his heart is so bad. What is this man supposed to do — die?"

Gerard Cassista of Auburn at the Maine Committee on Aging hearing in Livermore Falls on August 26, 1974

"In the AARP magazine which they send out in Sault Ste. Marie on the United States side, Orinase, which I have to take, costs $86 per thousand but you go across the river and go into Ontario and they were $6.60 a thousand. Why? . . . Orinase is Orinase whether it's in the United States or Canada?"

Statement by Lakewood Manor Nursing Home before the Maine Committee on the Aging at Bath, on August 29, 1974

My name is Alan Scease and I manage a proprietary nursing home in central Maine.

After many years of futile effort within the Maine Association of Nursing Homes, the owner of this home was instrumental in forming the Maine Federation of Long Term Care and formulating their principles of decent care for the aged. Our home considers it shameful that efforts to upgrade nursing home standards have been stifled by special interest groups and that the Department of Health and Welfare still adheres, even in part, to the principle of the same payment to all nursing homes, regardless of the amount and quality of care provided.

Our own tale should tell you some of the problems that a nursing home faces. The cost figures presented to the Department of Health and Welfare for the year 1972-1973 were revised downward 8 per cent without any explanation, when we were spending well in excess of the flat rate. This August we were informed that the flat rate would be increased to an amount greater than that arbitrarily allowed us under the cost reimbursement plan.

This means that homes which make no effort to improve their care of patients may receive more money than our home because they do not subject their books or their programs to the approval of the Department of Health and Welfare. They may be better or they may be worse. Having once opted and indeed having some of our costs determined excessive (we were not told which ones) we do not now have the option of the flat rate. Another complaint on cost reimbursement is that the figures reflect the previous year's expenses, while the flat rate is based on the current year's expected costs, so that homes on cost reimbursement are always at least a year behind.

I should tell you quite frankly at this point, that in my opinion, many smaller "ma and pa" nursing homes of less than 30 beds are dead, despite the protective attitude taken by the State. They may not know it, but they are. We now have Federal regulations on nursing homes and Federal Life Safety Code to thank for this, not the State of Maine Department of Health and Welfare.

Economic pressures and your help will also force out of business homes of less than 50 beds, who regardless of their good intentions, will be unable to generate income sufficient to afford improvements mandated by Life Safety Code and Federal nursing home regulations.

These homes comprise over 60 per cent of beds available in the state of Maine. At this point you have a choice, new homes or State-run institutions for the aged.

Let us take State-run institutions for the aged first. There is no way that your legislators will build 80 to 100-bed homes for you, close to your homes and friends, while the buildings at Bangor and Augusta are capable of housing over 2,000 people each. If we have problems now, we would really have problems then. We are all well aware of the regimented conditions we would have in State institutions for the aged staffed by bureaucrats and financed by a legislature which is reluctant to spend on the elderly.

I would now like to give you a few figures on proprietary and non-profit nursing homes (under a cost reimbursement program; both will cost approximately the same). I will write the final totals on the blackboard and for your convenience I am quoting all the figures in terms of cost or square feet per resident per day.

Physical Space

The State proposed minimums are only 80 square feet per bed. Each resident would thus have an area 8 by 10 feet for himself. We feel that even 100 square feet is low enough. Toilet and closet space 20 square feet. Dining and recreational space 30 square feet. Total — 150 square feet per resident. Add to this 92 square feet for corridor, nursing stations, bathroom and housekeeping plus 11 square feet for offices and 15 for structural equipment. This comes to a total of 288 square feet per resident for a minimal building. Our new 84-bed home allows 357 square feet per resident for everything and we would be happier if we could afford 400 square feet.

Building costs for nursing homes are now $35 per square foot. Our 357 square feet now costs $12,500 per occupant to build, to which must be added $1,000 for furnishing rooms and shared areas such as kitchen, dining room, offices and other equipment. This totals $13,500 per room. Broken down to a daily rate over the 30-year life of the building will cost $1.25 per day.

Salaries

The direct nursing payroll at three hours per resident at $2.25 an hour is $6.75 per day. The registered nurse and licensed nurses add another $1.10 per day. Total nursing with taxes is $8.65 per day. Other salaries are kitchen, $1.50, housekeeping and maintenance, $1.12, office and administration, $.70, recreational staff, $.82.

Supplies

Food, nursing and housekeeping supplies will cost $1.80 per day and fuel, electricity and maintenance $1.24 per day. The expense for insurance, office and other miscellaneous is approximately $1.30 per day.

So the totals look like this:

Building	$ 1.25
Nursing Salaries	8.65

All other Salaries	4.14
Food and Fuel Type Expenses	3.04
Other Expenses	1.30
Total	$18.38

Not included is the cost of borrowing the money to build in the first place. Today's interest rates are 15 per cent if you can find somebody to loan it to you. Assuming a 10 per cent rate, in better days to come, then the cost is $1.85 per day over the 30-year life of the building. The total is $20.23 at today's prices for care not much better than State minimum standards.

Some people who follow me may say that this is a high figure and it can be done for much less. I agree that it can and we can see in last week's "Maine Times" article what happens when it is.

Our home joins the Federation in working to upgrade standards of nursing care and physical plant, but we can only do so much. We need your help to tell your legislators what is needed for the elderly to live in dignity, how much they will have to spend, and then bully them until they do it.

Statement from the Maine Federation of Long Term Care before the Maine Committee on Aging at Bath, August 29, 1974

The Maine Federation of Long Term Care was formed in 1971 by a group of nursing home administrators and owners, both profit and non-profit who withdrew from the Maine Association of Nursing Homes because they felt that the basic principles of quality nursing home care and fair payment for services rendered to nursing home residents could not be attained under the leadership of the Maine Association of Nursing Homes. The Federation now represents over 1,500 beds in the state of Maine, almost 30 per cent of the available beds and still adheres to the basic principles that led to our separation from the Maine Association of Nursing Homes.

By-laws tend to make rather dry reading, but I would like to quote from Article 2 — Purpose. " . . . to promote the welfare, improvement of facilities, standards and patient care . . . " and " . . . to work closely in support of legislation beneficial to health related matters and in opposition to legislation . . . detrimental to the interests of the public . . . ".

In 1973, our President in testimony before a board appointed by Dr. Dean Fisher, to hear public comments on the tenth revision of new nursing home standards, branded the standards as "falling far short of meeting the nursing, rehabilitation and social needs of the aged and, in this respect, these regulations are to be condemned." After a public hearing and several meetings between the Commissioner of Health and Welfare and the hearing board, the proposed regulations were quietly dropped by the Department without even informing the Board members who had recommended their adoption. Thus, we do not have even these minimal standards at present.

The Revised Standards of Maine 1964, Title 22, Section 42, give the Commissioner the power to " . . . issue such rules and regulations as it shall think necessary and proper for the protection of life, health and welfare, and the successful operation of the Health and Welfare laws . . . ". Section 1817 of the same statutes further gives the Commisioner power of " . . . revocation of any license on any of the following grounds: Violation of this chapter or the rules and regulations issued pursuant thereto; permitting, aiding or abetting the commission of any illegal act in such institution; conduct of practices detrimental to the welfare of the patient; . . . ".

Given the Commissioner's powers as mentioned in these statutes there is no justification for the Commissioner to say as he was quoted in the Maine Times recently "there are some 15 to 20 homes in the State that I would hesitate to send anybody to." The Federation is not aware of all the pressures that may be applied on the Department of Health and Welfare, but to cause the Commissioner to ignore his statutory duties, they must indeed be considerable.

There is another point to be made regarding the tenth draft. They were approved as to legal form on the 9th of September, 1972. The only notice of the hearing was in the Kennebec Journal on the Saturday before the hearing and copies were mailed to arrive in most nursing homes between the 30th of January and the 1st of February, 1973 for the hearing on the 2nd of February. One wonders how much input was really wanted from the public and the nursing homes on these standards.

The Federation wants standards for nursing home care; indeed this is why we left the Maine Association of Nursing Homes. The Regulations must be specific in terms of numbers: patients per toilet; recreation area per patient; etc., and should not consist of such general terms as adequate (mentioned 15 times in the first fifty pages) or sufficient (mentioned 13 times).

The Federation would be willing to meet with the Department of Health and Welfare as the Maine Association of Nursing Homes has already done, to present this admittedly "minority view" of reasonable nursing home standards, but the last time any discussion took place the Federation was not asked to attend.

While those of us who are in business must make a profit it should not be at the expense of good care for our patients. Therefore, until a system of non-profit care or State supported care is established, the community must accept its share of responsibility for the elderly and disabled and must pay a fair price for the services given to the aged in nursing homes under the present system. We hope that as a result of hearings such as this one, a more equitable and uniformly humane way of providing care can be developed, and we will work with anybody who shares our views and desires to give the dignity to the aged.

PERSONNEL AND RESOURCE PAPERS

Pre-Session Workshops

Blaine House Conference on Aging

Holiday Inn, Augusta

September 25, 1974

COMMUNITY SERVICES: WHAT AND FOR WHOM?
The role of Information and Referral and Outreach

Workshop Personnel

Chairman:	Margaret Jones, Maine Committee on Aging
Vice Chairman:	Mrs. Frances Beach Cumberland-York Senior Citizens Council
Resource People:	Pat Born, Office of Resource Development
	Roland Preble, Director of Information and Referral Bureau of Maine's Elderly
	Donald Sharland, Planning Director Cumberland-York Senior Citizens Council
	Dr. Gerald Eggert, Director New England Gerontology Center

Resource Paper Prepared for 1974 Blaine House Conference on Aging

COMMUNITY SERVICES: WHAT AND FOR WHOM?
A Workshop Resource Paper

Introduction:

Information and referral services are designed to help people find answers and solutions to their problems as quickly and accurately as possible. Few things are as disconcerting as having a problem or need and not knowing where to find help. This demands coordination, not the continual shuttling around of an individual from office to office, lending havoc to already existing confusion. I & R can and should serve many purposes. First, it links individuals with problems or questions to services and resources across the State designed to meet their particular needs and secondly it collects and reports information about the needs of the people and the adequacy of resources available to them as an aid in the evaluation, planning, coordination and resource development reports of social service agencies. In short, it answers the personal need of "How Do I Get Help?" and the administrative need "What Help Is Needed?"

Ideally a total I & R system would consist of the following additional services:

1. Complex referral (the I & R agency contacts the service agency for the client, makes and confirms arrangements and escorts and transports the client to the service)
2. Publicity and outreach
3. Follow-up (including a whole range of activities from a single phone call to confirm that client and provider agency have connected to interviewing both client and provider agency regarding results of the connection)
4. Client advocacy, outreach, and planning for more effective social service delivery.

Area Agencies:

One of the significant objectives of the Bureau of Maine's Elderly as stated in its "State Plan for Programs on Aging under Title III & Title VII of the Older Americans Act Fiscal Year 1975" is:

"To have I & R services in each area plan, reasonably convenient and accessible to approximately one-half of the older persons living within such areas, with the end in view of having such services reasonably convenient and accessible to all older persons in such areas by the end of fiscal year 1975."

It is an appropriate function of this workshop to seek to define what is "reasonably convenient and accessible" I & R services and how can they be initiated. But this is an immense task with numerous questions which should be resolved here. For example: Should I & R consist of increased training for existing outreach workers? Should outreach staff be increased? Who should plan and administer I & R? Should I & R be developed solely for the elderly? To deal with these questions it is essential to understand the significance of the need.

Problem:

While health, social and welfare services are available throughout the State, there is, our resource people agree, no currently effective mechanism to connect many eligible consumers to agencies providing needed services. This is particularly a problem for Maine citizens who are often isolated geographically from social services and can not afford to "hunt and peck" for the service provider to meet their specific needs. At present there are over 600 service providers in the State yet many of us are unaware of or confused by a majority of their programs. The problem is compounded by the elderly, many of whom find it physically, financially and emotionally trying to seek out help. More practically they often lack transportation and a familiarity with modern, new services despite the organization of the 5 area agencies on aging (or task forces) specifically designed to meet their needs. Each year in Cumberland-York Counties, which are largely urbanized, it is estimated that about $25 million is lost to the elderly by the under utilization of existing programs. This is a compounded problem (all the people are not being served) and services are developed which are not successfully reaching all the people.

At present, general I&R services (i.e., not limited to elderly) are scattered geographically in Maine with heaviest service provision occurring in the larger cities, particularly in Portland and Lewiston. Rural Maine goes largely unserved. With the exception of one I & R agency in Portland and another in Lewiston, all other services in Maine are sponsored by service agencies specializing in the provision of particular health, social, or welfare services. As a result, the I & R services offered by these agencies tend to become inextricably linked with the limited or categorical services being offered by the agencies. In a study by the Office of Resource Development, it was found that in the case of one I & R services, more than 75% of all I & R inquiries related to the range of services offered by the sponsoring agency. Furthermore, even where I & R services are readily available, the Office of Resource Development continued, the public is not highly aware of their existence or is not willing to seek their assistance as evidenced by the low volume of I & R requests received by I & R service providers. A Lewiston I & R agency reported receiving only 147 I & R requests in a single month (an average of

approximately 6 requests per working day) and another agency in Bath processed only 607 requests in one year (fewer than 2.5 requests per working day). Inordinate amounts of time are being spent on individual requests. For example, one agency found that 60% of its time was spent on 15% of its cases.

I & R services are not connected in any way. Information is gathered individually by each I & R agency so that the consistency and correctness of information varies from agency to agency. Objectives in methods of service delivery vary, funding and administration are inconsistent and sporadic and therefore no centralized data gathering and problem identification exists. This inconsistent pattern has a dehumanizing effect, causing people to wade through various local, state and federal bureaucracies, being passed from one agency to another, from one anonymous receptionist to an intake worker to a clerk ad infinitum. It is little wonder that the varied I & R agencies which do exist seem to serve so few. I & R is more than an assessment of need and a referral. It must contain service (i.e., transportation and follow-up) and human contact. In *Human Resources, Information & Referral Systems*, Robert Clapp found that if a person is referred from one agency to another the chances are less than one in five that he will get to the appropriate agency and be served.

The effective delivery of services to the elderly, specifically, is further complicated by misinformation and misconceptions among older citizens. This problem is fed by frequent changes in program eligibility requirements and in overall administration of service programs which the elderly are so dependent upon. While it seems proper to assume that the best I & R service is a coordinated one where an individual can make one visit or one telephone call to be answered, referred and be provided with personal assistance, transportation and follow-up services, we must insure that such a program does not revert to the old cycle which put the elderly at the "bottom of the barrel." Coordination of efforts can simplify the service and make it more accessible to the elderly but it must not dilute programs or demean the elderly.

The following I & R system has been developed within the Department of Health and Welfare and will well serve as a model for discussion and the development of a conference resolution(s):

A coordinated approach to supplying the informational needs of Maine's human service consumers has not been possible to date because of individual I & R service agencies' organizational and funding limitations. A successful statewide effort will generate requests to the legislature for I & R monies. Individual service agencies who are or propose to provide I & R services will have the opportunity to "buy in" on a franchise basis to an ongoing operation rather than set up duplicate, partial, expensive and inconsistent I & R operations.

I & R cannot operate successfully without community consensus, visibility, and availability. Therefore all agencies currently providing I & R services will be invited to participate both in the planning and service delivery aspects of the statewide I & R system. Citizen groups, consumer groups, provider agencies, and public officials will participate in a planning and monitoring role either through established advisory groups to the Department of Health and Welfare or through a special policy advisory council to the Director of I & R services.

A minimum of six regional centers with operational standards supervised by two centrally located coordinators.

Regional I & R Centers will:

a) Provide accurate and up-to-date information about human service and resources.

b) Refer individuals with service needs to appropriate agencies.

c) Provide systematic follow-up of referrals to ensure connection of consumer with provider agency.

d) Continually maintain up-to-date regional resource files and periodically provide input into the central office information system.

e) Collect data from consumers necessary to evaluate program objectives.

The statewide coordinators will:

a) Provide the following support services to regional centers:

   1. Assure program consistency between centers.
   2. Insure that conformance to statewide standards are met.
   3. Promote and develop links with local provider agencies.
   4. Provide staff training in communications, referral, advocacy, and crisis skills.

b) Continually maintain up-to-date statewide resource files.

c) Collect and analyze data generated by the I & R system to provide analysis of satellite operations and to provide planning data for effective social service delivery by provider agencies.

d) Provide statewide and regional public information about the I & R system.

HOME BUT NOT HUNGRY:
Foodstamps, meals programs, home delivered meals, nutrition education

WORKSHOP PERSONNEL

Chairman:	David Graham, Maine Committee on Aging
Vice Chairman:	Harold Collins, Maine Committee on Aging
Resource People:	Helen Philbrook, Nutrition Consultant Bureau of Maine's Elderly
	Brian Springer, Director Somerset County Foodstamp Office
	Carlene Hillman, Department of Home Economics University of Maine at Farmington
	Nellie Gushee, Cooperative Extension Service University of Maine at Orono

Resource Paper Prepared for 1974 Blaine House Conference on Aging

HOME — BUT NOT HUNGRY

Perhaps one of the least understood problems confronting the older people of today is the whole area of nutrition. Why are the elderly, who in many cases, have raised large healthy families, now faced with nutrition problems, to the extent that their health is affected significantly? The most obvious answer to this is the low income on which many elderly are forced to live. Although this is perhaps the most significant problem, there are others that are not quite so obvious and yet may be just as devastating to a persons' health as the lack of an adequate income to purchase the proper foods. The various programs listed in this general discussion topic, food stamps, home delivered meals, nutrition education and congregate meals programs, are an attempt to attack some of these problems. The purpose of this section is to discuss these programs and to determine, if possible, ways to make them more effective, to serve the people they are supposed to serve more efficiently, or to change them if need be. Also, this section is designed to look at new ideas.

This Blaine House Conference on Aging and its workshops which you are attending, is designed to allow you, the people who know, the opportunity to help design policies and programs which might be more effective. Our only purpose here is to develop ways of helping our older neighbors to live healthier, more independent lives. It is your responsibility and obligation to let your ideas be known, so that what we decide here will make a significant impact on the lives of our older neighbors.

As was alluded to earlier, perhaps the main focus of these four programs is to help those who live on a low, fixed income. Food stamps should increase the older person's purchasing power, home delivered meals allows the homebound person who perhaps can not afford to hire help to have at least one nutritious meal daily, congregate meals programs allow low income people to purchase a nutritious meal daily for a nominal amount and nutrition education can show the low income older person how to shop for and prepare nutritious low cost foods. Other factors which enter into the concerns about nutrition are also important.

Loneliness and isolation can very often affect how a person eats and eventually his health. Establishing a congregate dining facility can provide a nutritious meal to the person who has lost the incentive to prepare that type of meal for himself. It also provides an opportunity to make social contacts and become involved in recreational activities. Nutrition education can assist not only those on low incomes, but also those who may have been used to preparing meals for a large family, in preparing a nutritious, interesting meal for one. Home delivered meals to the isolated, homebound person, besides

providing the nutritious meal, can also provide some limited social contact with the person who is delivering the meal.

Food Stamps:

"The objective of the food stamp program is to increase the food purchasing power of persons of low income. Persons eligible for participation in the food stamp program are eligible to purchase food stamps through issuing outlets and use the stamps as cash to select and purchase the kind and quantity of food they need. This may be done from purchase of regular supplies any participating retail food outlet including supermarkets, neighborhood grocery stores, dairy and bakery route outlets and any other similar sources of regular food purchase."[1]

Eligibility requirements depend primarily on income, but also considered are cashable assets. The maximum cashable assets for all households with two or more persons where one member is over sixty is $3,000, for all other households the maximum is $1,500.

NET INCOME BASIS OF COUPON ISSUANCE
48 States and District of Columbia
One-Person Household
☆ – July 1, 1974 – ☆

Total Coupon Allotment	Monthly ☆ – $46.00 – ☆	Semi-Monthly ☆ – $23.00 – ☆
		Purchase Requirement
Monthly Net Income	Monthly	Semi-Monthly
$ 0 - 19.99	0.00	0.00
20 - 29.99	1.00	0.50
30 - 39.99	4.00	2.00
40 - 49.99	6.00	3.00
50 - 59.99	8.00	4.00
60 - 69.99	10.00	5.00
70 - 79.99	12.00	6.00
80 - 89.99	14.00	7.00
90 - 99.99	16.00	8.00
100 - 109.99	18.00	9.00
110 - 119.99	21.00	10.50
120 - 129.99	24.00	12.00
130 - 139.99	27.00	13.50

[1] MAINE FOOD STAMP PROGRAM MANUAL.

140 - 149.99	30.00	15.00
150 - 169.99	☆ – 33.00 – ☆	☆ – 16.50 – ☆
170 - 189.99	☆ – 36.00 – ☆	☆ – 18.00 – ☆
190 and up	☆ – 36.00 – ☆	☆ – 18.00 – ☆

FOOD STAMP PROGRAM
NET INCOME BASIS OF COUPON ISSUANCE
48 States and District of Columbia
Two-Person Household

☆ – July 1, 1974 – ☆

Total Coupon Allotment	Monthly ☆ – $82.00 – ☆	Semi-Monthly ☆ – $41.00 – ☆
		Purchase Requirement
Monthly Net Income	Monthly	Semi-Monthly
$ 0 - 19.99	0.00	0.00
20 - 29.99	1.00	0.50
30 - 39.99	4.00	2.00
40 - 49.99	7.00	3.50
50 - 59.99	10.00	5.00
60 - 69.99	12.00	6.00
70 - 79.99	15.00	7.50
80 - 89.99	18.00	9.00
90 - 99.99	21.00	10.50
100 - 109.99	23.00	11.50
110 - 119.99	26.00	13.00
120 - 129.99	29.00	14.50
130 - 139.99	32.00	16.00
140 - 149.99	35.00	17.50
150 - 169.99	38.00	19.00
170 - 189.99	44.00	22.00
190 - 209.99	50.00	25.00
210 - 229.99	56.00	28.00
230 - 249.99	☆ – 62.00 – ☆	☆ – 31.00 – ☆
250 - 269.99	☆ – 62.00 – ☆	☆ – 31.00 – ☆
270 and up	☆ – 62.00 – ☆	☆ – 31.00 – ☆

Food stamp eligibility, as stated previously, is based on income. To determine the income of a person, all income is added together and from this is subtracted exclusions and deductions which include:

Exclusions:

1. Infrequent income of $30 or less in a three month period.
2. 10% of income as an employee.
3. Non-recurring lump sum payments.
4. Volunteer income under the Older Americans Act.
5. Income to Vista and Service Corps of Retired Executives.

Deductions:

1. Local, state and federal taxes and deductions on income.
2. Total payments for medical expenses.
3. Shelter costs in excess of 30% of the household's income after all above deductions.

Upon certification, a recipient of food stamps may elect to purchase his stamps either monthly or semi-monthly.

The maximum income allowable after exclusions and deductions to be eligible for food stamps is:

Household Size	Allowable Amount
1	$194
2	273
3	393
4	500

The charts on the following pages indicate how much a 1 or 2 person household must spend of their monthly net income to obtain the total food coupon allotment of $46.00 for a one person household, and of $82.00 for a two person household.

Some of the problems which appear inherent in the food stamp program are:

1. Most of the exclusions and deductions apply to those other than older people. The exclusions and deductions listed here are those which might apply to older people and do not include all of those listed in the food stamp manual which do not affect older people.
2. An older person receiving the maximum under SSI, State Supplement, including all disregards with small exclusions and deductions might not even be eligible for food stamps, even though SSI is considered to be a minimum income on which to survive.

3. The amount received for the cost is not reasonable.
4. Congress initially did not want to include SSI recipients under the food stamp program, although they are the most poor. The authorization for them to be included under the program extends for only one year.
5. Anytime anyone's income increases, be it Social Security, SSI or wages, its costs that person more to purchase the same amount of food stamps, nullifying the increase.
6. Local problems appear to be those connected with rural areas, the problems of getting to the site to purchase the stamps, or to be certified.

Under food stamp guidelines, older people may use their stamps to purchase meals, either at a congregate meal site or a home delivered meal. They may not be used at a restaurant.

Under Title VII of the Older Americans Act, money was allocated to each state to develop meals programs for those over the age of 60. These have been developed in every task force area in the State. There are presently 36 sites operating statewide, 11 of which operate five days per week, the others usually 2 or 3 days per week. These 36 sites are serving approximately 9,000 meals per week, 7,500 congregate and 1,500 home delivered. Under the Title VII guidelines, each site should also provide nutrition education and social and recreational activities.

Presently, many of the task forces are attempting to use other federal and state funds to expand their nutrition programs. These funds are Title VI of the Social Security Act and state priority social service funds.

Under Title VI, called purchase of service funds, money can be used for those aged, blind and disabled individuals who have documented low incomes. This money can be used for preparation and delivery of meals, but not raw food costs. Also, it appears that the State has interpreted federal regulations to read that programs funded by this money must include all three categories, aged, blind, and disabled; so that a meals program using Title VI funds must allow the blind and disabled, no matter what age, to participate. Also, under Title VI, people are not allowed to donate toward the cost of the meal. A portion of state priority social service moneys is earmarked specifically for older people, and can be used for raw food costs besides preparation and delivery. It also requires documentation of low income levels.

Questions:

1. Should younger blind and disabled individuals be allowed to participate in meals programs designed for the elderly?

2. Should eligibility for meals be based on income levels?
3. Should meals programs focus on nutritional aspects or the social and educational (5 day sites vs. 2 or 3 day sites)?
4. Should more emphasis be placed on home delivered meals?
5. Should more emphasis be placed on nutrition education?

The Extension Department of the University of Maine has outlined specific nutritional problems of older people:

1. An adequate diet is essential in maintaining the health of elderly people and in delaying the onset of some degenerative changes, associated with aging.
2. There is evidence of undernourishment in many people over 60 years of age. It is estimated that one-third to one-half of the health problems of the elderly are related to nutrition.
3. The ability of elderly people to acquire adequate diets is complicated by established food habits, economic status, food preparation facilities, transportation difficulties, food fads, loneliness and isolation, limited physical coordination.
4. Large numbers of elderly people are on fixed incomes. Research shows that as income levels decrease, evidence of malnutrition increases. While the average income family spends less than 25 percent of their disposable income on food, families with incomes under $3,000 may spend 50 percent or more.

Questions:

1. Should nutrition education be expanded within the nutrition programs?
2. How is nutrition education best provided to older people?
3. Are the resources of all state and federal agencies being brought to bear on the nutrition problem in a coordinated manner?

HEALTH CARE DELIVERY:

Preventative medical services, training medical personnel, home health agencies, nursing homes

WORKSHOP PERSONNEL

Chairman:	Helen Dunn, Maine Committee on Aging
Vice Chairman:	Clair Wood, Central Senior Citizens
Resource People:	Jane Scease, Social Worker William Carney, Director, Hospital Services Department of Health and Welfare
	Chip Liversidge, Director Bath-Brunswick Home Health Agency
	Dr. Peter Leadley, Director, Bureau of Health Department of Health and Welfare
	Ms. Elaine Fuller, Supervisor, Hospital Services Department of Health and Welfare

Resource Paper Prepared by 1974 Blaine House Conference on Aging

HEALTH CARE DELIVERY

Our overall goal at the 1974 Blaine House Conference on Aging is to develop programs and policies which will allow our elderly to remain an active part of our communities and to remain in their own homes, whenever possible. One major component of this goal is comprehensive health care.

In 1970, *Steps for Maine's Elderly* reported that heart disease, cancer, and strokes were the principal causes of death in persons in Maine aged 65 and over. Yet the elderly themselves reported their major health problems as "generally poor health," listing eye, ear, and feet problems as their most serious concerns. It is a fact that most elderly cannot afford appropriate medical attention even with the benefits of Medicare and Medicaid; it is a fact that Maine simply does not have a sufficient number of doctors. Given this situation, many doctors feel forced to set priorities and often choose the young, rather than the old who have fewer years ahead.

At a public hearing in Lubec, an older woman from Eastport told the Maine Committee on Aging that there is only one doctor in that town who is dreadfully overburdened. Moreover, the Town of Eastport has an elderly population of 600, which account for nearly half of that town's population, and they simply cannot receive the care they need. The woman told us that in order for her husband to receive appropriate medical care, it was necessary for them to spend $50 to hire a taxi to take the long drive to a doctor in Bangor. Many are too poor or too chronically ill to afford such a trip, and, said this spokesman, "Their only option is to stay at home and die."

Because of these tragic circumstances, too many of our elderly fail to receive sufficient medical attention. Certainly this lack of necessary medical personnel and facilities affects all of our population, but for the elderly, the alternative to sickness is too often a nursing home. Too often we are compelled to take the elderly sick from their own homes and place them in a nursing home, not because they need skilled or long-term care but because they need some care and other alternatives do not exist.

We will not alleviate these problems unless steps are taken to insure preventative care for our elderly.

The Bureau of Maine's Elderly has recently begun a state-wide health screening project for the elderly, a laudable effort which deserves our full support. Programs such as homemakers-health aide must also be expanded to provide part-time personal care in the home under the supervision of a registered nurse to our elderly.

Another alternative to institutionalization is home care. According to the Bath-Brunswick Regional Home Health Agency, studies reveal that most people tend to recover from illness more rapidly at home. The fact that a home visit by an R.N. costs, on the average, between $12-18 makes it economically sensible when compared to the daily costs of the hospital or nursing home. Moreover, those agencies "certified" by Medicare employ a variety of skilled services - nursing; physical, occupational and speech therapy; home health aide; and sometimes homemaker services, all of which can be used as a team or in whatever combination the physician feels is appropriate for the recovery of the patient.

One of our greatest problems is that home health services, in spite of their economy and concern for the patient in his own home, have been virtually overlooked by programs providing reimbursement for health services. Though 80% of our patients are over 65, Medicare only covers 22% of the cost of these services. Chronic illness is, for the most part, not covered, and restrictions and variations in interpretation of what is covered put great pressures on physicians, home nursing staff and patients to use the hospital or nursing home even when home services are a better alternative.

The National League of Nursing recently recommended that the Medicare and Medicaid laws be amended so that:

— The term "skilled" in reference to nursing care be deleted.

— Prior hospitalization not be required before home health benefits begin.

— Utilization review requirements be extended to home health agencies.

— Part-time or intermittent services of a homemaker/home health aide, provided under the supervision of appropriate professional staff, be included in the basic package.

— Regulations be so written as to carry out the intent of Congress that people be maintained at home by home health services which prevent deterioration and regression.

It is further recommended that the number of home visits under Medicare, currently 100, be extended so that it becomes a decision by the physician, nurse and patient without regard to limit.

Finally the Bath-Brunswick Home Health Agency is facing the prospect of having its three year grant for home health services under Sea-Me expire next March. This represents about 8% of their budget. If these funds are lost to them, they would have to consider cutting back home health services unless they could uncover funds from another source. It is urged that operation Sea-Me continue support for this agency and that other area aging agencies follow suit so that the many gaps which currently appear in Medicare and Medicaid laws are covered.

At present there are approximately 1,122 osteopathic and medical doctors in this State, a figure well below the national average of 800 persons per physician and none of these holds any specialized training in geriatric care. Likewise, limited training exists for nurses, nursing home aides and geriatric aides in Maine. There are presently 4 significant bills pending in the U. S. Senate Committee on Labor and Public Welfare dealing with medical training. They are:

S 764 — To provide grants to six schools of medicine selected by the Secretary of Health, Education, and Welfare to assist them in establishing and operating departments of geriatrics.

S 765 — To provide training of certain veterans with appropriate experience as medics to serve as medical assistants in long-term care facilities.

S 766 — To provide grants to appropriate colleges and universities to assist them in the establishment and operation of programs to train physicians' assistants.

S 2052 — To provide funds to schools of nursing to establish programs to create nurse practitioners and prepare them to serve in United States nursing homes.

On a state level, such programs deserve support and attention. It should be a primary objective of the University of Maine to establish a gerontology institute to investigate and develop such programs in the State of Maine. More particularly, the university should establish a medical school working in close cooperation with the Maine Committee on Aging and the Bureau of Maine's Elderly which would develop an emphasis on geriatric medicine to train physicians who would be obligated to practice within the State for at least three years.

But all the preventative services possible will not negate the fact that skilled nursing home care is an often needed reality. At present, 7,000 elderly men and women are in our nursing homes amidst national statistics which reveal that 40% of all elderly are inappropriately placed in such facilities, or, in Maine, 2,800 people should not be in nursing homes. Much publicity has surrounded the nursing home situation in this State. In summary, the following are possible recommendations.

In January of 1965, a study of nursing home patient care in Maine was published by the Department of Health and Welfare. As a result, eight recommendations were made, only one of which has been implemented. It is the position of the division of hospital services that these recommendations are still valid ten years later, and should be implemented:

1. The "Standards and Requirements for Nursing Homes" adopted in 1956 are still in effect. They are as inadequate today as they were in

1965. Proposed standards for licensure of nursing homes were first promulgated in 1965, have been revised and updated since then, have had two public hearings, the last in February 1973, and have not been put into effect. Although there are now federal standards under Medicaid for nursing homes, they are very generic and without more definitive state standards would do little to improve patient care in poorer quality nursing homes.

2. Nursing homes still have the option of payments for state assistance clients at a flat rate of payment, which has increased from $200/month in 1965 to $485/month at the present time. The flat rate of payment encourages the poor operator to reduce staff, food costs and other costs in order to make a larger profit. The recommendation for payments in proportion to quality of service provided, or the cost-reimbursement system, has not been implemented.

3. Although the recommendations for a team of nursing educators has not been met, educational programs have been held for and in nursing homes. The programs have been well attended. There has been a significant improvement in patient care where there has been participation and a positive attitude on the part of the facility administration. The educational programs should be expanded. It is our judgment that the educational process does more to improve the quality of care being rendered to patients than does any regulatory process.

4. The number of nursing home beds in the State be significantly increased to allow for reasonable competition and the increased availability of financially reasonable, well-managed, dignified homes.

Finally, recent legislation created the medically needy program. Under this program, those who are not eligible for Medicaid under one of the categorical programs such as SSI but still have a relatively low income and incur medical expenses may be eligible for medical assistance. Those who are eligible would be expected to spend part of their adjusted income each month toward medical care. Certification for this program is on a six month basis. For example, if one person has an income of $220 per month, the first $20 are disregarded which gives the adjusted income of $200 per month. According to this program, a person is expected to spend down to $166 per month, the protected income for one person. That is, they must spend $34 ($200-166) toward medical expenses and the balance of medical bills is paid by the medically needy program. As stated earlier, eligibility is on a six month basis. A person does not actually have to spend the $34, but once medical expenses in a six month period of $204 ($34 x six months) are incurred, the medically needy program picks up other medical expenses. Eligibility determination is quite complicated.

Medically Needy Program Spend-down Chart

Number in Family	Amount
1	$166
2	$200
3	$242

Under this program, no sliding scale exists for eligibility. It should be mandated that federal regulations governing the medically needy program are amended to allow protected income levels to correspond to $100 above the maximum eligibility level under SSI.

CAN YOU STAY AT HOME?

Homemakers, live-in services, developing new housing, handyman services

WORKSHOP PERSONNEL

Chairman:	Blanche Applebee, Maine Committee on Aging
Vice Chairman:	Arnold Briggs, Maine Committee on Aging
Resource People:	Waldo Gilpatrick, Housing Specialist Bureau of Maine's Elderly
	Craig Norton, Director, Homemaker Aide Services Department of Health and Welfare
	Joan McGinnes, Maine State Housing Authority
	Francis Cawley, Department of Housing and Urban Development

CAN YOU STAY AT HOME?

Homemakers, live-in services, developing new housing, handyman services

A fundamental problem of old age is the increased need for supportive services — services that complement the elderly's abilities and assist them to remain in their own homes. For example, it is reported that 40% of the elderly regularly need help with home repairs. A cycle tends to develop for those whose age makes them physically unable to perform particular day to day tasks. At the same time in the aging process, incomes tend to become strictly fixed against raging inflation and a vicious circle develops. Unable to perform the tasks himself and unable to pay an employee for such services, the elderly have few options. They can allow their homes to degenerate around them or they can seek other housing which is generally very limited and financially prohibitive. As the home deteriorates, so the possibility of accident increases.

If this situation exists for our elderly in good health, what happens to those who are ill? Throughout the nursing home study of the Maine Committee on Aging and numerous statewide public hearings, it was found that many elderly are forced into nursing and boarding homes after hospitalization not because they need full time care, but because they need some assistance in health care and in maintaining their homes and meals. Some in recuperation stages or suffering a disability wish to remain at home but need 24 hour service.

At present there are approximately 150 homemakers full and part time in the State, yet the National Homemakers Health Aide Council estimates indicate Maine needs nearly 1,000 homemakers to meet its demands. Homemaker services are further limited by income guidelines. Clearly, the number of homemakers aides needs to expand to provide 7 day a week and 24 hour a day emergency services.

The services of homemakers could be even more beneficial by training homemakers as health aides. Under the supervision of a registered nurse, a homemaker-health aide can provide personal care services in addition to providing homemaker tasks such as housekeeping, telephone reassurance, and household repairs.

Furthermore, live-in services should be developed to provide 24 hour care to the elderly. Both health aides and homemakers should receive extensive training and sufficient salaries to maintain an excellent program.

Throughout the public hearings held by the Maine Committee on Aging, the need for handyman services or home repair services were heard con-

stantly. Many believe that low salary is a serious drawback to the success of the program.

This workshop should consider options which would increase the salaries of homemakers and handymen and increase the employees in this program. Could these services utilize part time employees such as students? Could monies from the Comprehensive Employment and Training Act (CETA), earmarked to increase employment opportunities in Maine, be used to increase the program?

Even if these supportive services are provided free for our elderly, a serious need still exists to improve the income of our elderly. Property tax and rent refunds are one direct method toward this end, yet at present elderly recipients of supplemental security income cannot qualify for property tax and rent refunds. This situation could be remedied by the 107th Legislature.

Options must exist, however, for those elderly who cannot or do not wish to remain in their own homes. Much of the problem of developing new housing centers around the federal freeze of substantial housing programs. However, there are significant actions which can be taken on a state level to improve the condition of housing for the elderly. First, the legislature could establish a revolving seed money fund to be used for basic initial costs for new elderly housing which could be administered through the Bureau of Maine's Elderly. Secondly, the State could develop a housing rehabilitation service with high priority to elderly. This service would rehabilitate degenerated homes and work to maintain home repairs to avoid the run-down condition. Such a program could work directly with federal programs designed to provide direct loans for housing rehabilitation.

Finally, the Blaine House Conference on Aging should continue to work with our delegation in Congress to insure that all efforts are made to renew federal housing programs, placing special emphasis on those which provide deep subsidies.

THE ELDERLY IN RURAL COMMUNITIES: HOW ARE YOU SERVED?

WORKSHOP PERSONNEL

Chairman:	Henry Stone, Maine Committee on Aging
Vice Chairman:	Germaine Hebert, Maine Committee on Aging
Resource People:	Quentin Paradis, Planning Director Aroostook Regional Task Force of Older Citizens
	Jane Downey, Machias Counseling Center
	John Bagley, Town Manager, East Machias
	Barbara Swett, Androscoggin Home Health Agency

THE ELDERLY IN RURAL COMMUNITIES: HOW ARE YOU SERVED?

The problems of rural elderly should be looked at in two lights within this section:

First, the State of Maine, a rural state in an urban country and the problems this situation makes for the elderly of Maine.

Second, the small, isolated communities and towns within the State of Maine, and the multiple problems distance and small populations create in the delivery of services.

People in the State of Maine, and particularly those living in rural communities, have always been considered a hearty, independent group; relying on their own initiative and their families for most of their needs. Today, many of the same people who provided family supports to their parents and grandparents find themselves alone, their children have found that they must move to the urban areas to earn a decent living. Logically, services such as local grocery stores have followed the population trend in order to survive economically. This situation has left the older, less mobile people in the position of needing supports, when those supports have left. Their independence, which drew little on the resources of the government, seems to be rewarded by neglect of that same government when those resources are most needed.

One of the purposes of this year's Blaine House Conference on Aging is to deal specifically with the special problems encountered by the rural older people of our State. It has become your obligation, as a representative of those rural older people, your neighbors, to put forth your ideas. In order to make this a successful conference in terms of the people we want to help, you must contribute to this workshop and let your ideas and those of your constituents be known. You are asked to participate actively in developing policies and programs of the future for the rural elderly of Maine. The outline provided here is not intended to be complete, but to inspire some thought and reactions from you on these subjects and others that have not been included here. We ask that you come prepared to participate actively with your counterparts from around the State and develop specific recommendations to help remedy these problems for consideration by the entire Blaine House Conference on Aging delegation.

The problems of the rural older people come within the same general categories as those of urban older people, but must be given special consideration because of their severity and complexity.

Income:

Rural elderly people are generally poorer than urban elderly. In 1971 more than 33% of the rural elderly were living in poverty as compared to 25% of the urban elderly. This can be traced to a couple of causes.

1. Many rural elderly were self-employed and income did not show up in cash, which led to lower Social Security eligibility.
2. Very few private pension programs were available to rural workers.
3. Many were found to live on lower incomes when younger, consequently lower retirement benefits.

The fact that more rural elderly have lower incomes is compounded by the higher costs of acquiring necessary services.

Question:

1. Should rural elderly receive increased benefits in services such as food stamps or transportation because of the generally higher cost of purchasing needed services and commodities in rural areas?
2. Should federal supplemental security income be increased to at least provide income up to the poverty level for all elderly?

Health:

In 1971 again it was estimated that rural people 65 and older have more chronic conditions and limitations on their activities than the urban older person. This can be partially traced to the fact that adequate health facilities and personnel are not readily available for the rural person. Specialization in medicine seems to have hurt the rural residents significantly. With the decline in general practitioners and the need of specialists to be close to modern facilities, many rural communities in Maine find themselves well above the suggested population per physician ratio and in most cases these rural communiteis have a higher than average proportion of elderly who are generally in greater need of some type of medical care. In 1970, 12 of Maine's 16 counties population per physician ratio exceeded the national average, and we can anticipate that this situation is more acute in the small communities of those counties.

Question:

1. Should the State provide incentives to doctors to locate in rural areas?
2. Should the State school of medicine as proposed, emphasize geriatric and rural medical care?

3. Should home care services, i.e., visiting nurse, home health aide, homemaker, therapy, be expanded in rural areas to alleviate the dependence on health care facilities of some distances away?

Housing:

Rural older people, as with older people in the cities, would, for the most part, prefer to remain in their own homes. This can be more difficult for the rural older person. Since they are generally poorer, they can less afford the upkeep of their own homes. Since they are poorer they are more apt to receive supplemental security income which disallows their receiving any state property tax refund. With the trend to increased out of state ownership of rural farms and land, property tax valuations are many times increased because of the aesthetic value of the land (the view) to a foreigner, increasing the financial burden on the already overburdened older person. Alternatives, such as low rent apartments are almost nonexistent in rural areas.

Question:

1. Should the state property tax and rent refund be expanded to include SSI recipients?
2. Should rural renovation grants be provided to low and moderate income elderly?
3. Should the federal, state and local governments engage in the development of rent subsidized rural elderly housing?
4. Should property tax valuation be based on present or potential value?
5. Should restrictions be placed on out of state ownership where housing is scarce and prices inflated?

Other Needs:

In many cases, federal, state and regional officials are more concerned with the number of services provided rather than the quality of services and who those services were provided to. This type of attitude assuredly affects the rural older person the most. It is usually less costly to provide services to a number of older people in an urban area, even though they may have access to other alternatives, or may not have the same needs or their needs are not as intense as the rural older person's.

Transportation for older people has been instituted statewide through your task force on aging. These transportation systems have set priorities on who they will serve and for what reasons, usually because of the limited funds available. A typical priority system might allow for medical transportation needs first, personal services second and social activities third, with overall priority going to rural, isolated older people before urban older people.

Question:

1. Are rural older people receiving adequate transportation services under the present system?
2. Is the present system the most effective in providing transportation to the rural older person?

Other services which might be considered in the workshop, in light of their effect on rural older people, are food stamps and their availability, nutrition programs and where they are located, the dissemination of information on programs to the rural older person and how effective is it.

Question:

1. Should there be an alternative method for allocating funds for providing services, other than the traditional allocation on the basis of population?
2. Where services are available over a geographical area, should rural residents have priority over urban residents in the use of those services?
3. Should those providing services come to the people needing services, or should the people go to the agency to apply for those services?
4. Should separate programs be set up for people in rural areas, or should they be integrated with larger programs covering both urban and rural areas?

PROGRAM OF EVENTS

GENERAL SESSION

Augusta Civic Center

September 26, 1974

1974

BLAINE HOUSE
CONFERENCE ON AGING

A Prelude to the 107th Session
of the Maine State Legislature by
Maine's Elderly

Host
GOVERNOR KENNETH M. CURTIS

PROGRAM

9:00 A.M.	REGISTRATION	
10:00 A.M.	CALL TO ORDER	The Honorable Kathleen Watson Goodwin, Chairman, Maine Committee on Aging
	NATIONAL ANTHEM	The Honorable Jane C. Kilroy
	INVOCATION	Rev. Gene Gillin
	WELCOMING REMARKS	Jack C. Libby
10:30 A.M.	INTRODUCTION OF THE SPEAKER	Rep. Kathleen Goodwin
	ADDRESS	The Honorable Kenneth M. Curtis, Governor
11:00 A.M.	PRESENTATION OF WORKSHOP RESOLUTIONS	
	COMMUNITY SERVICES	Margaret Jones
	HOME, BUT NOT HUNGRY	David Graham
	HEALTH CARE DELIVERY	Senator Elden Shute
11:45 A.M.	LUNCHEON	
1:00 P.M.	KEYNOTE ADDRESS	Senator Frank Moss U. S. Senate Special Committee on Aging
1:30 P.M.	PRESENTATION OF WORKSHOP RESOLUTIONS	
	CAN YOU STAY AT HOME?	Blanche Applebee
	THE ELDERLY IN RURAL COMMUNITIES	Henry Stone
2:15 P.M.	RESOLUTIONS FROM STATEWIDE PUBLIC HEARINGS	
2:30 P.M.	COMMENTS FROM THE FLOOR	
3:00 P.M.	ADOPTION OF CONFERENCE RESOLUTIONS ADJOURNMENT	

STATEMENTS OF SPEAKERS

OPENING REMARKS

JACK LIBBY, BREWER

MEMBER, MAINE COMMITTEE ON AGING

When one draws an assignment such as this, it has to be for a reason, but as a member of the Committee on Aging, I have learned not to ask why. Our chairperson is one who believes that all Committee Members should take part in this two day program and she says which part. So, I am very pleased to again have the honor of welcoming you in behalf of the Committee to the 5th Blaine House Conference on Aging. What an opportunity this has been on four previous occasions for Senior Citizens from all areas of the State to join hands in this great crusade. I'm sure that this 5th Session will be remembered as well.

These gatherings have been a way to present ideas in our search for better answers to our problems. In the last several years, what have we accomplished? Has it all been worthwhile? I see it this way. We have come a long way since 1968 when efforts first began to organize the elderly to improve our own lot. We are separated into five areawide task forces on aging which provide major services to our Senior Citizens. This was done originally by executive order of Governor Curtis who has been our friend and ally in all our endeavors, and serves us well. We have a Committee on Aging which functions as our spokesman to the Governor, the Legislature and State and Federal Agencies, and we have gained significant national prominence. Our Statewide Organizations of Senior Citizens, which provide services of programs, have been widely acclaimed and have served as models for other states. Without question, Maine's Senior Citizens movement is a leader in this country. It deserves the acclaim it attains and much of that acclaim belongs not just to Senior Citizens but to citizens of all ages who have supported us.

A year ago on this platform, I said that in some areas of our State we had free transportation for the elderly and that soon this service would be available in other areas. This has happened. From the Office of The Eastern Task Force in Bangor, this service spreads to four counties for all essential needs. Our Meals Program is expanding beyond all expectations. This year we have a property tax and rent refund law which returns up to $400 of taxes paid to Senior Citizens who have an annual income of less than $3,000. And don't you forget it. There are many aged in this category.

I am sure that those of us who need none of these services or benefits find it difficult to fully understand the value to the recipients. At this time, thanks should go to the hundreds of volunteers in the State who supplement the work

of the staff people in all areas. Without the volunteers, many of these programs could not be successful. An RSVP Office of which I am acquainted has three staff people and nearly four hundred volunteers. Thanks should also go to all those who serve on committees and use your time attending meetings. The game could not be played without you.

With our successes in many fields, there is one area in which we have much work to do. I refer to our failure in gaining some control over the cost of medicine. This buying medicine or prescription drugs is the roadblock to happiness for too many people. Their income, although adequate to keep them afloat while they are well and able to live without drugs, seems to evaporate so quickly when they start doing business with a pharmacist. In the spring of 1973 I had the privilege of visiting for a short while with Mr. Bill Oriole, one of Senator Muskie's staff people on the nutrition subcommittee of the Senate Committee on Aging. As we talked about health care, I mentioned that we have in our State a commodity food program. Why not a commodity drug or medicine program? Preposterous? Maybe, but I'll go for anything because we are in this and the cause is so real that we cannot get out without a solution. It is not my problem, of course. It is not your problem. It is our problem, local, state or federal. What difference does it make to the recipient? When we were in school we were given assignments that we were sure just didn't make sense, but always whether or not we came up with the proper answers, there was an answer. The same goes for what we are faced with today. There has to be a proper answer and for the sake of every citizen now and in the future, we have to come up with it because the minute we are born we start to age. Thanks to rapidly declining birth rates, the elderly are now the fastest growing segment, in percentage terms of American society. In the United States today there are 3½ million elderly Americans 65 and over who must make ends meet in an inflationary economy on an annual income of less than $2,100 and many of them are here in the State of Maine. So, as we continue our efforts to improve the quality of living for our needy elderly, let us remember that we need the cooperation of all people if we are to eventually win this game.

KEYNOTE ADDRESS

SENATOR FRANK E. MOSS, D-UTAH

SUBJECT—THE NEED FOR ENFORCEMENT OF NURSING HOME STANDARDS

Governor Curtis, Ladies and Gentlemen:

It is a great pleasure for me to be here today. I am honored to have been asked to make the keynote address at this your fifth annual Governor's Conference on Aging.

I always enjoy coming back to Maine, one of America's most beautiful states. Nature's wonders are apparent everywhere, especially at this time of the year. And, I have found the people as magnificent as is the landscape.

May I begin by reading an account of what can happen when good men and women — regardless of their age or their background — are pushed up against the wall of injustice. I quote from a newspaper account which I consider a classic:

"Topeka, Kansas police were called today to help restore order at a Methodist Home for the Aged, scene of a week-long revolt. Three militant octogenarians were arrested after a scuffle in the north parlor. They were identified as leaders of an activist group that seized control of the parlor three days ago and locked Mrs. Norma Sunderland, matron, in the closet.

"George Whitlock, 84-year old spokesman for the activists, told reporters the demonstration was staged to enforce demands that the old folks be given more role in management.

" 'We have a bunch of young whippersnappers running things around here,' he said, waving his cane indignantly. 'We don't trust anybody under 65,' he added, proudly displaying his senility power button pinned on his shawl.

"Two officers suffered minor injuries during the disturbance. One was hit by a runaway wheelchair and the other was jabbed by a knitting needle.

"The revolt began last week when a small group of hard-nose superannuates held a dodder-in at which some burned their Social Security cards. Although peaceable in early phases, the protest movement took a violent turn when someone hit Emery Dains, Home Administrator, with a bottle of Geritol. Mr. Dains blamed the trouble on a misunderstanding caused by difficulties in communicating with the militants.

"Some turn off their hearing aids when administrative personnel seek to explain policies, etc., he explained."

It's hell to be old in this country, I heard someone say not long ago. It's the simple truth — for most of our elderly. The pressures of living in the age of materialism and the pursuit of the good life have produced a youth cult in America. Our preoccupation with staying young knows virtually no boundary. We spend millions on elixirs and remedies all the way from pep pills to hair transplants and face liftings. Hang the expense. Drink Pepsi, drive a Ford, smoke Silva-Thins, or do anything else anybody insists will keep you looking young.

Why this obsession with youth? Some blame the movies. Others blame advertising for the kind of images sold to the public. The real reason goes deeper. Most of us are afraid of getting old. This is true because we have made old age in this country a wasteland. It's T. S. Elliot's rats walking on broken glass. It's the nowhere in between this life and the great beyond. It's being robbed of your eyesight, your mobility, and even your human dignity. And yet every year more and more of us make it to our 65th birthday and beyond.

In 1900 we had 3 million people over age 65. Today we have 21 million, for a 7-fold increase in just 74 years. Life expectancy has increased from 46 years to 70 years over this same period. While mortality has been extended, there has been a parallel increase in disability among the survivors.

More and more American are living longer and longer, yet they have more disabilities. The presence of multiple disabilities and advanced age marks candidates for nursing homes. These trends underscore the importance of good nursing homes. The need will increase with each passing year. Most of you know of my deep interest in this problem. I have served as Chairman of the Subcommittee on Long-Term Care, Senate Committee on Aging since 1963. I have chaired more than 35 hearings and received more than 5,000 pages of testimony. This data is the basis of our forthcoming report.

Some of you may recall one of our earlier hearings held in Portland, Maine. I chaired that August 1965 hearing, with my good friend and your distinguished senior Senator, Ed Muskie. These early hearings were valuable and helped to form the foundation for our report. In our report, the Subcommittee reached 5 major conclusions —

First — that the U. S. has no consistent policy with respect to treatment of the infirm elderly. The HEW Task Force to investigate Medicare and Medicaid emphasized, in 1970, that the needs of this age group have been assigned low priority and that the programs have been inadequate, piecemeal and illusory. Recent studies by the Urban Institute make the point more graphically. They point out that 3 million Americans are going without the nursing care they need. If effective home health services were available, many of these people could be maintained in their own homes. Insti-

tutionalism could be postponed or prevented with tremendous savings to the taxpayer.

My bill, S. 1825, seeks to close this gap through an expanded Medicare program. The bill would make home health services more readily available. In addition, it provides for comprehensive institutional coverage when home health is not appropriate.

Second — the Subcommittee concluded that current state Medicaid reimbursement formulas contain financial incentives which favor poor care. Quite often payments to nursing home operators are cut when they rehabilitate patients. Put another way, sicker patients bring operators more money. This must be changed. We must reward operators with increased profits when they provide superlative care.

Third — we have found that doctors are infrequent visitors to nursing homes. With the demands on their time, physicians have elected to treat the younger society. We have also learned that few medical schools stress geriatrics or geriatric pharmocology.

My bills, S. 764, 765, 766 are addressed to this problem. These bills would authorize funds to schools of medicine to provide training in geriatrics and to train paramedical personnel for service in nursing homes.

Fourth — we have concluded that untrained aides and orderlies provide 80 to 90 percent of the care in nursing homes. These employees, often hired literally off the street, and paid the minimum wage, have a turnover rate of 75% a year. By trial and error some become quite competent. But many do not.

My bill S. 512 would provide funds to schools of nursing for the in-service training of nursing home personnel.

Fifth — we have found that nursing home standards are not enforced. This was true as far back as 1959 when the Subcommittee on Problems of the Aged and Aging wrote in its report — licensure standards differ greatly and are not being enforced because of the problem of where to put patients.

In 1971 the U. S. General Accounting Office found that 50% of the nursing homes in Oklahoma, Michigan and New York violated standards. That same year the Subcommittee established that 50% of the homes in Wisconsin and Illinois were substandard. Later on the Department of HEW confirmed these findings adding that other states had an even higher rate of non-compliance.

Recent facts reinforce this same theme. New York reported in November 1973 that two-thirds of its homes had serious operating deficiencies. Likewise, HEW reported in January 1974 that 59% of the skilled nursing homes in the U. S. did not meet fire safety standards. The effect of these

failures in enforcement can be seen in the ashes of Mississippi and Missouri nursing homes with 13 people dead from fire in the last two months.

Why are state and federal nursing home standards unenforced?

1. **Inspections are Infrequent** — The Lt. Governor of the State of Wisconsin recently found that it was common for many nursing homes in his state to go a full year without inspection. A recent HEW survey of Minnesota reports that 25% of the homes surveyed had fire inspection for periods which extended from one to four years.

2. **States Have Inadequate Numbers of Inspectors** — Until April of this year, the State of New Mexico had only 3 inspectors for the state's 2,000 hospitals, nursing homes, boarding homes and homes for the aged. Through 1971, there were only 8 inspectors in Minnesota and 18 in Illinois.

3. **State Inspectors Are Often Untrained** — Few people realize that the same state inspectors who inspect state nursing homes for purposes of state licensure also make Medicare and Medicaid inspections. It is all the more unfortunate, therefore, that so few of them are trained for their jobs. HEW reports that bartenders enlisted as nursing home inspectors in Pennsylvania and that barbers were serving in Washington State. I believe these examples are isolated rather than universal, but they serve to make my point.

4. **Advance Notice of Inspection Is Given** — This practice is apparently fairly common nationwide. Our specific documentation comes from Florida, Illinois, Maryland and Minnesota.

5. **Too Often Inspections Are Only Bureaucratic Rituals** — Our investigation reveals that inspections in many states are cursory or pro-forma. Inspectors felt their work was complete with filing the forms. Little follow-up action is taken when inspectors write negative reports. All too often amicable relationships develop between the inspector and the inspected and violations are completely unreported.

6. **Too Often the Recommendations of the Inspectors Are Ignored** — There are a great many instances in subcommittee files where inspectors have recommended discipline or even the closing of a home only to be overruled by home office personnel. The subcommittee found violations in Illinois health files for many homes recurring over 10 years or more with no action by the state. Indeed only 3 homes were closed from 1959 through 1971.

In some cases the inspectors who were doing their jobs by reporting violations were penalized. In Wisconsin two inspectors were disciplined by the state for reporting that state's inaction to the newspapers. The inspectors were given unsatisfactory ratings in their personnel files and denied merit increases.

7. **Political Influence Keeps Some Poor Homes Open** — One witness testified with respect to a Chicago nursing home — the home had had bad reports for the past 4 years. Inspectors have recommended that it be closed but it remains open. It appears political pressure was applied in 1968. A memo found in the state inspection files mentions the political implications involved. State Representative Walter "Babe" McAvoy wrote to Dr. Yoder, Director of the Health Department and thereafter the license was issued. The following years, 1969 and 1970, the inspectors again found bad conditions and recommended against state licensure. The home remains open today.

8. **Responsibility for Inspection Is Fragmented** — In most states, the regulatory system boils down to this — a home is licensed by one agency, funded by a second, and assigned residents by a third. In most cases a fourth agency institutes legal proceedings to close a home. This system almost insures that homes with violations can continue to operate. Lack of interdepartmental communication often results in one agency trying to close a facility while another agency is sending it more patients.

9. **Inspections Emphasize the Physical Plant Rather Than Patient Care** — There are 4 major components to inspection — 1) sanitation and environment, 2) meals, 3) fire safety, 4) patient care. More often than not this means that a nursing home should have four separate visits during the year. Each inspector would be concerned with different aspects of the requirement. But patient care receives the least attention.

10. **There Is Also Fragmentation Along Political and Geographic Lines** — There is yet another layer to this bureaucratic tangle. There may be county and city responsibility for inspection of one or several standards. State responsibility usually overlaps the other two. The practice of state inspectors also conducting federal Medicaid and Medicare inspecting has been criticized by Ralph Nader and others as giving states a blank check. One example of how things can get out of hand is that Maryland announced a savings of one-half million dollars in their Medicaid program in 1970. We learned they did it not by using up to date methods as they claimed, but by not doing the Medicaid audits which are required by law.

11. **A Final Reason for the Failure of the Enforcement System Is the Impossibility of Closing a Home and the Lack of Disciplinary Options** — Many states complain that they cannot act against a nursing home short of costly formal procedures for license revocation or for closing. Why are there no other disciplinary options? Generally, the state legislature has not provided enforcement tools. Such tools might be fines and penalties, power to remove welfare patients, power to refuse to permit new welfare patients referred to the facility, protective custodianship, or the appointment of a custodian by a court to bring a home into compliance.

In the absence of such options, many states refuse to move against substandard nursing homes. Where will we put them? is the common cry of state officials. They rationalize that a poor home is better than putting people in the street. As someone has said, this is about the same as saying that if you are starving to death, even poison is better nourishment than nothing at all. In these enlightened times, it is appalling that such a philosophy can exist. All of these reasons give you some idea why some nursing home experts have called the inspection system a national farce.

It brings to my mind the thoughts of Sir Robert Peele who claimed that law was not law unless it was enforced. As long as nursing homes can violate the law with impunity, conditions in nursing homes will never improve very much.

I have chosen to emphasize enforcement in my speech this morning because enforcement is a local matter. I pledge to you to continue the fight for financial nursing home coverage for the needy aged, to motivate physicians to care for the ill aged and to train nursing home personnel. But I need your help. Nursing home standards will only be enforced when you demand that they be enforced. I hope you will insure that inspections in Maine are conducted regularly — that there are enough trained inspectors — and that no advance notice of the visit be given. I am hopeful you will watch to insure that the recommendations of the inspectors are carried out and that political influence is purged from the enforcement system. Most of all, I hope you will persuade your legislature to look to Wisconsin and Minnesota for examples of modern far-reaching statutes. These states have consolidated enforcement authority and provided their health departments with new enforcement tools. Only by working together can we insure a higher quality of life for Americans who suffer the compound burdens of illness and advanced age.

ADDRESS BY

GOVERNOR KENNETH M. CURTIS

1974 Blaine House Conference on Aging

Last year, Kathleen Watson Goodwin introduced me as the man who had gone prematurely gray in an attempt to identify with the elderly. This year I share more than gray hair with you as I face my own retirement.

I leave office grateful for, and educated by, the experiences of these past eight years. And none has been more exhilarating than my association with you — exhilarating because of the scope of the challenge we faced and continue to face — and the commitment of those who have worked so hard, and achieved so much, on behalf of the elderly of Maine.

I do not feel it appropriate to define issues today — that is your task. But I do want you to know that I will pass on to the next Governor the recommendations resulting from this conference and I will make every effort to ensure that he understands your needs.

Political action — as you have come to know so well — is a process, oftentimes slow, which depends on your ability to influence, not by persuasion but by the validity of your cause. And you have been successful, and will continue to be so, because your cause is great.

In less than a decade, you have organized and achieved wide public notice. You have successfully supported property tax and rent refund programs which in the past two and a half years have returned some five and a half million dollars to more than 38,000 of our elderly householders and tenants. You have helped create a Bureau of Maine's Elderly to sponsor programs such as transportation, meals, health screening, housing assistance and volunteer services. You also involved yourselves in the development of a Bureau of Human Services to work alongside the Bureau of Maine's Elderly to better ensure total coordination and effectiveness of all our human services through the sharing of information and expertise.

The Maine Committee on Aging has become your strong advocate, assisting you, through this conference, to attain the goals you set. In the future, and especially in the immediate months ahead, it is essential for you to continue the strong advocacy of your needs, clearly and reasonably.

Remember that you are now a voting power. Your votes are essential to a candidate, and it is up to you to remind the candidates in this November's elections that your votes will be based on the ability to deliver on campaign promises. For your needs require more than promises — they demand action.

As I travel the State and as I review your topics here today, I am convinced that largely due to your efforts, the people of Maine are developing the right attitude about our elderly as their awareness of your concerns increases. Once more, you are being looked to as respected elders who, in this case, have reasonably won political power and have reasonably used it to benefit us all. It is your unique opportunity to use your influence to help educate our society, to share your experience and to help us grow.

Your concern for human dignity, as most recently witnessed by your efforts to improve the quality of care in Maine's nursing homes, has attracted wide attention. This was evident in the presence here today of Senator Moss who, as a member of the Special Senate Committee on Aging and chairman of the Subcommittee on Long Term Care, is without question the nation's greatest advocate for nursing home reform.

As your power and publicity builds, you must be certain to retain your cohesiveness and your strong-willed commitment to values. You have set a laudable example for us to follow, and we owe a great debt to you.

I shall always remain strongly committed to the dignity of our elderly citizenry, but you alone can continue to share the state programs and policies that will affect the destinies of the elderly for generations to come.

Thank you.

MAINE COMMITTEE ON AGING

State House

Augusta, Maine 04330

October 28, 1974

The Honorable Kenneth M. Curtis
Governor
State House
Augusta, Maine 04330

Dear Governor Curtis

I am pleased to present the resolutions which were endorsed by the 5th annual Blaine House Conference on Aging for your consideration. On behalf of the Maine Committee on Aging, I express our endorsement of these resolutions and urge your full support. It is with mixed emotions that I make this presentation for it will be a new Governor who must ultimately act upon them. On behalf of Maine's elderly, we greatly appreciate your unending concern throughout your administration. Your presence will be sorely missed by us all, yet we are sure that, before leaving office, you will insure that these recommendations receive due consideration by your successor.

Again, our thanks for your support and your excellent speech at this year's conference. Thank you.

Sincerely,

Kathleen Watson Goodwin

Kathleen Watson Goodwin
Chairman

KWG/jw

RESOLUTIONS AND RECOMMENDATIONS

AS AMENDED AND ENDORSED BY THE

GENERAL SESSION

OF THE

FIFTH ANNUAL

BLAINE HOUSE CONFERENCE ON AGING

COMMUNITY SERVICES

1. Be it resolved that there be a state-wide information and referral system developed in Maine to serve the needs of all Maine citizens by June 30, 1975.

2. Be it resolved that the Bureau of Maine's Elderly participate in developing a state-wide system to insure that the legitimate interests of the elderly be represented at all levels of decision-making in fulfilment of the Bureau's legislative mandate.

3. Be it resolved that this state-wide information and referral system deliver services at the regional and local level. Be it further resolved that the source of delivery be decentralized to the regional level by locating access points for the elderly at the existing regional Task Forces on Aging.

4. Be it resolved that the state system have adequate provision for outreach and information dissemination, bilingual where necessary, to reach those who have not used existing services.

5. Be it resolved that sufficient funds be made available to train all information and referral workers to insure the successful implementation and effective operation of the system.

HOME, BUT NOT HUNGRY

1. Be it resolved that the 107th Legislature be urged to recommend changes in legislation to coordinate foodstamps, Supplemental Security Income, veteran's benefits, housing, Social Security, and all other related programs so that increased benefits derived from one will not subtract from another.

2. Be it resolved that the United States Department of Health, Education, and Welfare make a uniform interpretation of Title VI to include purchase of raw food for home delivered meals.

3. Be it resolved that the Bureau of Human Services and the Bureau of Maine's Elderly be urged to work with federal agencies to develop a unified outline for writing proposals and a unified reporting system for all sources of funding for both home delivered and congregate meals programs.

4. Be it resolved that the legislative guidelines for eligibility for foodstamps be revised so as to take into consideration a wider range of deductibles such as food preparation and storage, equipment, and basic home repairs. Be it further resolved that this concern be communicated to the appropriate state and federal officials.

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HEALTH CARE DELIVERY

1. Be it resolved that the 5th annual Blaine House Conference on Aging strongly urge the 107th Legislature to enact legislation which will require physicians to include generic names, if any, on all prescriptions so that the patient can have the prescription filled with the generic drug if he or she so wishes providing that said generic name is listed in the most recent edition of the U. S. PHARMACOPEIA or THE NATIONAL FORMULARY.

   Be it further resolved that a bill be proposed to the legislature which would require the mandatory posting of the price of prescription drugs and:

   Be it resolved that the Bureau of Maine's Elderly bring this recommendation to the appropriate professional groups to seek their assistance.

2. Be it resolved that the Maine Committee on Aging play an active role in developing a diverse coalition of interest groups to pursue an effective human service delivery system for all Maine citizens.

   Be it further resolved that the Maine Committee on Aging support and utilize in every way the State Council of Older People's citizens networks and that the Maine Committee on Aging pursue involvement in administrative decision-making on regulations, state planning, and policy development.

3. Be it resolved that the 107th Legislature be urged to fund and implement an ongoing health screening program for senior citizens, especially in rural areas.

4. Be it resolved that the Bureau of Maine's Elderly, through the area task forces, continue to give priority to the subsidization of home health services so long as third party payment programs, especially Medicare, continue to fail to provide minimally acceptable services benefits.

   Be it further resolved that the 107th Legislature provide the necessary funds for support of this subsidization.

5. Be it resolved that the 107th Legislature be urged to pass a bill, requiring that every basic health insurance plan sold in Maine, including Blue Cross, Blue Shield, and commercial insurance plans include home health services as a covered benefit.

6. Be it resolved that the 107th Legislature be urged to fund under the Department of Health and Welfare a comprehensive program of adult day care centers as a less costly alternative to institutionalization to enable the elderly to live in the community in dignity.

7. Be it resolved that the reimbursement of nursing and boarding homes for state-supported cases should be determined on a cost of operating basis as submitted to the State Department of Health and Welfare. The figures submitted shall be subject to field audit by the State Department of Health and Welfare personnel. Such a program will be enacted by July 1, 1975.

8. Be it resolved that, in the Medically Needy Bill, the "spend-down" clause in the eligibility rules be raised from $166 to a more realistic figure, this figure to be reached through consultation with the members of the Bureau of Maine's Elderly who have the necessary statistical figures available to them and the knowledge and expertise with which to reach a conclusion on a realistic figure.

9. Be it resolved that, in the rules governing eligibility for the Catastrophic Illness program, the words "1,000 deductible" be stricken from the bill.

10. Be it resolved that it should be a primary objective of the University of Maine to establish a Gerontology Institute. The University should establish a medical school working in close cooperation with the Maine Committee on Aging and the Bureau of Maine's Elderly which would develop an emphasis on geriatric medicine to train physicians who would be obligated to practice within the state for at least three years.

11. Be it resolved that the Blaine House Conference on Aging go on record to support a change in the existing Social Security laws that pertain to reimbursements under physician services (known as part B) to allow for payment for services provided by physicians' assistants and other physician expander personnel that are functioning under documented physicians' supervision.

12. Be it resolved that the Blaine House Conference on Aging go on record to support a change regarding the Medicaid policy of the State Department of Health and Welfare to allow payment for services provided by physicians' assistants and other physicians expander personnel that are functioning under documented physicians' supervision.

13. Be it resolved that the 107th Legislature be instructed to create and increase health care delivery systems for rural areas.

    A. Clinics with busing

    B. Mobile clinics using paraprofessional medical personnel

    C. Investigate the admission of foreign trained physicians to practice

    D. Further develop health screening throughout the state.

This plan to be completed, implemented and funded by July 1, 1975.

14. Be it resolved that minimum pay scales in excess of federal minimum wage rates be established for all nursing home personnel to insure an increased supply of competent and steady staff.

15. Be it resolved that a revised set of standards and requirements for licensure of nursing homes be enacted by the Commissioner of Health and Welfare before the convening of the 107th Legislature or in the event that the Commissioner fails to take such action that the 107th Legislature enact said standards and requirements and that they be in conformity with the standards and requirements as stated in the **Rules and Regulations for the Licensing of Nursing Care Facilities,** 1972 draft.

16. Be it resolved that the 107th Legislature enact a Patient's Bill of Human Rights that would be defensible in a court of law. The law should explicitly provide for legal counsel and protection for the indigent aged from exploitation in nursing and boarding home facilities.

CAN YOU STAY AT HOME?

1. Be it resolved that the Blaine House Conference strongly urges that the Handyman Service should be initiated and expanded on a state-wide basis as soon as possible.

2. Be it resolved that the Blaine House Conference on Aging strongly urges that the salaries of all persons employed in Homemaker - Health Aide and Handyman Services should be comparable to the State of Maine salary guidelines.

3. Be it resolved that the Blaine House Conference on Aging strongly urges that the services of Homemakers could be even more beneficial by training homemakers as Health Aides and under the supervision of professional personnel to work as a team providing social and health services and expand their services in numbers and areas.

4. Be it resolved that preference in hiring, all other things being equal, should go to senior citizens.

5. Be it resolved that the Blaine House Conference support the establishment of a revolving seed money fund to be used for the initial costs of new elderly housing in Maine, and urge the Legislature to appropriate money for this purpose. The fund to be administered through the Bureau of Maine's Elderly.

6. Be it resolved that the Blaine House Conference support the idea of the establishment of a state rehabilitation service with high priority for the elderly. This service would rehabilitate degenerated houses and work to maintain home repairs to avoid the run-down condition. Such a

program could work directly with federal programs designed to provide loans for housing rehabilitation.

7. Be it resolved that preference, all other things being equal in hiring administrators and service deliverers should go to senior citizens.

8. Be it resolved that Homemaker Health Aides and Handyman services should be coordinated on a regional basis through the area organizations on aging. Area agencies should use local existing organizations who are familiar with the needs of senior citizens, for the administration and delivery of these services, rather than creating duplicate organizations.

9. Be it resolved that the Blaine House Conference urge the 107th Legislature to enact legislation which will allow SSI recipients who are otherwise eligible, to receive Property Tax and Rent Refunds.

THE ELDERLY IN RURAL COMMUNITIES

1. Be it resolved that there be funds appropriated by the legislature for training programs to be sponsored by the Area Task Forces on Aging for municipal and outreach personnel in all agencies and organizations involving the elderly for filling out all state and federal application forms affecting the elderly.

2. Be it resolved that food stamp eligibility be consistent with the cost of living index as set by the Federal Cost of Living Council.

3. Be it resolved that the 107th Legislature establish a fuel stamp program allowing for cost of living increases specifically for elderly and low-income people.

4. Be it resolved that the state provide incentives to Doctors of Osteopathy, chiropractors, and medical doctors to locate in rural areas.

5. Be it resolved that home care services, i.e., visiting nurse, home health aide, homemaker, therapy and health screening programs be expanded in rural areas to alleviate the dependence on health care facilities some distance away and that these services be coordinated on a regional level.

6. Be it resolved that rural renovation grants be provided to low and moderate income elderly.

7. Be it resolved that the federal, state and local governments engage in the development of rent subsidized rural elderly housing.

8. Be it resolved that property tax valuation be placed on present use value and not on potential use value.

9. Be it resolved that the 107th Legislature provide matching funds for public transportation for the elderly and disabled in the rural areas of

Maine and that medical transportation be considered top priority and that such matching funds be processed through the Bureau of Maine's Elderly.

10. Be it resolved that the 107th Legislature renew the Priority Social Service Act of 1973 to be funded at at least the same level.

RESOLUTIONS FROM THE MAINE COMMITTEE ON AGING

1. Be it resolved that national health insurance legislation be passed which, at a minimum, will provide total medical and dental coverage including prosthetic devices and adequate coverage of long term care to all older people and will place special emphasis on prevention, rehabilitation, home health agencies, and long term care.
2. Be it resolved that the state implement a plan of no-fault automobile insurance.
3. Be it resolved that the State of Maine, recognizing the elderly's acute need for transportation, provide resources to expand this necessary service which would be administered by the Bureau of Maine's Elderly.
4. Be it resolved that the Maine Committee on Aging recognizes the accomplishments of Richard Michaud, Director of the Bureau of Maine's Elderly, and reaffirms its commitment to work with the Director and the Bureau of Maine's Elderly in all endeavors to benefit Maine's elderly.
5. Be it resolved that the federal government increase supplemental security income to the latest national average minimum adequate income for an elderly individual and couple as developed by the Department of Labor, Bureau of Labor Statistics and that the State of Maine through action of the 107th Legislature provide this minimum within the state optional supplement, where the federal government fails to assume its responsibility.
6. Be it resolved that any state increases in the state optional supplement be across-the-board increases, and that when increases are effected the state optional disregards be reduced proportionately.
7. Be it resolved that every effort be made to insure against age discrimination in employment, to insure full employment opportunities for our older citizens, to strongly oppose the policy of mandatory retirement of state employees, and to further oppose any limit being placed on the income senior citizens may earn without being penalized.
8. Be it resolved that a University-wide Gerontological Institute, jointly sponsored by the University of Maine and the Maine Committee on Aging, be established within the state university system as presented to

Chancellor McNeil on August 1, 1974 by the Maine Committee on Aging.

9. Be it resolved that the Bureau of Maine's Elderly, pursuant to Public Law 793, Section 5106-2, develop and maintain an up to date information system, as far as possible, concerning all aspects of the elderly in Maine, especially in those areas where other federal, state and local agencies, having responsibility for specific programs, are unable to present distinguishable statistics relating directly to the elderly.

RESOLUTIONS FROM THE FLOOR

1. Be it resolved that incentives be provided to at least double the number of podiatrists in Maine and to insure through these incentives that their practices are established in areas where they are most needed.
2. Be it resolved that this Body extends its thanks and gratitude to his Excellency, Governor Kenneth M. Curtis, for this 5th annual Blaine House Conference on Aging and all that his Excellency has done for the aging during his eight years as governor.
3. Be it resolved that this Body extends its thanks and gratitude to the Honorable Kathleen Watson Goodwin, Chairman of the Committee on Aging, for the deep concern and all her fruitful labors for the elderly of Maine.
4. Be it resolved that this Body extends its thanks to the Maine Committee on Aging for its untiring labors for the elderly.
5. Be it resolved that the members of the workshops extend their thanks and appreciation for all the courtesies extended to them and for the housing and delicious meals at the Holiday Inn.
6. Be it resolved that the 107th Legislature reduce the age requirement for free fishing licenses and clam digging permits from 70 to 65.

SELECTED STATEWIDE PRESS REVIEWS

Kennebec Journal, Friday, September 27, 1974

CONFERENCE ZEROS IN ON NURSING HOMES

By Betty Potter

KJ staff writer

The need to upgrade Maine nursing home standards was the theme of most of the speeches at the Blaine House Conference on Aging Thursday at Augusta Civic Center.

Sen. Frank Moss of the U. S. Senate Special Committee on Aging, keynote speaker, told the group, "It's hell to be old in this country. We've made getting old a wasteland. Older people are pushed against the wall. Most people are afraid to get old."

He said life expectancy has increased, but there has been a parallel increase in mobility. "These trends underscore the fact we need good nursing homes and the United States has no plan for its elderly."

He said there are three million Americans who are going without the nursing home care they need.

Moss believes the present nursing home inspection system is a farce and said, "Nursing home standards are not enforced because nobody knows where the patients would go if the homes went out of business.

Gov. Kenneth M. Curtis, who considers his elderly program one of the most rewarding of his eight-year career, told the group, "We've only scratched the surface. We haven't solved the problem."

He said, however, "I think we've come a long way in less than 10 years. The committee on aging has become a strong advocate. Don't ever forget what a tremendous voting power you are. You represent 11 per cent of the population and your votes are essential to the candidates."

He said senior citizen efforts are developing the right attitude toward the elderly.

He concluded by saying, "You have a unique opportunity to help educate society."

Some 1,200 people at the conference gave the governor a standing ovation at least three times. After his speech he was presented a plaque by Mrs. Kathleen Watson Goodwin, chairman, Maine Committee on Aging, in their behalf.

He told them earlier that Moss was impressed that they took notes at the meeting — it showed they mean business.

Jack C. Libby, a member of the Committee on Aging, told the group their efforts had made them a leader in the nation. He mentioned property tax abatement, meals on wheels and RSVP, (transportation) as some of their important gains.

He said the next item should be a commodity drug business. He commented, "Some senior citizens had adequate incomes before they started doing business with the pharmacies."

He told them, "There has to be an answer and we have to come up with it."

Mrs. Goodwin, who has traveled the state working with Maine's elderly, told the group, "We're determined that by the end of the year boarding home standard laws will be enforced."

At a press conference earlier, George Mitchell, South Portland, Democratic candidate for Governor, said, "Across the board we need a new and updated standard of nursing home care. The number of boarding home and convalescent home beds is inadequate."

He said present standards of care haven't been updated for eight years. "Standards are only a part of the problem, but we should take one step at a time."

He warned, however, "If we close up half of the nursing homes in the state it wouldn't solve the problem."

Mitchell and several other candidates were present to meet the elderly and do a little politicking. Candidates attending included Second District congressional candidate Mark Gartley and independent gubernatorial candidate James Longley.

Among the resolutions passed were those recommending: a patients' bill on human rights in nursing homes, that the 107th Legislature be instructed to create and increase health care delivery in rural areas providing clinics with busing, mobile clinics using paraprofessional medical personnel, investigate the admission of foreign trained physicians to practice and further develop health screening throughout the state.

Other resolutions call for handy man and homemaker health aide services expanded on a statewide basis.

Another resolution called for a comprehensive program of adult day care centers as a less costly alternate to institutionalization.

Lewiston Daily Sun, Friday, September 27, 1974

CURTIS REMINDS SENIORS OF VOTE POWER

AUGUSTA, Maine (AP) — The state's senior citizens were reminded by Gov. Kenneth M. Curtis Thursday that they represented a powerful voting bloc.

"Your votes are essential to a candidate, and it is up to you to remind candidates in this November's election that your votes will be based on the ability to deliver on campaign promises," Curtis told the Blaine House Conference on Aging.

The session, which attracted hundreds of Maine's elderly, was sponsored by the Governor's Task Force on Aging.

The meeting was opened by Rep. Kathleen W. Goodwin, D-Bath, chairman of the task force.

In his address, Curtis told the conference participants that because of their efforts, the people of Maine are developing an awareness for the needs of the elderly.

"Once more, you are being looked to as respected elders who, in this case, have reasonably won political power and have reasonably used it to benefit us all.

"It is your unique opportunity to use your influence to help educate our society, to share your experience and to help us grow," Curtis said.

Also attending the session was Sen. Frank Moss, D-Utah, chairman of the Senate subcommittee on long term care and member of the Senate Committee on Aging.

Bath-Brunswick Times Record, Friday, September 27, 1974

'BEING OLD IS HELL,' SAYS SEN. MOSS

AUGUSTA — Sen. Frank Moss, D-Utah, told delegates to the Fifth Annual Blaine House Conference on Aging here yesterday something they already knew — "It's hell to be old in this country."

But Moss, who is chairman of a Senate subcommittee on long-term health care, added some documentation. He said that his subcommittee has reached five conclusions in its forthcoming report.

— the U.S. has no consistent policy with respect to treatment of the infirm elderly.

— current state Medicaid reimbursement formulas contain financial incentives favoring poor care.

— doctors are infrequent visitors to nursing homes.

— untrained aides and orderlies provide 80 to 90 per cent of nursing home care.

— nursing home standards are not enforced.

Nursing home standards go unenforced, Moss said, because inspections are infrequent and advanced notice of them is given, states have inadequate numbers of inspectors and they are often untrained, responsibility for inspection is fragmented and there are no disciplinary options other than closing the home.

In the absence of such options, Moss said, many states refuse to move against substandard nursing homes. "Where will we put them?" is the common cry of state officials, Moss said. "They rationalize that a poor home is better than putting people in the street."

After hearing from Moss and Governor Kenneth Curtis, the 1,200 delegates to the conference adopted over 50 resolutions designed to be acted on by state agencies or the 107th legislature.

Among the resolutions were several aimed at improving nursing homes in the state, a major legislative goal of the Maine Committee on Aging, which sponsors the conference along with the Bureau of Maine's Elderly.

The resolutions directly connected with nursing homes were: that the reimbursement of nursing and boarding homes for state-sponsored cases should be determined on a cost of operating basis rather than flat rates; that minimum pay scales be established for nursing home personnel to insure an increased supply of competent staff; and that a revised set of licensing standards

for nursing homes be enacted by the Health and Welfare Department, or failing that, by the legislature.

Reaction by local delegates to the conference was generally favorable. Merle Oaks of Brunswick and Alvin Settle of Topsham both applauded Moss's speech and agreed with his critique of the nursing home situation.

Settle also said he believed the resolutions dealing with home health care adopted by the conference were important because they help people remain at home and out of institutions in the first place.

Among the resolutions adopted concerning home health care was one urging the legislature to continue subsidizing home health services as long as Medicare, and other programs, do not provide sufficient coverage. Another urged the legislature to pass a bill requiring every basic health insurance plan sold in the state to include home health as a coverage benefit.

Settle also worked on one of Wednesday's workshop sessions at which the resolutions were developed. "Progress is slow," said Settle, who has been involved with affairs of the elderly for several years. "But the programs are really getting going now."

Governor Curtis struck much the same theme in his "valedictory" address to the conference. Curtis was introduced as "one of the best friends senior citizens ever had" by Kathleen Watson Goodwin, chairman of the Committee on Aging.

Curtis praised the group for progress made and said, "We still have a long way to go." He also noted that the elderly have become a powerful voting bloc in the state, a fact not lost on gubernatorial candidates George Mitchell and James Longley, and congressional candidate Mark Gartley, all of whom were at the conference at various times during the day.

Other resolutions passed by the conference included ones favoring no-fault insurance, the mandatory posting of prescription drug prices and national health insurance.

Chip Liversidge, director of the Bath-Brunswick Regional Health Agency, sponsored a resolution to establish incentives to double the number of podiatrists in Maine, and to get them to locate in areas where they are needed.

Presently, Liversidge said, there is no foot doctor in the Bath-Brunswick area, and it is "hard for older people to go all the way to Portland."

Portland Press Herald, Friday, September 27, 1974

NURSING HOME STANDARDS MUST BE ENFORCED — MOSS

By Arthur Frederick

AUGUSTA, Maine (UPI) — Conditions in many of the nation's nursing homes are poor because the states have been reluctant to enforce state standards, Sen. Frank E. Moss, D-Utah, told the fifth annual Blaine House Conference on Aging Thursday.

"Many states refuse to move against substandard nursing homes," Moss said. " 'Where will we put them?' is the common cry of state officials. They rationalize that a poor home is better than putting people in the street."

Moss said a lack of options, often keeps the states from enforcing standards. He said responsibility for inspections is often fragmented, inspections are too infrequent, that there are too few trained inspectors, that inspections are often too concerned with the physical building than with patient care, and that usually the only way to discipline a nursing home is to revoke its license.

"Why are there no other disciplinary options?" Moss said. "Generally, the state legislature has not provided enforcement tools. Such tools might be fines and penalties, power to remove welfare patients, power to refuse to permit new welfare patients referred to the facility, protective custodianship, or the appointment of a custodian by a court to bring a home into compliance."

Moss said the elderly must demand higher nursing home standards and better means of enforcing the applicable laws.

"Nursing home standards will only be enforced when you demand that they be enforced," he said. "I hope you will ensure that inspections in Maine are conducted regularly — that there are enough trained inspectors — and that no advance notice of the visit be given."

Moss, who is chairman of the subcommittee on long term care of the Senate Special Committee on Aging, said he has sponsored legislation making home health services more available, provide funds for geriatric training in medical schools, and make special in-service training available to nurses.

Moss said his subcommittee will soon release a report on nursing homes which will show that there has been no consistent policy on the part of the federal government toward the elderly. The report also shows, he said, that current state medicaid reimbursement formulas encourage poor care and that doctors visit most nursing homes only infrequently.

Gov. Kenneth M. Curtis told the conference that tax programs have returned more than $5.5 million to 38,000 of Maine's elderly.

"You have helped create a Bureau of Maine's Elderly to sponsor programs such as transportation, meals, health screening, housing assistance and volunteer services," Curtis said. "You have also involved yourselves in the development of a Bureau of Human Services to work alongside the Bureau of Maine's Elderly to better insure total coordination and effectiveness of all our human services through the sharing of information and expertise."

Bangor Daily News, Friday, September 27, 1974

OLDER MAINERS ISSUE CALL

By Jim Byrnes

Of The NEWS Staff

AUGUSTA — The Fifth Blaine House Conference on Aging, with 1,200 present in the Augusta Civic Center Thursday, has some news for the 107th Maine Legislature.

They want dignity.

They want dignity through legislation calling for better bilingual information, realistic Health and Welfare Department policies, improved standards and meaningful inspections of nursing homes, generic names on drugs to reduce costs and more attention to the care of the elderly at home, and in the medical facilities.

There are 165,000 people 60 years of age or over living in Maine; and one out of eight people in Maine is over 65. The group represents 11.8 per cent of the population and 30 per cent of the voting population.

Gov. Kenneth M. Curtis who started the Blaine House Conferences, received two standing ovations, was presented a plaque and heard the singing of "He's a Jolly Good Fellow" as he left the hall.

Curtis gave the credit for the gains so far made by the "Over 60 group" to those present.

"You have helped create a Bureau of Maine's Elderly to sponsor programs such as transportation, meals, health screening, housing assistance and volunteer services," Curtis said. "You have also involved yourselves in the development of a Bureau of Human Services to work alongside the Bureau of Maine's Elderly to better insure total coordination and effectiveness of all our human services through the sharing of information and expertise."

Curtis also revealed that the Tax Rent Reform law had returned $5,500,000 to 38,000 of Maine's elderly and that the legislature would have to come up with more funds in January to meet the applications coming in. The laws gives tax rebates and rent subsidy to the elderly with minimum incomes.

Sen. Frank E. Moss of Utah, who is on the Senate's Special Committee on Aging and is chairman of the subcommittee on long-term care, called on the 1,200 delegates for support of his bill in Congress calling for enforcement of nursing home laws.

"Nursing home standards will only be enforced when you demand that they be enforced.. I hope you will insure that inspections in Maine are conducted regularly — that there are enough trained inspectors — and that no advance notice of the visit be given. I am hopeful you will watch to insure that the recommendations of the inspectors are carried out and that political influence is purged from the enforcement system. Most of all, I hope you will persuade your legislature to look to Wisconsin and Minnesota for examples of modern far-reaching statutes. These states have consolidated enforcement authority and provided their health departments with new enforcement tools. Only by working together can we insure a higher quality of life of Americans who suffer the compound burdens of illness and advanced age," Moss said.

At a pre-conference press conference George Mitchell, Democratic gubernatorial candidate, revealed that " . . . of the 131 licensed nursing homes in Maine only 12 qualify for Medicare support."

Rep. Kathleen W. Goodwin, D-Bath, presided at the meeting.

Jack C. Libby of Brewer, a member of the Maine Committee on Aging, keynoted the conference by telling the delegates, "We are the fastest growing segment of American Society, percentage-wise."

David Graham, chairman of the workshop on "Home But Not Hungry," said that 50 per cent of the ills of the elderly were due to poor nutrition, but that tea and sympathy also was needed.

RECOGNIZING THE OLD

As was pointed out here last week, the gubernatorial candidates are quite aware of the deteriorating condition of Maine's elderly poor. One can assume their's is true compassion, but in the same context it should also be pointed out that the elderly are increasingly aware of their political potential.

A Credo of the Elderly was passed around at the last Blaine House Conference on Aging. It set forth many of the fears and hopes of aged people; fear of being taken from the mainstream of life, hope that "we shall attain a life of greater value if each American accepts his personal responsibility for his fellow human beings."

"We shall wield our power as a people," say the elders determinedly and, since Maine leads the nation in numbers of over 62's per 1,000 of population, it is politically wise that they be heard.

In response to this voice we have "position papers" or comments from four of the six gubernatorial candidates.

James Erwin, Republican, regards the plight of the elderly poor and says the governor can "help blunt the effects of inflation" upon them. He would initiate a cost study to determine the feasibility of granting further state property tax relief, and possibly sales tax relief, to the old.

That doesn't say he'd do it, but that it would be studied.

If the tax impact cannot be eliminated, it must be reduced, says Erwin. "No elderly person should ever be forced to sell his home because he can no longer afford to pay . . . a state tax bill."

Democrat George Mitchell talks about minimum utility services at cost, improved tax and rent refunds, state-supported private pensions plans, increasing the shelter allowance under SSI. He'd expand and refine education information programs to inform the elderly of their benefits. Mitchell goes on to health care, transportation suggestions, state support for new career programs for oldsters. He also has a deal to say about Social Security benefits which, of course, would be beyond his control as governor.

Independent James Longley feels the elderly, "more than any other group, are paying the price" of inflation. He says a small tax reduction can often mean an older person being able to keep the home he has "but this cannot come about until economy and efficient efficiency are brought into state government.

Longley, like Erwin, would put greater emphasis on programs at the community level. He would also seek an update of nursing home standards, and would encourage programs whereby young people would join with the elderly in programs and projects that would benefit community and state as well as the individuals.

Leith Hartman of South Berwick is an independent write-in candidate who says he's concerned about the plight of senior citizens. His platform contains the statement that "I do not favor socialism or the welfare state, but I do believe in fair play and old-fashioned honesty. If a person has put a dollar into a retirement plan he is entitled to take a dollar out plus interest." This is preceded by a sentence that reads: "Guarantee to senior citizens enough income so they can live in comfort and dignity."

The promises, the platforms, the individual planks are almost stereotypes. The Republican is duly cautious; the Democrat predictably expansive. Perhaps the best thing the elderly voter can take with him to the polls is knowledge that he has clout and the clout is recognized. The political leader who slights him will be in peril.