1976

BLAINE HOUSE

CONFERENCE ON AGING

A REPORT OF STATEWIDE PUBLIC HEARINGS

CONFERENCE PROCEEDINGS

AND

RECOMMENDATIONS

MAINE COMMITTEE ON AGING

State House

Augusta, Maine 04333

Governor James B. Longley

State House

Augusta, Maine 04333

Dear Governor Longley:

On October 20 and 21, the Maine Committee on Aging sponsored the 6th Blaine House Conference on Aging in Augusta which was attended by 1,000 elderly delegates. It is a pleasure to transmit to you this comprehensive account of that conference. We hope that you and the members of the 108th Legislature will find the enclosed recommendations worthy of consideration and action.

The topics considered in five workshops on October 20 were developed from the findings and recommendations of the comprehensive study commissioned by the Committee, *Over 60 in Maine: A Progress Report*, and following meetings with elderly leaders in each area agency on aging, statewide public hearings, and meetings with numerous senior citizen clubs and elderly organizations throughout the State. We believe that the recommendations herein well represent the diverse strengths and needs of Maine's 170,000 elderly and pledge our support to continued efforts to improve the quality of life of all Maine's ever aging citizens.

On behalf of the Maine Committee on Aging, I wish to express our sincere thanks to all delegates, resource personnel, and the Bureau of Maine's Elderly for a very successful conference. Their mutual efforts continue to draw public attention to the needs and the vitality of our elders.

This report represents the priorities of Maine's elderly as they have expressed them to us. We anticipate your continued support for the elderly and their concerns. The Maine Committee on Aging looks forward to working with you, the Legislature, and citizens in making real many of the enclosed recommendations. Thank you.

Sincerely,
Kathleen Watson Goodwin
Chairman

State of Maine

DEPARTMENT OF HUMAN SERVICES

Augusta, Maine 04333

Representative Kathleen Watson Goodwin

Chairman

Maine Committee on Aging

State House

Augusta, Maine 04333

Dear Representative Goodwin:

The Blaine House Conference on Aging marks a major accomplishment for Maine's elderly. In this one conference, elderly citizens, professionals, the Committee, and the Bureau of Maine's Elderly join together for two days of intensive discussion regarding Maine's public policy in aging. From that discussion, consensus is reached and recommendations are developed which become our action plan for the upcoming year. The Committee is to be commended for another successful conference this year.

The Bureau of Maine's Elderly anticipates working closely with the Maine Committee on Aging, as we do during the Blaine House Conference on Aging, to implement the priority recommendations of Maine's elderly. We look forward to a productive 1977 and wish the Committee luck in its undertaking on behalf of Maine's elderly.

Sincerely,
Richard W. Michaud
Director
Bureau of Maine's Elderly

TABLE OF CONTENTS

INTRODUCTION

The Blaine House Conference on Aging is a forum of Maine's elderly designed to stimulate public policy direction by the elderly themselves. The first day of the conference consists of a series of workshops developed following statewide public hearings and meetings with elderly leaders. Each workshop consists of approximately 40 elderly delegates and professional resource people who develop background papers on the workshop topic in cooperation with the Maine Committee on Aging and its staff. These papers are studied in advance by the delegates and formulate the basis of workshop discussions. The discussion papers have been abstracted herein. Copies of the full papers are available by writing to the Maine Committee on Aging, State House, Augusta, Maine 04333. Each workshop, chaired by a member of the Maine Committee on Aging, develops recommendations for consideration by the full 1,000 delegates on the second day of the Conference.

Forty-four resolutions, printed here, were enacted by the 1976 Blaine House Conference on Aging. In an effort to more thoroughly address a limited number of resolutions, the Committee then asked the five Task Forces on Aging and the State Council of Older People to list their priorities for consideration by the 108th Legislature. Taking the priorities of the elderly leaders and considering those along with the Committee's own goals led to the development of Maine Committee on Aging priorities, which are listed at the conclusion of the report.

The Blaine House Conference on Aging is a mutual effort of the Maine Committee on Aging, the Bureau of Maine's Elderly, the area agencies on aging, the State Council of Older People, and other elderly organizations, and the enclosed report represents their concerns as collated by the Maine Committee on Aging. Copies of this report may be obtained by writing to the Maine Committee on Aging, State House, Augusta, Maine 04333.

MEMBERS OF THE MAINE COMMITTEE ON AGING

Mrs. Marion Baraby
Mr. Arnold Briggs
Mrs. Constance Carlson
Mr. Harold Collins
The Honorable David Graham
The Honorable Kathleen Watson Goodwin, Chairman
Mrs. Germaine Hebert
Mr. Jack Libby
The Honorable Luman Mahany
Mrs. Sarah Morse
Miss Leora Prentiss
Mr. Floyd Scammon
Mr. Henry Stone
Dr. Henry Thatcher

Staff

Trish Riley, Staff Director
Gay Jensen, Research Assistant
Susan Young, Ombudsman
Joanne West Winchenbach, Administrative Assistant
Barbara Clark, Part-time Consultant

BUREAU OF MAINE'S ELDERLY

Mr. Richard W. Michaud, Director
Mr. James Doak
Mr. Peter Fessenden
Mr. Waldo Gilpatrick
Mrs. Betty Hodsdon
Mr. Richard Johnson
Mr. James Martin
Mr. Leonard Nemeth
Mrs. Donna Nickless
Mrs. Betty Patten
Miss Helen Philbrook
Mr. Roland Preble
Mr. Tom Randall

PERSONNEL AND DISCUSSION PAPERS

PRE-SESSION WORKSHOPS

BLAINE HOUSE CONFERENCE ON AGING

Holiday Inn, Augusta

October 20, 1976

BLAINE HOUSE CONFERENCE ON AGING

WORKSHOPS

October 20, 1976

Holiday Inn, Augusta

EMPLOYMENT

Opportunities, incentives, age discrimination, retirement

Chairman:	Constance Carlson, Maine Committee on Aging
Vice-Chairman:	Arnold Briggs, Maine Committee on Aging
Resource Personnel:	David Clark, Professor of Economics, University of Maine at Orono Ray Fongemie, Director, Manpower Research Division, Dept. of Manpower Affairs David Kee, Esq., Commissioner, Maine Human Rights Commission Gary Locke, Project Director, Senior Community Service Employment Program Irwin Szawlowski, former president, Local #8 United Paperworkers International Union Richard Steinman, Associate Professor of Social Welfare, University of Maine at Portland-Gorham
Recorder:	John Hauser, Cumberland-York Senior Citizens Council

Workshop Delegates:

Sarah Bornstein	Woodward Page
Marilyn Daigle	William Proctor
James Doak	George Quint
Reginald Dority	Mrs. Lawrence Read
Emily Evans	Hazel Rush
Peter Fessenden	Pat Ryan
Barbara Hamaluk	Pat Schroeder
Gilbert Howe	Frank Shuman
Margaret Hugle	Robert Spidle
Roger Leach	Rudolf Trafton
Clair Lewis	Charles Tupper
Burleigh Lovett	Frances Tupper
Dan Lowe	Captola Watt
Carol McCarthy	Leland Watt
Leonard Nemeth	Bill Welch
Charles O'Leary	Mrs. Alvin Wescott

Abstract of discussion paper on

EMPLOYMENT

(copies of full text available from Maine Committee on Aging)

Today a man or woman who is retired at age 65 and is in good health can face a retirement of 21 years or more. In our profit-oriented society, can the retiree remain an active producer in our rigid "goods and services" economy? Once business retires a worker and labels him "non-productive," the community begins to share that inclination and the old become stigmatized, deprived of essential economic and social roles.

As an alternative, large proportions of older people must be provided the opportunity to engage in activities essential to the world around them. While employment is not the only socially valued option through which this goal can be achieved, in an industrial economy it is difficult for people of **any** age to find a niche in which they are genuinely needed unless their value is recognized in the form of a monetary exchange.

> The economic sphere has an overawing influence on all that takes place in developed societies. Exclusion from active participation in it is exclusion from a vital part of the elaborate gift exchange which is the modern economy. If we are to rehabilitate the elderly into the network of social exchange, we must give them better access to this economic sphere. It is too simple, however, to suggest that all should be allowed to continue in their lifework until an age of their choosing. (Johnson, 1975)

Likewise, it is too simple to suggest that the only alternative is mandatory retirement at age 65. It is difficult to ascertain precisely how many workers are subjected to mandatory retirement policies. A Harris Poll survey in 1975 found that 36% of all workers are employed under fixed retirement plans. However, inconsistency exists between employment practices (pressures to retire) and written plans. In Maine, employees of the State Government are subject to mandatory retirement at age 70, with certain exceptions such as State Police.

Subtle discriminations against the older worker, longer periods of unemployment after leaving a job and difficulty in job mobility after age 45 are significant factors affecting the older worker in addition to forced retirement. According to *Over 60 in Maine: A Progress Report*, the labor force participation rates of older men and women fell substantially between 1970 and 1975. Considerably fewer people are working with not much change in the number of unemployed, although the rate is much higher. The labor force participation rates and the rates of unemployment may not be accurate representations of the work or lack of work situation among the elderly, however. According to the 1975 survey, for every man who was "unemployed" (actively looking for work) there were two men who said they would like to

have a job but were not looking for work. For every woman who was "unemployed," there were three women who reported they would like a job but were not looking for work. The main reason these hidden unemployed gave for not looking for work revolves around the idea that they do not think they could find a job, they think they are too old to be hired. In 1970, a majority of the men aged 60-64 were still working full-time. In 1975, less than half of the men in this age group were working at all and just over 1/3 were working full-time. This drop in the labor force participation rate is not confined to Maine but is happening nationwide. The change in Maine seems to be of greater magnitude, however.

Some of the change in the number of retired people working or seeking work may be by choice—more adequate retirement benefits may have reduced the pressure to find jobs. Nevertheless, there are many older people who would like to work who do not have jobs and who have given up looking for work. These people are victims of the recession faced by the entire country. The overall employment picture is likely to remain poor throughout the '70's. It is also likely that older people will continue to be faced with earlier retirement than they may want and with much more difficulty getting jobs.

Enforcement of mandatory retirement policies, higher and longer unemployment among the old and lower work force participation is at least partly credited to the common assumption that, as man ages, his productivity significantly decreases. Dr. K. Warner Schaie of the University of Southern California Gerontology Institute refutes notions that the older worker is less able to learn and function than the younger worker. Recent studies note that even where physical capacity is reduced, the worker's capacity to perform his job does not necessarily decline. Schaie refutes research which cites the diminishment of intellectual capacity due to age, arguing that much such research regarding training of older workers compared test scores between old and young workers without computing the variable of vastly different educational attainments by age. Succeeding generations of workers will probably be better educated and in better health, and Schaie concludes, "If we **had** to select a chronologically meaningful retirement age today it would have to be at least a decade later than what would have made sense 20 years ago."

Mandatory Retirement and Age Discrimination

Mandatory retirement is fairly widespread and probably growing. In a 1969 survey, 30% of new Social Security beneficiaries said that their last job had mandatory retirement. Pension coverage usually went along with compulsory retirement. Those firms without a pension or profit sharing plan, which provides some earnings replacement, usually have a very flexible retirement plan. Since the 1969 survey was taken, pension coverage has increased, so it is probably fair to say that the number and proportion of workers facing compulsory retirement is increasing.

According to Bureau of Labor Statistics studies, there is a sizeable shift toward more automatic retirement systems and away from a system where the firm has some flexibility about forced retirement for its employees. The normal retirement age is often 65, sometimes it is set later, at 68 or 70. In a survey of new beneficiaries, two-thirds of those with mandatory retirement said that the age level was set at 65; for one-fifth retirement age was 70. The only industry where age 70 predominated was public administration.

The Case for Mandatory Retirement

At some point, almost every employee reaches a point where his or her contribution to the firm is less than the compensation he or she is receiving. There are several possible courses of action; systematic retirement with earnings replacement through a pension plan is probably the best alternative. Mandatory retirement provides an objective standard to carry out this policy. The policy is also predictable—the company and the employee know when retirement is coming and can prepare for it—and is easy to administer.

Mandatory retirement opens up jobs for younger workers. The firm needs new blood, new ideas, and promotion incentives for the younger workers.

The Case Against Mandatory Retirement

Workers lose their right to choose when and whether to retire.

Some workers probably do need to be replaced but others do not. Mandatory retirement of those who can make a positive contribution and do not want to retire is a waste of labor resources.

There is a significant debate which states that mandatory retirement, when based on criteria that ignores an individual's ability to do the required work, is an arbitrary denial of human rights without due process which appears to be in violation of the equal protection clause of the 14th amendment. Such legal considerations as well as age discrimination cases are at least partially covered by federal law.

The Federal Age Discrimination in Employment Act of 1967 (ADEA) is administered and enforced by the Secretary of Labor. The purpose of the Act is to promote employment of older persons based on their ability rather than age (although it only covers age 40-65); to prohibit arbitrary age discrimination in employment; and to help employers and workers find means to meet problems arising from the impact of age or employment.

In 1974, a major case was brought through ADEA when a Massachusetts state policeman, Robert Murgia, was forced to retire at the mandatory age of 50. Murgia litigated civil action in U.S. District Court in Massachusetts, alleging that such mandatory retirement was a violation of his civil rights of due process and equal protection and sought an injunction. The Court

refused and Murgia appealed with success. The Massachusetts Court ruled the law unconstitutional and void, stating that "a classification based on age 50 alone lacks a rational basis on furthering any state interest." The U.S. Supreme Court reversed the Massachusetts decision in a 7-1 decision and in so doing established a number of principles which will restrict further attempts by older workers to seek legal redress.

The crux of the decision is the Court's acceptance of the notion that physical ability generally decreases with age; therefore, the state can protect its citizens by, in this case, ensuring the physical preparedness of the state police. Here the Court falls victim to the stereotype that every person at a specific age should be viewed unable to perform assigned duties. However, the Court did **not** rule on the wisdom of mandatory retirement, only upon its constitutionality.

Murgia establishes a federal precedent which will undoubtedly take rigorous work to overcome. It should be recalled that the ADEA covers only those between ages 40-65. Maine's Human Rights Act holds no such restrictions by age and allows for cases of discrimination and mandatory retirement to be heard in the State's Courts.

In the State of Maine since July 1, 1972, it has been unlawful to discriminate in employment because of age under the Maine Human Rights Act which is enforced by the Maine Human Rights Commission. The Commission investigates complaints of discrimination, makes findings, tries informal means to conciliate the matters, and has the authority to file suit in court. It is unlawful to fail to hire or otherwise discriminate against any applicant for employment because of age, or because of such reason to discharge an employee, or discriminate with respect to tenure, promotion, transfer, compensation, terms, conditions, or privileges of employment. In October 1974, it became unlawful to discriminate solely on the basis of age in the area of credit extension.

Title 5, Maine Revised Statutes Annotated § 4573 (1) (A-D) states it shall not be unlawful employment discrimination to:

A. terminate employment in compliance with the terms or conditions of any bona fide retirement or pension plan, or

B. observe the terms of a bona fide seniority system or any bona fide employment benefit plans such as a retirement plan, pension or insurance plan; or

C. comply with the terms or conditions of any bona fide group or employee insurance plan.

It should be noted that the terminology "bona fide retirement or pension plan" is a broad term used in Maine's anti-discrimination law. There is no clear legal definition of this term; therefore, even though Maine law exempts

"bona fide" pension plans, etc., the Commission will decide on a case by case basis whether or not such plans are in fact bona fide. It is also unlawful employment discrimination in the State of Maine to refuse to accept an individual into an apprenticeship program because of his/her age.

Last year, the Maine Human Rights Commission received 41 complaints of age discrimination, 38 of which were in employment. Reasonable grounds to believe that unlawful discrimination had occurred were found in 6 of these cases.

The Maine Human Rights Commission presently has only two full-time investigators on its staff. Should the Blaine House Conference on Aging go on record supporting additional staff to the Commission which would include a specialist in age discrimination?

Secondly, should the Maine Committee on Aging and the Maine Human Rights Commission initiate a public information and education campaign to alert older workers and employers to the conditions of the Maine Human Rights Act?

Employment Opportunities and Incentives

Given the large portion of elderly out of the labor force, what positive measures might be undertaken to stimulate employment opportunities for those older people who wish to work? What incentives can be provided to employers to hire older workers? What policies serve as disincentives to older workers which keep them from re-entering the work force?

A common concern voiced by older people considering returning to work is the fact that if an older worker earns above $2,760, he will begin to "lose" his Social Security benefits. The retirement part of Social Security (OASDHI) provides some degree of earnings replacement for retired workers. Since its inception it has contained a retirement test: those persons with substantial earned income are not entitled to benefits. The purpose of the test is to restrict benefits to those who have lost their earned income through retirement, and to hold down the cost of the program.

Generally speaking, there has been little disagreement about the need for such a test among those who probably have had the most to say about what is to be contained in our Social Security laws, namely the congressional committees, the executive, the Social Security Administration, and the strong political groups of labor, business, and the insurance companies. However, the retirement test is highly controversial among the public.

The Case Against the Earnings Test

1. OASI benefits are often inadequate. The aged should be allowed to work to supplement their benefits.

2. The test reduces work incentives. Indeed, it may cause the very event (retirement) that the program is designed to insure against.

3. The insured have earned the right to the benefits to which they have contributed all those years. They should be able to get what they are entitled to.

4. Unearned income is exempt from the earnings or retirement test. Why not exempt earned income?

The Case for the Earnings Test

1. Social Security is not an annuity program but is a retirement program. Benefits should only be paid if a person is retired.

2. Elimination of the retirement test would cost about $4 billion, about an 8% increase in costs. This would mean that either payroll taxes would have to be increased by this amount or all current benefits would have to be reduced.

3. Relatively few persons are affected. Past studies have shown that the test has influenced work incentives but not to a very large degree and not among very many persons. The 1975 survey of the aged in Maine found that 15% of all persons over 60 would like to have a job but are not looking for work. Only 4%—less than 1% of all the aged in Maine—said that the potential loss of Social Security benefits was the reason that they were not looking for a job. If the test were eliminated, it would increase benefits to the small number of aged who are now working. If more money were available, there are probably other groups among the aged where the money might be better used.

4. "Social Security is a social insurance. There is no social purpose to be served by eliminating the retirement test."

5. The analogy between exception of earned and unearned income is comparing apples and oranges. If unearned income were not exempted, the program would be turned into a welfare program with a needs test. Social Security is supposed to provide a floor of protection on which individuals can save and add to their own protection and security in their old age after they are retired.

Should attempts be made to change the earnings test?

Other disincentives have long existed for the older worker, such as the inaccessibility to job training programs by older people. This is particularly true of the older woman who has been out of the work force to support family obligations and wishes to enter or re-enter the work force either by choice when family is grown or by necessity when widowed or divorced.

Congresswoman Bella Abzug has introduced a *Middle Age and Older American Employment Bill* which proposes to provide federal funds for recruiting, retraining, job placement, counseling, and education of unemployed men and women age 40 and over. Should the Conference charge Maine's Congressional delegation with investigating this legislation and pursuing its passage? Should a similar bill be introduced before the 108th Session of the Maine State Legislature?

In a progress report of services provided under the Comprehensive Employment and Training Act (CETA), the U.S. Department of Labor states that "the typical enrollee was white, male, in *prime working* age of 22-44, a high school graduate and unemployed." Clearly CETA does not consider the older worker as a priority as evidenced by its enrollees for the first three quarters of FY 1976.

The Senior Community Service Program (SCSP) is a work experience and training program for low income elderly funded by Title IX of the Older Americans Act. The purpose of the program for older Americans is to promote useful, part-time opportunities in community service activities for unemployed, low-income persons who are 55 and older who have poor employment prospects. The community is the beneficiary of the program as the jobs performed are essentially public service or community betterment jobs. The Title IX program, which began in 1969 as a demonstration program on the national level, has expanded to include 65 project sites located in 25 states and Puerto Rico, with an authorized enrollment of about 5,000 persons.

SCSP has programs in Maine both through the University's Cooperative Extension and in Southern Maine. The Maine/New Hampshire, Portland, program began July 8 of this year with funding for 27 enrollees. The Project Director of the Southern Maine project suggests that CETA funds be used to carry some of the load now carried by the Title IX program and that CETA money be allocated toward older workers based on their proportion of total unemployment (19%).

Many fear the economic consequences of dissolving all mandatory retirement laws. Others feel that such an effort is politically not feasible. Many see flexible retirement as a far more desirable policy. This policy is based on the ability of a worker to perform a given job and the availability of an employer who needs that job done. Procedures have been carefully formulated and tested for periodically assessing the ongoing ability of workers. One should keep in mind a fairly reliable test of ability, which is whether an employer continues to be willing to lay down cold hard cash for one's services.

By carefully assessing the various alternatives, including tapered retirement, a decade (between 60 and 70 years) of partial pension and part-time jobs, and indefinite full-time employment for those old workers who can meet

standards of employment, Maine's older people, gerontologists, labor economists and legislators could design a policy, for demonstration purposes, that seemed right not only for Maine's older workers but equitable for all Maine workers, of whatever age.

Should the Blaine House Conference on Aging encourage further study of flexible retirement policies as well as other research to develop a demonstration project of flexible retirement?

BLAINE HOUSE CONFERENCE ON AGING

WORKSHOPS

October 20, 1976

Holiday Inn, Augusta

LONG TERM CARE

Adult day care; protective services; medical assistance program; community involvement; enforcement of regulations; reimbursement; medical care

Chairman:	Henry Stone, Maine Committee on Aging
Vice-Chairman:	Germaine Hebert, Maine Committee on Aging
Resource Personnel:	Raymond Bishop, Administrator, Bishop's Boarding Home Andrew Fennelly, President, Maine Health Care Association Elaine Fuller, Supervisor, Division of Hospital Services, Dept. of Human Services Edward Lee, certified public accountant with Cooney, Lee & Libby George Odencrantz, Consultant, Adult Services, Dept. of Human Services Robert Wyllie, Director, Bureau of Social Welfare, Dept. of Human Services
Recorder:	Edward Sims, student intern, Maine Committee on Aging

Workshop Delegates:

Trudy Bagley	Donna Nariorini
Frances Beach	Gladys Nelson
Hudson Berce	Leah Parker
Albertine Cormier	Mark Petersen
Emma Dow	Rachel Phalen
Ida Edwards	Carol Rancourt
Hope Hurd	Stella Robinson
Dick Johnson	Alan Scease
Carl Kingsbury	Donald Simpson
Jules Krems	Lynn Slusser
Ernie Lugner	Clytie Smith
Beatrice McKay	Julie Watkins
Hartson McKenney	Fred Weber
Paula Moulton	Anthony Wedge

Abstract of

LONG TERM CARE

(copies of full text available from Maine Committee on Aging)

The major topics considered in the workshop on Long Term Care are: enforcement of the nursing and boarding home regulations; physician services in nursing homes; community involvement in long term care facilities; protective services; adult day care; the Medicaid program; and state reimbursement of long term care facilities.

Enforcement of the Nursing and Boarding Home Regulations

In December of 1974, revised standards for the licensing and regulation of nursing and boarding homes went into effect. These regulations, however, did not automatically guarantee high quality care for all long term care residents or insure against all instances of exploitation or abuse. Regulations are only effective if they are enforceable and enforced.

In the 21 months since the revised standards for licensure went into effect, there have been many positive changes made in long term care facilities throughout the State. However, a number of problem areas remain. The problem areas include, but are not limited to, the following:

a) **Minimal or "paper" compliance with the regulations.** This is possible because some surveyors do not have the time, training, or experience to document deficiencies in actual care and programs and because the survey document itself over-emphasizes evaluation of paperwork rather than observation or measurement of the quality of care actually provided.

b) **Deficiencies in the number and quality of nursing staff.** The apparent unavailability of licensed nurses in some areas of the state and the lack of enough basic and advanced training programs for aides contribute to this problem.

c) **Inadequate medical services.** (See next section on physician services.)

d) **Disregard for residents' rights.**

e) **Deficiencies in the physical plant of facilities.** While no waivers can be granted for physical plant requirements directly relating to the safety or welfare of residents, many waivers are granted relating to physical plant requirements. Many times these are granted because the operator has indicated that the facility is being replaced or that new additions are being made that will bring the existing facility into compliance. But often the promised construction is not undertaken in a timely manner.

f) **Lack of beds to which to move patients if a facility is denied a license or recertification for participation in the Medicaid or Medicare programs.**

As a result, some chronically deficient homes are allowed to continue to operate.

What can and should be done about these problem areas? A major issue is whether or not the Department has sufficient "enforcement tools" at its disposal. Currently the tools available to the Department include education and encouragement, the power to issue a temporary or conditional license or to revoke a license, and the ability to decertify a facility for participation in the Medicaid program. One tool it does not have at the present time is a system of fines that can be charged to facilities for various classes of deficiencies. Should a fine system be explored as a possible addition to the enforcement tools available to the state?

Physician Services in Nursing Homes

Lack of physician involvement is a serious problem in many of Maine's nursing homes. Last year, more than one-third of the nursing homes were cited as having one or more deficiencies in physician services, frequently relating to visiting and examining nursing home residents and writing progress notes or rehabilitation potentials. How can physicians be provided incentives to better serve nursing home patients?

A recent study conducted by the Kennebec County District Attorney's office underlined another serious problem relating to physician services in Maine's nursing homes. This study showed that many doctors do not comply with state law requiring that death certificates be signed within 24 hours after death occurs. While this tardiness in the certification process is a clear violation of the law, there are no clear penalties for failure to comply with the required 24 hour certification period. Further, the study determined that the majority of doctors do not view bodies of the deceased patients before certifying the cause of death. While Maine law does not require that a doctor examine the body before certifying the cause of death in the case of a nursing home resident, failure to examine deceased patients before certifying the cause of death can lead to inaccurate listing of the cause of death. Such lax procedures following patient death can permit an atmosphere in which neglect can develop and flourish undetected.

Should stricter requirements concerning certification and postmortem inspection be legislated? Should penalties be set forth in statutes or regulations to insure that the 24 hour death certification requirement be fully and conscientiously followed? One factor that should be considered is the potential impact stricter requirements might have on physicians' willingness to serve nursing home patients.

Community Involvement

The importance of maintaining and enhancing the ties between people in long term care facilities and individuals and groups in the community has

been repeatedly stressed. Potential benefits to patients include increased recreational opportunities, improved morale, maintenance of social roles, and decreased dependence on the institution in which they reside.

The recent survey of older people in institutions reported on in *Over 60 in Maine: A Progress Report* indicated that, for many older people in institutions, ties with the community do exist. Further, according to the *Over 60* survey, 41% of the nursing and boarding homes receive some services from an area agency on aging. The majority of the facilities receiving agency services reported they were useful to the patients and enjoyed by them. However, many facilities indicated that they would like more assistance from the area agency in meeting the social and recreational needs of their residents.

Should the area agencies on aging stimulate and coordinate increased community involvement and services in long term care facilities?

Protective Services

While many older people are physically, mentally, and emotionally able to make decisions on their own and look out for their own welfare, there are some who have varying kinds and degrees of impairments and, as a result, who need different types of assistance or protection. According to a recent survey conducted by the Maine Committee on Aging, there are an estimated 400 older people residing in Maine's long term care facilities who are frequently too confused or too disabled to act responsibly in their own best interests and have no "responsible party" (relative, guardian, conservator, representative payee, and so forth) to help them out. For some of these people, many of the nursing and boarding home regulations designed to protect residents rights are meaningless since these residents may not be able to comprehend what they are agreeing to or being told. Furthermore, some of these residents may go without the medical treatment they need because they are unable to sign consent papers for surgery, and have no one to sign for them. Nursing and boarding home employees and owners are forbidden by regulation to act as guardian, conservator, or trustee of any of the residents to avoid possible conflicts of interest or other undesirable consequences.

Under Maine law, the Department of Human Services is charged with the responsibility of investigating situations involving incapacitated adults where exploitation, prevention of injury, and protection of the person and his property are at issue. While the Department's Protective Services Program assesses needs, mobilizes resources, and, in extreme situations, seeks Public Guardianship for incapacitated adults, at present it cannot act as conservator or other form of responsible party for individuals who need such a protective relationship.

While this discussion has mainly focused on nursing and boarding home residents, there are also adults 20 years of age and over residing in the com-

munity who need some form of protective relationship other than Public Guardianship and have no one willing or able to provide it. Hence these people are also currently going without the protection they deserve.

Should ways be developed to provide individuals with the least restrictive protective relationship that meets their needs? A number of ways to meet the needs outlined above are being explored. One of these is legislative changes which would allow the Department of Human Services to provide a spectrum of protective relationships, rather than be limited to Public Guardianship. If such changes were made, additional staff would be needed. One proposal for the delivery of these expanded services to the estimated 1,500 adults who might need them includes the use of a corps of social workers (M.S.W.'s), assisted by attorneys and accountants and is estimated to cost around $250,000.

Additional changes currently being considered relate to changes in the laws dealing with guardianship and conservatorship; specifically the adoption of Article V of the Uniform Probate Code is being proposed. Adoption of Article V would allow the probate court to do the following:

1) appoint temporary guardians in emergency situations.

2) appoint conservators without the consent of allegedly incapacitated persons and issue protective orders in relation to the affairs or estate of allegedly incapacitated persons.

3) authorize, direct or ratify any transaction on behalf of allegedly incapacitated adults necessary to achieve service or care arrangements to meet foreseeable needs.

Currently, no estimates on the costs of these changes are available.

Should the Department of Human Services pursue the legislative and administrative changes needed to assure that the least restrictive protective relationship that meets an individual's needs is available?

Adult Day Care

Older people are often placed in nursing homes for want of less comprehensive alternatives. With the growing recognition of the high economic and other costs associated with premature or unnecessary institutionalization, there is increasing demand for the development of a fuller range of alternative models of care to serve those elderly who are not sufficiently disabled or intellectually impaired to really need full-time care in a traditional nursing home environment. Adult day care is one such alternative.

In addition to providing medical, health, and social services, adult day care programs can offer a stimulating and structured environment for daytime activity. Participants return each night to their homes and thus they do not

experience the sharp discontinuity between their past lives and present situation, a problem which often accompanies institutionalization.

Should the Department of Human Services explore this concept through funding an Adult Day Care Demonstration Project? Should the Title XX Planning Committee recommend funds for adult day care?

Currently, there are no uniform standards or regulations governing adult day care programs in America. Several states have set forth standards or guidelines, but Maine has not done so yet. With the growing possibility that adult day care programs will be underway in Maine in the near future, should not Maine's Department of Human Services begin the difficult but necessary task of setting standards and developing regulations?

The Medicaid Program

The cost of nursing home care has increased dramatically in recent years; the average charge in Maine is now approximately $625 per month. Only 27% of the residents of Maine's nursing homes pay their own bills in full, and an additional 5% have their bills paid by Medicare. Under Title 19 of the Social Security Act, the Maine Medical Assistance Program, commonly known as Medicaid, pays for the care of the remaining 68% of the state's nursing home residents.

There are, however, some individuals without sufficient income or resources to pay for their care who are not eligible for the Medicaid program. These people have incomes above the cut-off for eligibility for Medicaid, which is set by federal regulation and is almost $100 less than the average nursing home charge. Though local welfare occasionally will lend financial assistance, this aid is the exception rather than the rule. Consequently, many go without the nursing home care they need. There are several ways this problem can be addressed. One would be to attempt to change the federal regulation by appealing to the Department of Health, Education, and Welfare in Washington, D.C. to increase the cut-off for eligibility. (Such an increased maximum should be permissive and not mandatory for states to meet.) Or pressure could be put on the state Medicaid program to pay for the care of these individuals even though federal financial participation is not available. A more long range solution to this and other problems of access to needed health care services is national health insurance.

There is another issue relating to the Medicaid program that is worthy of attention. At present, the state plan for the Medicaid program does not include a policy which permits payments for nursing home beds for residents on home visits. Lack of such a policy discourages therapeutic or rehabilitative visits and greatly limits the nursing home resident's participation with his family and community. Federal financial participation is available for the holding of beds for recipients for up to 18 days per person per 12-month

period, provided the state plan provides for this and the person's plan of care does not contraindicate a home visit (45 CFR 250.30 (d) (2)).

Should the state plan be changed to include coverage for home visits? The Department is currently considering the adoption of a policy that will allow payments for some visits, but probably less than 18 days per patient annually.

Reimbursement of Long Term Care Facilities

With the passage of L.D. 1715 in 1975, a payment system for state supported residents in nursing homes based on actual patient costs was mandated by law. This cost-reimbursement system, advocated by the Maine Committee on Aging and Blaine House Conference on Aging, replaced the flat rate reimbursement system which paid facilities a fixed rate for each patient, regardless of the costs incurred by the home in providing services. The cost-reimbursement system was designed to increase the quality and availability of services to patients by paying facilities for their actual allowable costs for providing services, plus a profit margin. Boarding homes with a licensed capacity of 7 or more beds are also reimbursed according to the cost-reimbursement system.

The effectiveness of the cost-reimbursement system in terms of encouraging high quality care for residents, fair profits for owners, and efficient use of tax dollars depends heavily on the principles of reimbursement, which stipulate when and how facilities' rates of payment are determined. The Department of Human Services recently issued proposed principles of reimbursement which differ substantially from the principles currently in effect.

Under the current principles of reimbursement, providers are reimbursed on a retrospective basis for the actual expenses that they have incurred. A fundamental weakness of such a system seems to be that it is lacking in incentives for efficiency and cost control. According to the proposed principles of reimbursement, long term care facilities will be reimbursed for routine services furnished to Medicaid patients according to a prospective per diem rate. A prospective per diem rate is one which is determined and communicated to the provider before the beginning of his fiscal year, and which will be paid to him throughout the year for each day's service furnished to Medicaid patients. The use of such a rate encourages a provider to prepare a budget and control his expenses through the year so as to keep his expenses equal to or less than the prospective rate. All of the actual costs above the rate must be borne by the provider, while savings and, hence, profits are realized by the provider if actual costs are lower. The major question is whether a prospective rate, combined with the provision that allows homes to keep the savings if their costs are lower than average, encourages homes to cut services in order to increase profits, like the flat rate system did.

Both the retrospective per diem rate currently used and the prospective rate proposed by the new principles are based partially on real property costs

and partially on other allowable costs. The components and method of figuring both real property costs and other allowable costs differ substantially between the current and proposed principles. The other allowable costs factor, which is based on the actual allowable costs incurred by a provider in furnishing services, impacts directly on quality of care.

Currently each home's costs for the provision of routine services are individually reviewed and an **individual** per diem rate to be paid to each facility is determined according to its reasonable, allowable costs. Under the proposed principles, all the providers in the State are grouped by level of care and number of beds. The average per diem rate is computed for each group based on its costs during a base year and increased by the amount of change in the Consumer Price Index. The resulting rate for other allowable costs is added to the provider's rate for real property costs and this is his prospective per diem rate for use during all of the coming fiscal year. The purpose of applying this single average rate for other allowable costs to all the providers in a group is to introduce a restraint on those providers in each group who incur higher costs than the average of the whole group. It is debatable whether this average rate will decrease the level of services to residents because reimbursement will no longer be available for innovative or "above average" services.

Given the many and complex differences between the current and proposed principles of reimbursement, should the Maine Committee on Aging undertake a careful analysis of the proposed principles? If such an analysis is warranted, what should be the Committee's primary criteria for evaluating the proposed principles?

BLAINE HOUSE CONFERENCE ON AGING
WORKSHOPS
October 20, 1976
Holiday Inn, Augusta
HEALTH EDUCATION AND PREVENTATIVE CARE
Screening, education, nutrition, outreach

Chairman: Henry Thatcher, M.D., Maine Committee on Aging

Vice-Chairman: Sarah Morse, Maine Committee on Aging

Resource Personnel:
- Barbara D. Clark, University of Maine at Orono; Author, *Over 60 in Maine: A Progress Report*
- Helen Dunn, Board of Directors, State Council of Older People; former member Maine Committee on Aging
- Candace Leisner, former Director, Health Screening Program, Bureau of Maine's Elderly
- Robert Liversidge, Executive Director, Bath-Brunswick Home Health Agency
- Nancy Martin, Director, Nutrition Services, Dept. of Mental Health and Corrections; Consultant, Central Senior Citizens Association
- Joyce McCallum, Project Director, Coordinated Home Health Services, Community Health Services
- Helen Zidowecki, Director, Public Health Nursing, Dept. of Human Services
- Dr. William Jackson, Sacopee Valley Health Center

Recorder: Bee Wehmeyer, Volunteer Ombudsman Aide

Workshop Delegates:

Gloria Anderson	Hazel McHatten
Minnie Bindas	Tom Merrill
Marietta Bragdon	Mary Meuse
Dean Crocker	Linda Micalowski
Vera Danforth	Sharon Michaud
Mary Donnini	Eloise Moreau
Mrs. Reginald Dority	Diane Moriboto
Hilda Doten	Suzanne Morrison
Stephen Farnham	Fannie Moulton
Mildred Feingold	Rhoda Olmstead
Mary Griskivich	June Perkins
Lisa Hayward	Helen Philbrook
Irving Hunter	Richard Poirier
Esther Kempton	Roland Preble
Althea Kinch	Marolyn Roberts
Jane Lowe	Susan Schweppe
Doreen MacLeod	Barbara Smith
Paul McAvoy	Carol Veilleux
	Mary Wellman

Abstract of

HEALTH EDUCATION

(copies of full text available from Maine Committee on Aging)

The science of medicine has historically focused on sickness and not on health. Our medical practitioners concentrate predominantly on treating illnesses rather than on the perpetuation of health. This emphasis carries over into other aspects of health care. It is reflected in Medicare, which does not cover periodic health exams, and in the scarcity of research in the biomedical, nutritional and behavioral areas, especially as they are affected by aging.

In Maine, preventive health services for the elderly have meant health screening, that is, the actual testing of older people for certain symptoms of diseases. Health counseling and, to a lesser degree, health education have been integrated into the health screening service. These efforts contribute toward finding early cases of disease and obtaining diagnoses and treatment.

Health Screening

Emphasis must be put on the definition of screening. "Screening can potentially separate the well, the asymptomatic sick, and the sick, and then direct clients to the necessary services. If the person to whom the client is referred, or the client, does not respond effectively to the need that is referred, the objective of the screening program is not reached. Diagnosis and treatment are separate components of the total care. Perhaps the most important part of any screening test is the follow-up."

Multiphasic screening tests do not duplicate the efforts of physicians but rather are complementary to them. The tests are not diagnostic. They attempt to identify the probable existence of disease. The clinics then become referrants to the physicians who then perform diagnoses and administer necessary treatment. While it has been documented that most people attending the screening clinics have had recent contact with physicians, the argument is made that because medical care is specialized, the older person is faced with having to see more than one doctor if he or she has more than one complaint. This is time consuming and expensive. An argument is also made that a visit to a doctor is usually made in response to a specific complaint and may not result in the detection of a disease or defect of which the individual as yet feels no symptoms. Another argument heard is that clinics provide a favorable climate for patients to discuss their complaints or their medical regimen with nurses who are to some people more approachable than physicians.

Justification for the need for health screening clinics is not at issue. What should be addressed is:

1) How should health screening for older people be conducted?

2) Should a goal be to establish statewide standards and evaluation procedures?

3) How are screening clinics to be funded?

Health screening activities of adults, primarily the elderly, have been administered without consistent standards for screening content, criteria for referral, or specific follow-up procedure. This has been true partially because:

Funding for such programs has been minimal;

Administration of funds available previously through the Bureau of Maine's Elderly has been decentralized to area Task Forces with no obligation for statewide standards; and

No person or agency has been designated as responsible for such screening services.

Each home health agency conducting clinics has a board to whom it is responsible and it has been the agencies' preference to compile their own reports for their boards rather than be subsumed into a larger data collection process. Should any allocation of money by area agencies on aging to home health agencies be granted by contract which allows funds for data collection or requires certain baseline data be kept on all clinics? Would such a decision take autonomy away from the area agencies? If so, is that sufficient reason not to include it? As health screening programs have been conducted, the programs cannot be evaluated consistently for effectiveness, efficiency or impact on the health care system.

The Division of Public Health Nursing, Health and Medical Services, Department of Human Services, has proposed a plan for adult screening focusing on the elderly. The objectives, methodology and description of the three components of their program follow.

Adult Periodic Screening, Diagnosis and Treatment (APSDT) Objectives for FY 1977:

1. To review information about existing screening programs for adults, primarily elderly, in Maine re: location of programs, services provided, and results of services (by 11/1/76).
2. To establish program criteria for statewide use (by 11/1/76).
3. To develop a central administrative pattern for implementation of a statewide screening program (by 11/1/76).
4. To develop a data system to analyze program information including reporting forms and data processing procedures (by 12/1/76).
5. To review screening programs in terms of the criteria (Jan.-June 1977).
6. To explore funding resources for APSDT Program (by 6/1/77).

Methodology:

1. Members of the Advisory Committee to the Health Coordinator, Bureau of Maine's Elderly, are continuing in an advisory capacity to develop and implement the APSDT Program. This committee should include representation from agencies providing screening services and from the Maine Committee on Aging. The committee will be actively involved in establishing standards, with the assistance of a medical advisor.
2. The Committee mentioned in #1 has developed a draft for APSDT Program, essentially patterned after the Early and Periodic Screening, Diagnosis, and Treatment for children. The draft includes basic services as follows:
   a. Outreach—Programs have reached those who can come to clinics; a specific outreach effort is needed to reach all elderly to determine health status.
   b. Screening services—services are provided according to the age and needs of the client.
   c. Referral and follow-up—Specific follow-up procedures are required within 60 days after the problem has been identified.
3. Once the standards and criteria for APSDT have been developed the programs will be visited on a regular basis to see to what degree the standards are being implemented for the current year.
4. The program will be managed through the Division of Public Health Nursing, Central Office. DPHN will assist in preparing and distributing the standards, providing staff time and travel to work with agencies, and develop the data system, and generating reports.

It can be argued that the coordination of health screening can be better done by a health rather than an aging agency. The reasons given for this are that a health agency has access to medical professionals, access to health data and information, and professional acceptance. At the same time, there can be an important and vital role for the Bureau of Maine's Elderly in the advocacy and assurance of planning for health needs of senior citizens.

Funding sources for the program remain a central problem. The clinics depend on the willingness of the various participants to make the services available at no charge to the patient. Some agencies have considered charging a fee on a sliding scale but fear this might exclude clients who most need the screening. How long can any non-profit agency afford the expenditure of its professional staff?

Information and Education and Outreach

As in health screening, a case for information and education hardly needs to be made. The importance of continuing health information is underscored

by such facts as that approximately 29% of the cases of blindness in older people are caused by cataracts and glaucoma. Cataracts are operable but many of the operations are never performed because the cases are not detected or reported. Glaucoma can be arrested if detected in time. The National Society for the Prevention of Blindness recently estimated that in Maine, of the 451,000 people who are 35 years and older, 9,000 have glaucoma. Many people simply do not know the seriousness of the problem or that damage to eyesight from glaucoma can be halted.

Hypertension is now a pressing health concern in the U.S. Studies on the illness suggest that 15-20% of the American population is afflicted with this disease. Although rarely affecting daily life, the disease is known to cause more serious sicknesses such as cardiovascular diseases and kidney failure. According to a survey by the Maine Heart Association, 21% of the state population is hypertensive. The National High Blood Pressure Education Program has revealed that only one-eighth of the hypertensives are under adequate medical care and one-half do not even know that they have the problem. It was found by screening clinic nurses that many people previously diagnosed as being hypertensive by their physicians were discontinuing their medication and thus registering a high blood pressure reading.

Health education has been a part of the procedures at many screening clinics. Attempts are made to teach the patient on a one-to-one level the kinds of facts that he or she needs to know to take some action on his or her behalf, change lifestyles or cope with a known chronic disease. An extensive continuing education program is also a component of good fiscal management. However, there are no criteria established for such education nor is there a means to insure that health education is conducted at all clinics.

Through the compilation of Health Education and Resources Guide published by the Bureau of Maine's Elderly, an attempt was made to pull together some basic consumer-oriented health information for agencies to utilize with small groups of older people. Coordinating such small group classes is a time-consuming and at this stage an experimental process. It is one that flows very naturally out of health screening clinics. Health education classes are also a real possibility as a service available through senior centers. Could this be accomplished by an inter-organizational approach utilizing home health agencies, area agencies on aging and local health councils?

Another aspect of information and education in preventive care involves reaching people who fear to seek help for financial reasons or because of the possibility of surgery. Medical insurance that covers the costs of physical examinations, prostheses and medications is needed. Transportation to physicians' offices and to clinics could be increased.

Preventive care to foster better health for the elderly is no easy task. Prevention was not a theory with which older people grew up. What needs to be addressed is:

1) How should health information and education be handled?
2) Who should be responsible for coordination?
3) How should it be funded?

Nutrition

Nutrition programs for the elderly, like the science of nutrition, are fairly new developments. Nutrition became a recognized science at the turn of the century. Nutrition programs were conceived in 1972 when Title VII of the Older Americans Act became law. It authorizes allotments of up to 90% of the costs of establishing and operating nutrition projects which furnished low-cost, nutritionally sound meals to people 60 and over. Additional public funding for the program now comes from elderly PSSP, Title XX and county and municipal allocations. The question raised is, What are these public funds buying in the name of nutrition? While the congregate meal sites are providing food to many people there is some question as to whether they are meeting the nutritional needs of many people. While one-third of the sites are serving meals five days a week, more than half of the sites serve only two days and the remainder serve one or three days. There is evidence that even at the five day sites, many people attend infrequently.

It is frequently said that congregate meals for groups of elderly people foster social interaction and meet emotional needs. That was part of the rationale behind the establishment of the program. Has it been demonstrated?

Good nutrition for both young and old is basic to maintaining good health. But what do we know about nutrition? According to Dr. Robert Butler, Pulitzer Prize winning author of *Why Survive: Being Old in America*, no significant research on the nutritive needs of older people has been done. Further, we do not know the impact drugs have on an individual's nutrition. In a recent speech before the participants to a conference convened by the National Council on Aging, Dr. Butler stressed the need for research in areas related to the aging process.

The home delivered meals part of the nutrition program has not raised questions similar to those directed to the congregate sites. However, it should be noted that a home delivered program is risky and expensive. The program is designed to provide meals for people who cannot get to the sites or who cannot shop because of physical impairment. Funds for home delivered meals have been contingent on the program being run in conjunction with a congregate site and on the financial need of the participants.

Should the state allocate additional funds for home-delivered meals? Should Maine stipulate that its Title XX funds—or a portion of those allocated for meals—be used for home delivered meals?

One further question to be addressed is, Should the program be thoroughly studied and its strengths and weaknesses weighed before further allocations are sought for it? Or should the nutrition program be restructured and renamed to reflect the many other social services offered at the sites?

BLAINE HOUSE CONFERENCE ON AGING
WORKSHOPS

October 20, 1976

Holiday Inn, Augusta

THE FUTURE OF AGING POLICY AND ITS ADMINISTRATION IN MAINE

Status and needs of the elderly; age specific social services and their coordination; funding; political realities

Chairman: Floyd Scammon, Maine Committee on Aging

Vice-Chairman: Luman Mahany, Maine Committee on Aging

Resource Personnel:
- Peter Albert, Executive Director, Diocesan Bureau of Human Relations, Caribou; Treasurer, Aroostook Regional Task Force of Older Citizens
- Blanche Applebee, Vice President, State Council of Older People; Secretary, Western Older Citizens Council
- Laurence Bagley, President, Board of Directors, Central Senior Citizens Association
- Jane Mayerson, Regional Representative, Administration on Aging
- Raymond Richards, Executive Director, Northern Kennebec Valley Community Action Program
- Matilda White Riley, Chairman, Department of Sociology and Anthropology, Bowdoin College; Author, *Aging and Society*
- David Smith, Commissioner, Department of Human Services

Recorder: Kathleen Kadi, Volunteer Ombudsman Aide

Workshop Delegates:

	Ruth Eaton	Caroline Morris
	Robert Frates	Frances Nye
Earl Adams	Lynn Fulton	Velma Oliver
Mrs. Earl Adams	Archie Gaul	Ernest Oxton
Helen Berube	Joyce Harmon	Quentin Paradis
Tracy Bigney	Lotta Hempel	John Rollins
Stanley Bragdon	William Inlow	Edward Rosen
Linwood Brown	Stella Jacubuois	George Sanford
Cecil Carter	Susan Kertzer	Donald Sharland
Mrs. Cecil Carter	Annette Kuderka	John Shaw
Dot Collins	Barbara McKernan	Roy Stairs
Catherine Cutler	John Martin	Mabel Wadsworth
Everett Dam	John Melrose	Dennis Watkins
Patrick Doyon	Richard Michaud	Timothy Wilson

Abstract of

THE FUTURE OF AGING POLICY AND ITS ADMINISTRATION IN MAINE

(copies of full text available from Maine Committee on Aging)

In 1965, Congress recognized a dearth of programs and policies related to the Nation's elderly and enacted the Older Americans Act, which set forth a national policy on aging and made available funds for stimulating and operating elderly services. Hailed as landmark legislation which would assist elderly to maintain lives of independence and dignity within their communities, the Older Americans Act declared the following among its objectives for older people: an adequate income in retirement; the best possible physical and mental health care without regard to economic status; suitable and independently selected housing; opportunity for employment; pursuit of meaningful activity; efficient and accessible community services; and freedom, independence, and the free exercise of individual initiative in planning and managing their own lives. The major section of the Act and the one that receives the greatest funding is Title III, "Grants for State and Community Programs on Aging." The goals of Title III are to secure and maintain maximum independence and dignity in a home environment for older persons capable of self care with appropriate supportive services and remove individual and social barriers to economic and personal independence for older persons.

Since the passage of the Older Americans Act, a national aging network has developed. Under the auspices of the Department of Health, Education, and Welfare's Administration on Aging, each state now administers a state agency on aging which is subdivided on a more localized basis into area agencies on aging. In Maine in 1966, a Services for Aging unit within the Division of Family Services in the Bureau of Social Welfare was established. Later this unit was advanced to a position within the Community Services Division of the Bureau of Social Welfare. In 1969 the state was organized into five older citizens' task forces on aging which worked closely with the then Governor's Committee on Aging to produce a comprehensive study of the status and needs of Maine's elderly, *Steps for Maine's Elderly* (1970). This document laid the foundation to meet such elderly needs as income, health, housing, transportation, and nutrition. By 1976, the Task Forces had been designated area agencies on aging and the state agency was elevated to Bureau status (the Bureau of Maine's Elderly) within the Department of Health and Welfare through the 1973 Act of Maine's Elderly (L.D. 1618, later amended by L.D. 2610). The Act of Maine's Elderly likewise reconstituted the Maine Committee on Aging, providing it funds for staffing and clarifying its advisory powers and duties before the Governor, Legislature, and state and federal agencies.

Like the Older Americans Act, the State's Act of Maine's Elderly listed numerous obligations for the Bureau of Maine's elderly and the Committee ranging from traditional social services to education to employment programs. The Act states that the distinct separation of government programs benefitting the elderly "must be maintained in legislation, sources of funds and generally in operation of programs and services." While the legislation mandates such segregation, it also states that state and area agencies shall not directly provide services which can be provided by an existing organization. However, consistent with the Older Americans Act, the Act of Maine's Elderly says that the state agency may decide that direct service by an area agency on aging is necessary "to assure an adequate supply of such service."

In the decade since the establishment of the Older Americans Act and the Services for Aging unit, Maine's elderly have received significantly increased programming with each administrative change in the aging bureaucracy. It could be argued that such significant statewide programs as the nutrition, health screening, transportation, housing, legal services, and volunteer programs have developed due to the strength of age-segregated advocacy and funding through the Administration on Aging to the Bureau of Maine's Elderly to the area agencies on aging.

It is timely to evaluate how the bureaucracy and programs stimulated by the Older Americans Act and developed over the past decade have met the goals and objectives of the Act. Have the elderly been categorically aided toward achieving maximum independence and dignity in their communities, and have individual and social barriers to economic and personal independence been reduced? What will be the future needs and strengths of the elderly, and how should those needs and strengths be addressed in Maine? Should not an aging policy for **all** Maine's elderly be developed which reaches beyond the traditional human service programs for those in need?

In 1975, the Maine Committee on Aging contracted with Bangor Community College for a comprehensive study of the status and needs of Maine's elderly, *Over 60 in Maine: A Progress Report*,* directed by Barbara Clark. This report gives us a picture of Maine's elderly in 1975 and some clues about the future elderly. According to the survey, almost one-third of Maine's elderly population state that they have no major problems. Of those who said certain aspects of their lives constitute a problem, health and income were cited most often. *Over 60* states that most social progress for the elderly has been accomplished by capitalizing on their disadvantaged status and suggests that this adds to the negative image of aging and reinforces the welfare orientation of the services. It further raises questions about the efficacy of direct service delivery by the state and area agencies and questions the rationale behind age-segregated services. *Over 60* suggests that it may be time to question the notions which support operating separate services for

* available upon request from the Maine Committee on Aging

the elderly. The National Council on Aging has likewise noted that "when senior programs are available only in isolated environments, the older person is likely to become even more isolated from society . . . we must discard those attitudes and practices traditionally invoked as a means of excluding them."

Such an assertion by the National Council on Aging may result from the findings of the Council's recently published study by Lou Harris and Associates, Inc., which reveals a startling national public attitude about aging. That study, "The Myth and Reality of Aging in America," suggests that, while the Administration on Aging may well recognize the inherent dignity of the old and their value to society, community members, including those who make public policy, still hold a distorted view of aging and the elderly despite over 10 years of federal, state, and local action to secure and maintain maximum independence and dignity for the old within their communities and efforts to sensitize the public to the strengths and realities of old age. The public of all ages overestimates the problems of old age, accepting negative portrayals of the elderly (i.e., nonproductive, sick) and the elderly themselves who are relatively free from such problems tend to view themselves as exceptions. The study concludes that income, race, sex, and educational attainment are most important indicators of serious problems than is age. Such findings suggest that public policy which attempts to increase the life satisfaction of the old and to increase their sense of dignity and independence within their communities should focus upon increasing education, employment opportunities, and incomes.

The Harris poll reveals a destructive public attitude about aging; the public tends to seriously overstate the problems of old age, and this reinforces a social attitude which tends to render the old useless to their communities. We must ask ourselves how our programs and policies have and should influence that attitude. We can expect that the funds through the Administration on Aging will continue to grow. Congress has become acutely aware of the plight of older people in an inflationary economy, and the numbers of persons suffering from depletion of their financial reserves has increased to the point where they represent a segment of the population that cannot be ignored. Moreover, we can expect the Administration on Aging to expand its decentralization efforts and grant more funds and authority to the state and area agencies.

As we face the future, recognizing the diversity of needs and strengths of the old, recognizing the political realities of limited public funds, recognizing the administrative concern for coordination, we should develop a visionary policy on aging. That policy must respond to the following questions:

Who is to be served?

What services are to be offered?

How will those services be delivered?

To what degree can/should those services be coordinated?

How can policy makers advance beyond the service orientations of aging policy and respond to the strengths of older people?

Q: WHO SHOULD BE SERVED?

The elderly are a diverse group, ranging in age from 60-100+; ranging in physical and mental ability, differing vastly in income, experience, and education. Are all elderly in need of advocacy and if so, how is it defined? What are the special needs of the elderly, and should our future policy focus only on those needs or on the strengths as well?

Q: WHAT SERVICES ARE TO BE OFFERED?

Should efforts be made to expand the services presently offered in Maine or should the major focus be on developing new services? *Over 60* reports relatively low levels of usage in programs such as nutrition and transportation and reports that demand is not much greater than current utilization. The report does not cite this finding as criticism of the programs but as evidence of the diversity of the elderly and their varied multiple needs. It suggests that existing programs are not a sufficient response to that diversity.

Q: SHOULD ELDERLY SERVICES BE SEGREGATED FROM OTHER AGE GROUPS?

Commissioner Smith has raised important questions regarding the comparative administrative efficiency of segregated versus integrated services:

> "Currently, the Department of Human Services is organized in a manner that divides social services into separate units. There are: the Bureau of Rehabilitation, Bureau of Social Welfare, Bureau of Maine's Elderly, Bureau of Resource Development, and a Deputy Director of Regional Administration who has the responsibility for the management of the majority of state social services personnel in the five Regional Offices of the State.
>
> In many instances federal laws and regulations and state laws mandate the organizational structure. However, for the purpose of this discussion, let us assume that the Department has complete flexibility in reorganizing. (NOTE: the Older Americans Act stipulates that funds available for elderly programs must go to a single state agency on aging.)
>
> The demands on the Department are for more of everything for everyone. The resources available to the Department are limited and there is a constant vying for priority by every special interest group. The current system ensures to some extent that each area of concern will be addressed but does very little to separate out what should be the priorities on a need

basis. It also is confusing to members of the Legislature who have to make the final decisions on allocation of resources as they have to deal with a multiplicity of contact sources within the agency.

The other thing that needs to be taken into consideration is that many programs that serve the elderly are not unique to the elderly and many programs that serve low income groups also serve the elderly. Problems have surfaced that we are trying to address, but there is no single point of control except in the Office of the Commissioner. Time demands make it very difficult to give these issues the attention that they deserve.

Current statutes require that both the Bureau of Maine's Elderly and the Bureau of Resource Development report directly to the Commissioner. The issue that needs discussing is: **would the system be more responsive to the total clientele that it serves if a single point of control was established (other than the Commissioner) for all social services?"**

Would a merger of the Bureau of Maine's Elderly as tentatively proposed be in the best interest of Maine's elderly citizens?

Arguments for Age Segregated Services

1. Elderly prefer and benefit by interaction with peers.

2. Without age segregated services, elderly receive only the "bottom of the barrel" services and allocations; the special problems of the elderly require the expertise of age specialists.

3. Age integration tends to create forced coordination of philosophically and operationally different human service agencies.

Arguments for Coordinated, Age Integrated Services

1. Age segregated services foster ageism (stereotyping of and discrimination against people because of age).

2. Age integrated services are a more efficient use of resources.

3. Age integrated services benefit younger and middleaged persons by giving them an opportunity to understand and accept the aging process and work through their feelings on aging.

An important issue to be considered in relation to the question of whether we should strive for increased integration or segregation of elderly services is to what extent area agencies on aging should directly deliver services or subcontract for them. *Over 60* suggests that the area agencies on aging should **not** directly deliver services to elderly but instead should contract those services to other agencies in order to free administrative time to serve as an advocate, program monitor, and to develop new programs to meet other needs. The Older Americans Act states that "no social service will be di-

rectly provided by the state agency or an area agency on aging, except where, in the judgment of the state agency, provision of such service by the state agency or an area agency on aging is necessary to insure an adequate supply of such service." It is argued that area agencies in Maine were forced to directly deliver services due to lack of feasible alternatives. **In the future, should area agencies on aging move to limit and/or cease their direct delivery of services?**

Arguments for Direct Service Delivery

1. Agency holds greater accountability and control.

2. Program administration is less complex, easier, and can generally be run at less administrative cost (fewer reporting costs).

3. Agency's programs and clients become easily identifiable—data for planning and evaluation is more readily available.

4. Agency afforded more direct client contact.

5. Agency provides expertise in aging.

Arguments for Sub-Contracting (Purchase of Services)

1. Agencies offering multi-services can meet more human needs and do so at less expense.

2. Agency can establish policy and monitor its delivery.

3. Independent of state government, private agencies can readily accept grants, hire staff to meet needs as they arise.

4. If agency is not delivering services, it can more effectively serve as elderly advocate.

5. Promotes client dignity, independence and avoids stigma of specialized age segregated services.

Q: HOW CAN POLICY MAKERS ADVANCE BEYOND THE SERVICE ORIENTATIONS OF AGING POLICY AND RESPOND TO THE STRENGTHS OF OLDER PEOPLE?

Are we in fact demonstrating that public policy makers have bought the negative image of aging, as the Harris Poll suggests, and overestimated the problems of age? Aging is not a human service, but a reality experienced by all. Because of this unique feature, this universality of an ever aging population, can aging be linked to other welfare-oriented services? If we refer back to the Older Americans Act and the Credo of Maine's Elderly (Act of Maine's Elderly), we see the elderly sought a public policy system which enhances dignity and addressed not only existing social services but income,

employment, honorable retirement, and a stronger role within their communities. These responsibilities far exceed the responsibility of the Department of Human Services. How could the media, arts, and humanities, educational institutions, and business better utilize the strengths of the old? The Harris Poll as well as the public opinion we experience every day suggest that it is time to expand aggressively our problem oriented human service philosophy into a public policy on aging which reflects the broader strengths of Maine's diverse aging population.

Can this be accomplished if the Bureau of Maine's Elderly is merged with other Bureaus? Should the Bureau of Maine's Elderly and the Maine Committee on Aging be at an even higher, autonomous level? Can the Committee on Aging more formally influence all agencies of government about what they might do for and with Maine's elderly? Should more research be developed to study various aspects of growing old as well as public policy in aging?

Idealistically, what should be the future of aging policy and its administration in Maine, and how can that future be funded?

NOTE: much of this paper has been modeled on Sheldon Tobin's *Models for Effective Service Delivery: Social Services for Older Americans* (Jan. 1976), a study done for the Administration on Aging.

BLAINE HOUSE CONFERENCE ON AGING

WORKSHOPS

October 20, 1976

Holiday Inn, Augusta

HEALTH SERVICES

Homemaker/home health aides; dental care; drugs, prosthetic devices

Chairman:	Marion Baraby, Maine Committee on Aging
Vice-Chairmen:	David Graham, Maine Committee on Aging Harold Collins, Maine Committee on Aging
Resource Personnel:	William Carney, Deputy Commissioner, Health and Medical Services, Dept. of Human Services David Fenton, Executive Director, Kennebec Valley Regional Health Agency Richard Hooper, Director, Androscoggin Home Health Agency Dr. Henry Pollard, President, Maine Dental Association
Recorder:	Max Millard, Volunteer Ombudsman Aide

Workshop Delegates:

Kathryn Boutilier	Jean McKenney
Marion Brown	Isabelle Martin
Mary Bruner	Bill Matthes
C. Murray Cott	Cliff Noyes
Dorothy Dalzell	Louise Peacock
Mrs. Archie Gaul	Will Richards
Maisie Harvey	Dorothy Ruksznis
Dr. Alfred Hurwitz	Mrs. George Sanford
Elvie Johnson	Ernest Talbot
Lottie Lugner	Dr. John Truslow
Dana McKay	Alvin Wescott

Abstract of

HEALTH SERVICES

(copies of full text available from Maine Committee on Aging)

According to *Over 60 in Maine: A Progress Report*, health is a major concern of Maine's elderly; more older people reported that they have a problem with health than with any other aspect of their lives. Health Services focuses on four specific topics: drugs, homemaker-home health aides, eyeglasses and hearing aides, and dental care for the elderly. For all of these topics, the following aspects need to be considered: older people's need for these services, the barriers that inhibit or prevent older people from using them, and, most importantly, ways to reduce or eliminate these barriers.

Drugs

The elderly, who constitute approximately 10% of the population of this country, consume 25% of all drugs. It is possible that the lack of full coverage of drug costs under the Medicare and Medicaid programs, the relatively low income of older people, and their relatively high drug needs result in some older people going without the drugs they need because of the costs. According to *Over 60*, less than 1% of the older people surveyed indicated they were unable to obtain the drugs they need due to costs. This suggests that many older people may use their limited income and resources to purchase necessary medicines and, in so doing, may forego other essentials. It can also be surmised that some people may simply be ignoring their prescribed drug regimens.

Recognition of the problem led to the passage in 1975 of L.D. 1683 which enables the Department of Human Services to conduct a free drug program for low income elderly. The bill carried an appropriation of only $2.00, however. The program will soon have about $40,000 (from pharmaceutical companies). Since there is not enough money to cover any major program, the Legislative Health and Institutional Services Committee suggests that a survey be designed to determine the major medical problems of the elderly. The survey could give insight into the major problems people have relating to pharmaceuticals. Then a program could be tailored with the monies available. **Is such a survey necessary and desirable? Will this program be able to attract sufficient money? What potential problems may inhere in a drug program which relies on donations from pharmaceutical companies?**

Two other bills passed in 1975 that were designed to enable older people and others to obtain drugs at the lowest possible costs. L.D. 1849 allows pharmacists to advertise prescription drug prices by both brand and generic name and requires that a list of the 100 most frequently ordered prescription drugs be posted in every pharmacy with that pharmacy's current retail price

indicated. L.D. 200 permits pharmacies to substitute a generic equivalent of a more expensive brand name drug unless the prescribing physician has indicated that he does not wish a generic equivalent to be substituted.

A careful evaluation of the impact of these laws statewide has not been done. **Should area agencies on aging be requested to undertake such a survey? If area agencies do commission a survey and the results indicate a need for increased awareness of these laws, should the area agencies develop publicity and education efforts on this?**

Homemaker-Home Health Aides

Home health services has been defined as "that component of comprehensive health care whereby services are provided to individuals and families in their places of residence for the purpose of promoting, maintaining, or restoring health, or minimizing the effects of illness." The homemaker-home health aide service is considered by many to be one of the most vital services in home health care and a viable alternative to premature or unnecessary institutionalization.

The need of Maine's elderly for helping services in the home was documented by the 1975 survey of older people reported on in *Over 60.* 13% of the elderly respondents reported that either they cannot clean house or need assistance doing so, 7% indicated they either cannot prepare meals or can only do so with help, and 5% said they either cannot take care of personal grooming needs at all or can do so only with assistance. In spite of this clear documentation of need, only a small proportion of survey respondents (4%) reported receiving homemaker-home health aide services.

A major reason for this may be traced to a shortage of homemaker-home health aides. In Maine, there are approximately 150 full-time equivalent homemakers, and an additional 60-70 persons who function either exclusively as home health aides or as combination homemaker-home health aides. For Maine to meet nationally established standards, there would need to be about 2,000 persons employed in this capacity. Even by more modest standards, it seems beyond debate that there are not nearly enough homemaker-home health aides to meet the needs of Maine people.

Insufficient numbers of homemaker-home health aides can be partially attributed to the low level of funding for home health care services. While Medicare and Medicaid have fostered the growth of expensive institutional care, they have given little more than lip service to alternative health care services, including home health care. In addition to sharing the funding problems of home health services in general, homemaker-home health aide services occupy the gray area between health and social or support services, and funding sources for health and social services tend to be mutually exclusive. Medicare essentially limits its coverage to the services of home health

aides; it does not cover homemaker services. Medicare also severely restricts the use of home health aides. The Medicaid program has generally followed the Medicare model in limiting payments for home health services and excluding homemaker services. Those private insurance plans that do contain coverage for home health care have limited coverage to home health aide services in a similar fashion.

Homemaker services, on the other hand, are primarily supported by Title XX of the Social Security Act and by the Priority Social Services Program. Title XX funds are limited by grant ceilings (currently $1,300,000 is allocated for homemaker-home health aide services) and concern has been expressed not only about the adequacy of funds under this program but also about the equitability of distribution of these funds geographically. A Task Force is meeting to develop the Title XX State Plan. It is especially timely to determine if the Task Force should be asked to raise the ceiling on the funds for homemaker-home health aide services, recommend more equitable distribution of funds geographically, and study the wisdom of increasing coverage of home health aide services relative to homemaker services.

Largely due to the requirements of funding sources, homemaker-home health aide services have been virtually split into two distinct paraprofessional services. Frequently this has not only resulted in two different paraprofessionals performing closely related functions for one client but also in the development of two different agencies providing these separate services in one area. The separation of homemaker and home health aide services is considered desirable by some people. One argument supporting the separation is based on the belief that services performed by home health aides require a higher degree of training, so aides do and should receive higher wages than homemakers. If the two services were combined, it is argued, the result would be an increase in the costs of providing homemaker services. According to the Homemaker Council, both the training and salaries of home health aides and homemakers are similar. The major arguments of those who advocate a unified service are that the separation results in unnecessary duplication and minimizes opportunities to make the most efficient use of a combination of grant funds and third party payments. Recommendations for consideration by the delegates in the Blaine House Conference on Aging workshop on Health Services are:

1. Funding level of Title XX (and PSSP) should be increased; funds should be more equitably distributed.

2. Title XX funds for homemaker-home health aide services should be apportioned on a per capita basis with eighty percent of the funds allocated for homemaker services and twenty percent for home health aide services.

3. State standards for homemaker services should be developed.

4. Maine home health agencies should work toward the goal of developing home health aide services broadly throughout the state.

5. Associations for homemaker agencies should join their efforts to promote better coordination/cooperation between agencies.

6. Homemaker-home health aide services should be integrated into one generic service.

7. Revisions should be demanded in the Medicare program to allow for a full range of home care services as an alternative to institutional care.

8. The State Medicaid program should cover homemaker services.

9. Private medical insurers in the state should be mandated to include home health coverage in all health insurance policies which provide for inpatient hospital care.

10. Legislation should be passed requiring that there be a comprehensive hospital discharge planning process mandating the exploration of alternatives to nursing home care for all patients who are potential candidates for such care.

Eyeglasses and Hearing Aids

According to *Over 60*, one-third of the noninstitutionalized older people surveyed indicated their eyesight is a problem and one-fourth indicated that hearing is a problem. It has been documented that the incidence of visual and hearing impairments increases with age. While prevention of many such impairments may be both possible and desirable, it is important to meet the needs of those people currently experiencing hearing and visual impairments. According to *Over 60*, of the 9% of older people who said they could see better with glasses, over one-third indicated that expense was the reason they did not get them. Cost was also cited as the primary reason for not obtaining a hearing aid by one-third of those who indicated they could hear better with a hearing aid or with a better aid.

What can and should be done to make sure that prohibitive costs do not keep older people from obtaining needed glasses and hearing aids? **Given the economic constraints under which the Medicaid program operates, should the Department of Human Services be urged to include coverage for eyeglasses and hearing aids under the Medicaid program?** Under Medicaid regulations, it would not be possible to limit such services to elderly recipients; thus the inclusion of eyeglasses or hearing aids under the program would be more expensive than a program aimed solely at needy elderly individuals.

Other alternatives include encouraging businesses to offer discounts on eyeglasses and hearing aids to senior citizens with low incomes or stimulating private organizations to offer free or low cost eyeglasses and hearing aids for low income older people. Currently some Lions Clubs in Maine provide eyeglasses and used and/or repaired hearing aids to needy people. **Should the area agencies on aging be requested to begin and/or increase their efforts to explore and publicize what businesses and private organizations in their areas are currently doing to provide free or low cost glasses and hearing aids and,**

if little or nothing is being done, to encourage businesses and private organizations to undertake some responsibility for this?

Dental Care

Poor dental health can seriously affect the physical and mental health of older people. Despite the importance of good dental health for the overall well being of the elderly, little attention has been focused on it to date.

With the passage of the 1975 Dental Health Act establishing in the Department of Human Services the Office of Dental Health and the Dental Health Council, the opportunity to have the dental health of Maine's elderly get the attention it deserves is greater than ever before. The Office of Dental Health is responsible for conducting studies on dental health problems and expanding and improving services. The Dental Health Council, an advisory body, serves as an ombudsman in matters relating to dental health and provides public information on the needs of and solutions to dental problems.

It is not known what percent of Maine's elderly have poor dental health that could be improved with appropriate dental services. One way this information could be obtained is to include dental health screening in existing health screening programs.

One of the barriers that keeps older people from obtaining the services they need is inaccessibility to dentists. Maine's ratio of dentists to population is close to the national average. The inaccessibility of dentists is not from an overall manpower shortage but from maldistribution. In many of Maine's rural areas, where many elderly live, the shortage of dentists is acute.

A second barrier for the elderly getting needed dental health is cost; 39% of the elderly have incomes below the Bureau of Labor Statistics low income budget. Only 2% of Americans have some form of private insurance coverage for dental health bills. Neither Medicare nor Medicaid pays for routine dental care. Adult dental care **could** be covered by Maine's Medicaid program since it is an "optional" service (about 30 other states cover it). The American Dental Association has recommended that the federal government **mandate** the inclusion of dental care for all adults eligible for Medicaid. At the present time, however, the Department of Human Services has no plan for including coverage of dental health services for adults, due to excessive costs.

A third barrier to good dental health is lack of motivation which results from fear of pain, ignorance about the benefits of good dental health or consequences of poor dental health, and lack of caring. It appears that a major educational program may be needed.

Should the Office of Dental Health, the Dental Health Council, and the Maine Dental Health Association be requested to jointly investigate the current dental health status and needs of Maine's elderly and, with the close cooperation of state and local aging agencies, design and implement strategies to reduce the barriers to good dental health for Maine's elderly?

PROGRAM OF EVENTS

GENERAL SESSION

Augusta Civic Center

October 21, 1976

1976

BLAINE HOUSE
CONFERENCE ON AGING

A forum of Maine's elderly
concerning policy and program developments
in aging and priorities before the
108th Session of the Maine Legislature

Sponsors

The Maine Committee on Aging

with

The Bureau of Maine's Elderly

OCTOBER 21, 1976

THE CIVIC CENTER

AUGUSTA, MAINE

PROGRAM

9:00 a.m.	REGISTRATION	
10:00 a.m.	CALL TO ORDER	The Honorable Kathleen Watson Goodwin, Chairman, Maine Committee on Aging
	WELCOME	Richard Michaud, Director, Bureau of Maine's Elderly
	NATIONAL ANTHEM	Dianne Salisbury
	INVOCATION	Rev. David Glusker
	WELCOMING REMARKS	Jackson P. Libby
10:30 a.m.	INTRODUCTION OF THE SPEAKER	Rep. Kathleen Goodwin
	ADDRESS	The Honorable James B. Longley, Governor
11:00 a.m.	PRESENTATION OF WORKSHOP RESOLUTIONS	
	EMPLOYMENT	Constance Carlson
	LONG TERM CARE	Henry Stone
	HEALTH EDUCATION & PREVENTATIVE CARE	Henry Thatcher, M.D.
11:45 a.m.	LUNCHEON	
1:00 p.m.	KEYNOTE ADDRESS	Bertha S. Adkins, Chairman, The Federal Council on Aging, Washington, D.C.
1:30 p.m.	PRESENTATION OF WORKSHOP RESOLUTIONS	
	THE FUTURE OF AGING POLICY AND ITS ADMINISTRATION IN MAINE	Floyd Scammon
	HEALTH SERVICES	Marion Baraby
2:15 p.m.	RESOLUTIONS FROM THE MAINE COMMITTEE ON AGING	Leora Prentiss
2:30 p.m.	COMMENTS AND RESOLUTIONS FROM THE FLOOR	
3:00 p.m.	ADOPTION OF CONFERENCE RESOLUTIONS	
	ADJOURNMENT	

STATEMENTS OF SPEAKERS

WELCOMING REMARKS

KATHLEEN WATSON GOODWIN

October 21, 1976

As many of you know, it is a tradition of the Blaine House Conference on Aging that Jack Libby of Brewer give opening remarks. It is with regret that I must inform you that ill health has forced Jack to retire not only from his membership on the Maine Committee on Aging but also from the State Council of Older People, the Eastern Task Force on Aging, and his presidency of the Brewer Senior Citizens Club. I am sure that you all join the Maine Committee on Aging and the Bureau of Maine's Elderly in recognizing that, without Jack Libby's active participation in Maine's aging program, our job is much more difficult. Jack is a leader rarely equalled, a man who knows about every area of elderly concern. While his health will keep him from holding formal positions, we shall continue to consider him as an invaluable advisor and confidant. Jack will continue to "call the shots" in the style we are all so accustomed to, but we must take his place in active work. That is a big order to fill. The Maine Committee on Aging wanted to express our deep gratitude to Jack on behalf of all the elderly, the Bureau of Maine's Elderly, and all the other agencies with which Jack has been so deeply involved, and we will be presenting him with this plaque, which reads:

To Jack Libby
One Of The Pioneers
In The Fight To Better The Lives
Of Maine's Elderly
With Deepest Respect And Appreciation
The Maine Committee On Aging
October 21, 1976

No one can take Jack's place in these opening remarks. No one is more capable of stirring a group to action. Jack realizes the magnitude of this conference. It is a unique opportunity for you, the delegates, to set priorities for action by the Maine Committee on Aging, Bureau of Maine's Elderly, the Governor, and the Legislature. Yours is a **very** important task. Today you will vote on behalf of all Maine's 170,000 elderly and establish goals which we must seek and meet together during the next year. Ours are not easy times. The economy and the government are hard pressed to provide for and address all our citizens' needs. We must carefully make our priorities and insure that they represent all elderly, and we must enhance the strengths of the old so that the elderly can once again become our leaders, our elderly, our advisors.

Jack Libby wrote to me last week, and I hope he doesn't mind me quoting him. He wanted us to recall our past accomplishments, as Dick Michaud

reviewed them before me, and he closed saying, "I'm sure this year's conference will be the best ever and my thoughts will be with you." I am sure that we will not disappoint Jack Libby and that we will work together to make this our best Blaine House Conference on Aging ever.

INTRODUCTION OF GOVERNOR LONGLEY

I have just been informed that Governor Longley has arrived in the hall and I would like to ask you to join me in welcoming him. He is being escorted to the head table by members of Troop #655 from St. Mary's in Augusta.

On behalf of the members of the Maine Committee on Aging, it gives me pleasure to introduce this morning's speaker, Governor James B. Longley. We know that the Governor's schedule is a very busy one and appreciate his taking time to join us today. By committing his time to us this morning, he is, I think, showing us that he recognizes the importance of this Conference and the urgency of elderly concerns, and we thank him.

In his two years as chief executive, Governor Longley has instilled into all arenas of Maine State Government an important concern for efficiency and effectiveness. He has asked tough questions and forced all of us to seriously analyze our policies and our programs. We share his concern for a government that best serves Maine's people and hope that through this Conference we can provide him with feasible recommendations which will best serve Maine's constantly aging population. We look forward to working with him in implementing the priorities which you will develop today and we anticipate a continued relationship of mutual respect between the Governor's office and Maine's elderly.

It is my pleasure to introduce to you the Governor of the State of Maine, James B. Longley.

GOVERNOR LONGLEY'S ADDRESS

Representative Goodwin, Members of the Maine Committee on Aging, Mr. Richard Michaud, Director of the Bureau of Maine's Elderly, Delegates and Guests of the Blaine House Conference on Aging:

It is certainly a pleasure to join you here today and welcome you to this Conference. Historically, Maine's elderly have joined together not to loudly demand services, but instead to educate the public and policy-makers to your needs. This rational approach has served you well and has appropriately won you the support of Legislators, service deliverers, and this Governor.

I applaud the method and manner you have used to promote and pursue your objectives. However, as Governor, I also want to challenge you to join with me in trying to make state government fiscally responsible.

We need to work together toward the common objective of reducing and eventually eliminating waste in government.

If we continue in the direction we have been moving in the past, we will be placing an intolerable burden on our youth who will be the elderly in the next fifty years.

During the past fifty years, a cancerous inflation has short changed the elderly in this State and nation. The dollar you carried and saved in 1940 was worth only 26¢ by 1975. But we don't need to reach back thirty or forty years in order to realize the disastrous impact inflation has had on the elderly who are forced to live, or try to live, on fixed incomes.

From 1965 to 1975, the value of the dollar declined as double digit inflation strangled the American economy and blighted the lives of many of the elderly living on modest pensions or social security. In this last decade alone, the dollar lost one-third of its purchasing power.

In 1965, the elderly couple trying to live on $6,000 a year fixed income, is now trying to get by on dollars with a purchasing power of only $4,000 or to again put it on a savings basis, the 10 percent saved in the past 10 years in real dollars is now only worth 66¢ and even when you allow for interest, the inflation which I feel is primarily attributable to government waste and a government bureaucracy that is much too large and inefficient . . . has heavily penalized the value of interest on your money and to add insult to injury, many of the nation's senior citizens are further penalized by the very liberal spenders in government that have liberally spent the money in Washington and yes, in Augusta, by taxing the interest on your money they've already discounted in value.

In other words, in addition to the programs in which you're understandably and selfishly interested, how about:

(1) Helping us take a look at educational spending to see if we couldn't reduce the spending and have more for scholarship aid for needy students.

(2) Re-think and re-design welfare that encourages break-up in homes and yes even to some extent irresponsible living styles.

(3) Re-write our unemployment laws to encourage people to work and take those off unemployment who would rather loaf than work.

(4) Commit to supporting and electing fiscally responsible Legislators and public officials who will join with us to stop further waste in government, help make possible our ability to do more for the needy elderly and those unable to fight inflation on their own, and, yes, protect our youth and yes, America from going more socialistic than we have already and from more and more inflation so that when our youth are at our age, yours and mine, they won't have been penalized by liberal spending politicians and a government caused inflation that robs the hard-earned dollars they saved in their working years.

I am also anxious to hear the recommendations which will be forthcoming from this session and urge you all to give much thought to the workshop resolutions which are before you today.

This Blaine House Conference on Aging is an important forum at which you voice your particular concerns and develop plans for action to meet your needs.

I urge the rest of state government to join me in assuring you that the priorities you determine today will be fully considered and, whenever possible, acted upon, at all levels of government.

I make this pledge because of my deep concern for the needs of Maine's elderly.

I make this pledge because the Blaine House Conference on Aging is a unique citizens' forum, a conference which draws its expertise and its recommendations not from limited special interest groups and professionals but from you, Maine's older citizens.

A government that does not respect and respond to the wishes of its people, is as wrong as a community which refuses to recognize the strength and wisdom of its elders.

High praise and good intentions, however, must not substitute for action.

With present economic restraints, policy-makers must carefully evaluate human needs and establish and support only those human services which adequately meet those very human needs in an efficient and effective manner.

I realize that it takes much more than dollars and cents to evaluate the effectiveness of human service programs. I realize too, that by supporting

quality elderly programs we are investing in our future, assuring increased dignity and worth for every succeeding generation of aged. For that reason, I have and will continue to support your programs, whenever and wherever possible.

In this Administration, we are presently examining issues and priorities for the legislative program that we will present to the 108th Legislature.

I would like you to know that we welcome the input, suggestions and recommendations of each of you individually and as members of the Blaine House Conference on Aging as to what steps we can take, within our means, to help our older citizens.

Our top priority in developing our legislative program is to once again present to the Legislature a balanced budget which will not require a tax increase on the people of Maine, including the elderly.

Our program in the area of taxation has not been finalized, but I am hopeful at this point that we will be able to recommend some sort of tax relief in critical areas.

I do not want to make promises or hold out false hopes. However, if we are able to offer tax relief, programs which directly benefit the elderly will be given one of my very first considerations.

This Administration supported the appropriation of priority social service funds in the past session and its support for continuation of these funds for meals, homemaker services and needed transportation will continue in the 108th Legislature.

Likewise, we plan to continue to actively support the Elderly Tax and Rent Relief Program and will continue to urge greater participation in this worthwhile program.

Regardless of our priorities and our desire to do everything possible for the elderly, we simply do not have enough wealth to publicly provide all the services or dollars requested and unfortunately sometimes demanded. We must continue to evaluate and develop both priorities and accountabilities.

We must continue to seek public funds that meet the needs of the people who are beneficiaries more than the politicians or the bureaucracy and to see that they are used well to meet your priority needs. We must work, too, with the federal government to see that federal policies adhere to the needs of Maine's elderly. But all the answers to insuring a better quality of life for Maine's elderly do not lie in government dollars. Other very important relationships must also be developed:

(1) Business must begin to understand the needs and strengths of older persons and investigate their hiring and retirement policies, and initiate or review their pension benefits in the light of inflation and relocation and above all business failures.

(2) Education must be available to all persons regardless of age. Educational institutions must realize that the old have much to offer the young, for you represent our living history.

(3) Recreational opportunities must be expanded, and your senior citizen centers must be strengthened and supported as essential components of community life and government.

(4) We must help our younger citizens to understand both your needs and your strengths. I believe this greater understanding is going to come from greater participation in foster home situations and volunteer participation by the elderly in programs such as those I have seen at Pineland Center.

(5) We must help our communities recognize the value of their elders and work with those elders in meaningful ways to help those communities.

Aging is not something any of us can afford to ignore.

It is not a debility, as you all so strongly prove by your past involvement and your presence here today.

I believe we have reached a crucial point in time where all of us, regardless of our particular interest must start looking beyond what government can do for us and examine what government can do for all and, more important, take a look at what we are going to leave for our children and grandchildren.

I am certain that there is not a segment of our society which has suffered more from inflation than the elderly and others on fixed incomes. I am equally certain that the elderly are among millions of other Americans who are becoming increasingly alarmed over questions concerning the soundness of our social security system.

For years, social security has been the financial foundation for millions of Americans. More than 31 million retired persons, widows and orphans draw benefits from the system today and the monthly checks are the sole means of subsistence for many of them.

Sadly, this system upon which so many Americans have depended is in trouble. Benefits are starting to exceed revenues and a special social security advisory council recently estimated that the system's trust fund would be exhausted by 1980 if current trends continue.

A major concern to experts in the field is the drastic change in the ratio of workers to recipients. Ten years ago, there were 4 workers for every beneficiary; in 1975, the ratio was down to 3.2 to 1 and, given current birth trends, the ratio may be reduced to 2 to 1 by the year 2030.

I do not point out the problems in the social security system to say that payments are too high or to suggest that there is anything the Blaine House Conference on Aging can do to cure the ills.

I merely point them out to stress what I feel is a real need for everyone, regardless of age or interest, to demand more accountability and fiscal responsibility from governments at all levels.

Furthermore, I believe America has a solemn responsibility to protect social security income for the retired, as well as death beneficiaries.

By the same token, I don't think we will ever be able to cure the ills in the social security program until we stop making decisions on government spending in Washington on something other than political considerations. Government has simply got to stop trying to please every special interest group and start taking a look at what our country is becoming and what is going to be left for the generations which follow.

I submit strongly that the best thing the elderly in Maine can do in 1976 to help themselves and their children and grandchildren is to elect people to office who won't promise them a single thing but will pledge to account for every dollar they spend, as well as vote to spend.

We should never lose our dreams simply because we have passed age 50, but I believe those of us who have passed that mark have a responsibility to dream dreams with realistic expectations and to dream dreams for our children and our grandchildren and do everything possible to avoid having them become financial nightmares for the generations that follow.

As Governor, I have had the opportunity to come in contact with many elderly people and I have come to realize more than ever the diversity of that group and the contributions it can make to society. I will continue to support public programs for those elderly in need.

I will continue to work with the Maine Committee on Aging and your agencies to meet your goals.

In my appointments to advisory boards and commissions, I will continue to seek and appoint older citizens, not only to the Maine Committee on Aging, but on all such boards and commissions. I think our track record speaks for itself in this regard. And I shall continue to urge the departments within state government to examine their services and insure that the elderly are duly considered.

In closing, I can only urge you to continue to educate us to your needs and strengths, as you do so well through the Blaine House Conference on Aging. I wish for you a very profitable conference and anticipate receiving your recommendations.

I pledge my support to your efforts to make old age a better experience for all of us.

Thank you.

INTRODUCTION OF BERTHA ADKINS

It is a particular pleasure for the Maine Committee on Aging to be joined at this year's conference with our parent organization, the Federal Council on Aging. Established in 1973, by the United States Congress, the Federal Council on Aging is charged with advising the President and Congress about the needs and strengths of older Americans. The Federal Council has an enormous responsibility to serve as an advocate on behalf of the nation's elderly at the highest level of government. We are all well aware of the time and effort necessary to move our state government, our small state bureaucracy here in Maine. Can you imagine how difficult the role of elderly advocate is at the Federal level? In making his initial appointment to the chairmanship of the Federal Council on Aging, President Nixon undoubtedly knew the rigors of the job and appointed a woman of vitality, intelligence, and strength, Bertha Adkins. Ms. Adkins is more than an effective chairman of the Federal Council on Aging, she is an embodiment of all that is positive in aging. Her career has changed and grown throughout her life and, at age 70, she works aggressively for and with this Nation's elderly. We frequently hear that public attitude about the old is stereotyped and negative. Both through her work and her personal life, Ms. Adkins fights daily to change that public attitude into a more realistic and positive one.

Ms. Adkins received her A.B. from Wellesley College in 1928, an M.A. from Columbia in 1943, and has been awarded numerous honorary degrees. An active Republican, she has served as Assistant Chairman of the Republican National Committee. Following a distinguished career as an educator, Ms. Adkins became the first woman to be appointed as Under-Secretary of the Department of Health, Education, and Welfare. Ms. Adkins was instrumental in the development of the 1961 White House Conference on Aging and served as vice chairman of that Conference in 1971.

The developments of the Federal Council on Aging speak best for Ms. Adkins' success as its chairman. Since her appointment in 1974, the Council has undertaken numerous studies in areas such as the impact of the tax structure on the elderly, the problems of older women, Title XX, the frail elderly, the interrelationships of benefit programs, social security, and has supported efforts to increase the programs offered through the Older Americans Act. All of these efforts have significantly benefitted the nation's elderly.

We are delighted that Ms. Adkins can be with us here today. We in Maine realize full well the importance of developing strong linkages between state and federal governments and developing a greater ability to affect change for all the elderly at a federal level. In fact, we hope that you will bring back to Washington some of the recommendations which will come from this Conference and that we can work together to make real our mutual goals.

It is my privilege to introduce the Honorable Bertha Adkins, Chairman of the Federal Council on Aging and ask you to join me in offering her our heartiest welcome.

Address of

BERTHA S. ADKINS, Chairman

Federal Council on the Aging

"PERSPECTIVES ON AGING"

I am happy to be here today as a part of this Blaine House Conference. I am delighted to see the determination and effort you have shown these last two days in addressing the difficult and controversial issues before you. I am certain your work will be significant in improving the quality of life for older people in Maine.

I heard a delightful story the other day about a school playground which was so popular that its use was limited to grades from one to five. The teachers had to keep out the kindergarten children who were constantly underfoot. One day a teacher saw a very small boy trying to get himself included in a ball game. She called him over and questioned him sternly.

"How old are you?", she asked.

The child paused in some confusion and then held up five fingers.

"What grade are you in?", she continued.

There was a slight pause and he held up one finger—first grade.

"Oh", said the teacher, "And how did you happen to be in the first grade at your age?"

The child drew himself up, looked her firmly in the eye, and replied—"I was ready."

This Conference shows that today you are ready to take on the problems and opportunities of aging, and I congratulate you. I am chairman of the Federal Council of the Aging, which was created by Congress in 1973 to advise and assist the President on matters relating to the special needs of older Americans; to assist in making an appraisal of the nation's existing and future personnel needs in the field of aging; to review and evaluate the impact of Federal policies regarding the aging; to serve as a spokesman on behalf of older Americans by making recommendations to the President and the Congress with respect to Federal policies and programs for the aging; and to inform the public about problems and needs of the aging by collecting and disseminating information, conducting studies and issuing publications and reports and providing public forums for discussing pertinent issues. We are to the Federal Government what your Maine Committee on Aging is to the State of Maine. And like your committee, we feel a great responsibility not only to the government but to assist older citizens by being a responsive and responsible body to the older people whom we serve.

As a nation, we have a variety of government programs designed to help our older citizens in income provisions, health care, housing and involvement in community affairs. We have Federal anrd State agencies as well as local government units for working with the elderly. But all of these are not enough to do the job.

We need to call upon the talents, abilities and skills of all our citizens regardless of race, sex, color, creed or age if we are to create the best quality of life for our added years. As Earl Warren so aptly said, "The vitality and strength of a democracy may be measured in the initiative and responsibility which the local citizens are willing to take in meeting their problems."

In this Bicentennial Year, it is vital that we look forward as well as backwards to the progress as well as the needs of our older people. Two hundred years is a very short span of time in world history. We are a young country which explains in part the emphasis our culture has placed on qualities of youth—physical strength, stamina, mobility, initiative, independence, and enthusiasm. With a vast land area to settle and great natural resources to develop, and with a government that emphasized individual freedom for its citizens, we attracted many people from other countries who cherished the opportunity to own their own land and work to create a brighter future for their children. As industrialization developed, crowded living conditions in our urban areas brought problems of health, sanitation and economic instability. Our population grew and more Americans lived longer. Now we have over 200 million people and over 20 million over the age of 65 with 29 million elderly people expected by the year 2000, which will be an increase of 46 percent over the present population. Our birthrate is decreasing and we are facing a time when the ratio of older retired workers to the work force is increasing.

Of necessity, therefore, we must reassess the values we give to using the talents and skills of older people. This year is important to us not only as our bicentennial but as a midpoint between the 1971 and the 1980 White House Conferences on Aging. At the previous two conferences, it was the older citizens who brought the critical issues before the conferences. Improvements in income maintenance and medical services, to name two, resulted from the work and recommendations of older people. By beginning now, in 1976, to plan for the next conference, we can recognize and work on new issues in which you will have a major role. So this year is an ideal time to look back on our accomplishments but also to look ahead at the future and our very important part in it.

For the Bicentennial Year, the Federal Council has prepared a revision of the Senior Citizens Charter developed by the 1961 White House Conference on Aging. In developing this new Charter, the Council has drawn on many resources including the objectives of the 1965 Older Americans Act.

This new statement, the "Bicentennial Charter for Older Americans," is being considered at forums of older persons organized by advisory committees to the area agencies on aging in order (1) to determine progress or lack of progress at the Federal, State and local levels in implementing the Charter's goals, and (2) to recommend specific action programs at Federal, State and local levels in both the public and private sectors, designed to accelerate the implementation of both the rights and responsibilities contained in the Charter. This is a great opportunity for older Americans to play an active role in making recommendations to the government.

These action recommendations are to flow from local to State and then to the Federal Council on the Aging. The Council hopes that at the time of our next annual report, we shall be able to close the bicentennial year with a set of recommendations which will focus on needed national actions to enhance the lives of all older Americans.

I would like to read the Charter to you:

BICENTENNIAL CHARTER FOR OLDER AMERICANS

Two hundred years ago, a new nation was founded based on the self-evident truths that all men—and women—are created equal and that they are endowed by their Creator with certain inalienable rights. A Constitution was set forth for governance of these new United States of America with the goal of forming a more perfect union, establishing justice, insuring domestic tranquillity, providing for the common defense, promoting the general welfare, and securing the blessing of liberty to ourselves and our posterity.

In the two hundredth year of this Nation's existence, it is good and well that we call special attention to a group of citizens which literally did not exist at the time of our Revolution. The approximate life span in 1776 was 32 years. In 1976, it is 71.3 years and we now have a virtual "generation" of older Americans whose roles, contributions, rights and responsibilities need to be given particular attention at this time in our history.

Americans of all ages have the ultimate responsibility to be or become self-reliant, to care for their families, to aid their neighbors and to plan prudently for their old age. Older persons have the responsibility to make available to the community the benefits of their experience and knowledge. Society—be it through the institutions of the public or the private sectors—has the responsibility to assist citizens to be prepared for their later years as well as to assist directly so many of the very old who for one reason or another cannot cope with the burden of increasing physical and mental and social and environmental debilities.

There follow certain basic human rights for older Americans based on the laws of nature and of Nature's God as set forth in the founding documents of this Nation some two hundred years ago.

I. The right to freedom, independence and the free exercise of individual initiative.

+ This should encompass not only opportunities and resources for personal planning and managing one's life style but support systems for maximum growth and contributions by older persons to their community.

II. The right to an income in retirement which would provide an adequate standard of living.

+ Such income must be sufficiently adequate to assure maintenance of mental and physical activities which delay deterioration and maximum individual potential for self-help and support.

III. The right to an opportunity for employment free from discriminatory practices because of age.

+ Such employment when desired should not exploit individuals because of age and should permit utilization of talents, skills and experience of older persons for the good of self and community. Compensation should be based on the prevailing wage scales of the community for comparable work.

IV. The right to an opportunity to participate in the widest range of meaningful civic, educational, recreational and cultural activities.

+ The diverse interests and needs of older Americans require programs and activities sensitive to their rich and diverse heritage. There should be opportunities for involvement with persons of all ages in programs which are affordable and accessible.

V. The right to suitable housing.

+ The widest choices of living arrangements should be available, designed and located with reference to special needs at costs which older persons can afford.

VI. The right to the best level of physical and mental health services needed.

+ Such services should include the latest knowledge and techniques science can make available without regard to economic status.

VII. The right to ready access to effective social services.

+ These services should enhance independence and well being, yet provide protection and care as needed.

VIII. The right to appropriate institutional care when required.

+ Care should provide full restorative services in a safe environment.

This care should also promote and protect the dignity and rights of the individual along with family community ties.

IX. The right to a life and death with dignity.

+ Regardless of age, society must assure individual citizens of the protection of their constitutional rights and opportunities for self respect, respect and acceptance from others, a sense of enrichment and contribution, and freedom from dependency. Dignity in dying implies the right of the individual to permit or deny the use of extra-ordinary life support systems.

We pledge the resources of this Nation to the ensuring of these rights for all older Americans regardless of race, color, creed, age, sex or national origin, with the caution that the complexities of our society be monitored to assure that the fulfillment of one right, does not nullify the benefits received as the result of another entitlement. We further dedicate the technology and human skills of this Nation so that later life will be marked in liberty with the realization of the pursuit of happiness.

In our Bicentennial Year, the Charter is aiding us in creating more positive attitudes towards our older Americans.

We can never be satisfied until we have a national commitment for the well-being and the quality of life of all of our older Americans. This will involve government units at all levels, private agencies, business organizations, and individual effort in changing attitudes towards the elderly. Then, growing old, with its added years, will be a time of serenity and peace.

Of necessity, then, we must reassess the values we give to the talents and skills of older people. The critical issues facing those of us who work with the elderly are partly based on age, race, and sex discrimination of the past and present.

Equal access to services has not been available to all older Americans and many programs started in recent years have been established to improve the lives of our elderly. We are making increased progress in improving the comparative position of the elderly in terms of the population as a whole but we still have a long way to go.

Problems faced by many elderly persons include:

LOW INCOME

DISCRIMINATION IN EMPLOYMENT

LIMITED HEALTH AND MENTAL HEALTH SERVICES

INADEQUATE HOUSING AND LIMITED CHOICES IN LIVING ARRANGEMENTS

LIMITED LEGAL SERVICES

SOCIAL ISOLATION

LIMITED SOCIAL SERVICES

DISCRIMINATORY ATTITUDES AND PRACTICES BY SERVICE PROVIDERS

Old people have a low median income and older women age 65 and above have the lowest median income of any or sex group.

Mandatory retirement forces many older people to retire without sufficient income to live a decent life. If they must seek employment their opportunities are generally limited and the only employment available is in low paying jobs. Evidence of age discrimination in employment and mandatory retirement is shown by the increasing number of court cases in which age discrimination in hiring and retirement practices is being charged.

In the area of delivery of services there are many instances of discrimination based on age. Part of this is a reflection of the view of an older person's status as not being an employable person. Many programs, because of limited resources, prioritize service delivery based on whether the provision of services or assistance will allow an individual to return to gainful employment. Because older people are viewed as being less able to find employment or unable to work, they are not provided services or sought out as program participants.

For example, in legal service programs, only 6 percent of clients of legal service programs in 1971 were 65 and over, although 17 percent of persons below the poverty level were 65 and over.

In education programs, it is estimated that for 1969, 45 percent of persons classified as illiterate were 65 and over. Yet, only 3 percent of enrollees in adult basic education programs operating in 1969 were 65 plus.

There are many more examples, but it is sufficiently clear to me that older persons are not receiving their fair share of community services from programs which receive Federal funding for provision of services to the general population. If the services are not designed nor available to older persons then they have neither equal opportunity not access to the service.

Communities must awaken to their responsibilities for those older citizens who need help. We can use existing services but we must also develop new services to meet changing needs. We must be alert to new requirements. In addition, communities have the responsibility to speak out in behalf of standards to insure adequate quality and quantity of services for aged people under **ALL** auspices, public or private. Churches, clubs, organizations, citizen groups of all kinds, should organize to meet needs and problems as they appear. You in Maine are doing just that.

Back in the middle 50s, the Social Security Administration did a study of centenarians who were receiving Old Age and Survivors Insurance Benefits. Several of them were still working—one at age 118. Although all of these centenarians conceded they were old, none said they had finished living, and most of them said they had found fulfillment in their interest in living. Mrs. Pinky Gaines, age 107, a hospital worker in Concord, North Carolina, had just retired. When interviewed she was headed for the beach. She said, "I know I look like a fool, wearing these shorts. But I believe in keeping up with the times." She had learned the secret of adjusting.

We all must adjust to the changes we encounter in old age. Growing old presents certain problems, it is true. But there are compensations as well. There is a freedom to speak and act, without the inhibitions of youth, that brings a pleasure in becoming a "character." There are tax benefits, reduced fares for transportation, opportunities for renewing and continuing education. There are chances to make new friends in community centers with a variety of activities to stimulate one's interest in life.

We at the Federal Council on the Aging laud the efforts in behalf of and by the elderly because they can help prevent the continuation of problems faced by so many of today's elderly. They can mean that the next generations of older people will have a full quota of Grandma Moses and Colonel Sanders who can contribute to society as long as they live.

Some very positive examples of today's elderly population are provided in some of the present programs for older Americans: in the RSVP Program, the Foster Grandparent Program, and the Service Corps of Retired Executives. Involved people not only reap the personal rewards of improved health, better morale, but by making such productive use of their time they contribute in an important way to society and constructively use their collected experience.

In this very crucial time, where we have the unique opportunity to look forward and plan for the future, a future of improved life for older Americans, it is vital, as Mrs. Gaines knows, to "keep up with the times." You have demonstrated a commitment in the past to improve conditions for our older citizens, and I am confident you will keep up your good work. You are all excellent examples of vital, involved older people, and great examples of what old age should be to all our elderly. Cicero recognized the strength so many of you exemplify when he said, "Not by physical force, not by bodily swiftness and agility are great things accomplished, but by deliberation, authority, and judgement; qualities of which old age is not only **NOT** deprived, but with which as a general rule even more abundantly provided."

RESOLUTIONS AND RECOMMENDATIONS

AS AMENDED AND ENDORSED BY THE

GENERAL SESSION

OF THE

SIXTH

BLAINE HOUSE CONFERENCE ON AGING

1976

BLAINE HOUSE CONFERENCE ON AGING

RESOLUTIONS

HEALTH EDUCATION AND PREVENTATIVE CARE

1. Be it resolved by the 1976 Blaine House Conference on Aging that the Legislature provide fiscal support for the development and conduct of courses for the elderly on "health activation." These courses should include (1) methods of teaching persons how to use health care resources more effectively, (2) promoting self-help and prevention and emphasizing the importance of individual responsibility, (3) training persons to do certain easy procedures and make better observations of health events in common illnesses and injuries, and (4) to help persons save money when buying drugs, health insurance, and health care.

2. Whereas the number one priority of the elderly population of Maine is health, and
   Whereas Health Screening is the most effective method of introducing the elderly to a system of preventive medicine and treatment, and
   Whereas Health Screening is morally justified, and
   Whereas Health Screening has been tried and found to be economically sound and financially feasible, and
   Whereas an ongoing method of funding for statewide Health Screening in Maine is non-existent,
   Be it resolved that some ongoing permanent source of funding for a program of Health Screening be provided for the senior citizens of Maine, based upon a standardized program of multi-phase Health Screening.

3. Be it resolved that the 1976 Blaine House Conference on Aging endorse the Adult Periodic Screening Program as currently being developed by the Division of Public Health Nursing, Dept. of Human Services.

4. Be it resolved that the 1976 Blaine House Conference on Aging recognize a need for a standardized program for evaluation and research utilization of the nutrition programs and that evaluation be undertaken on a local level by area agencies. Furthermore, be it resolved that evaluation results be collated at a state level.

5. Be it resolved that this conference recommend an increase in the number of home delivered meals in addition to the meals at congregate sites. The need for this increase should be determined through the needs analysis of area agencies on aging.

6. Be it resolved that the 1976 Blaine House Conference on Aging recognizes and affirms the need for continued PSSP, Title XX, and Title VII

funding support for elderly nutrition. Be it further resolved that at least the current level of services be maintained.

HEALTH SERVICES

1. Be it resolved that the Blaine House Conference on Aging go on record as recommending that regional agencies conduct as soon as possible a study regarding drugs that deals with the following points: (1) the effectiveness of the present "Free Drug Program" in serving elderly consumers, (2) comparative costs of medications, and (3) the potential savings and mechanisms of using generic substitutions. Be it further resolved that, following this study, present legislation enabling a "Free Drug Program" be funded at a level appropriate to the need found through the study.
2. Be it resolved that the funding level of homemaker/home health aide services should be increased under Title XX and PSSP and that funds be more equitably distributed to the five regions.
3. Be it resolved that Title XX funds for homemaker/home health aide services should be apportioned so as to encourage the provision of both homemaker and home health services throughout the state. However, such re-apportionment should not affect the present level of homemaker services.
4. Be it resolved that the agencies that perform health screening services for senior citizens include dental, pap, and prostate screening as a component of that screening, to be used to document the need for possible legislative funding, and be it further resolved that the Maine Dental Association be requested to support the dental screening effort by encouraging its membership to apply direct participation.
5. Be it resolved that the Department of Human Services include dental care for adults eligible for Medicaid, and that Medicaid payments include prosthetics and hearing aids.
6. Be it resolved that homemaker services under Title XX and PSSP funds be provided to clients in need who are above income eligibility on a sliding fee basis.
7. Be it resolved that Maine home health agencies should work toward the goal of expanding home health aide/homemaker services throughout the state.
8. Be it resolved that homemaker/home health aide services should be integrated into one generic service.
9. Be it resolved that the state Medicaid program should cover homemaker services.

10. Be it resolved that legislation be passed requiring that there be a comprehensive hospital discharge planning process which mandates the exploration of alternatives to nursing home care for all hospital patients who are potential candidates for nursing home care.

11. Be it resolved that legislation be reintroduced to allow denturists to provide dentures directly to clients. (Proposed from the floor.)

EMPLOYMENT

1. Be it resolved that the Legislature amend the Maine Human Rights Act to remove Maine Revised Statute 4573 (1) (A-C) to wit: exemptions of unlawful employment discrimination based upon (a) bona fide retirement and pensions, (b) retirement plans, or (c) insurance plans, substituting Human Rights Commission review of all alleged age discrimination on a case by case basis. Be it further resolved to empower and fund the Maine Human Rights Commission to add a member or members to its staff and to enhance the capability of the entire staff in dealing with the problem of age discrimination. Be it further resolved that the 108th Legislature ask the Maine Congressional Delegation to request the removal of an upper age limit on federal prohibitions against age discrimination.

2. Be it resolved that the Maine Committee on Aging encourage those agencies working with older persons to tell effectively the story of the fine works carried out by these agencies. It is recommended that a one day workshop on public relations be conducted in the regions of the five task forces.

3. Whereas, as mandatory retirement at a specified age deprives individuals of earning adequate funds to support themselves and also deprives them of the opportunity to remain fully active mentally and physically, and Whereas there is a need for society to benefit from their age and experience,

   Be it resolved that the 108th Legislature be urged to make changes in state laws that will make mandatory retirement because of age illegal, whether by state rulings or company, union, or pension plan policies, and that mandatory retirement shall be replaced by options and incentives that will allow older people to continue an active life on the basis of ability rather than age.

4. Whereas mandatory retirement at a specified age and discrimination against older people in employment and in hiring practices are abhorrent to the dignity and welfare of all older people and to society as whole,

   Be it resolved that all organizations for the elderly in the State of Maine take the lead and take affirmative action in the hiring of older people and furthermore that the Bureau of Maine's Elderly, the Maine Committee

on Aging, and the five area agencies on aging aim toward a goal of substantially increasing employment of older people as vacancies occur, and that a progress report toward this goal giving the ages of all paid staff of the above organizations be publicized at the next Blaine House Conference on Aging.

5. Be it resolved that the Maine Committee on Aging support and encourage the creation of counselors for the elderly in the 17 offices of the Department of Manpower Affairs, that the persons employed in these positions be older citizens (60+), that these positions be funded through the discretionary funds available to the Governor, and that these people report and are responsible to the five area task forces.

6. Be it resolved that the Maine Committee on Aging petition all employment and training agencies to pay special attention to the problems and potentials of the elderly, using pilot project and training of staff; and to set up demonstration projects in each area to pool together the available jobs and individuals wanting work. (Proposed from the floor.)

THE FUTURE OF AGING POLICY AND ITS ADMINISTRATION IN MAINE

1. Be it resolved that the Blaine House Conference on Aging recommend that Maine establish a cabinet level Department of Elderly, effective 1978. Be it further resolved that the *Act for Maine's Elderly* be continued by the 108th Legislature and that it contain wording which reaffirms the independence and integrity of the Maine Committee on Aging in its role as statewide advisory and advocacy committee and at least reaffirms the role of the Bureau of Maine's Elderly or a Department of Elderly and its statewide role of coordinating and developing human service programs for older people, reaffirming the independence, integrity, and right of older citizens in the local area Task Forces on Aging to control planning, coordination, funding, and all other aspects of local elderly human services delivery.

   Be it further resolved that any decisions to coordinate and integrate elderly human services programs with other human service programs be based on rational judgments about efficiency and effectiveness and be made ultimately by the local senior citizen Task Forces on Aging.

2. Be it resolved that the Blaine House Conference on Aging supports legislation whereby retirement policies in Maine would be created on the employees ability to do the job rather than on the basis of age.

3. Be it resolved that the Blaine House Conference of 1976 urge the 108th Session of the State Legislature to continue and appropriate at the same or increased level the Priority Social Services Program and that the same proportionate amount of funding be earmarked specifically for elderly

individuals. Be it further resolved that the PSSP elderly funds be available for use for any and all human services for elderly citizens, and not be restricted to transportation, meals, or coordinated elderly programs.

4. Be it resolved that all earned income, including private and public pensions, under $6,000 for a single person age 65 or over or under $10,000 for a couple should be tax exempt.

5. Be it resolved that the Legislature appropriate funds for an outreach program which would seek out the poorest elderly presently not utilizing income maintenance programs.

6. Be it resolved that the Legislature create a Select Committee to address the problems of people over 65 whose income is so low as to not be taxable by the State of Maine and that this Committee make specific recommendations to the Legislature regarding these elderly.

LONG TERM CARE

1. Be it resolved that the proposed principles of reimbursement for long term care facilities warrant careful analysis by the Maine Committee on Aging prior to the November 17th public hearing on the proposed principles of reimbursement. The primary criteria used by the Committee on Aging for evaluating the proposed principles of reimbursement should be how they will affect the quality of resident care with considerations of the provider of that care.

2. Be it resolved that the Maine Committee on Aging encourage the development of legislation to provide penalties for non-compliance with existing legislation regarding physician certification of the cause of death of nursing home residents, and furthermore pursue legislation requiring post mortem physician examination of deceased nursing home residents.

3. Be it resolved that the Blaine House Conference on Aging urges the Department of Human Services to amend the state plan for the Medicaid program to include a policy allowing for up to 18 days of home visits annually for nursing home residents.

4. Be it resolved that the Blaine House Conference on Aging supports the concept of adult day care and the funding for a demonstration project in Maine.

5. Be it resolved that the Department of Human Services explore the feasibility of establishing a fine system that would allow the Department to charge facilities specific amounts for various types of deficiencies.

6. Be it resolved that the Maine Committee on Aging explore legislation which would provide reimbursement to non-M.D. or D.O. health care professionals, such as nurse practitioners, physical therapists, and

O.T.R.'s practicing within their specialty with residents of long term care facilities and which would provide such reimbursement without a doctor's order for the services rendered.

7. Be it resolved that the Maine Committee on Aging endeavor to establish a liaison committee with the Maine Medical Association and the Maine Osteopathic Association to address the need for quality physician services to the institutionalized elderly and the absence of any recognized geriatric specialty within the Maine Medical Association and the Maine Osteopathic Association.

8. Whereas the current provision of public and private guardianship is inadequate in that the individual is deprived of an inordinate number of rights,

   Be it resolved that the Maine Committee on Aging urge the Department of Human Services to pursue the legislative and administrative changes needed to assure implementation of the least restrictive protective relationship that meets the needs of the individual. Furthermore, be it resolved that the Department of Human Services be allocated $250,000 to provide a range of protective relationships to assure that the needs of incapacitated adults are met if enabling probate legislation is passed or to secure such relationships in the event that such legislation is not passed.

9. Be it resolved that the area agencies on aging stimulate and coordinate increased community involvement and services in long term care facilities. (Proposed from the floor.)

RESOLUTIONS FROM THE MAINE COMMITTEE ON AGING

1. Be it resolved that the Maine Committee on Aging seek the enactment of legislation to insure the automatic pass along of any future federal SSI cost of living increases to Maine's SSI recipients and to insure that SSI recipients who were dropped from the Federal program due to the cost of living increase retain coverage under the Maine Medicaid Program.

2. Be it resolved that the Maine Committee on Aging seek the enactment of legislation to raise the income eligibility ceiling and to increase the benefits under Maine's Property Tax and Rent Refund Program. Be it further resolved that the age for receiving a tax or rent refund should be lowered to 60 when the following conditions exist: (1) a person is a widow or widower at the age of 60, (2) a person has been married but has never been employed, (3) a person is disabled.

3. Be it resolved that this Conference urge the Title XX Task Force and the Bureau of Resource Development to consider the following in developing the Title XX State Plan:

(A) Public Law 94-401 enacted recently by Congress allows states to establish group eligibility. We urge the Title XX Plan to investigate group eligibility for Maine's elderly. Such group eligibility would eliminate the individual means test in the delivery of social services to the elderly.

(B) Additional allocations for child day care have been made at the Federal level which will be allocated to states on a population basis. The State of Maine will receive an additional $990,000 for child day care services which can be subtracted from the State's Title XX allocations for child day care and used for other services. Although this Conference recognizes the importance of child day care, we urge the Title XX Plan to allocate some of these additional funds for pilot projects in adult day care.

4. Be it resolved that this Conference urge the Governor and Legislature to give further consideration to the needs of the mentally ill elderly before closing the geriatric program at the Bangor Mental Health Institute. We believe that a geriatric program for the mentally ill elderly can be a unique and important program in the continuum of care for elderly and urge that Maine continue to develop, maintain, and improve such a professional program wherever impact analysis studies prove it can be best operated to assist mentally ill elderly.

   We urge that Maine provide mental health services to the elderly commensurate to their needs and of the quality provided other age groups. We also urge the Maine Committee on Aging to review the mental health plan for the state and to set up a mechanism for regular review of department policies.

   Furthermore, the Maine Committee on Aging has been informed by the Bureau of Mental Health that, should the geriatric program be closed, residents assessed as too ill to survive a transfer to Augusta Mental Health Institute or other distant location will be placed in Bangor area nursing homes. This Conference urges that any such placement be made only:

   A) where skilled professional care equal to that at Bangor Mental Health Institute is provided to these residents on a daily basis, and

   B) where such placement of mentally ill residents will not adversely affect the quality of life of other residents in those nursing homes.

5. Whereas present procedures for the probate of decedents' estates are unnecessarily time consuming and costly, and whereas the time and cost factors of those procedures impose especially heavy burdens upon surviving elderly widows and widowers who have been sharing in and dependent upon the decedent's estate;

Be it resolved that this Conference go on record in support of efforts to enable "do-it-yourself probate" of small estates, thus saving legal expense to Maine's elderly.

Be it further resolved that this Conference urge Maine's legal community, the Governor, and Legislature to re-consider present legislation regarding probate as well as to investigate the possible adoption of Title III of the Uniform Probate Code.

RESOLUTIONS FROM THE FLOOR

1. Whereas present SSI benefits do not meet the minimum needs of the poorest elderly, blind, and disabled of Maine,
   Be it resolved that legislation be enacted in the next regular session of the Maine Legislature which would, at a minimum, increase the state optional supplement to SSI to $20 for an individual and $35 for a couple, with the intent, if resources are available, of increasing the state optional supplement to the lower budget level for a retired couple as determined by the Department of Labor's Bureau of Labor Statistics most recent estimates, adjusted to Portland, Maine, and adjusted for family size.

MAINE COMMITTEE ON AGING LEGISLATIVE PRIORITIES

1. Be it resolved that the Maine Committee on Aging seek the enactment of legislation to insure the automatic pass along of any future federal SSI cost of living increases to Maine's SSI recipients.

2. Be it resolved that the Maine Committee on Aging seek the enactment of legislation to raise the income eligibility ceiling and to increase the benefits under Maine's Property Tax and Rent Refund Program.

3. Be it resolved that the Maine Committee on Aging seek legislation to amend the Maine Human Rights Act to remove Maine Revised Statute 4573 (1) (A-C) to wit: exemptions of unlawful employment discrimination based upon (a) bona fide retirement and pensions, (b) retirement plans, or (c) insurance plans, substituting Human Rights Commission review of all alleged age discrimination on a case by case basis. Be it further resolved to empower and fund the Maine Human Rights Commission to add a member or members to its staff and to enhance the capability of the entire staff in dealing with the problems of age discrimination.

4. Be it resolved that the Maine Committee on Aging seek a legislative study order to research and develop a plan to abolish mandatory retirement policies in Maine and report that study to the next session.

5. Be it resolved that the Maine Committee on Aging seek legislation to amend the Priority Social Services Program to substitute "Health Services" for "Coordinated Elderly Programs" and to change homemakers to read homemaker/home health aides.

6. Be it resolved that the Maine Committee on Aging support legislation insuring that elderly PSSP funds be maintained at at least the present levels.

7. Be it resolved that the Maine Committee on Aging seek legislation to allow the Department of Human Services to provide a range of protective relationships to meet the needs of incapacitated adults.

8. Be it resolved that the Maine Committee on Aging seek legislation to develop penalties for non-compliance with laws regarding the certification of deaths within long term care facilities and to require post mortem physician examinations.

9. Be it resolved that the Maine Committee on Aging oppose any efforts to lessen the administrative status of the Bureau of Maine's Elderly and to seek a legislative study order to research the possibility of creating a cabinet level Department of Maine's Elderly for report to the 109th Legislature.

MAINE COMMITTEE ON AGING
NON-LEGISLATIVE PRIORITIES

1. Be it resolved that the Maine Committee on Aging urge the Department of Human Services to amend the State Medicaid plan to allow for 18 days of home visitation for nursing home residents.

2. Be it resolved that the Maine Committee on Aging, in cooperation with the Maine Human Rights Commission, conduct a public information campaign regarding employment and older workers.

3. Be it resolved that the Maine Committee on Aging seek the cooperation of the Health Education Resource Council and other health-related agencies to develop and conduct statewide health education, focusing on (1) methods of teaching persons how to use health care resources more effectively, (2) promoting self-help and prevention and emphasizing the importance of individual responsibility, (3) training persons to do certain easy procedures and make better observations of health events in common illnesses and injuries, and (4) to help persons save money when buying drugs, health insurance, and health care.

4. Be it resolved that the Maine Committee on Aging urge the Department of Human Services to accept and support the Adult Periodic Screening Program and to work with the dental profession and agencies conducting health screening to conduct a survey of dental health needs of the elderly.

5. Be it resolved that the Maine Committee on Aging encourage the Department of Human Services to develop a plan for the equitable statewide distribution of homemaker/home health aides.

6. Be it resolved that the Maine Committee on Aging urge the Bureau of Resource Development to include in the Title XX State Plan group eligibility for the elderly and to fund at least an evaluation of adult day care in Maine.

7. Be it resolved that the Maine Committee on Aging work with the Maine Medical Association and the Maine Osteopathic Association and attempt to develop a comprehensive hospital discharge planning process which insures the exploration of all health care alternatives with the patient prior to placement in a long term care facility.

SELECTED STATEWIDE PRESS REVIEWS

Portland Press Herald, Oct. 22, 1976

LONGLEY ASKS ELDERLY HELP HIM CUT SPENDING

AUGUSTA, ME. (AP)—Gov. James B. Longley asked senior citizens Thursday to help him cut government spending, saying that high governmental costs and inflation are the worst enemies of the elderly.

Longley asked the senior citizens at the Blaine House Conference on Aging to help him cut educational spending, redesign welfare programs which he said encourage the breakup of homes, and rewrite unemployment laws "to encourage people to work" and take the loafers off the rolls.

He said one way to help is to support fiscally responsible legislators at the polls Nov. 2.

He told those attending the conference that their views would help shape the programs affecting the elderly.

Longley pledged to support programs to aid the elderly, within the limits of the state's financial resources.

The state's property and rent relief program, which provides rebates to those paying high percentages of their incomes for housing, continues to have his support, he said.

Longley said while he could not promise additional forms of tax relief, it was one of his priorities for the 1977 legislative session.

"But," he said, "all the answers to insuring a better quality of life for Maine's elderly do not lie in government dollars."

Businesses, said Longley, must re-examine their hiring and retirement policies and review their pension benefits. Education and recreational opportunities must be expanded and programs developed to help the young better understand older Americans.

Bangor Daily News, Oct. 22, 1976

ELDERLY URGE LEGISLATION ON HEALTH, BENEFITS ITEMS

By Nancy Remsen of the NEWS Staff

AUGUSTA, ME.—Nearly 1,000 older persons were at the Augusta Civic Center Thursday to vote on recommendations for future legislation and administrative policies affecting the elderly in Maine.

Among the resolutions approved by the delegates to the Blaine House Conference on Aging was one calling for the upgrading of the Bureau of Maine's Elderly to a department of state government.

Kathleen Watson Goodwin, chairman of the conference and of Maine's Committee on Aging, said after the conference adjourned that this resolution will likely be submitted as a bill to the Maine 108th Legislature. She doesn't give it much of a chance, she said, but the attempt to upgrade the bureau might forestall any attempt to downgrade it.

The delegates also called for establishment of a funded program of statewide health screening "As the most effective method of introducing the elderly to a system of preventive medicine and treatment."

And they voted for legalization of denturists, for prohibition of mandatory retirement, and for raising the eligibility for and increasing the benefits under the state's property tax and rent refund program.

Besides considering several pages of resolutions, the delegates also heard a speech from Gov. James Longley and an address by Bertha S. Adkins, chairman of the Federal Council on Aging.

Adkins told the group that one of the major obstacles for older persons is discrimination. "Older persons are not receiving their fair share of community services," she said.

"Communities have the responsibility to speak out in behalf of standards to insure adequate quality and quantity of services for aged people under all auspices, public or private," she said.

"Churches, clubs, organizations, citizens groups, of all kinds should work to meet the needs of older people, Adkins said. She added, "You in Maine are doing just that."

The resolutions adopted at the conference will be used by the Maine Committee on Aging in drawing up bills to submit to the Legislature and in suggesting to state and federal agencies some administrative policies, Goodwin said.

The committee will meet in November to draw up the legislative program, she said. "It won't be hard to find sponsors" for the bills once they are written, she said. Many state legislators are looking for bills on the elderly because association with such bills is a good way to attract votes, she said.

LONGLEY STUMPS ON FISCAL ISSUE

AUGUSTA, ME. (UPI)—Gov. James B. Longley on Thursday brought his campaign to elect "fiscally responsible" legislators to the Blaine House Conference on Aging.

He urged over 1,000 delegates to elect legislators who pledge to account for every dollar they spend.

Longley, in a speech which departed from the prepared text, placed the blame for inflation and put many of the woes of the state's elderly and retired on "politicians who want to spend, spend, spend.

"I submit strongly that the best thing the elderly in Maine can do in 1976 to help themselves and their children and grandchildren is to elect people who won't promise them a single thing, except to account for every dollar they spend," he said.

The Governor told the delegates he hopes electing such legislators will prevent the recurrence of situations such as last spring's deadlock on the appropriations bill.

"Let me say as Governor, I will not be bulldozed," he said. "I think it was a gross inequity and unfair to the senior citizens of this state, to allow legislation so badly needed and so important for the elderly citizens of this state to be hung together and roped together with a wage bill for state employees."

Bangor Daily News, Oct. 26, 1976

IN OUR OPINION

THE FOUR-DAY WORKWEEK

It was more than half a lifetime ago—1938—that America institutionalized the 40-hour, five-day workweek with passage of the Fair Labor Standards Act.

Over this period, there have been some reductions in the 40-hour week, but for the most part little has changed. Over the same span of 38 years, industrial technology has seen dramatic innovation and advancement.

And yet, the benefits of ever-increasing automation and ever-improving technology have not been translated into corresponding modifications in the U.S. worker's workweek. Certainly, the worker, as well as the factory, has gained from the fruits of technology, but the length of the workweek has been largely overlooked—until very recently.

In the latest contract settlement between the Ford Motor Company and the United Auto Workers union, the die has been cast toward a 32-hour, four-day workweek. It will be a phased transition over the life of the UAW contract, but as the other major automakers adopt similar contract language and the trend filters down through U.S. industry, it seems inevitable that the four-day week in industry will not be uncommon by the end of the decade.

Whether the four-day week proves as injurious to the U.S. economy, in terms of decreased productivity at higher costs, as industrial managers say it will, depends on many factors.

There are plans and policies available to far-looking managers which can minimize the effects of shortened workweeks upon productivity and profits.

The biggest danger for everyone—labor and management alike—is the real possibility that a four-day, 32-hour workweek could materialize into a pure 20 per cent inflationary increase in labor costs. The major responsibility for preventing this rests with the nation's labor leadership and the workers themselves.

To make it work, labor will have to find ways of eliminating restrictive work practices, careless workmanship, costly absenteeism and other counter-productive featherbedding gimmicks which have crept into too much of American industry.

As we begin the transition into a work schedule that allows even more leisure time, particularly for those workers with routine or repetitive jobs, it must be recognized that some jobs and some industries may never be easily adapted to the four-day week.

From a purely social point of view, the four-day workweek makes sense for the America of the 80's and beyond. It might make more jobs to go

around. It would give working mothers and fathers more time to be parents. And it might help to offset the likelihood that some very necessary industrial jobs will grow even more routine and repetitive as technology marches on.

Summing up, both labor and management should seek satisfactory ways of making the four-day week function for the common good.

MANDATORY RETIREMENT

Rarely does the subject of workweeks or the status of the American worker come up (above editorial) without some mention of mandatory retirement. For the man or woman nearing 65 who feels healthy and happy on the job, there is probably no more of a gut-wrenching company provision than "mandatory retirement."

Pensions help. But they don't give a work-oriented person a compelling reason to get up in the morning. For certain individuals, no amount of money or free time can substitute for the work habit and the sense of purpose it gives.

Politicians and management people alike should take note of a recent resolution drawn up by delegates of the Blaine House Conference on Aging in Augusta last week: mandatory retirement should be outlawed, they resolved.

Along with Social Security regulations that discourage retired people from finding part-time jobs, the mandatory retirement provisions adopted by most American employers probably figure foremost as common soluble injustices inflicted on older people.

Bangor Daily News, Oct. 26, 1976

Kennebec Journal, Oct. 22, 1976

BLAINE HOUSE CONFERENCE ON AGING

By BETTY POTTER, KJ Staff Writer

Older Americans do not have equal access to services according to the chairman of the Federal Council on Aging, the keynote speaker at the final day of the Blaine House Conference on Aging.

Bertha S. Adkins, Washington, D.C., said Thursday that while progress has been made in improving the comparative position of the elderly in terms of the population as a whole "we still have a long way to go."

She listed a few problems faced by the elderly:

— Low income

— Discrimination in employment

— Limited health and mental health services

— Social isolation

— Limited social services

— Discriminatory attitudes and practices by service providers.

While Governor James Longley, another speaker at Thursday's session, agreed that elderly people have problems he challenged them to elect fiscally responsible officials in government as one way to overcome financial difficulties.

He told them a cancerous inflation has had a vast impact on the elderly and that waste at both the state and national levels had penalized the value of their money. He told them, "Eliminate more waste in government, because it's there."

The governor advised them to take a look at educational spending to see if that can be reduced.

Longley feels the $25,000 paid to assistant principals and superintendents could be better spent to educate young people who otherwise could not afford an education.

He called for rewriting employment laws, taking people who refuse to work off the welfare roles and asked that senior citizens help re-design welfare programs.

He said the best thing elderly people could do would be to elect people to office who didn't promise them anything.

Adkins told the group, "Mandatory retirement forces many older people to retire without sufficient income to live a decent life. If they must seek employment their opportunities are limited and the only employment available is low paying jobs."

Adkins said, "Communities must awaken to their responsibilities for these older citizens who need help. We can use existing services, but we must also develop new services to meet changing needs."

She said, in addition, communities have the responsibility to speak out in behalf of standards to insure adequate quality and quantity of services for aged people under all auspices, public or private.

Adkins gave an example of a woman who refused to retire at age 65. A Social Security study in the mid 50's turned up a woman who had just retired at age 107. Mrs. Pinky Gaines, a hospital worker in Concord, N.C. was interviewed while headed for the beach. She told the interviewer, "I know I look like a fool wearing these shorts, but I believe in keeping up with the times." Adkins said, "She had learned the secret of adjusting."

She told the group, "Learn to adjust, growing old presents problems but there are compensations as well."

She cited the "freedom to speak and act without the inhibition of youth, that brings pleasure in becoming a character."

Some of the resolutions adopted by the Conference included health screening, a study of drug prices and effectiveness, increasing homemaker and home health aide services, dental health screening for the elderly and care for adults under Medicaid and that Medicaid include prosthetics and hearing aids.

The conference also strongly endorsed the fluoridation of public water supplies in Maine to safeguard senior citizens of tomorrow.