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Blaine House Conference on Aging 2008

Maine Department of Health and Human Services

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2008 Blaine House Conference on Aging

Keeping Aging Mainers Healthy, Safe, Engaged and Supported

Wednesday, October 15, 2008
Augusta Civic Center - Augusta, Maine

Beginning at

8:30 a.m. **Registration and Continental Breakfast**

9:30 a.m. **Convene and Welcome – Augusta/Capitol/PineTree Room**
Diana Scully, Director, Office of Elder Services, Department of Health and Human Services

Opening Comments

Brenda Harvey, Commissioner, Department of Health & Human Services

Special Recognition

10:15 a.m. **Break**

10:30 a.m. **Workshops (Attend One)**

- Caregivers of Long Term Care Services (Family) – **Sagadahoc Room**
- Caregivers of Long Term Care Services (Paid) – **Somerset Room**
- Community Involvement and Volunteerism – **York Room**
- Creative Housing/Services – **Piscataquis Room**
- Elder Abuse – **Kennebec Room**
- Employment – **Lincoln/Oxford Room**
- Healthy Aging – **Penobscot Room**
- Transportation – **Washington Room**

12:00 p.m. **Lunch– Augusta/Capitol/PineTree Room**
Silver Collar Award
Announcements

1:00 p.m. **Rising Fuel Costs and the Impact on Older Adults – Augusta/Capitol/PineTree Room**
Steven Farnham, Executive Director, Aroostook Agency on Aging
Sue Charron, Social Services Director, City of Lewiston
John Kerry, Director of the Office of Energy Independence and Security
Dale McCormick, Director of MaineHousing
Moderator, Lesa Andreason

2:30 p.m. **Recognition and Thank you**
The Honorable John E. Baldacci, Governor, State of Maine

2:50 p.m. **Next Steps – Post Blaine House Conference on Aging Committee**

3:00 p.m. **Discussion of workshop results, distribution of ballots to delegates**

3:30 p.m. **Adjourn** – Collect Ballots at door

Sponsoring Agencies

Office of Governor John E. Baldacci

Maine Department of Health and Human Services
Office of Elder Services

Maine Association of Area Agencies on Aging

- Aroostook Agency on Aging
- Eastern Area Agency on Aging
- SeniorsPlus
- Spectrum Generations
- Southern Maine Agency on Aging

MaineHealth's Partnership for Healthy Aging

MaineHousing

AARP Maine

Long Term Care Ombudsman Program

Steering Committee Members

Leo Delicata, Legal Services for the Elderly; Jud Dolphin, Maine AARP; Julie Fralich, Muskie School of Public Service, Institute for Health Policy; Brenda Gallant, Long Term Care Ombudsman Program; Kathryn Pears, Maine Alzheimer's Association; Len Kaye, University of Maine Center on Aging; John Nale, Elder Law of Maine State Bar Association; Graham Newson, Maine Association of Area Agencies on Aging; from the Office of Elder Services, Department of Health and Human Services: Diana Scully, Romaine Turyn, Mary Walsh, Tamara Herrick, Ingrid Lapointe, Doreen McDaniel and Cherie Wenzel.



The State of Maine does not discriminate on the basis of disability, race, color, creed, gender, age, or national origin in admission to, access to, or operations of its programs, services or activities, or its hiring practices.

Survey of Maine People Receiving Home-Based Services



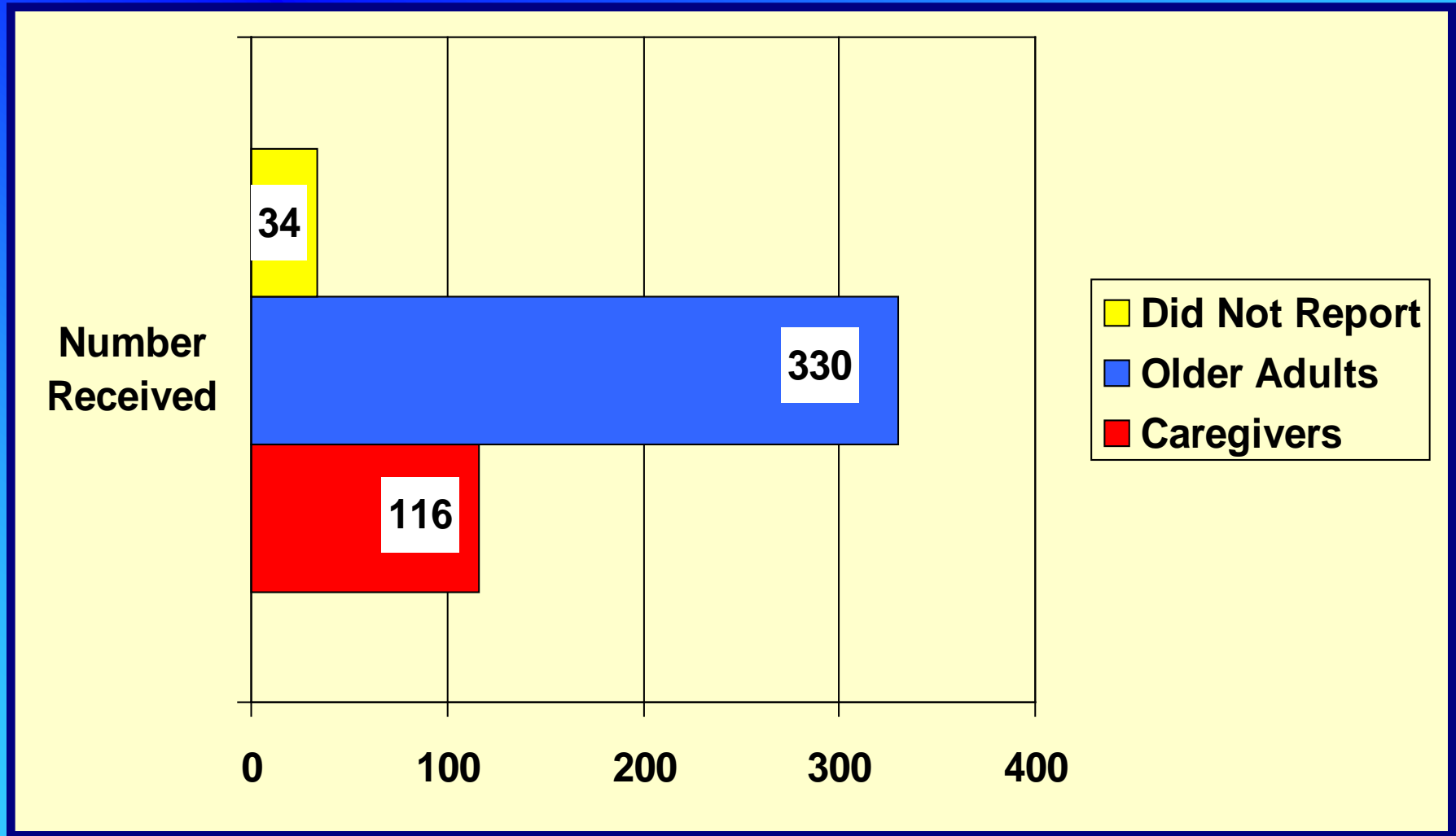
Distributed in August 2008 to
approximately 1300 consumers and
caregivers across Maine with assistance
from many agencies



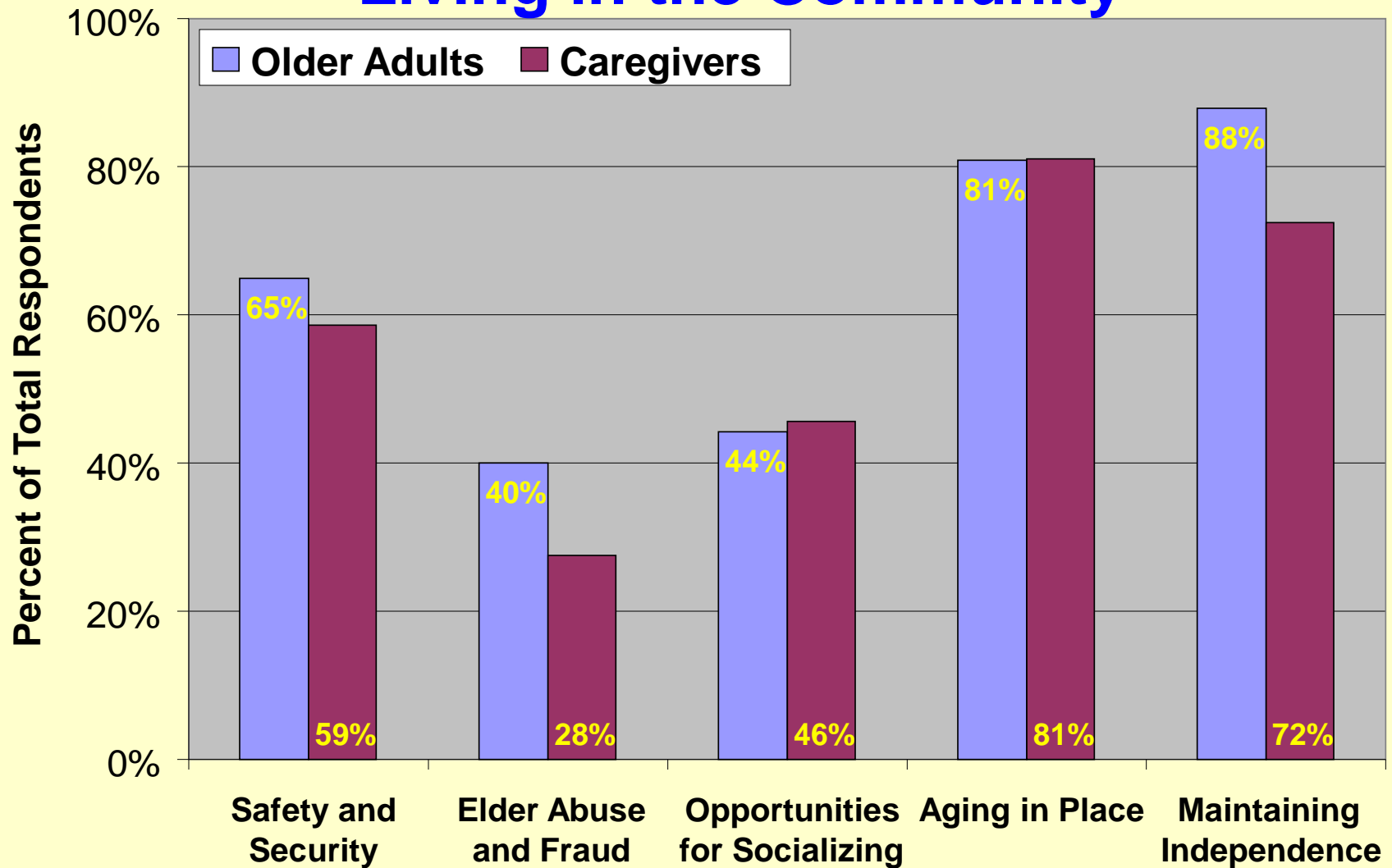
*“The Home Health Care program
helps keep me home with my
husband and not have to go to a
nursing care home. Thank you!”*

Blaine House Conference on Aging

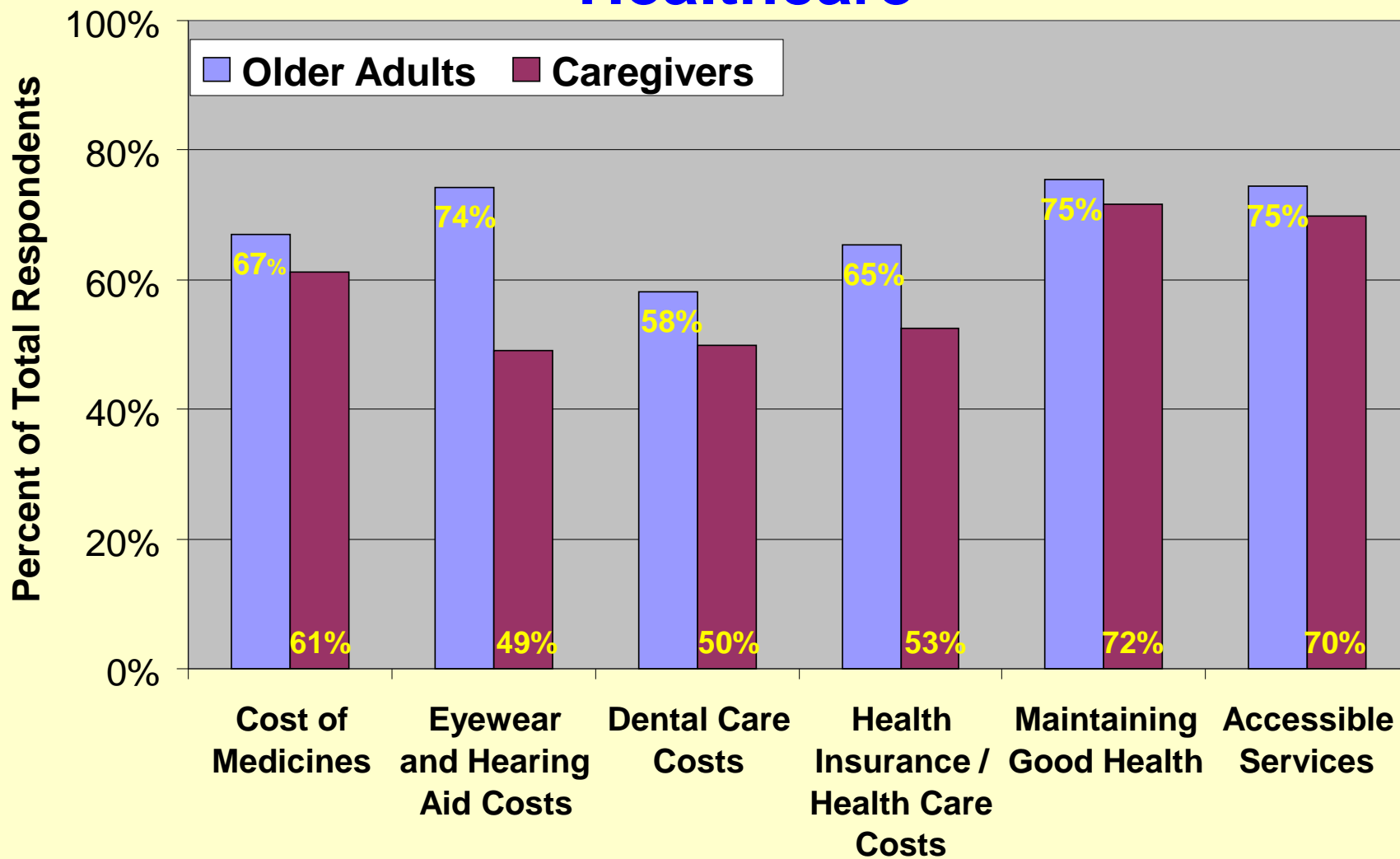
Mail Survey: N=480



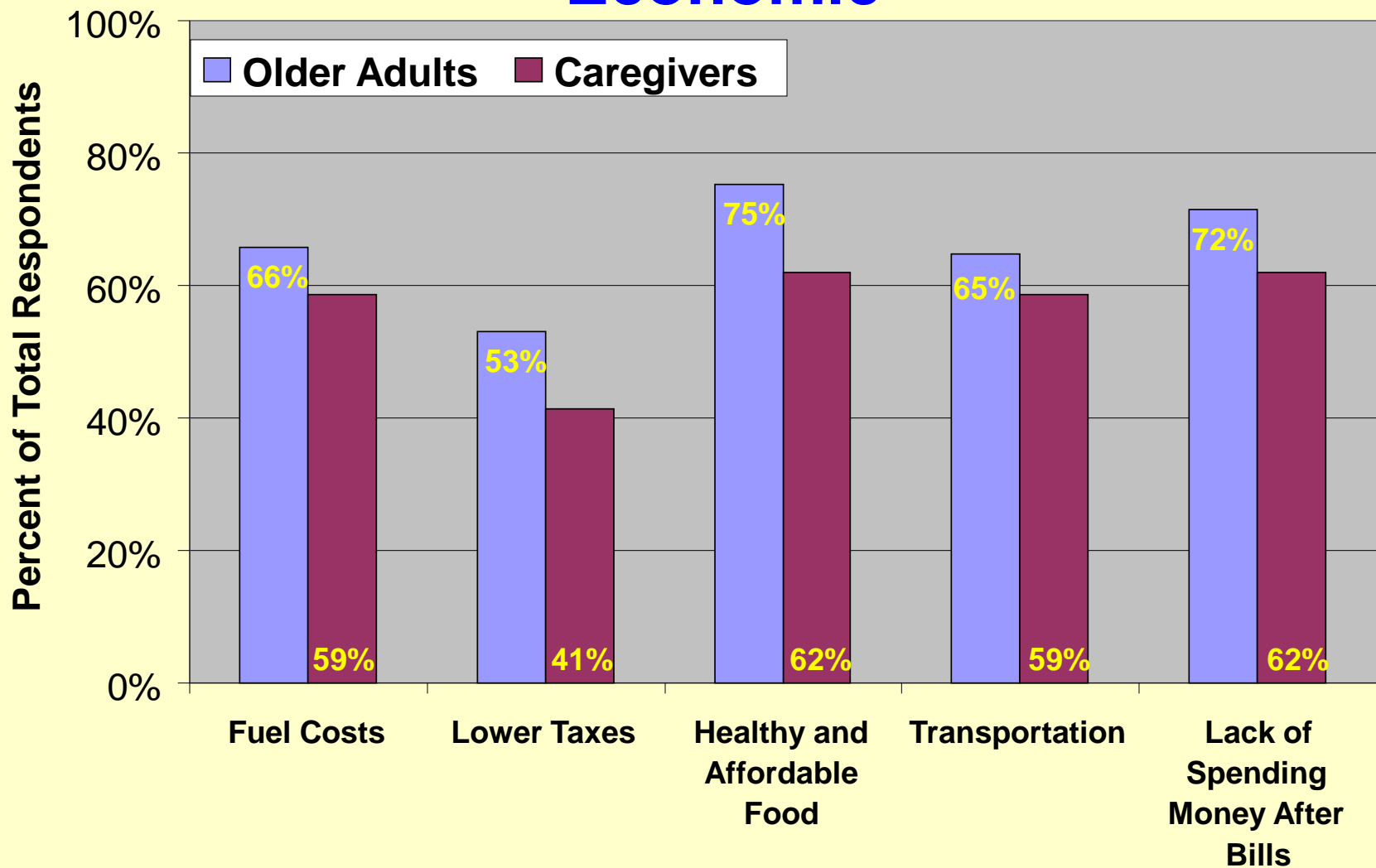
Identified Concerns: Living in the Community



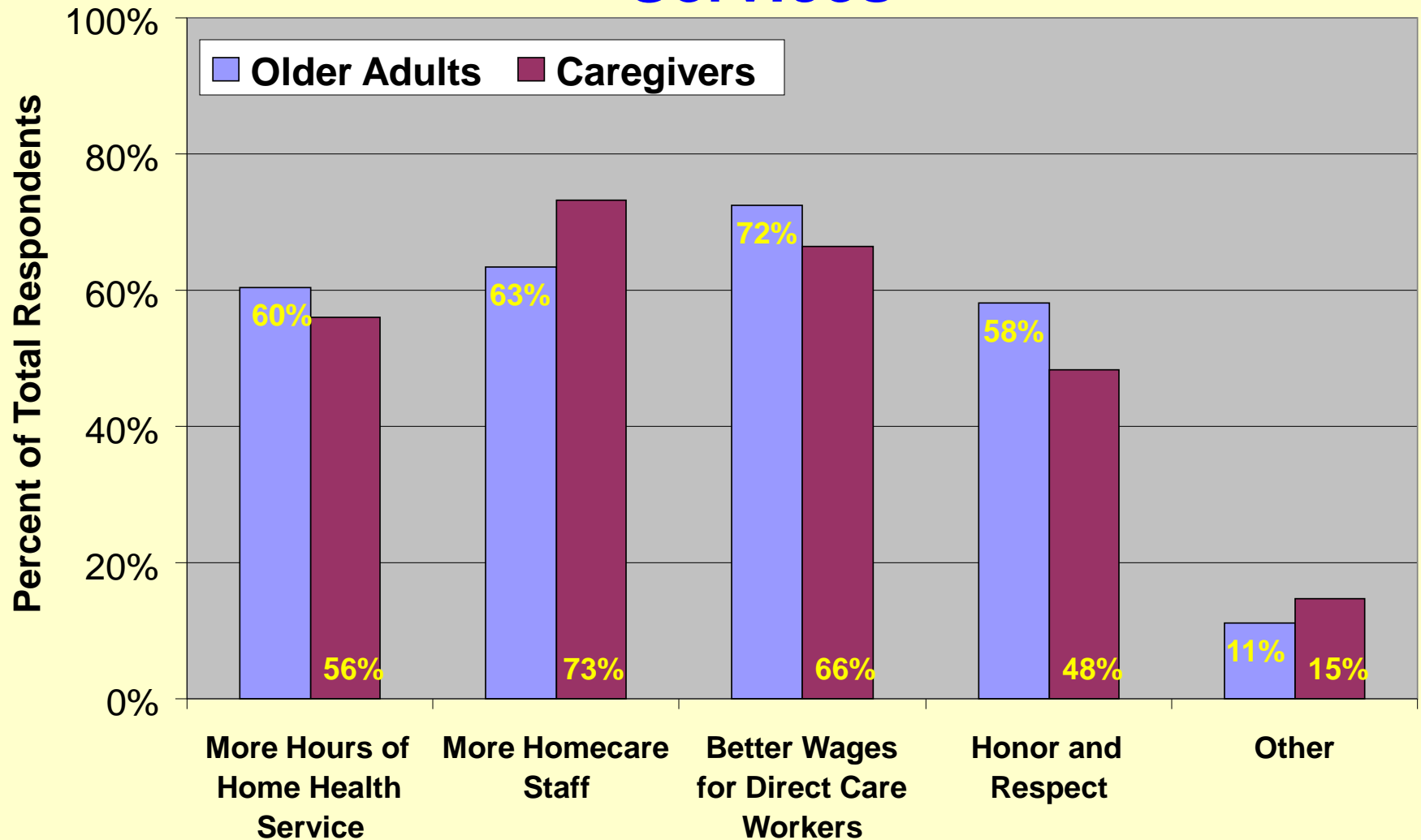
Identified Concerns: Healthcare



Identified Concerns: Economic



Identified Concerns: Services



Identified Concerns:

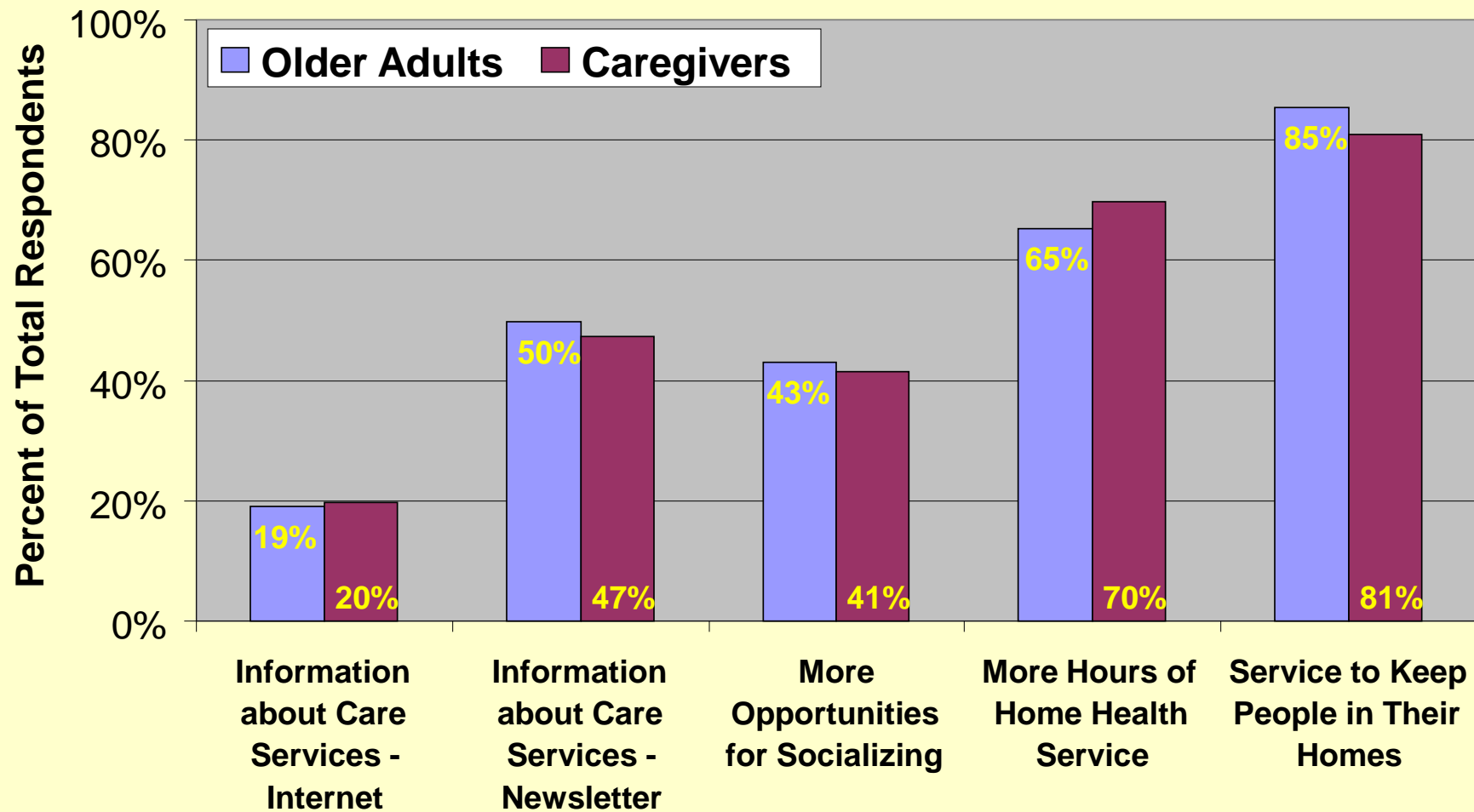
Some Other Items Identified

- *“Losing home-based care”*
- *“Maintaining a clean and organized household”*
- *“Qualified Staff”*

- *“Eliminate long waiting to get elderly help”*
- *“Night Care”*
- *“Getting people to work wherever needed”*

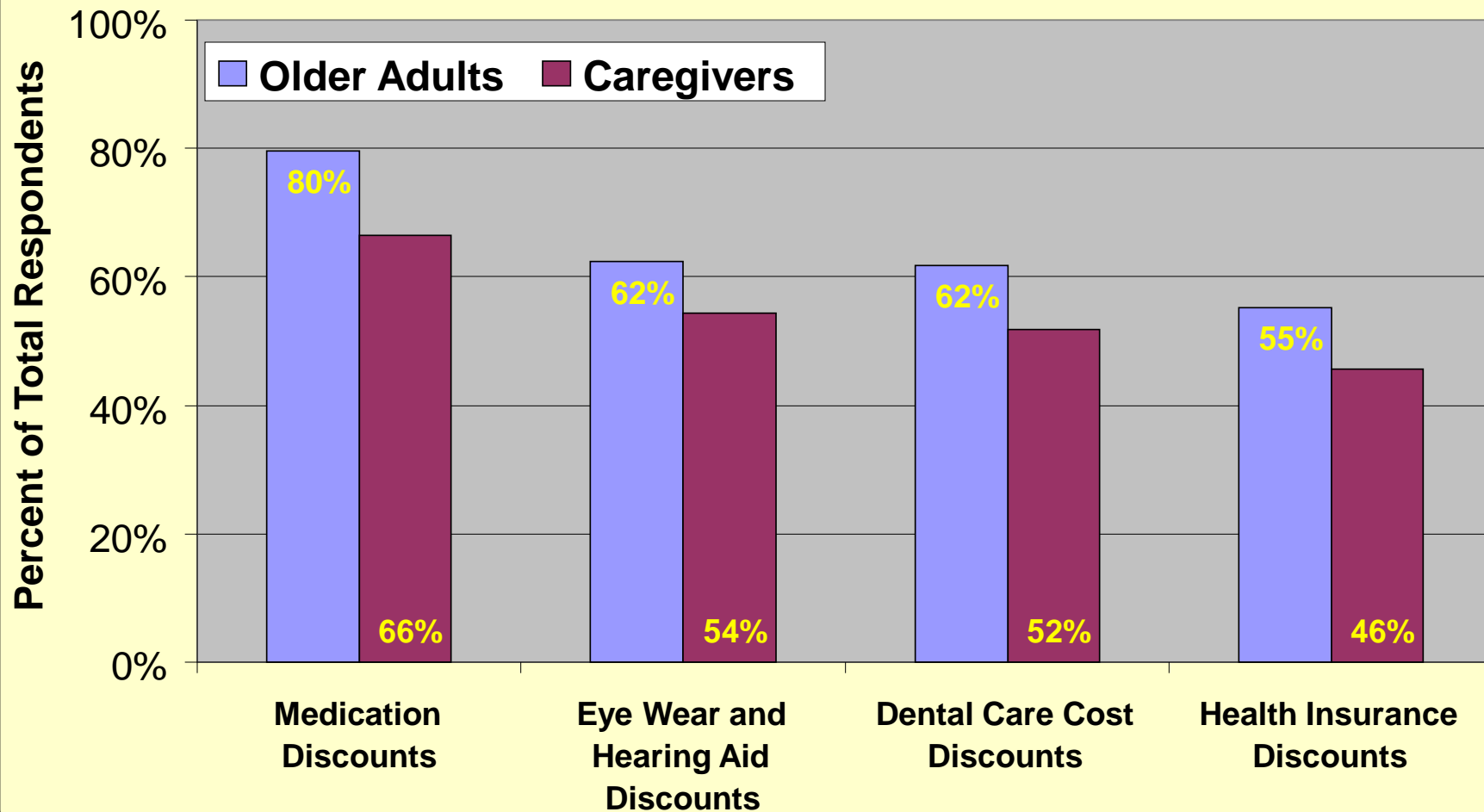
Helpful Items & Services Identified

Services



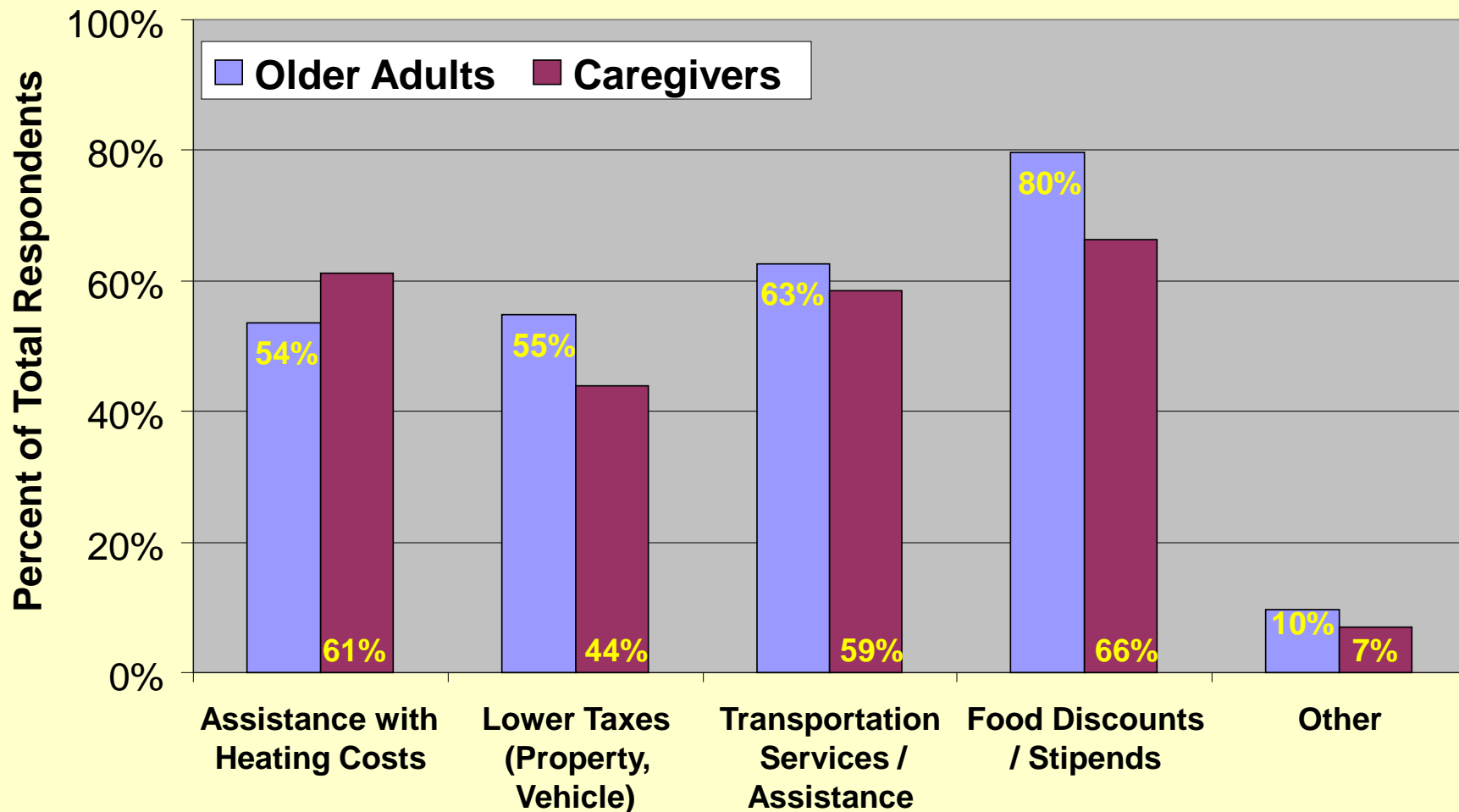
Helpful Items & Services Identified

Health Care



Helpful Items & Services Identified

Cost of Living

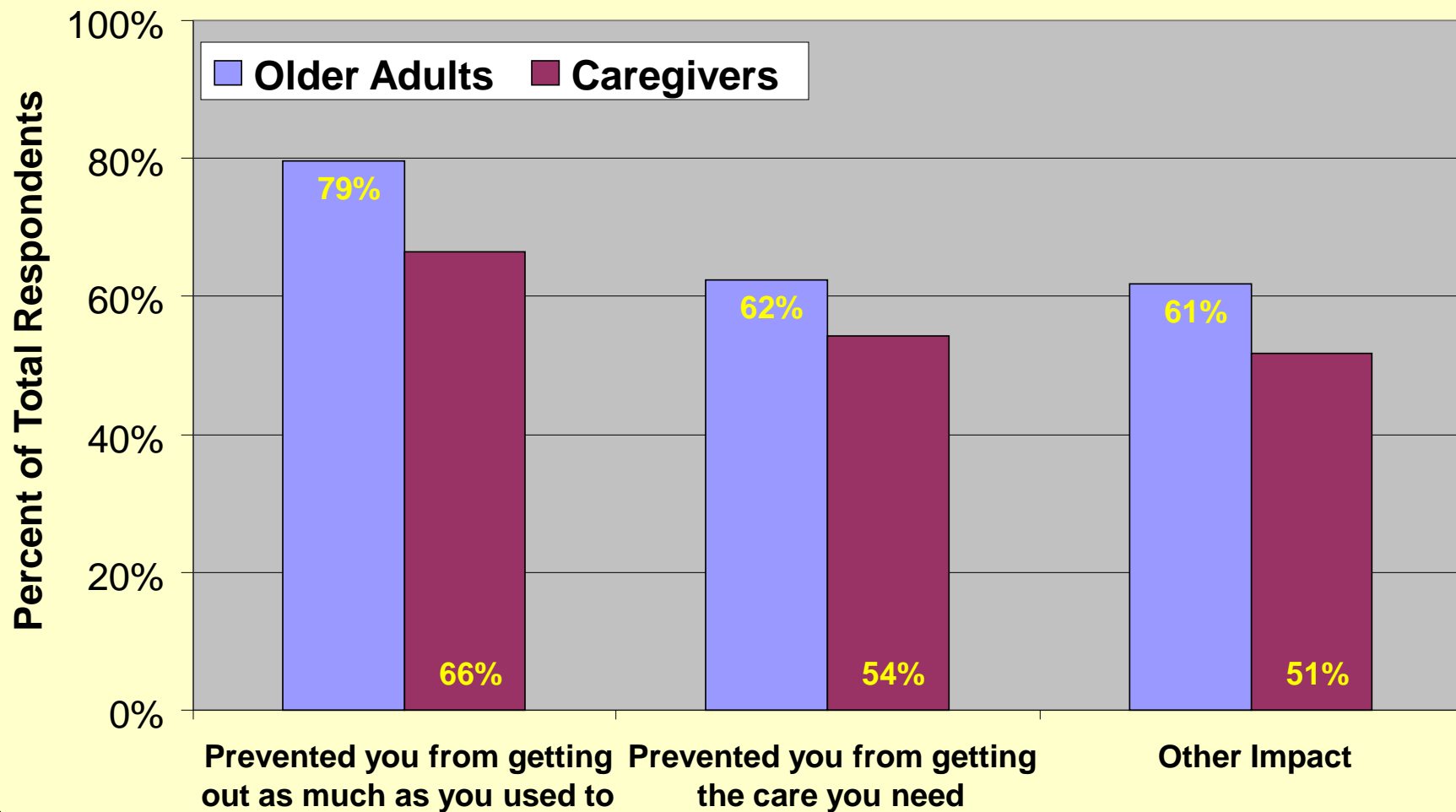


Helpful Items & Services Identified

Some Others Identified

- *“Assistance with home maintenance and repairs”*
- *“A certified RN should come to house (as part of home health service)”*
- *“Transportation to do volunteer work”*
- *High cost of electricity*
- *“Burden on service providers (CHCS, OHI, etc.)”*
- *“Health care for all in Aroostook”*

Impact of Increased Costs for Food, Gas & Heating Oil



Impact of Increased Costs for Food, Gas & Heating Oil

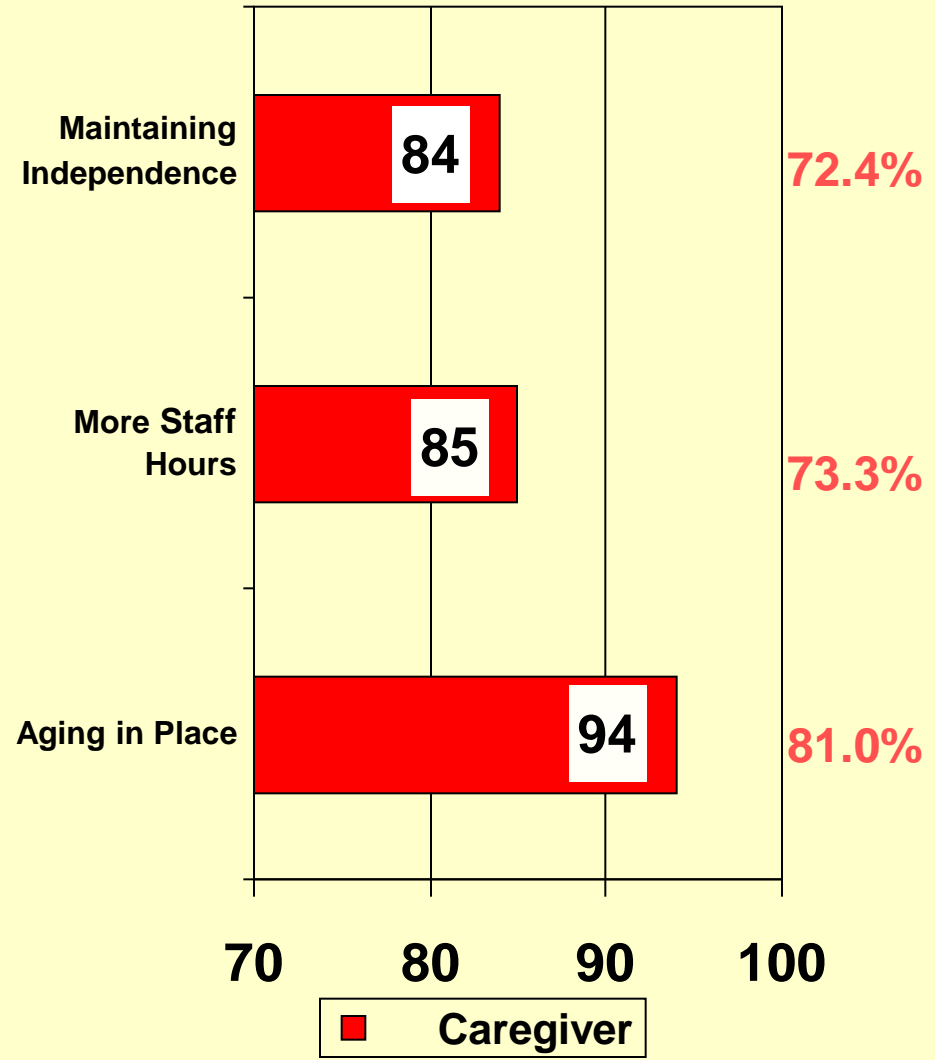
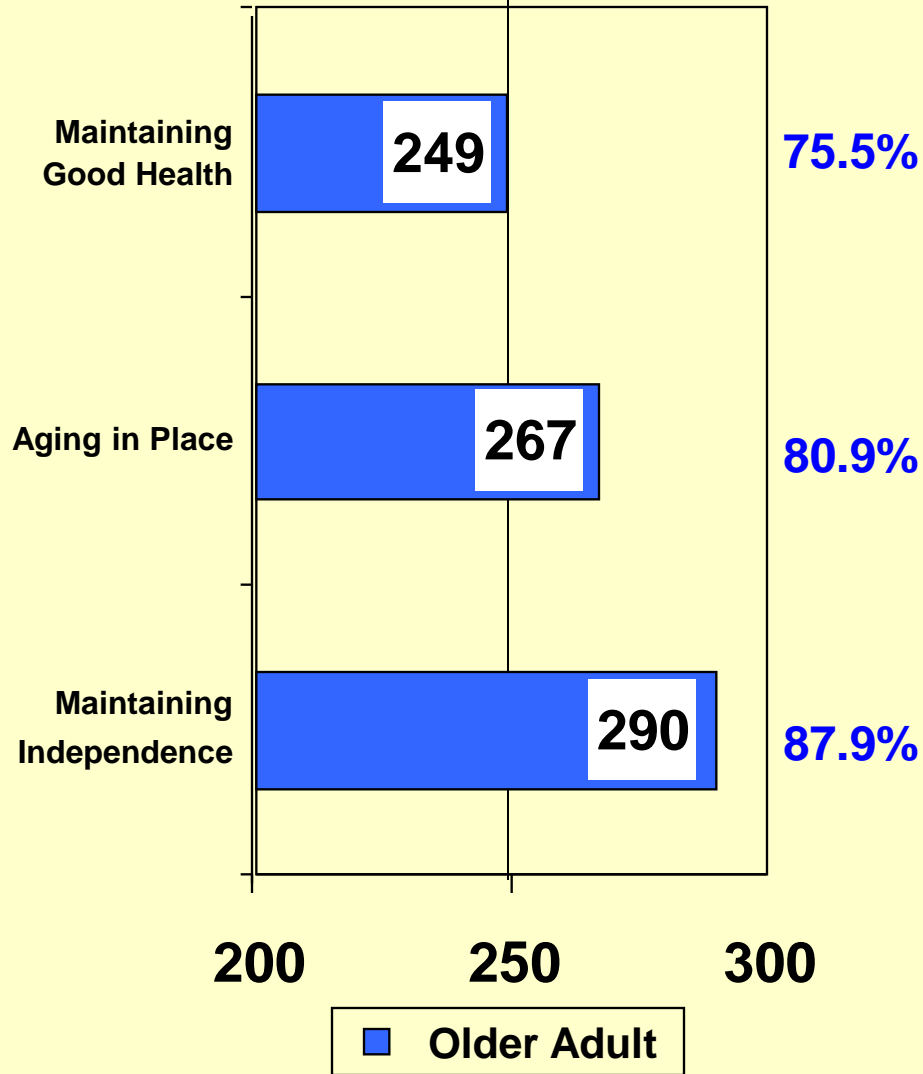
Some Other Issues Identified

- *“Heating costs may impact on ability to stay home”*
- *“Doctors up in Aroostook never stay long-term”*
- *“My stress level has increased exponentially which has a negative effect on my health”*

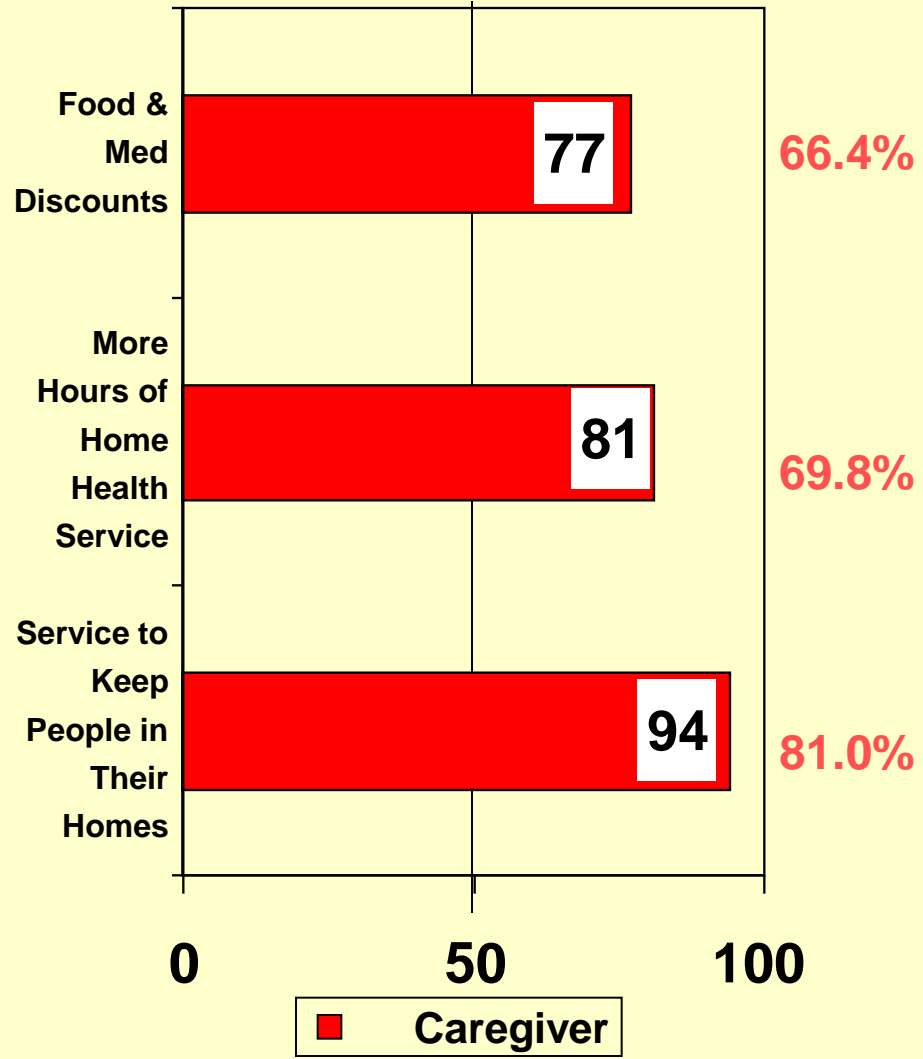
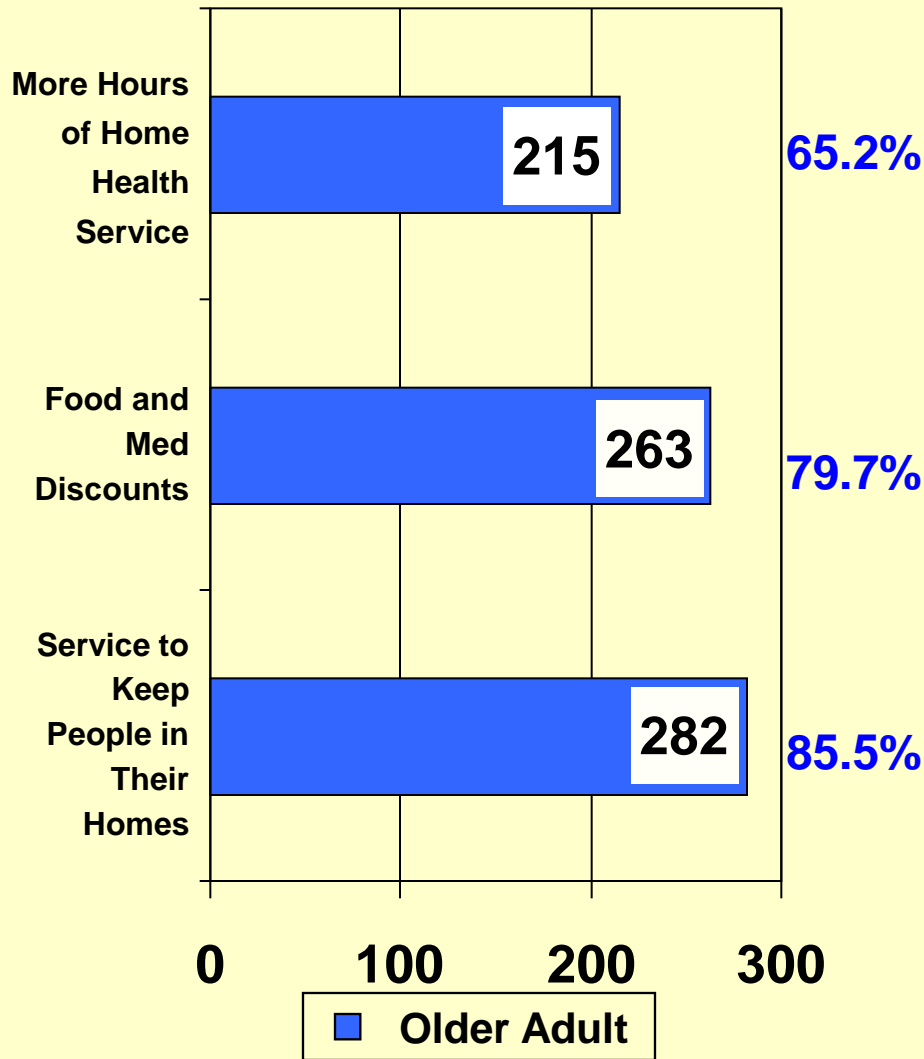
- *“Would go [out] more if things less expensive”*
- *“Can’t buy medicine I need b/c not covered by insurance”*
- *“Don’t eat as well as I should, can’t get out when I want to”*



Top Three Concerns



Top Three Wishes



Some Other Comments About: Long-Term Home Based Care

- *“Very long waits for assistance even though qualifications are met”*
- *“I really like it because I have someone who cares”*
- *“Consider each individual’s needs”*
- *“I am so grateful for what is provided”*
- *“I believe people live a better quality of life at home and live longer at home with assistance”*
- *“Money towards training is necessary”*
- *“I wouldn’t be in my apartment if it wasn’t for LTC”*
- *“I’m scared, need money, when will this end?”*
- *“Not enough workers in this area. Pay and travel not enough”*
- *“Elderly desperately need more care and assistance in every statement mentioned on this survey!”*

Heating Assistance Resolution

We the undersigned delegates of the Blaine House Conference on Aging of 2008 believe that we face an immediate heating emergency.





Heating Assistance Resolution *Part 2*

We appreciate the helpful efforts made thus far by our state, local government and private charitable organizations. However we do not feel secure that all older adults in Maine will have the resources to adequately heat their homes this winter.

Heating Assistance Resolution *Part 3*

We know that older adults will be at great risk for illness or death caused by hypothermia and that temperatures below 65° can easily trigger this condition. Keeping their homes warm is essential to preserving their health and safety.





Heating Assistance Resolution *Part 4*

Recognizing the high risk of harm and the reality that the resources of so many older adults are fixed or very limited, we ask our governor and our elected representatives to increase funding for heating assistance to a level sufficient to allow Maine's older adults to safely stay in their homes.

We consider this our highest priority.



Please take just a moment to sign

Your Resolution

located by the registration table.

The Resolution with your signatures will be presented to the Governor at a future meeting.

**Blaine House Conference on Aging
October 15, 2008
Notes from Workshops**

Caregivers of Long Term Care Services Workshop

Participants: *Amy Cotton, Charlene Thompson, Dr. Josephine Bright, Durward Huffman, Elaine Fuller, Florence LeDuc-Merry, Imelda Yorkus, Janet Lewis (resource), Dr. Marilyn Gugliucci, Martin Womer, Maureen Dea, Sherill Guptill, Vanessa Broga (resource), Elise Scala, Alyssa Morrison (resource), Jane Orbeton, Karen Stram, Kate Adams, Katlyn Clackstone, Nancy Walker, Pam Marshall, Sarah Lewin, Susan Linet, and*

Workshop leader: Noelle Merrill

Jan Halloran (note taker), Romaine Turyn (recorder)

BRAINSTORMING

Durwood Huffman – If the family member provides care and works for an agency, can the provider be paid?

Marty Womer – Fair market value for service is the rule to follow for family caregivers being compensated/gifted for services. Penalty occurs when it's not fair market value. The care needs to be provided for someone who is nursing level of care per doctor's note, according to the rule. There's no model contract or guidance for paying family member for caregiving. Suggested DHHS doing so. Definition of NF care: impaired in 3 areas of daily living activities or dementia. Family members don't know about level of care requirement and the need and for a written contract. Allotment is currently at \$6,778 per month for compensation. Transfer penalty will be applied at the time of eligibility for MaineCare.

Jim Campbell - Advocate that LD-519 be made into law.

Nancy Walker – Does not necessarily support family members providing care, because of risk of abuse. Fees for background and driver's license checks go up, driving up cost for paid caregivers. Proposed that there be a "cap" on fees for background, driver's license checks, and other fees.

Jim Campbell – Family caregivers who have to forgo employment to do caregiving should receive compensation.

Noelle Merrill – Not enough available paid staff to provide care for older adults and people with disabilities; need to support family member to provide care.

Delegate – Firsthand experience with providing care and having paid caregivers in her mother's home. Two of the paid caregivers would like to go back to school. Request help for people who are not MaineCare eligible.

Marilyn Guggiucci – Sometimes an issue of “dysfunctional” family dynamics.

Amy Cotton – Train children from the very beginning to provide care so family can remain a family with support.

Janet Lewis – Family Caregiver Program works with families to plan care for older adults and people with disabilities, helps families talk about their needs and how to meet them.

Allysa Cumming – Reconsider multi-generational households and caregiving in light of the economy and available resources.

Elise Scala – Works to increase recruitment and retention of caregivers. Many of the rules for home care services were founded in the belief that there were many women in the workforce who could meet the need at low wages and flexible hours. Paid caregivers need to know the people for whom they care. Family caregivers are an informational resource. Relationship between caregivers and family members is essential for “job satisfaction.

Delegate – The Best Friends™ philosophy was carried from home-based caregiving to care in a nursing facility.

Sherrill Guptill – Has been caregiving since she was a child. Supports people staying at home for the best quality of care - has witnessed abuse in homes and in facilities. She recognizes the need for family members to be involved. Supports education for young people on caregiving.

Steve Farnham – Although he is well connected in the elder care field, was unable to access home-based care services for a family member because of the wait lists. There are not enough resources. Family for caregiving is difficult when 50% of families in Aroostook County are single parent households.

Durwood Huffman – Consulted with an eldercare attorney early in caregiving for a family member, needed to educate himself on available assistance and where to find it.

THEMES

- LD-519 – purpose is to help family, friends, and neighbors who provide home care to senior citizens. Program has had a demonstrated positive impact on families
- Education on aging and role of families in caring for older members --there is a curriculum on this topic that has been developed by a national organization
- Waiting list for home-based healthcare services is @ 700 statewide; wait list for homemakers is also @700
- Use training and education to develop more collaboration between professional and family caregivers with goal of improving quality of care.
- “Best Friends” approach is a successful model of such collaboration across settings.
- Simplify and market information about services that are available

Resolution: *Make permanent the LD519 pilot program that provides up to \$1,000 per family, one time, yearly, to assist family caregivers*

Resolution: *Develop a K-12 Task Force on Aging, with goal of offering education on issues related to aging, including the role of families in caring for aging members*

Resolution: *Increase funding for home and community based services for the elderly*

Resolution: *Modify current MaineCare rule regarding compensation to family caregivers, currently treated as a gift for purposes of determining MaineCare eligibility, by:*

- 1. adding educational and marketing components about the rule*
- 2. developing a model contract and record-keeping format that family caregivers can use*
- 3. removing requirement of NF level, replacing with doctor's note indicating need for home care*

Resolution: *Establish an account for paid and volunteer caregiver training to upgrade their skills and credentials. Similar to GI Bill, such an incentive program would improve quality and increase retention of staff.*

Resolution: *Increase overall reimbursement to providers to cover costs, and establish caps on fees for, background checks, transportation, and other associated fees*

Community Involvement and Volunteerism

Participants: *Elizabeth Childers, Louise Guillette, Anne B. Schink, Mary Ann Buck, Sharon Morang, Mary Berger, Len Kaye, Len Kaye, Nadia Shirley, Karen Williams, Conrad Schilke, Thomas Stewart, Pat Wright, Margaret Ross, Grace Durgin, Dyan Walsh, Meredith Jones, Kali Lightfoot, Carol Mower, Phyllis Borns, Mary Fran Gamage, Marge Michaud - This was the second largest workshop group.*

THEMES

- Recruitment – there is a shortage of volunteers. Suggestions: recruit at local businesses and schools....intergenerational volunteerism... have the young shadow the older people.
- Fear of being a volunteer, some from liability issues
- Cost of transportation can be prohibitive
- Need adequate staff to assist volunteers
- Volunteer confidence

- Volunteer recognition
- Job descriptions
- Easy access to information needed:
 - Word of mouth from volunteer to volunteer (role models)
 - Variety of volunteer jobs
 - Websites – www.volunteermaine.org
- Technology - peer support to learn to use computers
- Clearinghouse for donations, link to above website
- Changing face of volunteerism
 - Generational issues – aging volunteer force
- Need to market volunteerism, on community and state levels
- Recruitment – blending volunteerism and employment
- Intergenerational volunteers – get baby boomers involved

Action Resolutions

“Volunteers are Priceless!”

Group members discussed 6 resolutions, and chose three to go on the general conference ballot. They felt that these three, while important, were implied in the ones that were selected:

- Emphasize the value of intergenerational volunteerism.
- Facilitate legal protection for volunteers.
- Promote the acceptance, respect and honor of consumers through volunteerism.

Resolution: Promote volunteerism by developing a centralized, comprehensive marketing strategy including the education of State leadership and industry.

Resolution: Develop a state resource center on volunteerism that includes promoting www.volunteermaine.org as a source for information and referrals.

Resolution: Promote the recruitment, education, training, continuing support and recognition of volunteers.

Creative Housing /Services Workshop

BRAINSTORMING

- Restore Healthy Housing Communities Program that was dropped due to budget cuts – purpose of program was to strengthen services for elders and adults with disabilities in living situations
- shrinking availability of private housing units due to foreclosure of apartment buildings
 - waiting lists in subsidized housing for families and elders
 - need for increased vouchers, access to private housing units, and subsidies

Choice: Elders should not have to live in clustered housing, *better option is using vouchers for equal access to a variety of housing options*

- Rural Mainers want to stay in their own homes. Many don't want to move or share in clustered housing.

Legal issues: ADA guarantees rights to disabled and elders with disabilities – is Maine violating law by putting disabled individuals on waiting lists? Is it legal to have waiting lists for those who are eligible for other programs?

- Look at federal laws and make sure that Maine is in compliance, allow people to use vouchers to get into subsidized housing.
- Reduce waiting lists for home and community-based services
- Convert old houses into congregate housing, with vouchers for people who need them – good option for people who no longer want to live alone

Other Issues and Concerns:

- Provide service dollars to support creative independent housing. Look at housing and services as a package. Hire a coordinator who knows local resources.
- Promote public/private partnerships particularly given foreclosure situation – new creative opportunities may arise
- Consider program incentives for making reverse mortgages more attractive to seniors
- Education programs for seniors considering shared housing (“dos and don'ts”)
- Solid plan for emergency warming centers – current plan does not have enough capacity to meet need
- Look to other states for examples of best practices
- Address affordability issue: once housing targeted at aging population goes on the market, rents tend to become unaffordable to seniors

- Include a variety of options: vouchers, local level initiatives
- Rural counties have long waiting lists for subsidized housing
- Heat issues: some senior housing developments require tenant to pay own heat; concern that public spaces in senior housing complexes will not be heated less this winter, “emergency warming places plan” may not be adequate to need
- Provide framework for volunteer organizations and schools to connect with seniors in need. Incorporate service to seniors in education system.
 - many schools have such a requirement, but lack a framework for implementation, don’t know what or where the needs are
- When home isn’t working, offer choice and step-up housing options in a continuum
- Promote education on low cost, community-based referral and information services, particularly in rural areas
- Awareness and education re existing services such as Agencies on Aging, Community Action Programs, 211, Alzheimer’s Association
- Offer education on reverse mortgages
- Incorporate aging-friendly architectural features, including reasonable doorways, in new buildings
- Flexible use of existing funding streams for creative housing and services so that the needs of elders who want to remain independent are met with meaningful incentives from public and private sectors
- example, congregate housing where meals are provided but residents work and live independently
- Why spend more money on nursing homes than on assisting people to stay at home?
- Need to rebalance long-term care system, working within two-year legislative budget cycle
 - Legislature has been unwilling to invest same level of resources in services to keep people at home

THEMES:

- Choice
- Public/Private partnerships
- Community services
- Education for seniors about available services and options available
- Involving schools – students as volunteers
- Continuum of service options (from one level of care to the next)

- Need to prioritize funding for Home Care services instead of funding nursing home care

RESOLUTIONS

Resolution: Restore Healthy Housing Communities Program

Resolution: Advocate for funding for home-based and community-care services as opposed to institutional care, in consideration of consumer needs and choice

Resolution: Bring back a sense of community by promoting education, awareness and volunteerism. This can be done by:

- 1. maximizing low-cost community-based information, referrals and other resources that respond to local needs (such as the 211 phone line, the Agencies on Aging, local CAPS, Alzheimer's Association, etc). Information to be shared includes education on reverse mortgages, dementia-specific housing options, etc.;***
- 2. promoting education and awareness, particularly in rural areas;***
- 3. providing the framework for volunteer organizations and schools with community service requirements to connect with seniors in need***

Resolution: Create more flexibility in funding streams designated for creative housing and services by providing real incentives for public/private partnerships in order to enable people to remain independent in their own homes and communities, including the promotion of aging-friendly architectural features in new buildings and reasonable dwellings.

Elder Abuse Workshop

Participants: Martha Hooper, Clark Hooper, Crystal Russell, Madeline Cote, Deval Benjamin?name hard to read), Ruth Leubicher, Hugh Keene, Martha Cushing, Paulette Beaudoin, Joan Sheedy, Candice Noble, David Leach, Cherie A. Wenzel, Marge Michaud, Mark Nale, Virginia Fortin, Gene Brown, Jean T. Dellert, Karen Elliott,

Facilitator: Attorney General Steve Rowe

BRAINSTORMING

What is Elder Abuse? What do you think of when someone says *I think he is a victim of Elder Abuse?*

- Physical battering
- Financial
- Mental /psychological/emotional
- Neglect

- Self Neglect
- Exploitation
- Sexual Assault
- Family Abuse
- Withholding medication
- Isolation
- If they are constantly fearful
- Bed sores because they are uncared for

Where does abuse take place?

- Everywhere: at home, in public places, nursing homes and other facilities

What should you do if you see someone being abused or think someone may be abused?

- Call 911
- Call store security (if it's in a public place)
- Tell a mandated reporter
- Take pictures of the bruises of your loved one
- Contact the Ombudsman Program
- Call DHHS Adult Protective Services
- Candace Noble informed us that her Police Department can take anonymous reports, and once she gets a report from 911, she can go out and visit the person
- DASH and 211 will connect you to services, including Adult Protective Services

What happens to individual while waiting for intervention after reporting?

- concern raised that laws are out of date, in Maine and other states
- background checks do not cross state lines
- law enforcement issue re elderly and immediate removal
- need emergency placement that is transitional and can meet needs of older adults, including medical

Signs of elder abuse

- some is not seen: isolated seniors, need for trained staff to go in
- change in behavior (not going to church, outside, etc.)
- bedsores

- bruises
- demonstrating fear when interfacing with abuser

Public Education about Elder Abuse and how to report:

- Flyers, posters in stores, on bulletin boards, in bathrooms
- Public service announcements use media including newspaper, radio, etc.
- Guest speakers at Selectman meetings
- Introduce subject of elder abuse in settings not normally used for such issues
- Get people past “whistle-blower” stigma
- More education to raise public awareness – in churches and places where people likely to go

Whistleblower protection

- Stigma of being a whistleblower
- The person reporting abuse is sometimes discredited by the family to protect the abuser
- Small towns do not protect the privacy of people who report
- As part of the awareness campaign, we need to make sure people know it’s okay to tell
- Karen Elliot informed us that any person could make anonymous reports to Adult Protective Services, so you can call and not be known.

What about the laws?

- Laws on the books are archaic and do not protect the elderly. You can only go so far and are not tight, nebulous, and need to be changed.
- Background checks only cover the state that they are applying in, don’t bring files from other states on past abuse cases.

Ideas for addressing elder abuse

- Better training for people who care for the elderly and go to the home.
- Education to all citizens so they can be aware of abuse and what to do
- Public awareness campaign about elder abuse (Carol Higgins writing given as an example) – re-visit resolution from our last Conference
- Conduct education and awareness through faith -based organizations/churches. Use church bulletins as a free medium
- Ask the police to do well-being checks
- People need to know that abuse may not be visible

Partners/Resources: Make this personal and as well as organizational; develop a speakers bureau, write editorials, talk with Boards and Civic groups

- AARP
- SALT
- TRIADS
- 211
- AAA's
- MCEDV
- Chambers of Commerce(s)
- DHHS/APS
- YMCA's of Maine
- Boards of Selectman/City Councils
- County Commissioner
- Time Warner Cable
- Put posters in restrooms about Elder Abuse

Public Awareness Ideas

- Engage students in the awareness campaign
- Inform people in advance of a crisis, to ensure people know about financial planning and have access to an attorney or someone who has no self-interest.
- Use Public Service Announcements to launch an awareness campaign - (David Leach will serve as the lead)
- Provide regular newspaper columns and a press release about this conference to all newspapers in the state.
- Ensure people know about the Legal Services for the Elderly.
- AAA's have legal services available for the elderly.
- Use available resources i.e. Time Warner and PBS
- Target certain communities for bringing message to City Council, County Commissioners, Selectmen, other governmental entities
- Place Protective Services posters in public rest rooms
- offer to educate in schools
- Maine Council of Churches publications
- Legal services available at low or no cost – get information on resources
- Press release about this conference include info on elder abuse

Proposed Resolutions:

INCREASED AWARENESS:

All citizens of Maine need broad based, on-going multi media education campaign about elder abuse including how to and where to report elder abuse. We need to mandate more hours of effective training for law enforcement at the Maine Criminal Justice Academy on Elder Abuse, for both entry level and seasoned officers.

HOUSING:

We need to provide emergency and transitional housing for the elderly, with appropriate medical supports.

LEGAL:

The Legislature needs to re-examine the archaic laws and update to reflect the needs of our elder citizens

Ballot resolution language:

Resolution: Increase awareness and education re Elder Abuse through a broad-based multi-media campaign on an ongoing basis and enhanced effective law enforcement training

Resolution: Create transitional housing with appropriate levels of medical support

Resolution: Update archaic laws relating to elder abuse through legislation

Employment Workshop

Facilitator: Peaches Bass

Task: Develop 3 action resolutions

Background from '06 conference, consumer survey as reference

Despite '06 resolutions, still difficult to attract workers. Seasoned worker forums are more successful than working through social groups.

Brainstorming

Re-training seniors and technology issues:

- Barriers
- Re-training
- Lack of engagement of employers
- filter training down so career transitions occur earlier in age so that transfer happens not in 60 or 70 but 50's

Employers need to be educated on values of senior workers. Value of transferability of skills not always understood.

Obstacles to employment after 60

- Are the obstacles self-imposed?
- Where do seniors fit in culturally in the work force?

- What gets in the way?

How to increase senior employment

- “Self-help” through discussion groups: Work ethic might be there need to learn how to fit into work culture.
- What do employers think of older workers –what kind of age barriers exist? Need to understand perceptions out there.
- May be changing due to Maine’s statistics regarding senior demographics.
- Barrier: first line is middle/lower managers.

Why does age discrimination exist? Time and money in training? Several advantages – no need for child care, seniors could cover maternity leaves. Since age discrimination is against the law, may not be truthful responses. Need to get rid of myths.

- AARP ran meeting for employers. 25 employers showed up even though well publicized. Takes time to get message out.
- Bringing employers in is a problem, so what about going to them through outreach.

Career Centers – serve seniors but not targeted, consistent, across-the-board services. Difficult to coordinate career centers with Chambers of Commerce since latter tend to feel this is outside of their mission.

Question – is retention part of this mission? Response seems to be yes
Reality: downsizing results in laying off senior workers.

Is there a DHHS program that raises visibility of senior workers with employers?

- No. Comparison to other programs that have been used to raise awareness. Idea is to do specific outreach re availability and advantages.

Flexibility in work place / telecommuting.

State of Maine—biggest employer, intent is to be a model for others.

THEMES

1. Outreach to employers (OW)
 2. Education and Support (E)
 3. Training (TR)
- Bringing message to employers through outreach (E)
 - Seasoned workers (E)

- Eliminating barriers (E) (OW)
- Transferability (E/OW)
- Retraining earlier (E/OW)
- Employer perspective (E)
- Conf for employers (E)
- Temporary positions (E/OW)
- Middle managers need education (E)
- Outreach (E)
- Chambers of Commerce (E)
- Career counselors (TR/OW/E)
- Remove barriers (OW/E/TR)
- Value of senior workers by employers (E)
- Flexibility (E)
- Model employers (E/TR/OW)
- Different form of “work readiness” training for older workers (OW)
- Eliminating barriers (E) (OW)
- Transferability (E/OW)
- Retraining earlier (E/OW)
- Self imposed obstacles (OW)
- Discussion groups (OW/TR)
- Promote (OW/training)
- Temporary positions (E/OW)
- Career counselors (TR/OW/E)
- Remove barriers (OW/E/TR)
- Promote (OW/TR)
- Availability (OW)
- Model employers (E/TR/OW)
- Blending youth and older workers (OW/TR)
- Technology (TR)
- Retraining (TR)
- Guidance resources (TR)

- Discussion groups (OW/TR)
- Promote (OW/TR)
- Career counselors (TR/OW/E)
- Remove barriers (OW/E/TR)
- Model employers (E/TR/OW)
- Blending youth and older workers (OW/TR)

Resolution 1: Hold a high priority Blaine House conference with political clout to focus on employment of older workers, the outcome of which will be an action plan.

Resolution 2: Design and implement targeted services in Career Centers focusing on employment related education and support for older workers.

Resolution 3: Design and implement targeted outreach to employers for the recruitment and retention of older workers.

Healthy Aging Workshop

Resolution 1: Demand Maine Congressional delegation re-submits and supports Medicare drug price negotiation.

Resolution 2: Require insurance companies to fund prevention and health promotion through legislation, financial incentives, community programs, worksite wellness programs, and tiered coverage for the underinsured and uninsured.

Resolution 3: Redefine “Long-Term Care” to focus on earlier planning and staying healthy longer.

- 1. Prioritize health and disease prevention activity within state and community plans and resource allocation.***
- 2. Encourage efforts to support seniors to support other seniors to adopt active and pro-active lifestyles.***

Transportation Workshop

Participants: Marion Gray, Barbara Donovan, Ruth Yorker, Paul Cyr, Jan Cerabona, Gary Lowe, Jane Scease, Graham Newson, Brenda Gallant, Dan Muth, Urban Hughes, Joyce Hughes, Will Brinegar, Harold Goodwin, Jon McNulty

THEMES/ (# of votes)

Transportation issues for seniors in Maine:

- Getting isolated elders where they need to go (5)
- Being able to go when want to (1)
- People with money have access to transportation
- High cost, supply low
- Volunteer transportation tied to reimbursement (MeCare)
- Expansion of public transportation (3)
- Develop comprehensive transportation system (10)
- Long distance consistent transportation in rural areas for those not wanting to use own car (3)
- Share use of school buses (3)
- Use of ARTS bus (Aroostook Regional Transportation System)(1)
- Complicated funding (0)
- Lack of planning for when unable to drive – need to educate elders (0)
- Training older drivers (0)
- Redistribute \$ (2)
- Freedom of access to transportation (0)
- Publicize transportation that is already available; educate service providers (5)
- Utilize High School community services programs (1)
- Transportation at night (2)
- Get developers to consider transportation needs when developing (0)
- Allocated \$700,000 to schools, \$1,500 to seniors (0)
- Ferry service (0)

IDEAS

- Get isolated elders where they need to go
 - provide a transportation system for elders who have no transportation resources with local, state, and regional support
- Develop comprehensive transportation/planning system as part of a community
- Review existing transportation documents, i.e. executive summary, Maine Transportation Directory, Greater Portland Council of Government from viewpoint of senior transportation - identify gaps
- Expand of transportation systems
- Publicize senior transportation services that are already available – educate service providers, community organizations and public

Resolution: provide a transportation system for seniors who have limited transportation services with local, state, and regional support

Resolution: Review existing transportation documents, including the Maine Department of Transportation Transit Operations Plan Executive Summary, Maine Transportation Directory, and Greater Portland Council of Governments transit subcommittee to develop a comprehensive senior transportation plan and system.

Resolution: Integrate senior transportation options into community transportation systems, publicize, and educate service providers, community organizations and the public.

Blaine House Conference on Aging 2008 Resolution Voting Results

Note: Total ballots = 91. Respondents did not vote on every item.

	YES	NO
Topic Area: Caregivers of Long Term Care Services		
<p><u>Resolution 1:</u> Modify current MaineCare rule regarding compensation payment to family caregivers currently treated as a gift for the purposes of determining MaineCare eligibility by:</p> <ul style="list-style-type: none"> * adding an educational component and marketing it * developing a model contract and guidelines to reimburse family members for providing care * developing model recordkeeping format * refining requirement of NF level and replacing with doctor's note indicating need for home care 	76	4
<p><u>Resolution 2:</u> Ask that LD – 519, an act to help family caregivers, friends, and neighbors who provide home care to senior citizens, continue. Make “pilot” into permanent program.</p>	79	5
<p><u>Resolution 3:</u> Increase overall reimbursement to providers to cover costs and establish caps on fees such as background checks, transportation checks, and other associated fees.</p>	74	6
<p><u>Resolution 4:</u> Establish an incentive program (similar to G.I. Bill) to provide support to paid and unpaid caregivers for training to upgrade skills and credentials to improve quality of care of individuals and to retain caregivers.</p>	75	5
<p><u>Resolution 5:</u> Increase funding for home and community based service system for easy accessibility to services and to address wait lists.</p>	79	4
<p><u>Resolution 6:</u> Develop a K – 12 Task Force on Aging (use existing national model).</p>	61	14

Blaine House Conference on Aging 2008 Resolution Voting Results

	YES	NO
Topic Area: Creative Housing/Services		
<u>Resolution 1:</u> Restore Healthy Housing Communities Program	68	6
<u>Resolution 2:</u> Advocate for public policy changes that promote funding for home-based and community services versus institutional care, in consideration of consumer need and choice.	62	1
<u>Resolution 3:</u> Promote more flexibility in funding streams for creative housing/services by providing real incentives for public/private partnerships in order to enable people to remain independent in their own homes and communities, including the promotion of aging-friendly architectural features in new buildings and reasonable dwellings.	81	2
<u>Resolution 4:</u> Bring back our sense of community by promoting education, awareness and volunteerism. This can be done by:		
★ maximizing low-cost community-based information, referrals and other resources that respond to local needs (such as the 211 phone line, the Agencies on Aging, local CAPS, Alzheimer's Association, etc). Information to be shared includes education on reverse mortgages, dementia-specific housing options, etc.	82	1
★ promoting education and awareness, particularly in rural areas		
★ providing the framework for volunteer organizations and schools with community service requirements to connect with seniors in need		

Blaine House Conference on Aging 2008 Resolution Voting Results

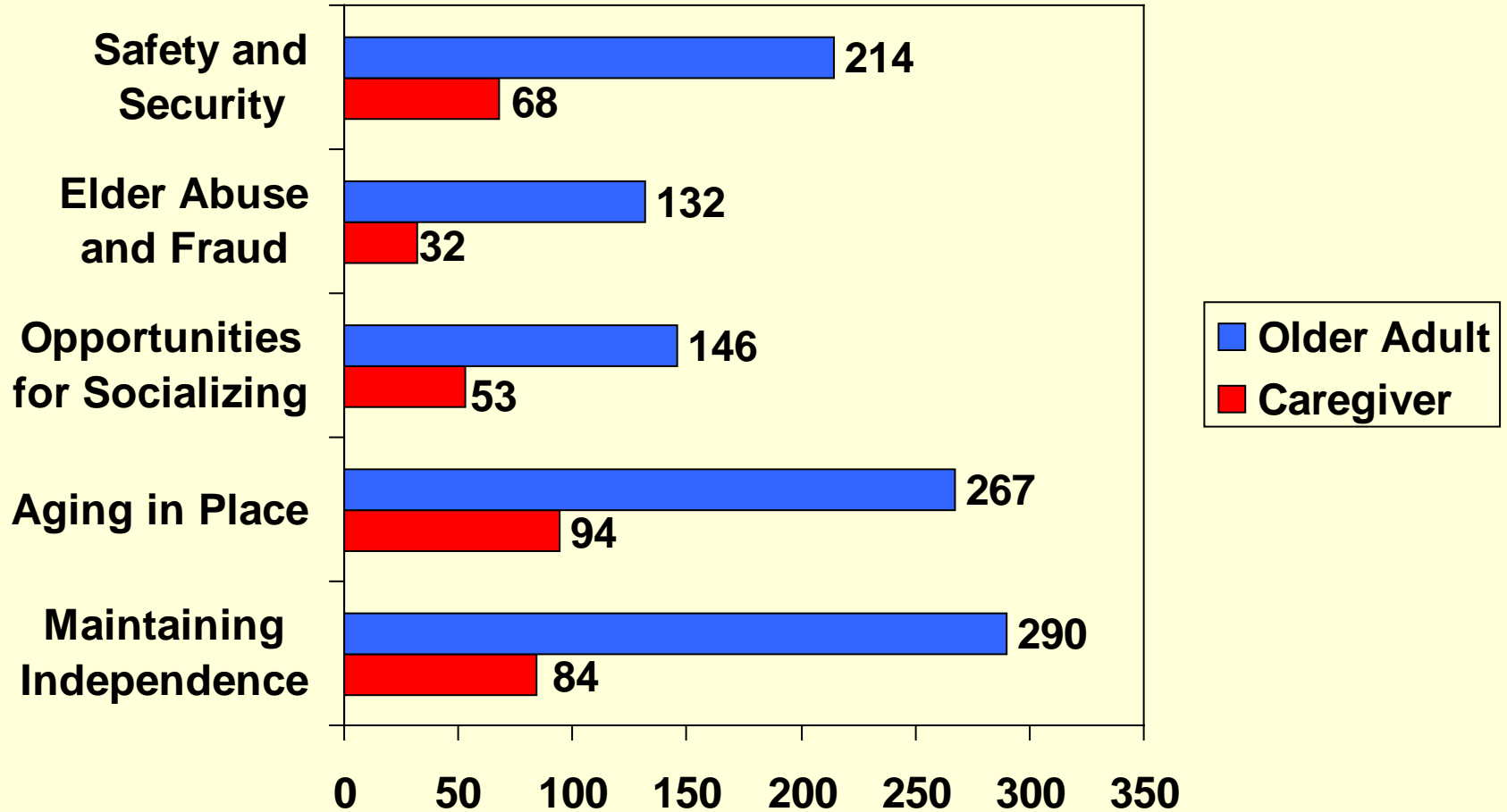
	YES	NO
Topic Area: Community Involvement and Volunteerism		
<u>Resolution 1:</u> Promote volunteerism by developing a centralized and comprehensive marketing strategy including the education of State leadership and industry.	77	6
<u>Resolution 2:</u> Develop a State resource center on volunteerism that includes promoting www.volunteermaine.org as a source for information and referral.	77	11
<u>Resolution 3:</u> Promote recruitment, education, training and continuing support and recognition of volunteers.	82	3
Topic Area: Elder Abuse		
<u>Resolution 1:</u> Increased awareness and education through ★ broad-based media campaign on an ongoing basis ★ Enhanced effective law-enforcement training	82	1
<u>Resolution 2:</u> Transitional housing with appropriate levels of medical support	81	1
<u>Resolution 3:</u> Updating out of date elder abuse laws through legislation	84	0
Topic Area: Employment		
<u>Resolution 1:</u> Hold a high priority Blaine House conference with political clout to focus on employment of older workers, the outcome of which will be an action plan.	76	7
<u>Resolution 2:</u> Design and implement targeted services in Career Centers focusing on employment related education and support for older workers.	78	7
<u>Resolution 3:</u> Design and implement targeted outreach to employers for the recruitment and retention of older workers.	81	3

Blaine House Conference on Aging 2008 Resolution Voting Results

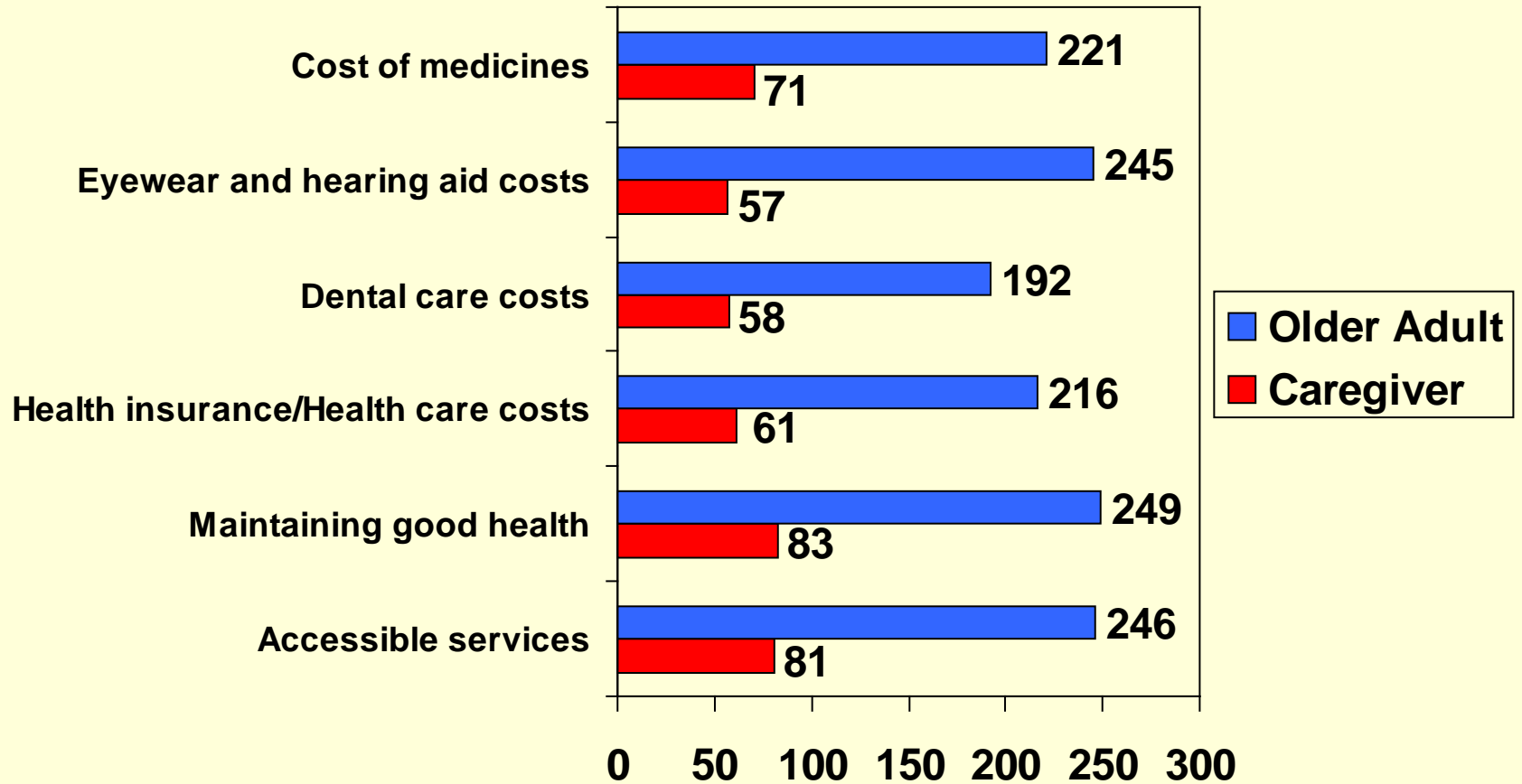
	YES	NO
Topic Area: Healthy Aging		
<u>Resolution 1:</u> Demand Maine congressional delegates resubmit and support Medicare drug price negotiation.	82	7
<u>Resolution 2:</u> Require insurance companies to fund prevention and health promotion through legislation, financial incentives, community programs, worksite wellness programs, and tiered coverage for the underinsured and uninsured	82	3
<u>Resolution 3:</u> Redefine "Long-Term Care" to focus on earlier planning and staying healthy longer.		
★ Prioritize health and disease prevention activity within state and community plans and resource allocation	87	1
★ Encourage efforts to support seniors to support other seniors to adopt active and pro-active lifestyles		
Topic Area: Transportation		
<u>Resolution 1:</u> Provide a transportation system for seniors who have limited transportation resources with local, regional and state support.	83	4
<u>Resolution 2:</u> Review existing transportation documents, including the Maine Department of Transportation Transit Operations Plan Executive Summary, Maine Transportation Directory, and Greater Portland Council of Governments transit subcommittee to develop a comprehensive senior transportation plan and system.	82	3
<u>Resolution 3:</u> Integrate senior transportation options into community transportation systems, publicize, and educate service providers, community organizations and the public.	87	1



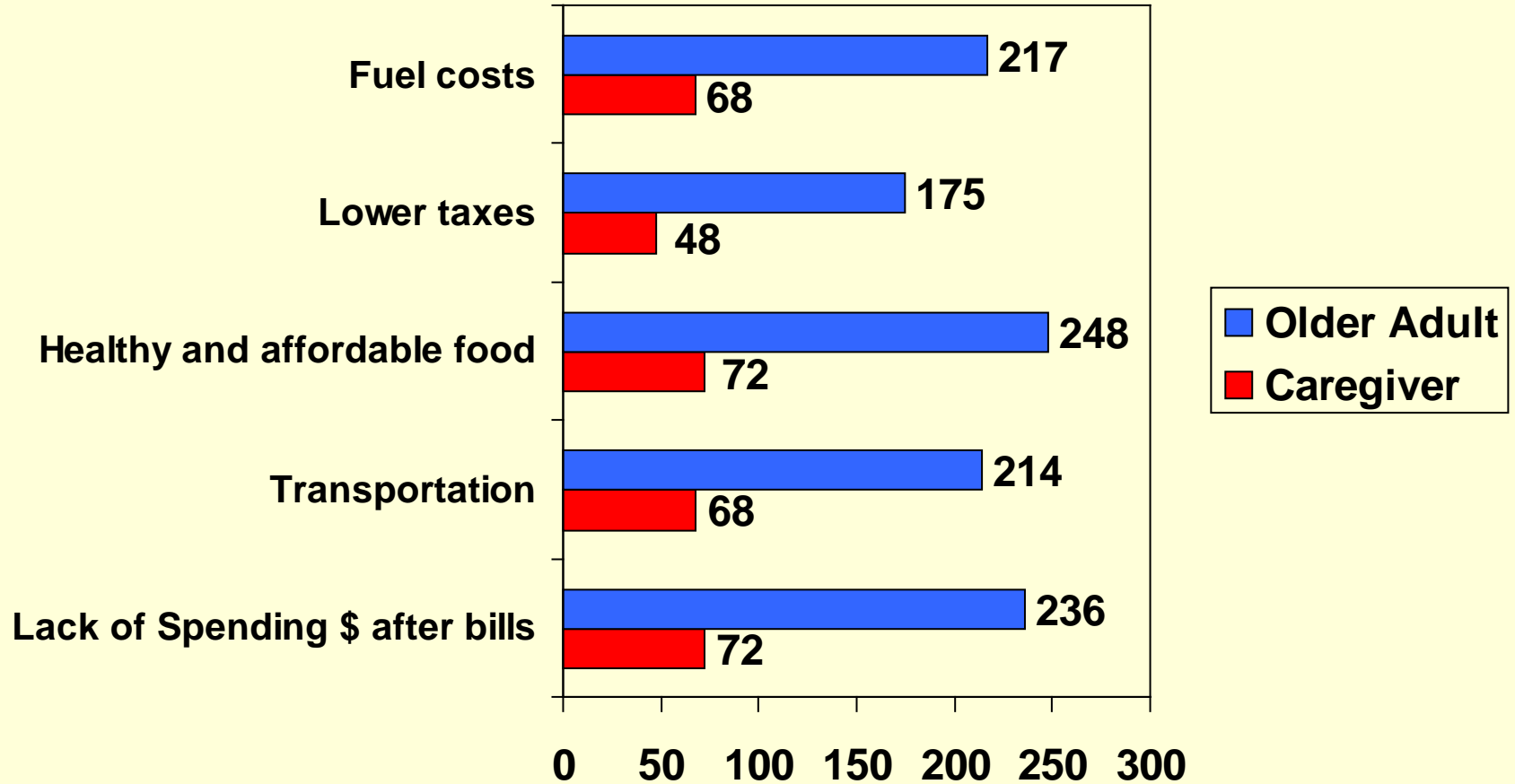
Concerns: Living in the Community



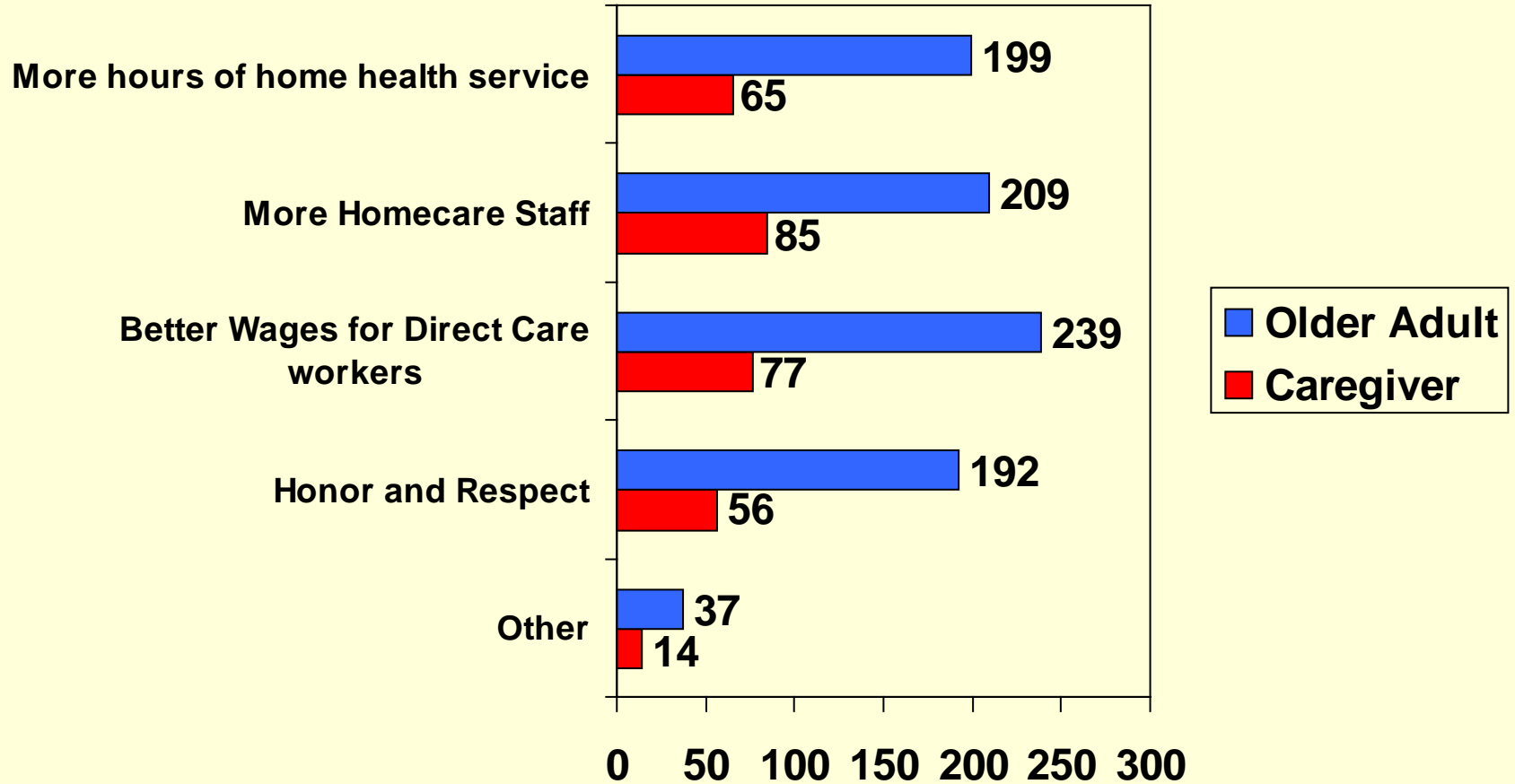
Concerns: Health Care



Concerns: Economic

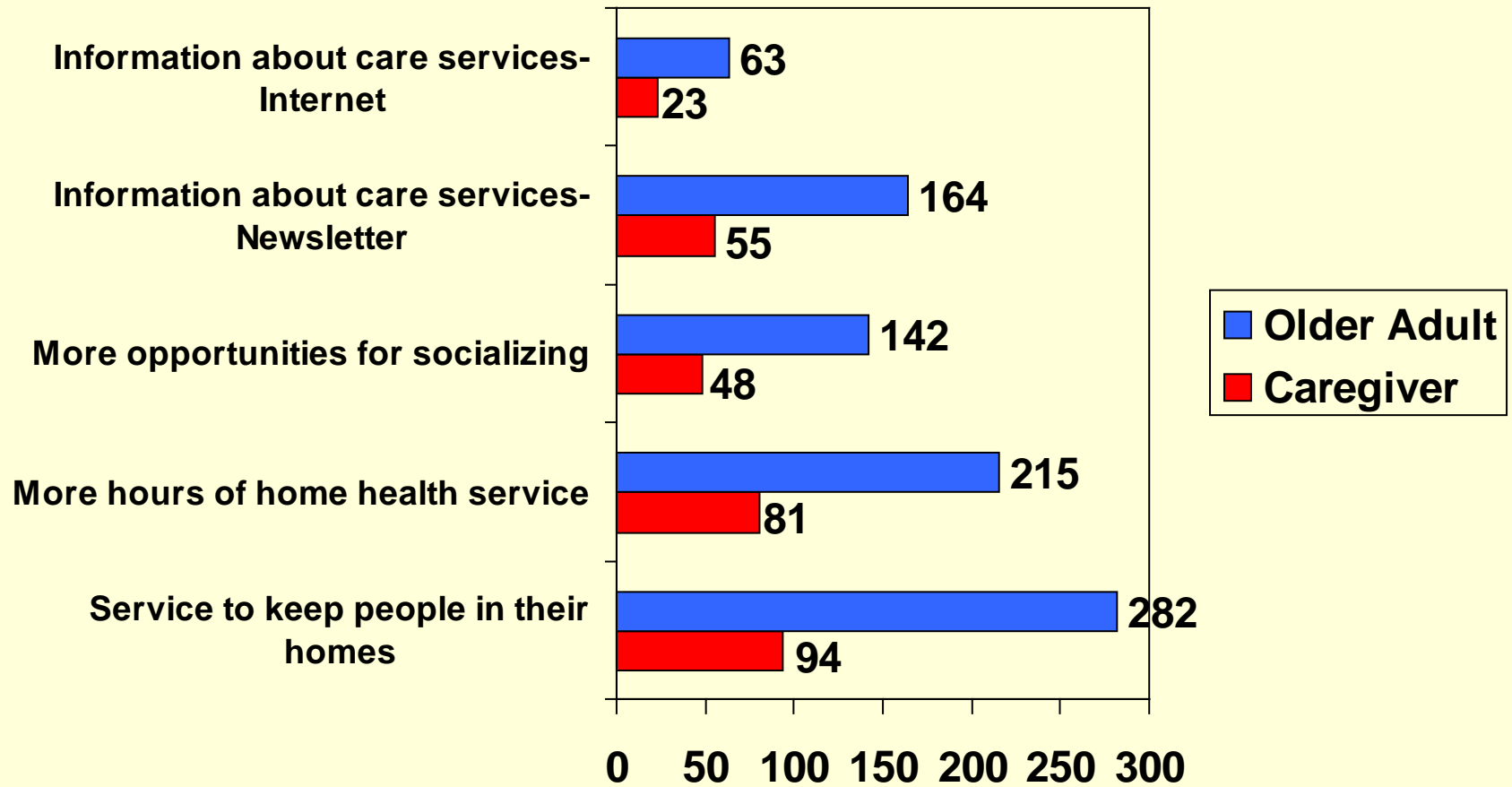


Concerns: Services



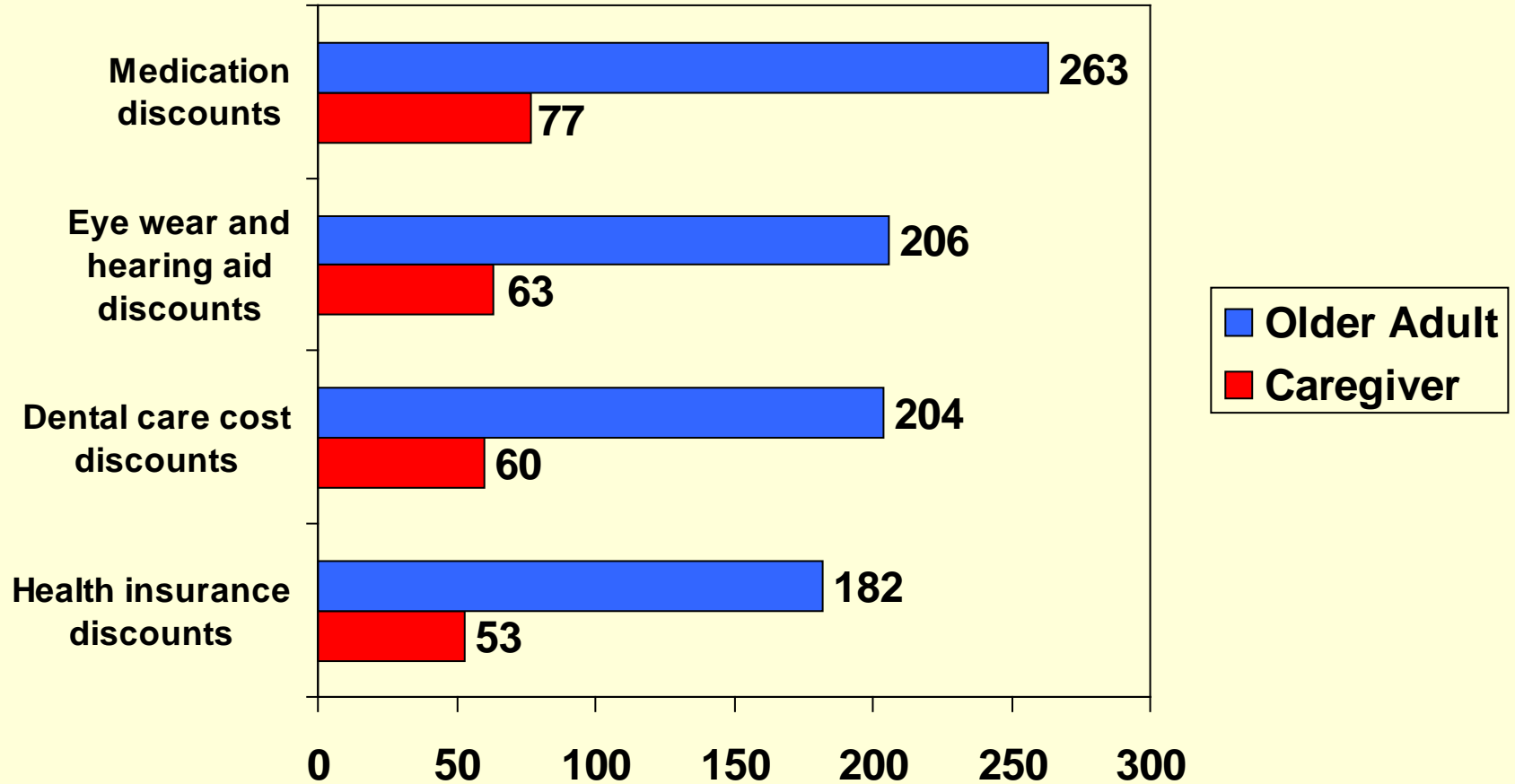


Would Like to See: Information and Services

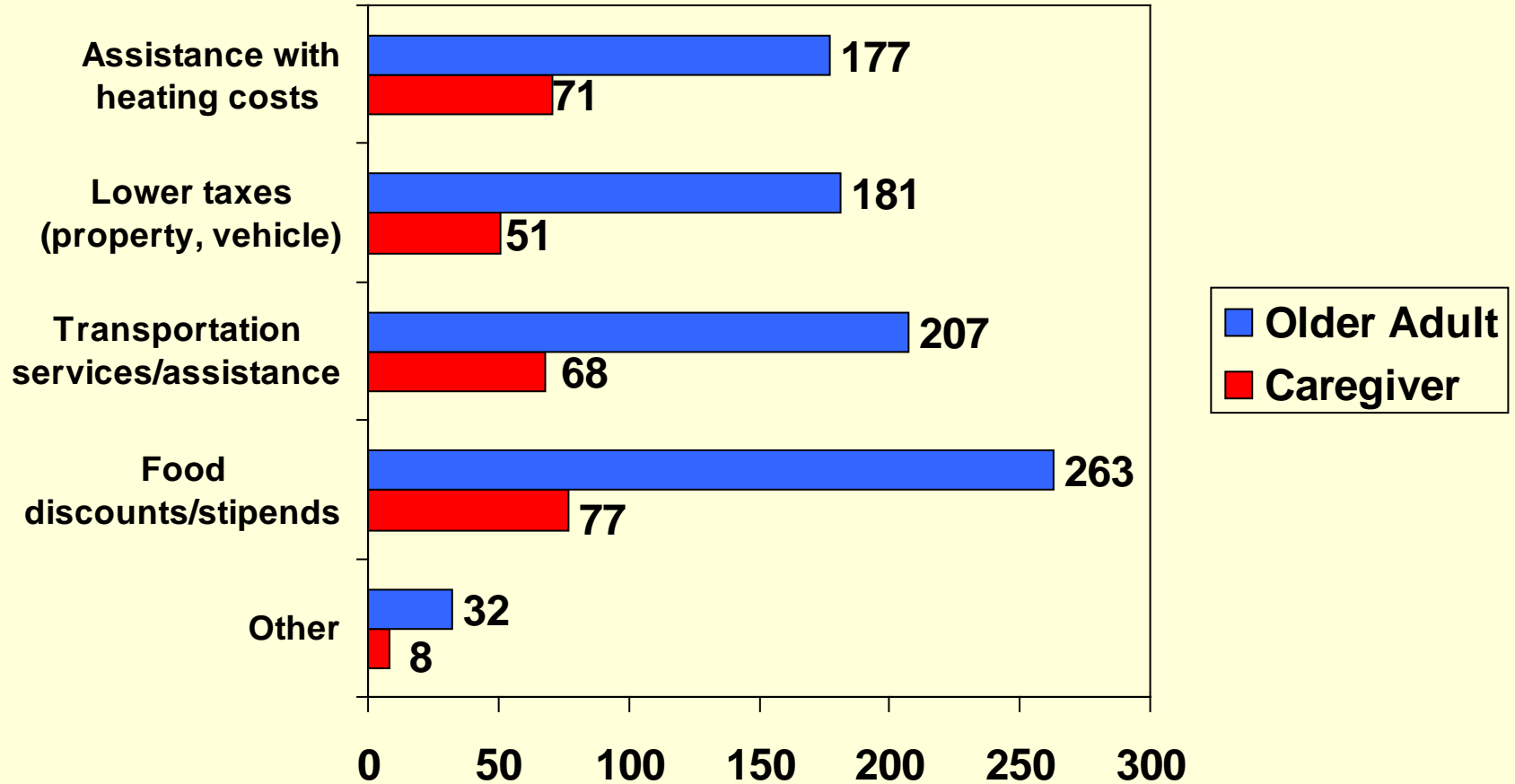




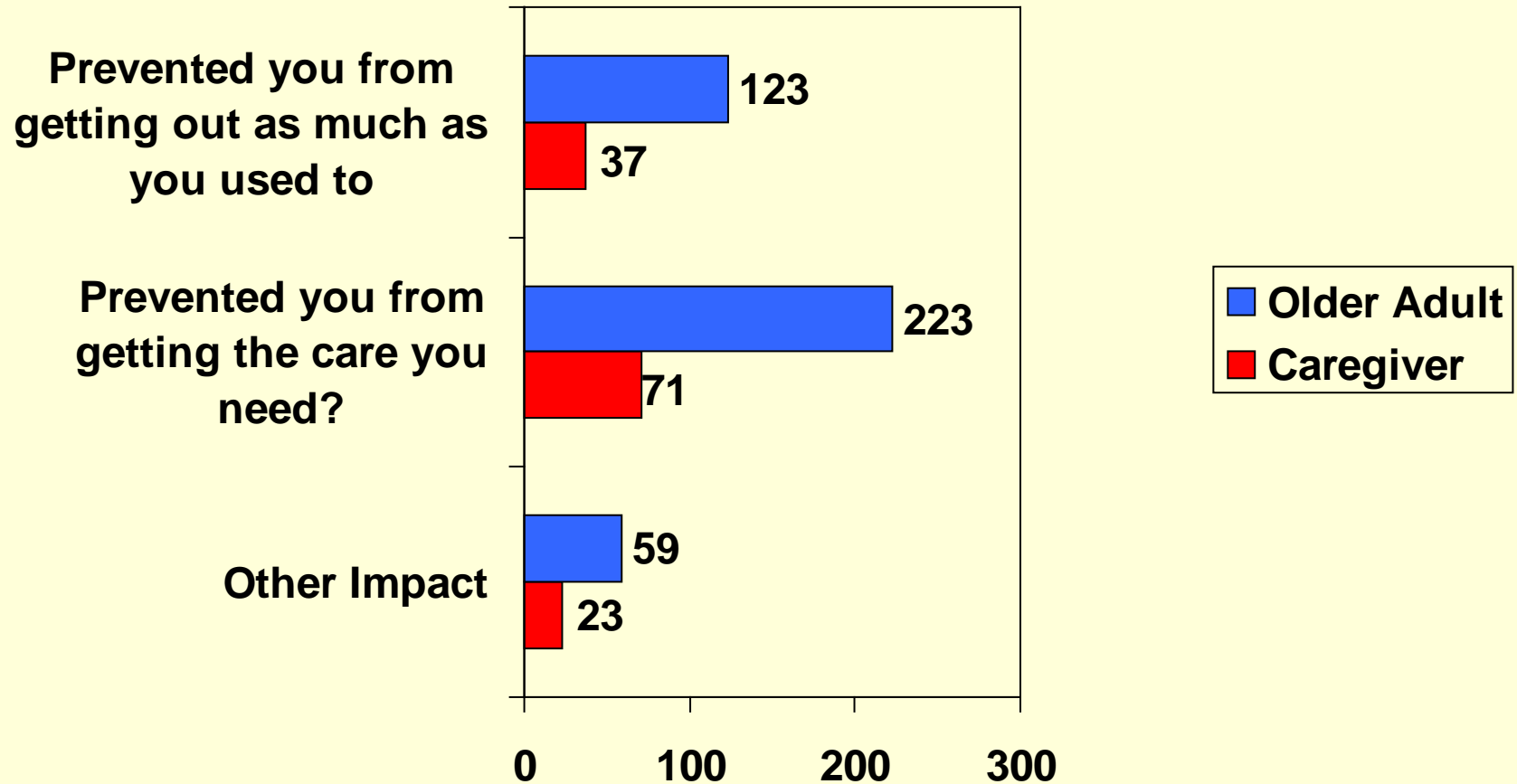
Would Like to See: Health Care



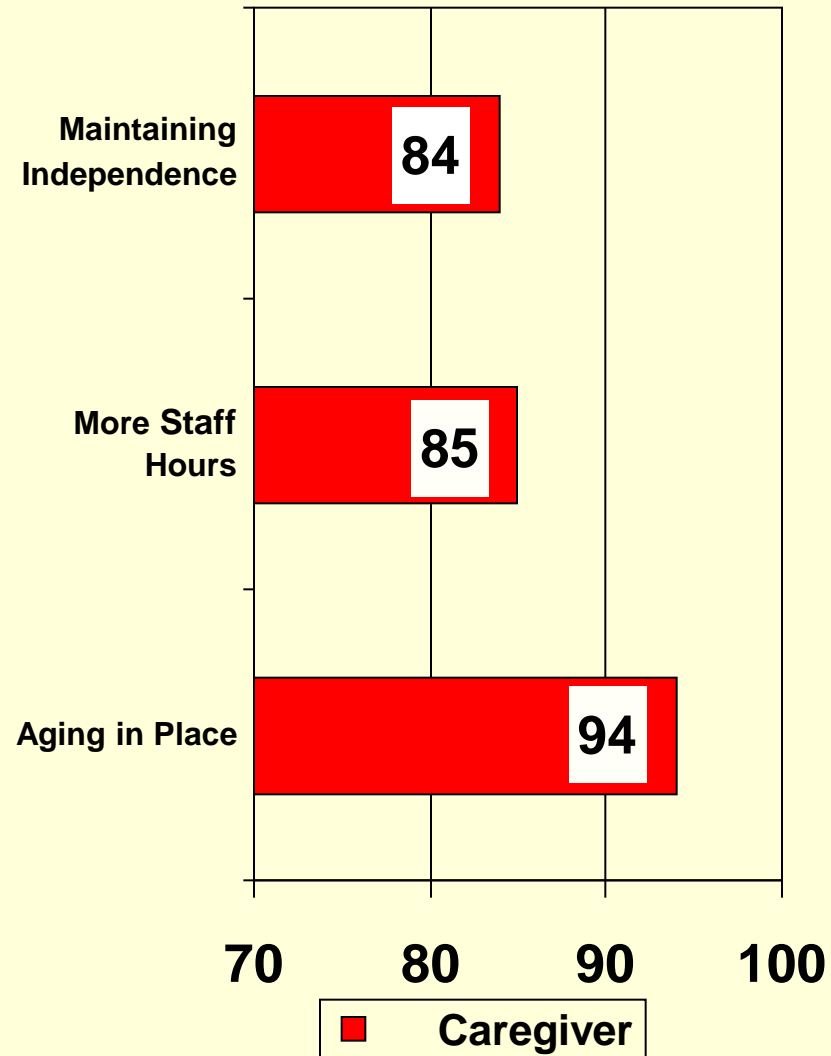
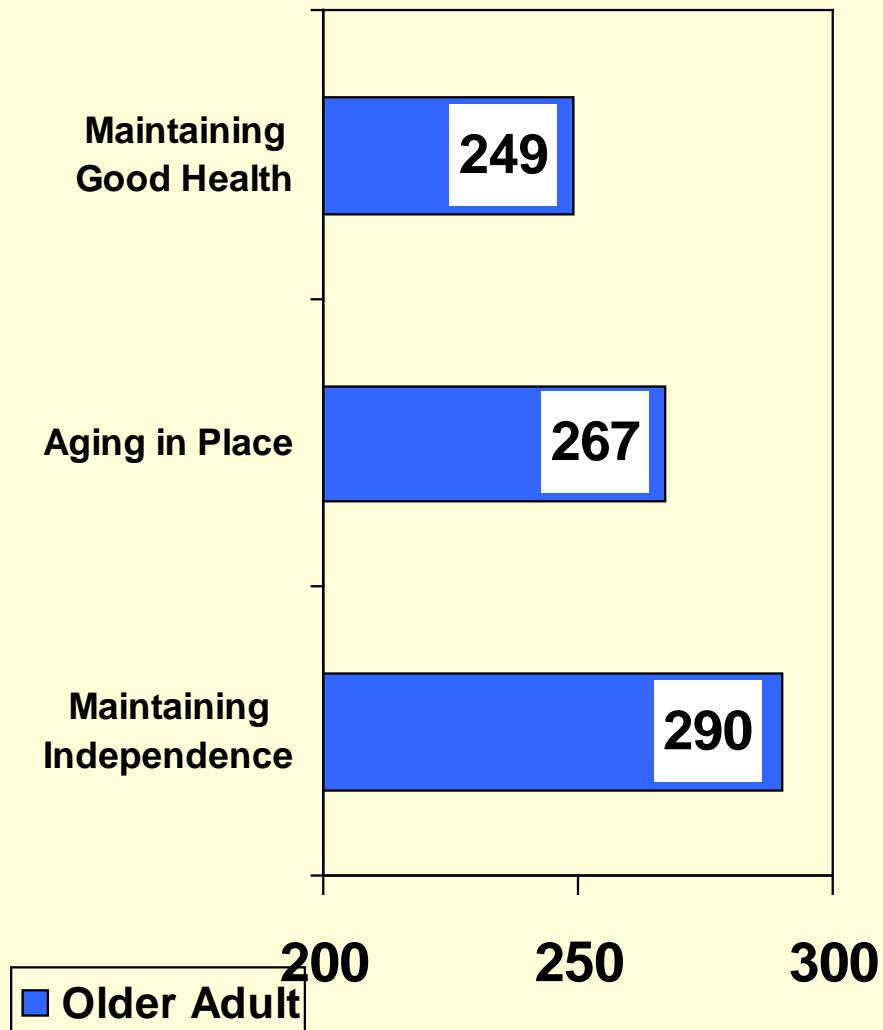
Would Like to See: Cost of Living



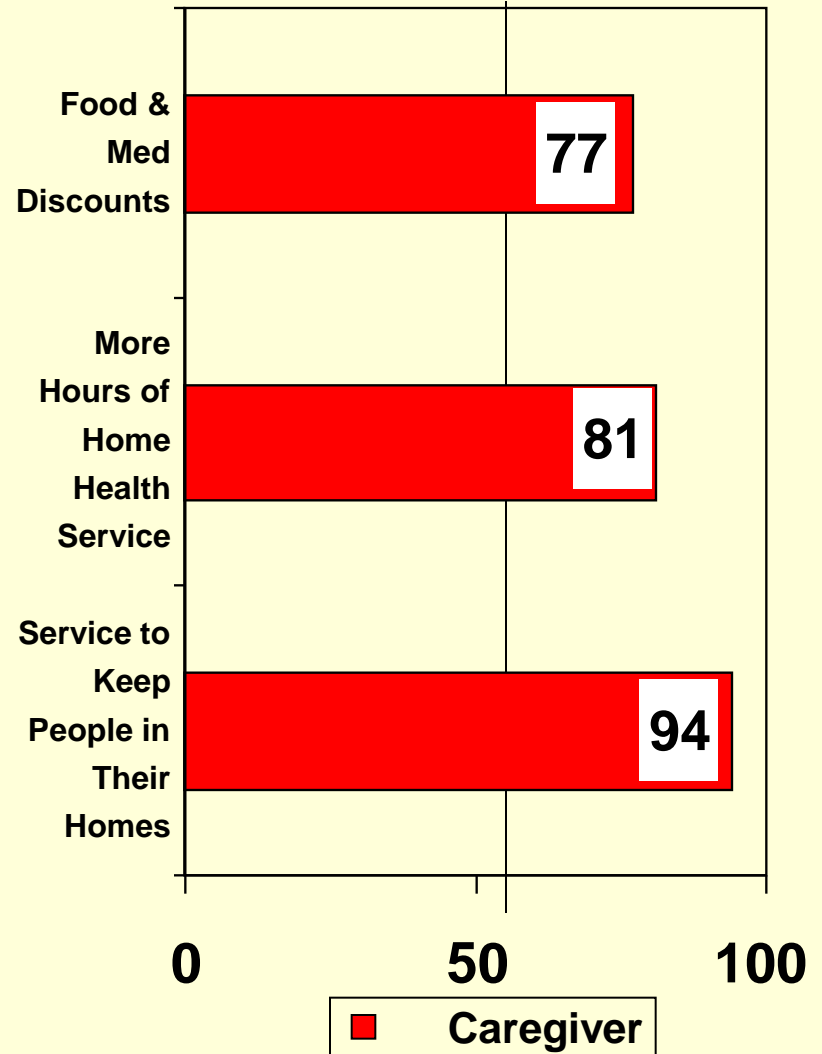
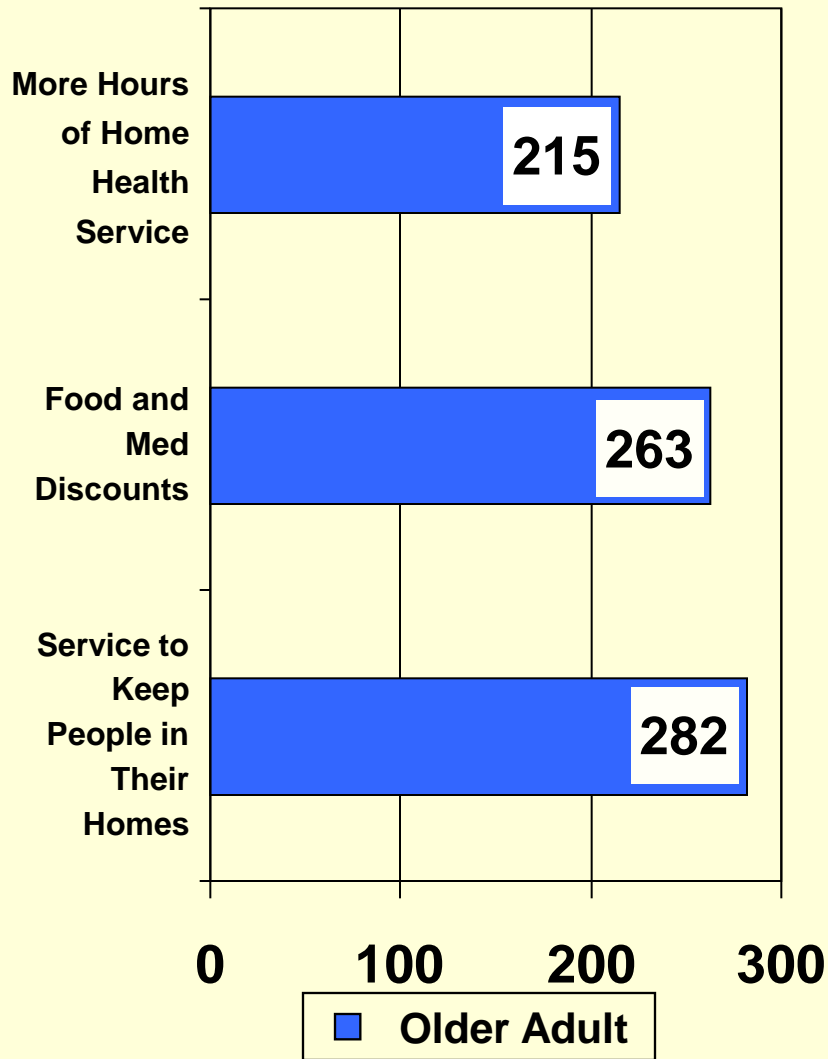
Affects of Higher Food, Gas, Heating Fuel



Top Three Concerns

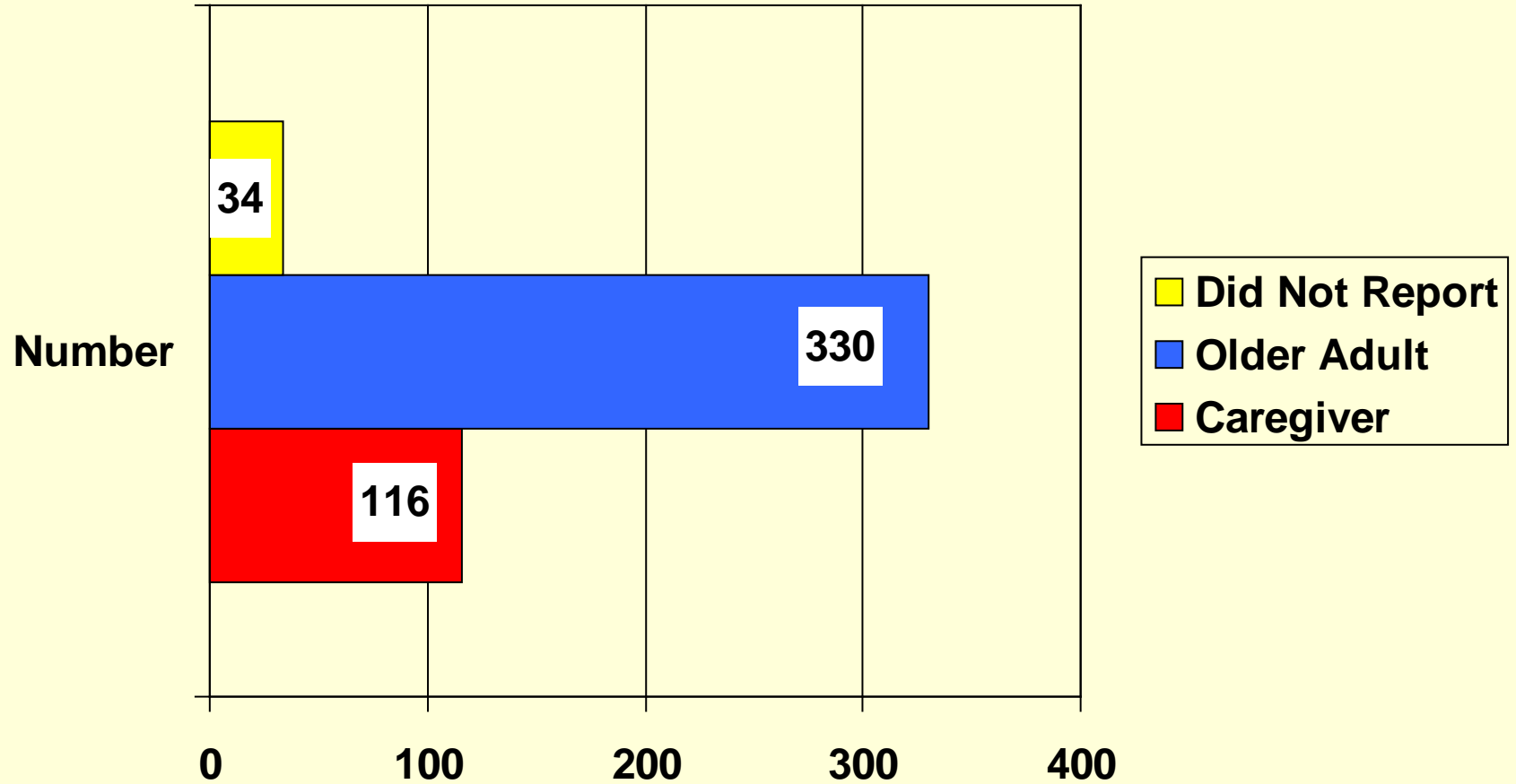


Top Three Wishes





BHCOA Mail Survey: N=480



Counties Represented N=480

