WHCoA: A Report to Texas

Follow-up Report to the White House Conference on Aging

Prepared on behalf of the Texas WHCoA Delegates by the Texas Department of Aging and Disability Services April 2008
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Acknowledgements

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Executive Summary
Introduction and Overview
Executive Summary

The White House Conference on Aging (WHCoA) is a decennial event that informs the President and Congress on current and future issues affecting the aging population. The WHCoA was authorized by Congress in 1958; the first conference was held in 1961 and the most recent conference occurred in December 2005.

Prior to the 2005 conference, the 17-member WHCoA Policy Committee prepared an annotated agenda covering six main topics to be addressed by delegates to the conference. Next, the policy committee actively sought stakeholder input by arranging nearly 400 listening sessions, solutions forums and mini-conferences around the country, resulting in a total of 73 resolutions for consideration by the conference. During the conference, WHCoA delegates from across the country selected 50 priority resolutions to be addressed in depth. (See Appendix A for a list of the top 50 resolutions.)

WHCoA delegates next developed implementation strategies for each of the 50 resolutions in facilitated work sessions. Texas was represented by a delegation appointed by the Governor, members of Congress, and the WHCoA Policy Committee. The Texas delegation designated 33 resolutions as “Texas priorities” - 32 of which were included in the “national top 50.”

After the conference, the WHCoA Policy Committee requested input from governors in preparing its statutorily-required Final Report to the President and Congress, which included the top 50 resolutions and the “strong and strongest” implementation strategies for each resolution as developed by delegates at the conference. In his response to the committee (see Appendix B), Texas Governor Rick Perry noted the importance of improving long-term services and supports, and the role of Texas’ local solutions forums in developing strategies for addressing this and other important issues.

Top priorities and themes identified in the WHCoA Final Report include:

- Reauthorization of the Older Americans Act within six months of the WHCoA;
- Development of a comprehensive and coordinated strategy for affordable and accessible long-term care, including caregiving support; and
- The importance of mobility and transportation options for older Americans.

These and other priorities were addressed during the WHCoA conference and by the Texas delegates and concerned citizens throughout the state through a series of local solutions forums designed to generate strategies for implementing the WHCoA resolutions.
Texas WHCoA – Solutions Forums

Following the conference, the Texas delegation met to brainstorm on implementation strategies for various resolutions. Texas - led by the Texas Department of Aging and Disability Services (DADS), the Texas Silver Haired Legislature (TSHL), and area agencies on aging (AAAs) - convened 14 locally-sponsored forums across the state, from the Rio Grande Valley to Sherman, Texas. (See Appendix C for a list of forums.)

The forums, which were sponsored by TSHL and hosted by AAAs, included roundtable discussions that allowed participants to work together to identify local and state-level strategies for improving the delivery of services to older Texans. Input was also received through a DADS website. DADS collected hundreds of implementation strategies through the delegation workgroups, local solutions forums, and the website.

DADS WHCoA Follow-up Report

This report, WHCoA: A Report to Texas, is based on the WHCoA resolutions and implementation strategies generated by the delegates and the public during the local forums, and represents the views and ideas of a broad range of stakeholders. The report should be useful for delegates, advocates working on aging issues in local communities, and state policymakers as they work to improve the lives of older Texans now and in the future.

The report is organized by the seven major themes that emerged from the WHCoA delegates’ work and throughout the last two years of public input. These include:

- Planning and Financing Your Longevity;
- Independence and Innovation in Livable Communities;
- Long-Term Services and Supports: The Need for a Strategy;
- A Sense of Purpose: The Future of Work and Civic Engagement;
- Caregiving: Being There for Our Elders;
- Healthy for Life: Challenges and Solutions of Health Promotion and Disease Prevention; and
- Improving the Health Care System.

Building on the Many Voices report, the Aging Texas Well (ATW): State of our State on Aging report, the ATW Indicators Survey report, and other published literature, this report includes a number of strategies for each of the seven major subject areas that can be implemented at the local level to improve the lives of older Texans.
Introduction and Overview

Background:
The White House Conference on Aging

The White House Conference on Aging (WHCoA) is held every ten years to develop recommendations to the President and Congress to help guide policies that affect the aging population. The WHCoA was authorized by Congress in 1958; the first conference was held in 1961 and the most recent conference occurred in December 2005. The conference addresses policies, research and issues, with delegates voting on resolutions that will guide policy development. The conference is designed to advocate for research on best practices and to encourage proactive steps for improving the lives of aging Americans.

The most recent conference, The Booming Dynamics of Aging: From Awareness to Action, was held in December 2005. Texas was represented by a delegation appointed by the Governor, members of Congress and the WHCoA Policy Committee. (See Appendix D for a list of Texas delegates.) The 2005 conference, with its 1,200 delegates, was a unique event addressing the concerns created by the aging of the baby boom generation – people born between 1946 and 1964. Currently, baby boomers make up 28 percent of the Texas population.

The President and members of Congress appointed a 17-member policy committee, which prepared an annotated agenda covering six main topics for delegates to address. The committee then held almost 400 listening sessions, solutions forums and mini-conferences around the country to gather ideas for topics to be discussed at the conference. Out of these listening sessions, the committee developed 73 resolutions for consideration by the conference. One of the first tasks of delegates at the conference was to select 50 priority resolutions to address in depth. Once these resolutions were selected, delegates met in facilitated work sessions to explore implementation strategies.

After the conference, the policy committee requested input from governors of states. Based on the conference findings and input from the governors, the committee and its staff prepared the statutorily-required report to the President and Congress. The report describes the top 50 resolutions and the “strong and strongest” implementation strategies developed by WHCoA delegates for each resolution. The report also identifies priorities for aging policy. To quote directly from the report:

“The delegates recognized several critical priorities that we as a nation must address in the very near future. Through the voting process and subsequent vote

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1 http://www.whcoa.gov/about/history.asp
count on resolutions, it was evident that the delegates felt strongly about many of the issues they were considering, but particularly about:

- The reauthorization of the Older Americans Act within six months of the WHCoA\(^4\);
- The development of a comprehensive and coordinated strategy for affordable and accessible long-term care, including caregiving support; and
- The importance of mobility and transportation options for older Americans.”

In addition, and equally important, other broad, cross-cutting themes emerged from the conference and throughout the last two years of public input. This Texas report is organized according to these themes:

- Planning and Financing Your Longevity;
- Independence and Innovation in Livable Communities;
- Long-Term Services and Supports: The Need for a Strategy;
- A Sense of Purpose: The Future of Work and Civic Engagement;
- Caregiving: Being There for Our Elders;
- Healthy for Life: Challenges and Solutions of Health Promotion and Disease Prevention; and
- Improving the Health Care System.

These themes all present challenges for policymakers, family members and private citizens to address. The resolutions adopted and many of the implementation strategies recommended by the delegates identify significant first steps in addressing many of these challenges.

**Texas Activities**

At the conference, the Texas delegation determined which of the 73 resolutions were most important to Texas. The delegates chose 33 resolutions, 32 of which were included in the top 50 national priorities at the conference. During the conference, the Texas delegates used the Texas *Many Voices*\(^5\) report, developed by the Department of Aging and Disability Services (DADS) through extensive stakeholder input, to help inform each individual’s participation and deliberation.

After the conference, a steering committee of Texas delegates guided a process to receive further input on resolutions adopted at the conference. This process has included:

- A meeting of the Texas delegation on April 21, 2006, to brainstorm implementation strategies for various resolutions;

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\(^4\) Congress reauthorized the Older Americans Act in 2006.

• A series of community forums conducted in May 2006 to allow delegates to report back to their communities on the conference, and to gather additional Texas-specific strategies for implementation of the resolutions; and
• Creating a website to collect input from the general public.

Input from these processes was collected in a database. The database included a description of each resolution, implementation strategies originating from the national conference, strategies from the Texas delegation and participants in local solutions forums, and input from the general public. The data collected was used to inform development of this report.

Purpose and Methodology of Report

WHCoA: A Report to Texas is a compilation of ideas for improving the lives of older Texans. It is based on the WHCoA resolutions and the ideas for implementing them generated by the delegates and the public during the local forums. The report contains implementation strategies for use by local communities, advocates in the field of aging, local and state policymakers, DADS and other state agencies, and others with an interest in or a need to know about aging issues in Texas.

This report builds on the information in the Many Voices report. Additional content resources include the Aging Texas Well: State of our State on Aging\(^6\) and the Aging Texas Well Indicators Survey\(^7\), as well as other published literature.

This report is designed to focus attention on the issues facing the aging population in Texas. Addressing these issues is the responsibility of federal, state, and local community leaders, aging advocates, and concerned citizens. The implementation strategies identified in this report are not intended to be the responsibility of any single entity. They are meant to focus and guide aging advocates and policy leaders in their efforts to implement changes that will improve the lives of older Texans.

Structure of Report

The WHCoA Policy Committee developed seven themes in the final conference report. The chapters in this report are organized around those themes. For purpose of analysis, each WHCoA resolution is assigned to the theme/chapter to which it is most relevant. Each chapter contains:

• A list of the relevant resolutions, with a notation of those that were priorities to the Texas delegation;\(^8\)
• Analysis of key issues related to the topic; and
• Selected federal, Texas delegate, and local forum implementation strategies.

\(^7\) “Aging Texas Well: Indicators Survey Results 2005.” Texas Department of Aging and Disability Services. September 2005.
\(^8\) Denotes Texas Delegation priority.
Chapter 1
Planning and Financing Your Longevity
Chapter 1

Planning and Financing Your Longevity

Background

Ensuring adequate income in retirement is a formidable challenge facing Americans in the 21st century. Older Americans, defined by the Older Americans Act as persons age 60 and over, rely on a number of public and private income sources, including Social Security, income from saved assets, employer provided pensions, and employment earnings. Public assistance programs such as Supplemental Security Income (SSI), veterans’ benefits, Temporary Assistance to Needy Families (TANF), food stamps, and unemployment insurance may also supplement incomes of seniors. However, reliance on Social Security and Medicare, which provides health care benefits to people age 65 and over, is outpacing current funding for these programs.

Changing demographics and increased demand have already forced Congress to modify Social Security to maintain support for current beneficiaries. Over the next 75 years, unfunded liabilities of $6.4 trillion for Social Security and $32.3 trillion for Medicare will place considerable demands on general revenue funds. Unless services are reduced or revenues are increased, by 2080, nearly 20 percent of the gross domestic product (GDP) will be needed to cover the shortfall. As a result, individual savings, private pensions, and private health and long-term care insurance will become even more critical components of financing our longevity and its associated expenses.

Because Americans are living longer, and face rising health care and long-term services and support costs, the need to encourage financial preparedness is more important than ever. Many private and small employers are shifting away from pension plans or decreasing benefits, placing an increasing emphasis on the importance of personal retirement savings accounts, such as 401(k)s. Yet the rate of personal saving is at a historic low. Government efforts to encourage personal savings have had only marginal

In 2000, about 90 percent of all elderly households received Social Security benefits; 59 percent earned income from saved assets; 41 percent drew pensions; and 22 percent earned income from jobs.

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12 Ibid.
effects. Preferential tax treatments intended to increase personal savings often merely result in Americans shifting savings from one method of savings to another.\textsuperscript{14} Educating Americans on the importance of planning and saving for their own retirement, and implementing policies that provide incentives for additional saving, must continue to be a priority for policymakers.

Delegates to the 2005 WHCoA chose the following resolutions as the key policy issues to be addressed regarding the need for planning and preparing to finance our longevity:

<table>
<thead>
<tr>
<th>Resolution No.</th>
<th>Title of the Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Establish principles to strengthen Social Security.</td>
</tr>
<tr>
<td>15</td>
<td>Create a national strategy for promoting elder justice through the prevention and prosecution of elder abuse.</td>
</tr>
<tr>
<td>24</td>
<td>Provide financial and other economic incentives and policy changes to encourage and facilitate increased retirement savings.</td>
</tr>
<tr>
<td>30</td>
<td>Modernize the Supplemental Security Income Program.</td>
</tr>
<tr>
<td>35</td>
<td>Educate Americans on end of life issues.</td>
</tr>
<tr>
<td>41</td>
<td>Strengthen the Social Security Disability Insurance Program.</td>
</tr>
<tr>
<td>45</td>
<td>Strengthen law enforcement efforts at the federal, state, and local level to investigate and prosecute cases of elder financial crime.</td>
</tr>
</tbody>
</table>

\textbf{Denotes Texas Delegation priority.}

\section*{Analysis of Issues}

Based on feedback received from the 14 post-WHCoA Texas solutions forums, the following have been identified as some of the top issues and concerns related to financing longevity for Texans.

\subsection*{Planning and Preparing}

There is a critical need for all Americans to plan and prepare for the risk of having assets depleted because of health, long-term care, financial crime, or other financial crises. Americans are living longer and face rising medical costs over an increasing time span. Many Texans are unprepared for the probability of requiring long-term services and supports.

Texas is currently undertaking several initiatives to help address this problem, including the “Own Your Future" campaign -- an aggressive education and outreach effort designed to promote long-term care planning among Texans. The initiative is a partnership of several state agencies, along with the U.S. Department of Health and Human Services, to inform Texans about the costs of long-term care and the preparatory steps that can be taken to help meet those costs. For more information, please go to [www.ownyourfuturetexas.org](http://www.ownyourfuturetexas.org).

### Strengthening Public Support Systems

One of the most significant challenges to strengthening public support systems is addressing the solvency of the Social Security pension fund and its programs. Though this is a federal issue, states can also do their part by taking steps to educate people on the nature of Social Security and the benefits they might expect to receive.

It is estimated that about one-third of seniors have been unable to save nearly enough to supplement their Social Security benefits, and subsequently rely on Social Security for more than 90 percent of their income.\(^{15}\)

Increasing awareness of the nature of Social Security may help reduce the alarmingly high number of people who have not saved for retirement.

The overall growth of the aging population has led states to examine ways to reduce the impact of growing long-term care costs on state Medicaid resources. In an effort to minimize this impact, Texas is undertaking an initiative to develop and implement a Long-Term Care (LTC) Partnership plan, authorized under the federal Deficit Reduction Act of 2005.

An LTC partnership program will allow Texans to purchase LTC insurance plans and receive asset protection and disregard upon application for Medicaid. The LTC Partnership is intended to reduce dependence on Medicaid to pay for long-term services and supports. The Texas Legislature also passed Senate Bill 10, (80th Legislature, Regular Session, 2007) which makes a number of changes to Medicaid in Texas, including waiver development and improved service delivery options.\(^{16}\)

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\(^{16}\) The bill was signed by Gov. Rick Perry on June 14, 2007.
Prosecute and Prevent Financial Crimes

According to the FBI, older Americans are one of the primary targets of fraud in this country. An estimated five million seniors are the victims of some form of financial exploitation each year. Many of these crimes go unreported, making it difficult to estimate the financial impact of crimes against the elderly; however, telemarketing fraud alone, across all age groups, costs the nation about $40 billion annually.

Texas ranks among the top five fraud victimization locations for the United States and Canada. Identity theft continues to be a major concern among seniors. In 2002, the AARP conducted a study among 2,000 of its members age 50 and older; it revealed that 24 percent of those surveyed were victims of credit card fraud, while 40 percent reported being victims of consumer fraud.

Older adults are more likely to be victimized than are other members of the general population. They often have sizeable nest eggs, own their own homes, or have good credit. They are less likely to report incidents of fraud, either because they are ashamed or they do not know whom to contact. The number of older Americans in this country is expected to nearly double by 2030, and crimes against aging populations can also be expected to increase. Implementing measures to curb and prosecute crimes against older Texans should be a top priority for Texas policymakers.

Key Implementation Strategies

The following implementation strategies for addressing the need for increased personal responsibility in planning and financing longevity were developed by stakeholders at federal, state, and local WHCoA solutions forums:

Education on the importance of financial planning

- Education for younger generations (middle school and high school) on the importance of personal retirement savings should be included in public school curricula.

- The state should educate citizens about the nature of Social Security and their expected benefits so that they can adequately prepare for retirement.

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Accountability and oversight

If a person becomes unable to manage personal or business affairs due to illness or accident, and has not implemented a less restrictive measure, a court may have to appoint a guardian or conservator to make personal and/or property decisions. Though guardians provide a needed service, delegates and participants in post-WHCoA solutions forums expressed concerns about the need for greater oversight of guardians in order to protect the financial and personal well-being of older Texans. The following are strategies developed by stakeholders for increasing oversight in Texas:

- Texas should explore ways to increase accountability/oversight of appointed guardians. Local advocates should be given more information about the guardianship process, including information on the rights of the person under guardianship and the role of the courts in enforcing the requirements and obligations of the guardian.

- There should be more legal oversight of charitable organizations in order to prevent fraud and other financial crimes against older Texans.

- The state should increase local stakeholder participation in Adult Protective Services (APS) special task units in order to address local concerns about elder abuse and self-neglect.

Awareness and prevention of elder abuse and fraud

- Texas should find ways to educate citizens on how to identify and respond to elder abuse and neglect.

- Texas should develop a statewide predator database that is linked to a national database so that anyone hiring a caretaker for an older individual can perform background checks.

- Senior centers should be regularly informed of fraud or abuse alerts issued by the Office of the Attorney General.

- AAAs and APS should collaborate to identify and/or coordinate services needed for clients, including access to free legal counseling or representation.

- Bank employees should be educated on identifying financial abuse or exploitation of the elderly.

- Local news media and public service announcements should be used to increase community awareness of scams and other financial crimes affecting older Texans.
Chapter 2
Independence and Innovation in Livable Communities
Chapter 2

Independence and Innovation in Livable Communities

Background

Older Americans typically want to remain in their homes as long as possible. While communities do not have a ‘one-size’ plan for meeting the needs of older residents, it is becoming imperative that community and regional leaders take the initiative to address this demand for “livable communities.” Building livable communities or “elder friendly” neighborhoods ensures that older adults are not simply living longer, but also living better – and have access to the range of services and supports necessary to remain at home safely and securely.

While there is no single definition for livable communities, the AARP defines them as having “affordable and appropriate housing, supportive community features and services and adequate mobility and transportation options.” An expanded definition would include accessible communities, work and education opportunities, and volunteer and community engagement. In short, livable communities support aging-in-place for all residents regardless of age or ability.

The Aging Texas Well initiative administered by DADS is one way that Texas has begun to address the need for livable communities. In 2005, under Executive Order RP 42, Governor Rick Perry created the Aging Texas Well Advisory Committee and Action Plan. This order formalized the Aging Texas Well initiative and authorized DADS to continue its work to identify and discuss aging policy issues, guide state government readiness for meeting the needs of an aging population, and promote increased community preparedness for aging.

In response to the anticipated demographic change, the State of Texas has developed and instituted a statewide initiative – Aging Texas Well – to support local partners and providers and assist communities in assessment and planning to meet the diverse needs of older citizens and their families. For more information on the Aging Texas Well initiative, visit www.AgingTexasWell.org.

To address the challenges of creating livable communities throughout the United States, delegates to the WHCoA adopted the following resolutions on improving and supporting friendly communities for aging populations:

<table>
<thead>
<tr>
<th>Resolution No.</th>
<th>Title of the Resolution</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Reauthorize the Older Americans Act within the first 6 months after WHCoA 2005.</td>
</tr>
<tr>
<td>3</td>
<td>Ensure that older Americans have transportation options to retain their mobility and independence.</td>
</tr>
<tr>
<td>10</td>
<td>Improve state and local-based integrated delivery system to meet 21st century needs of seniors.</td>
</tr>
<tr>
<td>16</td>
<td>Enhance the affordability of housing for older Americans.</td>
</tr>
<tr>
<td>17</td>
<td>Implement a strategy and plan for accountability to sustain the momentum, public visibility, and oversight of the implementation of 2005 WHCoA resolutions.</td>
</tr>
<tr>
<td>20</td>
<td>Encourage community designs to promote Livable Communities that enable aging in place.</td>
</tr>
<tr>
<td>23</td>
<td>Improve access to care for older adults living in rural areas.</td>
</tr>
<tr>
<td>26</td>
<td>Encourage the development of a coordinated federal, state, and local emergency response plan for seniors in the event of public health emergencies or disaster.</td>
</tr>
<tr>
<td>27</td>
<td>Enhance the availability of housing for older Americans.</td>
</tr>
<tr>
<td>33</td>
<td>Encourage redesign of senior centers for broad appeal and community participation.</td>
</tr>
<tr>
<td>38</td>
<td>Promote economic development policies and respond to the unique needs of rural seniors.</td>
</tr>
<tr>
<td>46</td>
<td>Review alignment of government programs that deliver services to older Americans.</td>
</tr>
<tr>
<td>47</td>
<td>Support older drivers to retain mobility and independence through strategies to continue safe driving.</td>
</tr>
<tr>
<td>48</td>
<td>Expand opportunities for developing innovative housing designs for seniors’ needs.</td>
</tr>
</tbody>
</table>

Denotes Texas Delegation priority.

**Analysis of Issues**

Based on feedback from the state delegates’ meeting and participants in the 14 post-WHCoA solutions forums, the following have been identified as some of the top issues and concerns facing aging Texans as they address livability issues in their local communities and neighborhoods.
Planning and Designing Livable Communities

By 2020, the nation’s population will be much different than it is today. One out of four people will be 60 years of age or older, and it appears they will want to remain independent into their later years – living in their own homes, driving, volunteering, going back to school, and staying fit and healthy. Whether cities and towns are ready for this boom in the aging population remains to be seen. Multiple factors influence people’s ability to remain in their homes, or “age in place.” These factors can include, but are not limited to: access to health and supportive services; quality of the environment; community walkability; safety; access to transportation and housing options; and availability of other critical services such as grocery stores and pharmacies. Taken together, these factors constitute the basic characteristics of a livable community.

While there are many practical challenges in developing livable communities, the benefits for local cities and towns can be numerous. Livable communities can result in improvement in public health for all citizens, not just older adults; increased independence for individuals; and greater social interaction. Increasing opportunities for older adults to participate in civic activities can also yield a range of social and economic benefits for the entire community.

According to AARP (2005) and the Florida Department of Elder Affairs (2004), key components for the development of livable communities include:

- **Choice** – providing health care and housing options that meet the diverse needs of individuals as they move through the lifecourse. Options should be affordable along the income spectrum so all citizens have a range of alternatives.

- **Flexibility** – offering a range of services that can be applied in a variety of contexts. Flexibility requires that levels of health and housing supports be adjusted whether an individual lives in a single family home, rents a privately- or publicly-managed apartment or resides in an assisted living facility. Flexible services will allow individuals to tailor different health and housing services to their own situations.

- **Entrepreneurship** – capitalizing on the collective purchasing power of an organized community of older adults. New economies of scale exist as the

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25 Ibid.
26 Communities for a Lifetime Blueprint, Department of Elder Affairs, Florida, March 2004.
28 Arkansas: A Good Place to Grow Old? The Arkansas Aging Project at the International Longevity Center, Summer 2005.
percentage of older adults in a community grows, presenting new opportunities for affordable service delivery.

- Mixed generations – maintaining mixed-generation communities in order to maximize older adults’ capacity for self-help and community contribution. There are valuable links to be made between the needs and skills of different age groups. For example, teenagers who need after-school employment can be linked with older adults needing help with small chores around the house.

- Smart growth – designing communities that are more accessible and livable. While smart growth benefits all residents, for many older adults, good community design is a fundamental necessity. Aging-in-place allows older adults to remain in their homes and makes it possible for them to get out and participate in the community.

Designing and planning cities to support livable communities is no small challenge, but many U.S. towns and cities are making their neighborhoods and communities more livable. Places such as Atlanta, Georgia; New York City, New York; and Tamarac, Florida are working to create communities that support citizens across the lifespan.

**Reauthorizing the Older Americans Act**

With the support of stakeholders, the Older Americans Act (OAA) was reauthorized in June, 2006. It was originally enacted in 1965 to help older people remain independent in their homes and communities. At the federal level, the OAA is administered by two agencies – the Administration on Aging (AoA) and the Department of Labor’s Employment and Training Administration (ETA). The AoA, which is part of the Department of Health and Human Services, oversees the social services programs designed to allow persons age 60 and older to maintain independence in the community at large. The Department of Labor’s ETA administers Title V of the OAA, the “Senior Community Service Employment Program,” which provides training and employment opportunities to low-income seniors age 55 and older.

At the state level, OAA services are provided through a National Aging Services Network that includes the State Units on Aging, AAAs, local service providers, and volunteers. These programs target low-income seniors, those with greatest social and economic need, and those in rural areas.

In Texas, DADS is the designated State Unit on Aging and oversees the AAA network. One of DADS’ objectives is to support the independence and well-being of aging and disabled Texans. Whether people choose to live at home or in an institutional setting, a holistic approach to delivering support is available through a locally-based continuum of care.

The programs funded in Texas by the OAA support a range of home and community-based services, but these services can vary across the state. There are 28 AAAs in the
state, and they are the portals to OAA services and supports for seniors, their caregivers, and families. In addition to directly providing services, they also assist with the determination of eligibility for some non-Medicaid programs, authorize payment for services in these programs, and monitor appropriateness and cost-effectiveness of services.

The reauthorization of the OAA in 2006 allows low-income seniors, those with greatest economic and social need, and those living in rural areas, to continue to receive much-needed services that support their safety and independence. Typical services offered by the local AAAs include congregate and home-delivered meals, homemaker assistance, transportation, caregiver supports, information referral and assistance, and benefits counseling. Local organizations, working with federal partners to implement OAA programs and services, help older adults achieve and maintain the highest quality of life while remaining in their community as long as possible.

Mobility and Transportation

Without direct access to transportation or a transportation network, few seniors identify themselves as independent. Mobility and transportation are keys to quality of life. Without reliable connections outside a local neighborhood, seniors may become isolated, depressed, and be unable to engage in activities that promote health, well-being, and adequate nutrition. Maintaining links to the “outside community” can also help counteract the aging processes that result in physical and cognitive changes affecting one’s ability to drive an automobile safely.29

Unfortunately, reliable transportation networks or services in many urban centers are available only on a limited basis; this is an even greater problem in rural settings. When transportation options are available, they often provide only limited service to the destinations most desired by aging populations.

In broad terms, public transportation services typically serve a very small percentage of any community’s population. According to the Aging Texas Well: State of our State on Aging (2005)30 report:

- Only two percent of older Texans use public transit as a primary method of transportation;
- One of the most successful transportation models has been the Independent Transportation Network (ITN) of Maine, which provides alternative community-based transportation for seniors. Other states are trying to develop similar transportation networks, focusing on local solutions for local problems.

• Only one percent of older Texans use senior or community vans; and
• Even fewer walk (0.7 percent) or use taxis (0.5 percent).

Transportation networks typically serve nodal drop-off and pick-up points, rather than a door-to-door service route. This makes access difficult for persons with limited mobility and those living far from drop-off and pick-up nodes.

More than 21 percent of older Texans list the cost of public transportation as unaffordable. As a result, the use of public resources remains low, with non-drivers relying heavily on family and friends for transportation (18 percent).31

Numerous public and private organizations provide senior transportation options, with most programs either funded or directly provided by the federal government.32 Reliance on this type of funding does not ensure a consistent or reliable program of services – most municipalities continue to attempt to develop local funding to support senior transportation networks. To help address federal funding shortfalls, local cities work with churches, local businesses and community groups to organize transportation services for seniors, many of which surpass the transportation networks funded by federal sources.

Finding local options to address the unique needs of each community is important. However, public transportation providers in many communities face common factors such as low driver retention, financial concerns, insurance liability, and the cost of repair and replacement of vehicles that can limit development of service networks.

Across Texas, communities are developing alternative transportation systems that truly match the needs of non-drivers. The focus continues to be on making services more affordable, accessible, and available to those in need, and because disabilities increase with aging, the demand for accessible transportation is expected to grow. Mobility is important for quality of life, but health and disability problems such as stroke, dementia, and other chronic conditions will force seniors to stop driving. As a growing aging population faces these challenges, there will be greater pressure on local communities to provide solutions that move beyond buses and cater to a more localized door-to-door service, allowing seniors to retain the freedom and independence that transportation provides.

**Accessible, Available and Affordable Housing**

Finding and maintaining affordable housing is extremely important - and in many cases, challenging - for older adults across the United States.33 As housing costs continue to increase, solutions are needed to ensure that seniors can afford to remain in their homes

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31 Ibid.
in the community at large, maintaining an active and vital role in their local neighborhoods.

The desire to remain at home may be complicated by the lack of services and supports to secure such an option, particularly in rural areas. Homes may require modifications and assistive technologies for people with chronic illnesses to remain independent throughout their lives. Changes in home design and community planning need to include home modification or universal design, which would improve accessibility for older Texans, regardless of age, ability or circumstance.

Similarly, communities must find cooperative approaches to developing the necessary infrastructure to encourage aging in place. One in four baby boomers will encounter habitation obstacles within their own home.\textsuperscript{34} This may be due to rising home repair or maintenance costs, lack of home modification options for meeting aging and disability changes, or the absence of services and supports nearby. Communities must develop solutions to make housing for seniors not just available and affordable, but also compatible with the range of services needed by aging and disabled populations.

Future aging populations will have dramatic effects on communities, and housing will be one of the key issues in determining the rate of success a community achieves in allowing older adults to remain in their communities and neighborhoods.

Emergency Response

Recent events such as Hurricanes Katrina and Rita and extreme temperatures in many states, have raised federal, state, and local awareness of the importance of planning for catastrophic and unforeseen events. This concern is especially important for aging populations. Given the risks of decreased mobility, sight and hearing impairments, and other health problems associated with aging, emergency planning is crucial for seniors. Additionally, both professional and family caregivers need advance notice in emergencies so they may plan for their own needs and those for whom they provide care.

Planning and preparation for disasters takes place at each level of government – federal, state, and local. At the federal level, the AoA and other agencies of the Department of Health and Human Services provide support to states affected by disasters – supporting

\begin{quote}
\textbf{According to the Department of Housing and Urban Development (HUD), approximately thirty percent of household income is considered to be the standard for housing affordability. One-third of older adults pay 30 percent or more of their income on housing – 18 percent spend more than half their monthly income.}
\end{quote}

\textsuperscript{34} AARP, “Fixing to Stay: A Natural Survey of Housing and Home Modification Issues.” 2000.
seniors before, during, and after catastrophic events. Assistance can include transportation, meals, shelter, and post-event recovery activities.

At the state level, the Governor’s Division of Emergency Management is responsible for coordinating statewide planning, approving local emergency plans, and facilitating responses. At the local level, each jurisdiction has an office designated for emergency management planning and response. Disaster planning activities have emphasized the importance of communication among the three levels of government and of developing a unified vision for managing each event.

Preparing for inevitable crises is an essential requirement in the process of creating communities that meet the needs of all citizens, including seniors. Planning and preparation – and most importantly having an individual plan of action – can reduce the loss of life and property. Communities interested in meeting the needs of their growing older adult populations should begin by assessing their ability to meet the three core elements of livable communities: affordable housing, transportation, and supportive services. Once these basic elements are available, a broader infrastructure - economic, educational, and health care - can be developed.

**Key Implementation Strategies**

The following solutions for addressing the challenge of providing livable communities were developed by stakeholders at federal, state, and local solutions forums:

- Fully implement nutrition services programs, such as congregate and home-delivered meals at three meals per day, seven days per week.
- Increase nutrition education, screening assessment, and nutrition counseling, and expand senior farmers’ market nutrition programs.
- Increase public and community investment in transportation services and expand cost-effective transportation options.
- Improve coordination among public and private transportation providers within communities and neighborhoods.
- Provide regulatory and reimbursement flexibility and incentives to existing long-term care providers to re-tool and diversify in order to provide a fuller array of aging-specific services for local geographic areas.
- Limit liability for volunteers who provide transportation.
- Examine ways to revise transportation funding formulas to increase weight for rural economic development.
Promote the use of best practices in planning local transportation options for seniors, including the coordination of private and public systems.

Promote volunteer, community-based, supplementary transportation through tax incentives and family pre-tax transportation accounts.

Support a system for screening, assessment, rehabilitation, and training of aging drivers to achieve the goal of safe driving throughout the life course.

Provide incentives for older drivers to complete safe driver education.

Use economic incentives to: retro-fit existing communities, including naturally-occurring retirement communities (communities in which residents remain in place for years, and age as neighbors); modify homes; and build senior housing convenient to transportation and community services.

Encourage development and change regulations to expand home and community-based service availability near and within residential senior communities.
Chapter 3
Long-Term Services and Supports: The Need for a Strategy
Chapter 3

Long-Term Services and Supports: The Need for a Strategy

Background
Identifying ways to support individuals as they require long-term services and supports was a prevailing concern of the delegates to the 2005 WHCoA. Delegates chose the development of a coordinated and comprehensive long-term services and supports strategy as the second most important aging issue facing the United States. They also selected two additional resolutions relating to long-term services and supports. These resolutions are:

<table>
<thead>
<tr>
<th>Resolution No.</th>
<th>Title of the Resolution</th>
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<tbody>
<tr>
<td>2</td>
<td>Develop a coordinated, comprehensive Long-Term Care strategy by supporting public and private sector initiatives that address financing, choice, quality, service delivery and the paid and unpaid workforce.</td>
</tr>
<tr>
<td>7</td>
<td>Promote innovative models of non-institutional Long-Term Care.</td>
</tr>
<tr>
<td>18</td>
<td>Foster innovations in financing Long-Term Care services to increase options available to consumers.</td>
</tr>
</tbody>
</table>

Denotes Texas Delegation priority.

Analysis of Issues
During the post-conference delegates meeting and in 14 local forums, Texas stakeholders identified four important issues on long-term services and support, discussed below.

Increasing Demand
The likelihood of needing long-term services and supports increases with age. With increased longevity and the aging of the baby boom cohort, the number of people who will need help with activities of daily living, long-term medical care or both, will likely increase. The rate of disability among older Americans has declined in the past 20 years;
however, due to growth in the aging population, the number of people needing assistance will most likely increase markedly in the next 30 years.\textsuperscript{35}

While delegates did not discuss strategies to lower the demand for long-term services and supports, some of the strategies related to caregiving, health promotion, and disease prevention could affect the demand by preventing or delaying dependency and reducing the need for formal supports.

**Cost and Lack of Adequate Financing Mechanisms**

Long-term services and supports costs may range from a few hundred dollars a month for occasional in-home assistance to thousands of dollars per month for nursing facility care. Medicare pays for nursing facility or in-home services for only short periods or in special circumstances. As a result, a high percentage of long-term services and supports are paid for by Medicaid. Medicaid, in turn, has become a growing strain on state budgets.

**Quality, Choice, and Personal Preferences**

Consumers want long-term independence, or what might better be called long-term living, not long-term care.\textsuperscript{36} They prefer having the power to choose among services and support options, and to maintain as much control of their own surroundings as possible. Most would prefer services in their own homes and communities. Innovative models of services have demonstrated that an appropriate and timely array of non-institutional long-term services and supports can be a favorable and less costly alternative to nursing facility or assisted living care for people with chronic disease and disability. Regardless of the care setting, many people would prefer greater choice of services, schedules, and everyday matters like selection of food, clothing or activities.

Quality of care and quality of life for people using long-term services and supports are heavily dependent on the staff providing services. Front-line work by nurses and aides is difficult, physically demanding and often low-paid. The availability, skills and attitudes of direct care staff can play an important role in consumers’ comfort and quality of life.

**Need for Well-Coordinated System**

Long-term services and supports encompass a broad range of help with daily activities that chronically frail and disabled people need for a prolonged time. They involve a

\textsuperscript{35} The Future of Disability in America (2007). Board on Health Sciences Policy, Institute of Medicine.

collection of 20 federal agencies, publicly and privately funded health care services administered with differing criteria. There is no uniform single entry point at the community level, and services vary from state to state. Seniors frequently have to search to find information and support to receive these services.

Medicaid will always pay for nursing facility care for those who are eligible - people who have a medical need for the care and have limited assets and income. However, an individual with the same income and needs may have difficulty arranging for home-based services. Arranging for home-based supports can also be time-consuming. Funding for many community-based programs is limited, thus limiting the number of individuals that can receive these services. Consequently, some individuals interested in community services are placed on interest lists. If long-term services and supports arrangements must be made after a hospital discharge or other crisis, in-home services may be too difficult to arrange quickly, which leaves institutionalization as the only easily accessible option for some.

Reforming long-term services and supports will likely be one of the major policy challenges of the 21st century. To meet this challenge, policymakers will need to develop financing, delivery, and workforce strategies that strike the right balance between public and private resources, and that recognize that the individual and family must be directly involved in providing services.

Recent Developments

Since the conference, several changes in policy have increased options for finding solutions to long-term services and supports issues.

- Texas has implemented the “Own Your Future” campaign to encourage Texans 45 and older to develop and implement plans for their own long-term services and supports needs.

- The federal Deficit Reduction Act (DRA) includes funding for “Money Follows the Person” (MFP). This funding is intended to help states remove barriers and provide supports for people in institutions who wish to return to the community. Texas, which already has a large MFP program, applied for and received funds for program expansion.

- The DRA also offers a new, but complex, option for states to provide home-based services and supports through a Medicaid 1915(i) State Plan Amendment.

- The Texas Legislature passed legislation authorizing the implementation of a Long-Term Care (LTC) Partnership program. LTC Partnerships are public-
private partnerships between state agencies and private insurance companies with the goal of offering affordable, high quality long-term care insurance to people with moderate income. These partnerships are intended to reduce Medicaid expenditures by delaying or eliminating the need for some people to rely on Medicaid to pay for long-term care services. The Texas Health and Human Services Commission is currently partnering with DADS and the Texas Department of Insurance to implement this program.

**Key Implementation Strategies**

One recommendation from stakeholders at the Texas forum encapsulated most of the issues facing the long-term services and supports system:

- Establish a national long-term services and supports policy that includes:
  - a comprehensive educational program;
  - incentives to plan ahead;
  - a partnership with the private sector and all stakeholders;
  - a comprehensive assessment to determine need for long-term services and supports;
  - information on services that respect individual choice;
  - an extensive network of support services for caregivers;
  - changes in Medicaid long-term services and supports, including having home and community services, assisted living, and a mandatory provision of Medicaid that home- and community-based options are presented as a first choice;
  - elimination of the need for special Medicaid waivers;
  - advancement of the requirements of the Olmstead decision;
  - integration of Medicaid, State Home and Community-Based Services (HCBS) waiver, state funding, and Medicare funding to provide flexible, individualized long-term services and supports benefits within a case management system, using functional eligibility to ensure consumer choice of cost-effective options covering all settings in all types of services and supports; and
  - expanded choices and supports for seniors through consumer-directed services; caregiver supports; culturally competent, and adequately paid and trained workers; and expanded national ombudsman programs.

The following implementation strategies for addressing long-term services and supports financing were developed by stakeholders through post-WHCoA solutions forums held around the state:

- Encourage private insurance coverage.

- Establish standards for LTC insurance similar to those used for Medicare supplements.
Provide tax incentives for employers to offer and employees to purchase LTC insurance.

Encourage development of a long-term care partnership program that allows people to protect a portion of their assets if they purchase approved LTC insurance and later use Medicaid services.

Expand the HHS long-term care awareness campaign, including counseling on long-term services and supports insurance through the aging network.

Encourage long-term services and supports options, counseling, planning and prevention, utilizing AAAs as a focal point for information.

Provide tax relief for those who finance their own or a family member’s services, including:
- Tax credits for the purchase of long-term services and supports directly or through health savings accounts; and
- Tax-free withdrawals from 401(k), IRA, annuities and other tax-favored savings vehicles for long-term services or insurance premiums.

Fund service coordination, service management, and medication management.

Increase the use of technology to facilitate non-institutionalized services and supports and enhance communication among service providers.

Provide incentives to community-based providers, hospitals, home health agencies, nursing facilities and Indian health services to develop models of services and supports tailored to their communities.

Improve quality monitoring for home- and community-based services and tie funding to level of quality.

Develop a single point of entry, so-called “one-stop shopping”, to the system of long-term services and supports services with coordination of all stakeholders at the local level. (One example is the Aging and Disability Resource Center [ADRC] model, which establishes within a community, a single point of access to long-term care supports for older people and those with disabilities.)
Chapter 4
A Sense of Purpose: The Future of Work and Civic Engagement
Chapter 4

A Sense of Purpose: The Future of Work and Civic Engagement

Background

Having a sense of purpose is powerful motivation for societal and personal growth. For older adults, it aids in focusing time and resources on helping in the community, and making life more enjoyable and satisfying. It can be the pathway to increased self-esteem, less loneliness and a greater sense of well-being. Two important ways to help older Texans maintain a sense of purpose are to allow them to continue working and to facilitate volunteer opportunities for them. At the WHCoA, the following resolutions were passed that address the future of work and civic engagement for older people.

<table>
<thead>
<tr>
<th>Resolution No.</th>
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<tbody>
<tr>
<td>12</td>
<td>Promote incentives for older workers to continue working and improve employment training and retraining programs to better serve older workers.</td>
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<tr>
<td>14</td>
<td>Remove barriers to the retention and hiring of older workers, including age discrimination.</td>
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<tr>
<td>25</td>
<td>Develop a national strategy for promoting new and meaningful volunteer activities and civic engagements for current and future use.</td>
</tr>
<tr>
<td>28</td>
<td>Reauthorize the National and Community Service Act to expand opportunities for volunteer and civic engagement activities.</td>
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</tbody>
</table>

Denotes Texas Delegation priority.

Analysis of Issues

Based on feedback received from stakeholders during the 14 post-WHCoA solutions forums, the following have been identified as some of the top issues and concerns related to work and civic engagement for older Texans.

Employment

According to a recent survey, approximately one-third of Texans age 60 and older work or are either looking for a job or plan to look in the future. More than half of these Texans say that their primary motivation for working is economic. They need money,
they are planning for retirement or health care expenses, or they are supporting other family members. Of those who are not motivated by money, most want to work because they enjoy doing so. Ten percent want to work because it makes them feel useful, and another ten percent think it is a good way to contribute to society.  

While older Texans want to work, the need for skilled and managerial workers is expected to increase. The Bureau of Labor Statistics projects a gradual decline in total labor force growth between now and 2050. This decline could create shortages in skilled and managerial workers, which would hurt productivity and economic expansion. One way to offset this shortage is to include older Americans, who typically have years of valuable work experience, in the labor force.

Despite the ability of older adults to contribute to the workforce, there are often barriers to retaining and hiring them. Public and private policies often encourage early retirement. Age discrimination and subtle negative changes in work environments also reduce the number of older people in the workplace. There may also be personal barriers to working. For example, as people age, they may become increasingly disabled and require accommodation to continue working. A recent study by the Rehabilitation Research and Training Center suggests that as people become more disabled, they are reluctant to ask for accommodations. However, when they do ask, accommodations are usually inexpensive and employers are generally willing to comply.

Volunteerism

While finding and maintaining employment is important to many older Texans, volunteering is another vital way that people can stay active and engaged, and at the same time provide a valuable service to their communities. Nearly 80 percent of older Texans who responded to a recent survey said that it was important to have opportunities to volunteer. Approximately three-quarters of older Texans either currently volunteer or have done so in the past. Currently, more than 42 percent of older Texans volunteer and more than half have been giving their time and services for at least five years. The main reason older Texans volunteer is that they want to help others. Most of those surveyed reported that they found volunteer opportunities through word of mouth or a friend. For

42 Ibid.
45 Ibid.
those who no longer volunteer, the primary reason they stopped is poor health. Age and time involved in volunteering were also reasons for stopping.46

One of the main sources of federal funding and coordination for volunteering is the National and Community Service Trust Act of 1993. Through this act, the Corporation for National and Community Service (CNCS) administers several programs, including: AmeriCorps, a network of local, state, and national service programs that engages more than 70,000 Americans in intensive service each year; Learn and Serve America, which provides support to schools, higher education institutions and community-based organizations; and Senior Corps, which includes the Retired and Senior Volunteer Program, Senior Companions, and Foster Grandparents.47 These and other similar programs provide the structure and support for volunteer initiatives in local communities throughout the country. Legislation reauthorizing the Corporation for National and Community Service was passed in June 2007.48

**Key Implementation Strategies**

Following the WHCoA, several forums were held nationally and throughout Texas to identify strategies to address the resolutions related to employment and volunteerism. Strategies identified by stakeholders for addressing these resolutions include:

- **Prosecute age discrimination more vigorously.** Enforce existing age discrimination laws.

- **Match qualified elders with jobs.** Local labor market environmental scans and analyses can identify labor shortages facing businesses and industry and compare those shortages to the older worker pool in the same area. Tools such as the Quarterly Workforce Indicators, which reflect local employment and demographic trends, could be very helpful. Use of job search tools such as Monster.com, Career Builder, America’s Service Locator, and the Career One Stop operating system could greatly improve the matching process.

- **Offer training to older workers.** Provide intensive and targeted basic computer-literacy training courses or other skill-based training to help equip mature workers with up-to-date skills.

- **Have more flexible schedules in the workplace.** Promote phased retirement and encourage flextime and job sharing as ways to allow older workers more freedom for their personal lives, while at the same time continuing with their careers. Job sharing should be promoted to influential agencies, such as


47 Corporation for National and Community Service Website. http://www.nationalservice.org/about/role_impact/history.asp

48 Ibid.
chambers of commerce, human resources departments, and the Governor’s Business Council.

- Offer tax incentives/credits to employers to train and retain older workers. Incentives such as tax cuts could be offered to businesses that hire, train, and retain older workers.

- Conduct outreach in local communities to educate businesses and community leaders about the advantages of hiring local workers.

- Encourage accessibility training at local businesses and include advocates for mature workers on local workforce boards.

- Recruit volunteers through public relations campaigns. Local national service programs could develop outreach campaigns to promote “an ethic of service” among baby boomers.

- Amend and/or reauthorize existing programs to attract more volunteers. Modify volunteer programs that offer stipends so that either the stipends are tax free, or the income limit for eligibility is increased.

- Offer financial incentives for volunteers. Volunteer work might be counted as a tax credit, applied toward attaining Social Security quarters, or toward educational scholarships.

- Improve coordination of volunteers and projects. There should be one central volunteer coordination group for a community/region. Agencies such as the One Star Foundation, CNCS, DADS’ Office of Volunteer and Community Engagement, the Retired and Senior Volunteer Program, and the Volunteer Center should work together to develop electronic tools to enhance volunteer opportunities search and placement.

- Improve volunteer training. Identify volunteer leaders in the community to help train volunteers.

- Make volunteering convenient. Keeping volunteering activities local might improve participation. Allow for flexible participation in volunteer activities to encourage participation from people with busy schedules. Offer transportation to and from volunteer opportunities to attract people who wish to participate but lack transportation.

- Communities can use a locally-based centralized information source to facilitate matching volunteers to opportunities. A centralized information source could make it possible to create a “volunteer card” that contains immediate up-to-date information about the training and qualifications of a volunteer as well as allow easy tracking of service hours.
Chapter 5
Caregiving: Being There
For Our Elders
Chapter 5

Caregiving: Being There for Our Elders

Background

With the continued aging of the baby boomer generation, and the increased reliance on informal caregivers, there is growing concern about the ability of Americans to meet the demand for informal caregiving. Despite growing awareness of the problem, a recent report on trends in caregiving indicates that “Americans are poorly prepared to meet an inevitable caregiving crisis coming as a result of population aging.” 49

States such as Texas will continue to face a growing need for long-term services and supports due to a rapidly-growing aging population, changes in social infrastructure that limit the number and availability of informal caregivers, and consumer preference for home- and community-based services.

In response to the growing demands of caregiving, delegates to the WHCoA adopted the following resolutions for improving services and supports for informal caregivers:

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<tr>
<th>Resolution No.</th>
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<tbody>
<tr>
<td>13</td>
<td>Develop a national strategy for supporting informal caregivers of seniors to enable adequate quality and supply of services.</td>
</tr>
<tr>
<td>31</td>
<td>Support older adult caregivers raising their relatives’ children.</td>
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Denotes Texas Delegation priority.

Analysis of Issues

Based on feedback received from the 14 post-WHCoA solutions forums, the following have been identified by stakeholders as some of the top issues and concerns facing informal caregivers in Texas.

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49 Caregiving in America, International Longevity Center-USA (ILC-USA) and the Schmieding Center for Senior Health & Education (SCSHE.) 2006.
Employment

Research shows that more than 80 percent of caregivers who are employed outside of the home made at least one adjustment to their work schedule to accommodate caregiving. Adjustments include using sick leave or vacation time, decreasing work hours, taking a leave of absence, moving from full-time to part-time work, leaving employment or retiring early. One study found that for men and women aged 53-65, 100 hours of assistance to parents in a 12-month period translated into a reduction in annual labor supply of 460 hours. Additionally, many reported passing up career-enhancing opportunities such as training or promotions. Consequently, caregiving affects earnings.

Although no definitive number exists, studies have estimated that the average caregiver gives up nearly $700,000 in “wage wealth” over a lifetime, including lost wages, Social Security income, and pension benefits. It has also been estimated that employers lose $11-29 billion annually due to lost productivity. The economic value of the care provided by informal caregivers has been estimated at about $350 billion per year (in 2006).

Respite Care and Adult Day Activities

Adult day care services, commonly called day activity and health services, provide a form of respite for caregivers and are considered by many to be among the most beneficial resources available to caregivers. They allow older adults increased opportunities for social activity, physical activity, nutrition, and in some cases, medical care. Adult day care allows caregivers to continue working without worrying about their loved ones, and to attend to other aspects of their lives. Adult day care is also considerably less expensive than institutionalized care.

Texas offers day activity and health services as a Medicaid state plan entitlement service to qualifying individuals throughout the state. However, many participants in the post-WHCoA solutions forums cited a need for continued expansion of this service.

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Workforce

Informal caregivers often rely on formal (that is, paid) caregivers to assist them. Consequently, the shortage of direct service workers is a growing problem for informal caregivers. The direct care worker shortage is a national issue; however, it is especially critical for Texas, which has fewer health care workers per capita than the national average. The problem is particularly acute in rural areas, where the average per capita number of health care workers is even lower than in metropolitan areas, making it exceedingly difficult for service providers to adequately fill the need for services and supports among informal caregivers.

Service provider agencies have had difficulty in maintaining adequate staffing to meet caregiver need. The work can be difficult and often requires long hours – or in some cases, offers too few hours to allow workers to make ends meet. Low pay can make it difficult to attract and retain a workforce that is reliable, qualified, and capable of being adequately trained for caregiving in the home or in an agency that provides services such as respite or adult day care. Finding ways to improve recruitment and retention of direct service workers is one of the many issues facing policymakers and long-term services and supports providers.

Outreach/Awareness

The need for general information about the availability of service providers in the community was also raised by participants in local solutions forum as an ongoing issue for many caregivers. Many caregivers rely on local solutions forum as their primary means of obtaining information on services. Though many caregivers rely heavily on the AAAs for information on services, according to stakeholders participating in the post-WHCoA solutions forums, there are also a great number who have never heard of AAAs and remain unsure of where to turn for assistance in accessing services. Caregivers have consistently expressed the need for making better information on services available through outlets such as medical offices, or targeted mail-outs.

Timeliness of intervention is also an important factor in reaching caregivers. Because of the difficulty of anticipating need for services and supports, potential caregivers typically do not pay attention to information about formal resources until a specific need arises. Therefore, a broad dissemination of information at frequent intervals is imperative to reaching potential caregivers when they are receptive to the information. This also

57 Ibid.
underscores the importance of “identifying caregivers as caregivers” – or helping them self-identify - and of reaching them before the need for services becomes critical.\textsuperscript{59}

**Grandparents/Kincare**

Grandparents raising grandchildren and caregivers providing services to other relatives face unique challenges. There are often great physical and emotional demands in caring for a grandchild – a role that usually comes unexpectedly. Children in relative households frequently have significant health-related issues and often lack health insurance.\textsuperscript{60} Grandparent and other relative caregivers tend to have much fewer resources available to them than their counterparts in the formal foster care system. In Texas, there are an estimated 600,000 children in any one year who, at least for part of the year, are cared for by a relative who is not their parent.\textsuperscript{61} However, many grandparent or relative caregivers are not eligible for benefits such as Temporary Assistance for Needy Families Program (TANF) - a program to provide financial and medical assistance to needy dependent children and the parents or relatives with whom they live - or may be unaware that TANF or other benefits are even an option.\textsuperscript{62}

**Key Implementation Strategies**

The statewide delegates meeting and the 14 post-WHCoA solutions forums held around the state allowed local stakeholders to identify what could be done at the local and state levels to enhance policies and improve service delivery for older Texans. The following are implementation strategies developed by stakeholders for improving services and supports for informal caregivers:

- Encourage employers, in both the public and private sectors, to provide education on caregiving issues to help caregivers self-identify and to raise awareness of available resources.

- Continue the expansion of the AAA Respite Voucher program in order to provide more respite care services.

- Examine ways to provide tax breaks for caregivers that are providing respite care.

- Texas should also reevaluate regulatory requirements and reimbursement rates to facilitate possible private sector expansion of respite services, particularly in underserved communities.

- Create partnerships with local schools of nursing and social work to train paid workers and family members.


\textsuperscript{61} Ibid.

\textsuperscript{62} Ibid.
Consider expansion of an independent provider registry model, as used by the Capital Area AAA. Private provider registries act as a services "matchmaker," assigning registered independent contractors to people who need home care.

Increase training in cultural competence to ease the stress related to conflicts caused by cultural differences among care workers and consumers.

Develop a public awareness campaign that targets the “sandwich generation” - adults with caregiving responsibilities for both their parents and their children.

Expand the 211 system – often cited as the most effective tool for information on services. The 211 system was implemented in 2003 as the state’s telephone-based, multilingual information and referral service, and is often the first stop for many seeking assistance services. Operators in the 211 system should be trained to recognize needs of the caller, particularly if the caller is an informal caregiver calling to obtain information on services for a loved one.
Chapter 6
Healthy for Life: Challenges and Solutions of Health Promotion and Disease Prevention
Chapter 6

Healthy for Life: Challenges and Solutions of Health Promotion and Disease Prevention

Background

The aging of the baby boomer generation has the United States on the brink of one of the most momentous demographic shifts in history. The first wave of the nation’s approximately 78 million boomers will turn 65 in 2011. Boomers are living longer than previous generations and, consequently, the demand for health care and supportive services is rising. This overall shift in demographics will fundamentally change the ways in which the United States views and cares for its aging population. By the year 2030, one in five, or about 85 million, Americans will be 65 years of age or older. This growing number will place unprecedented demands on already strained public health, medical, and social services systems.

Chronic diseases exact a heavy health and economic burden on older adults due to associated illnesses, diminished quality of life, and ever-increasing health care costs. A recent report by the National Council on Aging (NCOA) and the AoA emphasizes the importance of chronic disease self-management and the health care cost reductions that result from its implementation. Although the risk of disease and disability clearly increases with advancing age, poor health is not an inevitable consequence of aging. Increased emphasis on disease prevention and health promotion activities for aging and older adults is one of the few avenues available to address the effect of chronic disease, illness, and health costs among Americans.

Much of the illness, disability, and death associated with chronic disease is avoidable through physical and medical prevention measures, such as practicing a healthy lifestyle (regular physical activity, healthful eating, and avoiding tobacco and excessive alcohol) and the use of early detection (screenings for breast, cervical, and colorectal cancers, and diabetes).

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67 Ibid.
The State of Texas – through the Texas Health and Human Services Commission and associated agencies: DADS, Texas Department of Assistive and Rehabilitative Services (DARS), Texas Department of Family and Protective Services (DFPS), and Texas Department of State Health Services (DSHS) - has taken proactive steps to improve overall health in its citizens. In particular, the state has developed programs and supporting information and education resources to assist Texans to make healthy life choices, reduce the human economic impact of poor health, reduce the incidence of premature death and disability, and promote healthy communities.

Statewide, programs such as Texercise (www.Texercise.com), a fitness campaign developed by DADS, are working to educate and involve older Texans and their families in physical activity and proper nutrition. DSHS administers the Nutrition, Physical Activity and Obesity Program to provide general oversight and direction, and the empowerment of regional nutritionists to support Enhance Fitness Programs in communities. The DSHS Diabetes Program, working with the Texas Diabetes Institute, provides guidance and training for local communities and their chronic disease self-management programs.

In addition to these statewide programs, Texas was awarded in 2006 a grant from the AoA to improve the health and quality of life for older Americans. This three-year, $750,000 grant, Texas Healthy Lifestyles, is a partnership among DADS, DSHS, Texas A&M School of Rural Health, and three regional partners in the state – the Bexar County Area Agency on Aging, the Brazos Valley Area Agency on Aging, and Neighborhood Centers, Inc. in Houston. This grant is being used to disseminate evidence-based physical activity programs with the goal of improved health symptom management, improved health behaviors, and reduced utilization of health care resources.

In response to the growing health needs for elders in the United States, Texas delegates to the WHCoA adopted the following resolutions on improving health promotion and disease prevention in aging populations:

<table>
<thead>
<tr>
<th>Resolution No.</th>
<th>Title of Resolutions</th>
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</thead>
<tbody>
<tr>
<td>8</td>
<td>Improve recognition, assessment and treatment of mental illness and depression among older Americans.</td>
</tr>
<tr>
<td>22</td>
<td>Promote the importance of nutrition in health promotion and disease prevention and management.</td>
</tr>
<tr>
<td>29</td>
<td>Promote innovative, evidence-based and practice-based medical and aging research.</td>
</tr>
<tr>
<td>34</td>
<td>Reduce health care disparities among minorities by developing strategies to prevent disease, promote health, and deliver appropriate care.</td>
</tr>
<tr>
<td>37</td>
<td>Prevent disease and promote healthier lifestyles through educating providers and consumers on consumer health care.</td>
</tr>
<tr>
<td>Resolution No.</td>
<td>Title of Resolutions</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>39</td>
<td>Apply evidence-based research to the delivery of health and social services where appropriate.</td>
</tr>
<tr>
<td>40</td>
<td>Improve health decision-making through promotion of health education, health literacy, and cultural competency.</td>
</tr>
</tbody>
</table>

Denotes Texas Delegation priority.

### Analysis of Issues

Based on feedback received from the 14 post-WHCoA solutions forums, the following have been identified by delegates and stakeholders as some of the top issues and concerns regarding health promotion and disease prevention in aging Texans.

#### Detection and Screening for Chronic Disease

The aging of America is triggering a higher demand for health care and social services. Currently, about 80 percent of older adults have at least one chronic condition, and 50 percent have at least two chronic conditions. These conditions can cause years of disability, pain, and loss of function. Three million older adults indicate they cannot perform basic activities of daily living such as bathing, shopping, dressing, and eating. Their quality of life suffers as a result, and demands on family and caregivers can be challenging.

Because the population will be both older and larger in the coming years, overall U.S. health care costs are projected to increase 25 percent by the year 2030. Preventing health problems can be an effective way to help stem rising health care costs. By preventing disease and injury, seniors can remain independent for as long as possible, which can improve their quality of life and delay the need for costly long-term care.

Chronic diseases account for nearly 75 percent of all deaths in the United States. In fact, they are the leading causes of disability and long-term care needs, representing roughly 75 percent of all health-related costs in this area of care. While chronic disease is not limited to older adults, these conditions – cancer, heart disease, diabetes, and

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68 Healthy Aging: Preserving Function and Improving Quality of Life Among Older Americans 2007, U. S. Department of Health and Human Services, Centers for Disease Control, January 2007
70 Ibid.
71 Ibid.
72 Ibid.
73 Ibid.
arthritis, to name just a few – are heavily concentrated in adults over the age of 50.\textsuperscript{74} Appropriate screening and maintenance saves lives and can reduce related costs.

In Texas, chronic diseases such as heart disease, stroke, cancer, and diabetes are among the most prevalent, costly, and preventable of all health problems.\textsuperscript{75} And while these chronic diseases are not prevented by vaccines, they are manageable after detection. Through surveillance techniques, disease prevention and control measures, and risk-modification programs, DSHS has been able to record some success with mitigating death and disability associated with the state’s chronic diseases, particularly cancer. Three key programs are:

- \textbf{The Texas Behavioral Risk Factor Surveillance System} - a federally-funded, monthly telephone survey of 500 randomly selected adult Texans to collect data on lifestyle risk factors, and serve as a source for statewide data on preventative health practices and health risk behaviors;

- \textbf{The Cardiovascular Health and Wellness program} - a program to provide technical assistance, training and consultation on the development of policy and strategies to decrease risk factors for heart disease and stroke, and increase chances for Texans to establish a heart-healthy lifestyle; and

- \textbf{The Nutrition, Physical Activity, and Obesity Prevention Program} – a program to improve the health and nutritional status of the population through collaboration among statewide partners to plan and evaluate nutrition and physical activity in community-based interventions.

Improving the detection of and screening for chronic diseases requires collaboration among public and private health promotion organizations that can assist local communities with establishing a framework for obtaining resources, information, and funding to meet the needs of local populations.

\textbf{Promoting Healthy Lifestyles}

Research has shown healthy lifestyles play a greater role than previously thought in helping older adults avoid the deterioration traditionally associated with aging. People who are physically active, have a healthy diet, refrain from tobacco use or excessive drinking, and who practice other healthy behaviors, significantly reduce their risk for chronic diseases and can delay the onset of disability by seven to ten years.\textsuperscript{76} Additionally, research has shown that the rate of disability among people who practice

\begin{footnotesize}
\begin{itemize}
\item \textsuperscript{74} \textit{Healthy Aging: Preserving Function and Improving Quality of Life Among Older Americans 2007}, U. S. Department of Health and Human Services, Centers for Disease Control, January 2007.
\item \textsuperscript{75} \textit{Chronic Disease in Texas: A Surveillance Report of Disease Indicators}, Texas Department of State Health Services, 2006.
\item \textsuperscript{76} \textit{Challenges and Successes in Implementing the Chronic Disease Self-Management Program}, National Council on Aging, 2004.
\end{itemize}
\end{footnotesize}
healthy behaviors is one-fourth the rate of those who do not.\textsuperscript{77} A person is never too old to benefit from improved nutrition, being physically active, or quitting smoking.

The importance of promoting these types of programs is underscored in the OAA, reauthorized in 2006. The act dedicates some funds specifically for health maintenance, health screening, and health monitoring activities. AAAs provide services under Title III-D that include analysis by a medical professional as well as routine monitoring of blood pressure, vision, diabetes, and other conditions.

More evidence-based opportunities are being evaluated and disseminated through the Texas Healthy Lifestyles grant from the AoA and the Aging Texas Well Evidence-based Health Promotion Clearinghouse. The clearinghouse will give people and communities an online source for a variety of information and resources to support “best-practice” health promotion programs.

Through programs such as Aging Texas Well, Texercise, the Texas Roundup, and the many public/private partnerships, Texas communities have many opportunities to develop and support healthy lifestyles and physical fitness opportunities for local citizens.

The close relationships among local, state, and federal organizations testify to the importance of healthy activities for all ages. Physical activity reduces the risk for chronic conditions, reduces obesity, and improves individual health and long-term well-being. In the long run, communities involved in making this difference in the lives of their citizens may benefit from healthier, more active and more engaged populations.

**Self-Management Techniques**

Although people tend to develop chronic conditions as they age, this process does not have to lead to disability. Through patient self-management programs, seniors can help prevent or delay disability from diseases such as arthritis, heart disease, hypertension, diabetes and other conditions.\textsuperscript{78} Chronic disease self-management programs have laid the foundation to teach older adults how to better manage chronic illness and health care costs. Through these programs, seniors gain greater understanding of health issues and how these issues can affect their lives. These programs also improve a person’s confidence in managing their symptoms of chronic disease.

What may appear to be small changes – education and lifestyle modification – can have big impacts in the long run, helping to preserve functional ability while reducing costs for health care.\textsuperscript{79} These types of evidence-based programs offering best practices can change lives by putting seniors in charge of their health care and controlling costs.

\textsuperscript{77} Ibid.
\textsuperscript{78} Ibid.
Health Disparities

Health disparities are differences in the incidence, prevalence, mortality and burden of diseases among various populations. Examples of these health outcomes include differences in survival following medical conditions, such as cancer, or differences in the incidence of medical conditions such as diabetes. Disparities could be reflected as a disproportionate burden of disease in a specific race or ethnic group, or morbidity and mortality differences among groups defined by geographic region, gender, or age.

Marked disparities in health outcomes in Texas have been identified in two key areas: ethnicity and geographic region. African-Americans in Texas have much higher incidence rates of cancer than do other groups, particularly for colorectal, prostate, and cervical cancer – cancers for which preventative screenings are available. By comparison, Hispanics have lower rates of cancer when compared with non-Hispanic whites. Diabetes, by contrast, has much greater mortality in Hispanics; though this group has much lower heart disease and cardiovascular mortality than both non-Hispanic whites and African-Americans.80

Much of the disparity in health outcomes is related to access. Improved access to primary health care services promotes good health, reduces morbidity, and decreases complications from chronic disease. There are many reasons for these barriers - some of which can be culturally significant. According to Disease Prevention News (2003):

- The rate of uninsured for all Texans is 24 percent; for non-Hispanic whites, 16 percent; for African-Americans, 28 percent; and for Hispanics, 38 percent.
- Almost half of rural residents in Texas have low incomes compared with 36 percent of urban dwellers.
- Access to health care is a significant issue in border counties, where 65 percent of residents are considered low income.
- Twenty-four counties in Texas (9 percent) have no primary care physicians, 138 counties (54 percent) have no pediatricians, and 158 counties (62 percent) have no obstetricians/gynecologists.81

The elimination of health disparities requires a commitment to identifying and addressing the underlying causes of higher levels of disease in racial and ethnic minority communities. The state continues to seek ways to meet the needs of all its citizens. Research is needed to understand the relationships between health status and racial/ethnic backgrounds, and to improve strategies for addressing these gaps in care.

81 Ibid.
Key Implementation Strategies

To address these key issues in health promotion and disease prevention, stakeholders participating in the 14 post-WHCoA solutions forums held around the state identified the following implementation strategies:

- Ensure access to affordable, comprehensive, quality and culturally competent behavioral health and substance abuse services in a variety of settings, including senior centers, housing, nursing facilities, assisted living centers, adult day care centers, and independent living facilities.

- Pass the Positive Aging Act to improve access to mental health services for older adults.

- Promote, coordinate, and fund evidence-based research and collaboration between research institutions and community-based providers.

- Implement Recommendation 1.1 of the President’s New Freedom Commission on Mental Health “to advance and implement a national campaign that includes tribal and culturally specific practices to reduce the stigma of seeking care and a national strategy for suicide prevention.”

- Develop a public/private nutrition and fitness alliance as an authoritative source for seniors and caregivers, and develop a clearinghouse to be promoted through a national/state/local media campaign.

- Develop culturally appropriate curricula for inclusion in geriatrics and other health-related training programs at all levels.

- Promote and support community-based participatory research to gain a better understanding of health status and identify best practices for multi-ethnic older adults.

- Encourage partnerships with health organizations and community-based organizations, including senior centers, libraries, and churches that focus on educating consumers on taking control of and managing their own health needs.

- Encourage AAA partnerships with governmental and disease prevention/health promotion programs to implement wellness efforts in senior locations.
Chapter 7
Improving the Health Care System
Chapter 7

Improving the Health Care System

Introduction

Twenty-four of the 50 resolutions selected by the delegates to the 2005 WHCoA, and seven of the top 10, specifically addressed health care issues. The 24 resolutions fell into five broad categories*

- Improving government programs that provide health care;
- Ensuring that the health care workforce is prepared to meet the needs of an aging population;
- Ensuring that people with special health needs and access issues receive appropriate care;
- Improving the coordination and continuity of care across many settings; and
- Promoting health research and evidence-based care.

The following is a list of selected resolutions related to the health care system.

* For the purposes of this chapter, resolutions are divided into five sub-topic areas.

<table>
<thead>
<tr>
<th>Sub-topic Area</th>
<th>No.</th>
<th>Title of Resolution</th>
</tr>
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<tbody>
<tr>
<td><strong>Government Health Programs</strong></td>
<td>4</td>
<td>Strengthen and improve the Medicaid Program for seniors.</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Strengthen and improve the Medicare Program.</td>
</tr>
<tr>
<td></td>
<td>50</td>
<td>Promote enrollment of seniors into the Medicare Prescription Drug Program.</td>
</tr>
<tr>
<td><strong>Workforce</strong></td>
<td>6</td>
<td>Support geriatric education and training for all health care professionals, paraprofessionals, health profession students, and direct care workers.</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Attain adequate numbers of health care personnel in all professions who are skilled, culturally competent, and specialized in geriatrics.</td>
</tr>
<tr>
<td><strong>Provision of Care</strong></td>
<td>8</td>
<td>Improve recognition, assessment, and treatment of mental illness and depression among older Americans.</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>Improve access to care for older adults living in rural areas.</td>
</tr>
<tr>
<td></td>
<td>34</td>
<td>Reduce health care disparities among minorities by developing strategies to prevent disease, promote health, and deliver appropriate care and wellness.</td>
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### Health Care System Resolutions

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<thead>
<tr>
<th>Sub-topic Area</th>
<th>No.</th>
<th>Title of Resolution</th>
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<tbody>
<tr>
<td></td>
<td>36</td>
<td>Develop incentives to encourage the expansion of appropriate use of health information technology.</td>
</tr>
<tr>
<td></td>
<td>44</td>
<td>Ensure appropriate care for seniors with disabilities.</td>
</tr>
<tr>
<td></td>
<td>49</td>
<td>Improve patient advocacy to assist patients in and across all care settings.</td>
</tr>
<tr>
<td>Coordination Across the Continuum in All Settings</td>
<td>19</td>
<td>Promote the integration of health and aging services to improve access and quality of care for older Americans.</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>Improve the health and quality of life of older Americans through disease management and chronic care coordination.</td>
</tr>
<tr>
<td></td>
<td>32</td>
<td>Ensure appropriate recognition and care for veterans across all health care settings.</td>
</tr>
<tr>
<td></td>
<td>42</td>
<td>Evaluate payment and coordination policies in the geriatric health care continuum to ensure continuity of care.</td>
</tr>
<tr>
<td></td>
<td>43</td>
<td>Encourage appropriate sharing of health care information across multiple management systems.</td>
</tr>
<tr>
<td>Health Care Research</td>
<td>29</td>
<td>Promote innovative evidence-based and practice-based medical and aging research.</td>
</tr>
<tr>
<td></td>
<td>39</td>
<td>Apply evidence-based research to the delivery of health and social services where appropriate.</td>
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</table>

Denotes Texas Delegation priority.

### Analysis of Issues

Based on analysis of the WHCoA resolutions and feedback received from stakeholders attending the 14 post-WHCoA solutions forums, the following are some of the top issues related to the health care system among older Texans.

### Government Health Programs

Three resolutions addressed the governmental programs that are primary sources of health care for older Americans. Medicare covers nearly all people over age 65, including hospital and outpatient care. Medicaid is the principal payer for long-term services and covers the consumer’s share of Medicare costs for millions of low-income

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82 Georgetown University *Long-Term Care Financing Project, Fact Sheet, National Spending for Long-Term Care, Fact Sheet* (January 2007).
elders nationwide. The newly implemented Medicare prescription drug program is the first opportunity for widespread coverage of prescriptions for elders.

Two WHCoA resolutions call for efforts to “strengthen and improve” the Medicare and Medicaid programs. This very broad language allows for a wide range of potential strategies, some of which may be at odds with one another. For Texas delegates, general Medicare strategies focused on improving service coordination and access to specific services. For example, one strategy called for covering mental health and substance abuse services in the same way as other services. Texas delegates did not directly address strategies related to the long-range funding of Medicare, or those related to provider reimbursement.

Preparation of the Workforce

Two resolutions selected by the delegates at the WHCoA specifically address the preparation of the health care workforce to serve the needs of older adults. The resolutions address two related issues: very few health professionals are trained to specialize in geriatrics, and non-specialists often have little or no training in the particular needs of aging patients.83

Geriatric specialists are trained to deal with the complex problems of older persons, especially those who are very old, frail, or have multiple chronic conditions. They are likely to concentrate on talking to patients (to learn the full array of their symptoms, medications and needs) rather than performing tests or procedures. In addition to communication and observational skills, geriatric-trained professionals have more information about the interactions of common chronic conditions and about the way diseases, surgeries and medications affect older persons.

Geriatricians are in short supply. In 2005, there was one geriatrician for every 5,000 people over age 65.84 Efforts to expand the availability of health care workers with geriatric training have had limited success.85 Some commonly cited reasons include:

- Poor reimbursement — physician reimbursement, including Medicare, rewards tests, medical procedures, surgeries and the like, rather than extended office visits and long conversations. With annual incomes around $150,000, geriatricians are among the lowest-paid physician specialists.

- Lack of prestige — in medical schools and the profession at large, talented physicians are encouraged to go into lucrative, often high-tech, sub-specialties, not a primary care field such as geriatrics.

83 Jane Gross, “Geriatrics Lags in Age of High-Tech Medicine”, New York Times (October 18, 2006.)
84 Ibid.
85 Ibid.
Lack of interest in caring for aging patients — myths about aging and the challenges of treating aging people tend to discourage medical students and professionals from specializing in this field.  

Health professionals who are not geriatric specialists often have little or no formal training in geriatric issues. Few medical schools require classes or clinical rotations in the field. Education in the needs of older patients is also missing in other health care fields. Texas delegates’ strategies for the health workforce suggest ways to increase the number of geriatric-trained professionals, whether as formal specialists or as other practitioners.

One approach recommended by Texas stakeholders would require geriatric-related content in curricula for new professionals and continuing education for those already practicing. Specific geriatric competencies, once defined, could be a requirement imposed by accrediting bodies and licensing boards. Federal funding could support geriatric education at more institutions.

Other approaches suggested by Texas delegates for increasing the number of geriatricians in Texas include: incentives to obtain geriatric education; increased public awareness and recruitment; career ladders; continuing education; student loan forgiveness; and liability protection. Texas delegates also offered suggestions for improving reimbursement, including payment specifically for assessment and care coordination.

The Medicare Pay-for-Performance plan, which is being piloted in 2007, will have complex effects on reimbursement. It is not yet clear whether those effects will support higher reimbursement for geriatricians.

Health Care Research

Two resolutions selected by the delegates at the WHCoA specifically address the role of research in supporting evidence-based practice in health care for the older adult population. During the conference, delegates also considered the need for a multi-disciplinary research agenda that could increase the capacity for private-public research partnerships while removing barriers to cooperation among researchers, health practitioners, policy experts and health systems planners.

Both of the WHCoA resolutions in this area speak to the use of evidence-based practice as a goal for research. Research can lead to the identification of effective techniques for the delivery of both long-term care and regular health care services, but there continues to be a need for more information about practices that work or do not work. Further research into the needs and characteristics of the aging population can also help build new tools to be tested.

86 Ibid.
Delegates also supported specific funding strategies for research leading to evidence-based practice, including a consistent level of support to National Institutes of Health or funding in the reauthorization of the OAA. In particular, they recommended studies of the OAA programs to provide evidence of their effectiveness.\(^88\)

**Coordinating Care Across Settings**

Four resolutions selected by delegates at the WHCoA specifically address coordination of services across settings. The resolutions focus on the geriatric health care continuum, disease management programs, shared health information, and veterans’ health care.

Many aging persons need health care from a variety of settings and providers. They may have complex needs, including physician, hospital and long-term care needs. They may have multiple chronic conditions that interact and require ongoing management. The WHCoA resolutions address three specific approaches to improving coordination — disease management, reevaluation of payment systems, and use of health information technology. They also specifically address veterans’ health care.

During the conference, delegates considered the need for funding and reimbursement systems to support care management across multiple service settings, and to encourage cooperation among multiple providers and multiple disciplines. Implementation strategies developed for achieving this include studies to define the changes needed, development of specific new, targeted benefits for care coordination, and coverage for a wider range of professionals, including pharmacists.\(^89\)

Texas stakeholders participating in post-WHCoA solutions forums also emphasized the need to reimburse primary care providers for their role in care coordination. Forum participants noted a need to reimburse practitioners for time spent on evaluation, management, and care coordination as part of the effort to increase the number of geriatric-trained physicians in Texas.

An important barrier to coordination of health care across providers and settings is the difficulty in exchanging information. Health and social support networks, however, have been slow to support and adopt electronic exchange of information.\(^90\) Texas delegates recommended the development of standards, incentives for providers who participate, and overall improvements on the complex technical issues that impede electronic record-keeping and exchange.

Veteran care was also addressed by the WHCoA delegates during the conference. One fourth of all Americans over age 65 are veterans.\(^91\) While the Department of Veterans


\(^90\) Simon, Jodi S.; Rundall, Thomas G.; Shortell, Stephen M.; “Drivers of Electronic Medical Record Adoption Among Medical Groups”; Joint Commission Journal on Quality and Patient Safety (November 2005).

\(^91\) Based on US Census 2005 American Community Survey data.
Affairs (DVA) offers a broad array of services, there are concerns about access, coordination with other programs, and unduly complex requirements. Delegates made recommendations for: improving the application process; better local coordination; expanded contracted services; and more support for aging in place and disease management. The Texas Medicaid program now provides health and long-term care services in several large Texas metropolitan areas through managed care organizations. These programs serve adult Texans who are on SSI, and certain other low-income Texans with disabilities. The expansion of the STAR+PLUS model in January 2007, and the implementation of the Integrated Care Management (ICM) program (a managed care system in the Dallas/Ft. Worth area) in 2008, are designed to effectively coordinate services for eligible low-income elders.

Provision of Care to the Aging Population

Five resolutions selected by the delegates at the WHCoA specifically address provision of care to the older adult population and efforts to assist that population in securing health care services. These resolutions acknowledge several specific concerns, including:

• Mental health services;
• Better access in rural areas;
• Health disparities among minority groups;
• Care for seniors with disabilities; and
• Advocacy to help people navigate the health system.

Mental Health

According to a recent report by the U.S. Department of Health and Human Services, “mental illness is on a par with heart disease and cancer as one of the leading causes of disability.” On this issue, Texas delegates focused on Medicare and Medicaid reimbursement, accessibility of services, and improving public response to these issues.

Currently, Medicare imposes higher co-payments for mental health services and has a 190-day lifetime cap for inpatient psychiatric services. During the conference, delegates developed implementation strategies for removing those limitations and making services available in the same way as other health services under Medicare. Delegates also noted the need for culturally competent services, and for a broad understanding of substance abuse services, including medication management and the recognition that relapse is a normal element of recovery.

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Rural Access

Approximately 22 percent of the nation’s older persons live in rural areas. Preventive medical care can be hard to obtain in rural areas, particularly for those with low incomes or transportation problems. Texas stakeholders participating in post-WHCoA solutions forums recommended addressing these issues through more transportation funding, economic incentives for rural providers and increased use of telemedicine and long-distance caregiving.

Health Disparities

Minorities suffer disproportionately from diabetes, heart disease, HIV/AIDS, cancer and stroke, among other diseases and conditions. These disparities lead to a lower quality of life, shorter lives and higher medical costs. WHCoA delegates adopted a resolution aimed at raising awareness about disparities. They also developed implementation strategies for: improving cultural competence; research to increase understanding of community needs; better reporting by health care providers; and systematic efforts to improve outreach and remove barriers to care.

Disability

The health care system in the United States is challenged to meet the community-based health care needs of the expanding population who are aging with or aging into disability. Implementation strategies developed by Texas stakeholders at post-WHCoA solutions forums focus on increased community-based services, more use of assistive technology and universal design, and better insurance for working-age individuals with disabilities.

Consumer Advocacy

Navigating our health care systems without assistance can be challenging. The frail elderly, adults with disabilities, persons with complex medical conditions or mental illness, and minority populations may need assistance to receive care. WHCoA adopted a resolution promoting increased advocacy to assist patients in and across all care settings. Delegates also identified implementation strategies to support this initiative, including “development of an advocacy program that utilizes trained advocates to assist seniors and their families to navigate the health care and social service system.”

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95 Based on US Census 2000 data.
Key Implementation Strategies

The following solutions for improving the health care system for older Texans were developed by stakeholders at federal, state and post-WHCoA solutions forums.

Government Health Programs

The primary factor controlling the government role in health care for people who are elderly is federal legislation. With respect to Medicare Part D, however, there may be opportunities for state and local action. The following recommendation from Texas delegates aims to improve government health programs.

- Increase enrollment in the prescription drug program and provide support to community-based organizations to find, assist, and enroll beneficiaries, using benchmarking methodologies to identify and disseminate successful, cost-effective strategies. Provide emphasis and funding for groups serving minority and rural populations.

Preparation of the Workforce

Two implementation strategies developed by Texas stakeholders offered specific approaches to increasing the geriatric health care workforce.

- Require educational institutions to provide geriatric education in order to qualify for federal and state funding. Provide Title VII (Older Americans Act) funding and expand geriatric education centers promoting private and state support for geriatric training among all relevant professionals. Assess the outcomes of the training.

- Commission a study to examine the current reimbursement structure for evaluation and management services, particularly as it applies to primary care providers and interdisciplinary teams and how it serves patients with multiple chronic and complex conditions.

Health Care Research

Most funding for research is federal. Texas delegates and post-WHCoA solutions forums participants made the following recommendations about the way research should be organized:

- Within reauthorization of OAA, fund studies and a center to explore promising practices in aging and provide technical assistance for evidence-based research and innovation. Funded research should include all relevant measures of effects, including those on the consumer, the policy it addresses, the organization
providing the product or service, and on consumer satisfaction and the related effect on caregivers.

- Develop financial incentives for the corporate community and public/private partnerships to support aging research, including technological innovations and assistive devices, repository databases, healthy active aging programs and interventions to inform evidence-based practices.

- Create an organization similar to the Defense Advanced Research Project Agency, the central research and development organization for the Department of Defense, to focus on such aging issues as dementia and heart disease, promoting innovative aging research and rapid utilization of new treatments and technology.

- Build on the Center for Applied Special Technology (a group concerned with education and communications tools for people with disabilities) technology partners to conduct a series of studies involving diverse states, populations, and cultural and disability groups.

**Coordination Across the Continuum**

Most WHCoA resolutions and strategies developed by stakeholders at local forums call for federal, rather than state, action. The following implementation strategy developed by local stakeholders offers one potential direction.

- Provide incentives to develop and implement health information technology across all settings. A model would be states that integrate health, community support, and medical services into one statewide system and hospitals or health systems that share data in a relational format and allow secure access for information exchange of electronic health records wherever patients are shared between systems or providers.

** Provision of Care**

Stakeholder recommendations from local forums that can be implemented at the state level include:

- Improve technological access through broadband, telemedicine, and long-distance caregiving and mental health care.

- Develop an advocacy program that utilizes trained advocates to assist seniors and their families in navigating the health care and social service system.

- Increase recruitment efforts targeting current and future professional health care workers in minority and rural communities.
Develop and implement training for direct service providers -- to be required in initial training and continuing education -- in several key areas, including:
  o  Comprehensive care for persons with disabilities;
  o  Cultural competency and services to minority communities; and
  o  Mental health and substance abuse treatment.
Conclusion and Appendices
Conclusion

This report recaps the recommendations of many dedicated advocates for aging Texans, and is intended to inform the discussion on issues facing this growing population. It does not assign responsibility for solutions, but rather offers analysis of current and future conditions and possible strategies for addressing issues.

The WHCoA adopted resolutions to guide policies and programs that serve the aging population. The final resolutions were in large part crafted by the delegates -- concerned citizens and aging advocates from across the country dedicated to making a difference. Advocates recognize that while national policies and programs can help, significant changes are often made at the state and local levels.

It is hoped this report can serve as a tool for local and state advocates, WHCoA delegates, and policymakers as they work to improve conditions and programs for the aging. State agencies and local communities should consider using the strategies in this report to prepare for an aging population. At the next WHCoA in 2015, advocates at all levels will have the opportunity to reflect on the progress made, and the challenges remaining as they work to make positive changes in the lives of older Texans.
Appendix A
Top 50 Resolutions adopted by the White House Conference on Aging

<table>
<thead>
<tr>
<th>Denotes Texas Delegation Priority</th>
<th>National Rank</th>
<th>White House Conference on Aging Resolution</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>1</td>
<td>Reauthorize the Older Americans Act within the first 6 months after WHCoA 2005.</td>
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<td>2</td>
<td>Develop a coordinated, comprehensive LTC Strategy by supporting public and private sector initiatives addressing Choice, Quality, service delivery and the Paid and Unpaid Workforce.</td>
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<td>3</td>
<td>Ensure that older Americans have transportation options to retain their mobility and independence.</td>
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<td>4</td>
<td>Strengthen and improve the Medicaid Program for seniors.</td>
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<td>5</td>
<td>Strengthen and improve the Medicare Program.</td>
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<td>6</td>
<td>Support geriatric education and training for all health care professionals, paraprofessionals, health profession students, and direct care workers.</td>
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<td>7</td>
<td>Promote innovative models of non-institutional long-term care.</td>
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<td>8</td>
<td>Improve recognition, assessment and treatment of mental illness and depression among older Americans.</td>
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<td>9</td>
<td>Attain adequate numbers of health care personnel in all professions who are skilled, culturally competent, and specialized in geriatrics.</td>
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<td>10</td>
<td>Improve state and local based integrated delivery systems to meet 21st century needs of seniors.</td>
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<td>11</td>
<td>Establish principles to strengthen Social Security.</td>
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<td>12</td>
<td>Promote incentives for older workers to continue working and improve employment training and retraining programs to better serve older workers.</td>
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<td>13</td>
<td>Develop a national strategy for supporting informal caregivers of seniors to enable adequate quality and supply of services.</td>
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<td>14</td>
<td>Remove barriers to the retention and hiring of older workers, including age discrimination.</td>
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<td>15</td>
<td>Create a national strategy for promoting elder justice through the prevention and prosecution of elder abuse.</td>
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<td>16</td>
<td>Enhance the affordability of housing for older Americans.</td>
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<td>17</td>
<td>Implement a strategy and plan for accountability to sustain the momentum, public visibility, and oversight of the implementation of 2005 WHCoA resolutions.</td>
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<td>18</td>
<td>Foster innovations in financing long-term care services to increase options available to consumers.</td>
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<td>19</td>
<td>Promote the integration of health and aging services to improve access and quality of care for older Americans.</td>
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<td>20</td>
<td>Encourage community designs to promote Livable Communities that enable aging in place.</td>
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<td>21</td>
<td>Improve the health and quality of life of older Americans through disease management and chronic care coordination.</td>
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<td>22</td>
<td>Promote the importance of nutrition in health promotion and disease prevention and management.</td>
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<td>23</td>
<td>Improve access to care for older adults living in rural areas.</td>
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<td>24</td>
<td>Provide financial and other economic incentives and policy changes to encourage and facilitate increase retirement savings.</td>
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<td>25</td>
<td>Develop a national strategy for promoting new and meaningful volunteer activities and civic engagements for current and future use.</td>
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<td>26</td>
<td>Encourage the development of a coordinated federal, state, and local emergency response plan for seniors in the event of public health emergencies or disaster.</td>
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<td>27</td>
<td>Enhance the availability of housing for older Americans.</td>
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<tr>
<td>28</td>
<td>Reauthorize the National and Community Service Act to expand opportunities for Volunteer and Civic Engagement activities.</td>
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<td>29</td>
<td>Promote innovative and evidence-based and practice-based medical and aging research.</td>
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<td>30</td>
<td>Modernize the Supplemental Security Income (SSI) program.</td>
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<td>31</td>
<td>Support older adult caregivers raising their relatives' children.</td>
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<td>32</td>
<td>Ensure appropriate recognition and care for veterans across all health care settings.</td>
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<td>33</td>
<td>Encourage redesign of senior centers for broad appeal and community participation.</td>
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<td>34</td>
<td>Reduce health care disparities among minorities by developing strategies to prevent disease, promote health, and deliver appropriate care and wellness.</td>
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<td>35</td>
<td>Educate Americans on end of life issues.</td>
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<td>36</td>
<td>Develop incentives to encourage the expansion of appropriate use of health information technology.</td>
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<td>37</td>
<td>Prevent disease and promote healthier lifestyles through educating providers and consumers on consumer health care.</td>
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<td>38</td>
<td>Promote economic development policies and respond to the unique needs of rural seniors.</td>
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<td>39</td>
<td>Apply evidence-based research to the delivery of health and social services where appropriate.</td>
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<td>40</td>
<td>Improve health decision-making through promotion of health education, health literacy, and cultural competency.</td>
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<td>41</td>
<td>Strengthen the Social Security disability insurance program.</td>
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<tr>
<td>42</td>
<td>Evaluate payment and coordination policies in the geriatric health care continuum to ensure continuity of care.</td>
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<td>43</td>
<td>Encourage appropriate sharing of health care information across multiple management systems.</td>
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<td>44</td>
<td>Ensure appropriate care for seniors with disabilities.</td>
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<td>45</td>
<td>Strengthen law enforcement efforts at the federal, state, and local level to investigate and prosecute cases of elder financial crime.</td>
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<td>46</td>
<td>Review alignment of government programs that deliver services to older Americans.</td>
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<td>47</td>
<td>Support older drivers to retain mobility and independence through strategies to continue safe driving.</td>
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<td>48</td>
<td>Expand opportunities for developing innovative housing designs for seniors' needs.</td>
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<td>49</td>
<td>Improve patient advocacy to assist patients in and across all care settings.</td>
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<td>50</td>
<td>Promote enrollment of seniors into the Medicare prescription drug program.</td>
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<td>55*</td>
<td>Encourage more effective oversight and accountability at the state and local levels of court-appointed guardians and conservators.</td>
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</table>

* This was the only Texas Delegation priority resolution not included in the Top 50.
OFFICE OF THE GOVERNOR
April 13, 2006

Ms. Dorcas R. Hardy
Chairman
WHCoA Policy Committee
4350 East-West Highway, 3rd Floor
Bethesda, Maryland 20814

Dear Ms. Hardy:

Thank you for the opportunity to respond to the preliminary report of the 2005 White House Conference on Aging (WHCoA).

On April 1, 2005, I issued Executive Order RP 42, creating the Aging Texas Well Advisory Committee. This executive order should enhance efforts to prepare for an aging population. Many of the top WHCoA resolutions are similar to the ideas expressed in RP 42. These include the importance of supporting caregivers, the need for geriatric training among medical providers, the need for evidence-based disability and disease prevention activities, the importance of improving the provision of behavioral health services and support to older persons, and the vital nature of transportation services for older Texans.

As governor of a rapidly growing state, I am encouraged that one of the strongest goals of the WHCoA is improving long-term services and supports, particularly development of a national strategy. The costs of these services comprise an increasing share of many state budgets. As a nation, we must develop a comprehensive and coordinated approach to meeting these needs while ensuring appropriate fiscal control. As you are aware, a key component of this strategy is reauthorization of the Older Americans Act, the conference’s top resolution.

We are proud that the Texas delegation to the WHCoA has been active throughout the entire process. Prior to the conference, they reviewed the resolutions and selected 24 of them as priority issues. The top 50 resolutions selected by the conference included all but one of these 24 priority issues (see attached). As part of our post conference follow-up activities, the Texas delegation is meeting on April 21 to discuss implementation strategies. They will also be meeting with their local communities during the month of May to report back on the conference and to identify implementation strategies at the local level.

Once again, thank you for the opportunity to comment on the preliminary report. I look forward to reviewing the implementation strategies from the conference in your final report so that Texans may benefit from the innovative thinking of all the delegates.

Sincerely,

Rick Perry
Governor

RP:ncp
Enclosure
## Appendix C
### Texas Post-WHCoA Local Solutions Forums

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
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</table>
| May 10, 2006 | Texoma AAA  
1117 Gallagher  
Sherman, TX |
| May 23, 2006 | South Plains AAA, Panhandle AAA  
2579 S. Loop 289 #250  
Lubbock, TX |
| May 16, 2006 | East Texas, Brazos Valley, Southeast, Ark-Tex,  
Deep East Texas AAAs  
Trinity Valley Community College  
100 Cardinal Drive  
Athens TX |
| May 23, 2006 | Capital AAA  
United Way Capital Area  
2000 E. MLK Jr. Blvd  
Austin, TX |
| May 17, 2006 | Rio Grande Valley AAA  
100 North Stanton  
El Paso, TX |
| May 24, 2006 | Heart of Texas, Central Texas AAAs  
Heart of Texas Council of Governments  
300 Franklin Ave.  
Waco, TX |
| May 19, 2006 | Lower Rio Grande Valley AAA  
Las Palmas Community Center  
1921 N. 25th St.  
McAllen, TX |
| May 24, 2006 | Middle Rio Grande Valley AAA  
Del Rio, TX |
| May 22, 2006 | Dallas, North Central, Tarrant AAAs  
NCT Council of Governments  
616 Six Flags Drive, 2nd Floor Board Room  
Arlington, TX |
| May 25, 2006 | Alamo AAA, Bexar AAA  
Catholic Charities  
202 W. French  
San Antonio, TX |
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<tbody>
<tr>
<td>Coastal Bend, Golden Crescent AAAs</td>
<td>West Central AAA, North Texas AAA</td>
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<tr>
<td>Oveal Williams Senior Center</td>
<td>Concho Valley AAA, Permian Basin AAA</td>
</tr>
<tr>
<td>1414 Martin Luther King</td>
<td>West Central Texas Council of Governments</td>
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<tr>
<td>Corpus Christi, TX</td>
<td>814 N. Judge Ely Blvd.</td>
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<td>Abilene, TX</td>
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<thead>
<tr>
<th>May 22, 2006</th>
<th>May 30, 2006</th>
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<tbody>
<tr>
<td>South Texas AAA</td>
<td>Houston-Galveston AAA</td>
</tr>
<tr>
<td>Laredo, TX</td>
<td>Harris County AAA</td>
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<td></td>
<td>Houston-Galveston Area Council</td>
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<td></td>
<td>3555 Timmons Lane, 2nd Floor,</td>
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<td></td>
<td>Conference Room A</td>
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<td>Houston, TX</td>
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Appendix D
Texas Delegates to the White House Conference on Aging

Delegates selected by Governor Rick Perry:

Rep. Dianne White Delisi, Temple
Albert Hawkins, Austin
Jim Hine, Austin
Karen Johnson, Austin
Glenda Kane, Corpus Christi
Chris Kyker, Abilene
Sen. Jane Nelson, Lewisville
Thomas Oliver, Baytown
Delegates selected by members of Congress:

Ivan Arceneaux, Galveston
Manuela Arroyos, Rosenberg
Lucia Bonno, Houston
Willie Boone, Houston
Fran Brown, Carrollton
Winfree Brown, Christoval
Leah Cohen, Austin
Dr. Christopher Colenda, College Station
Robin Dawley, Nacogdoches
Adan Dominguez, El Paso
Dr. Carmel Dyer, Houston
Barbara Effenberger, Seguin
Dr. Thomas Fairchild, Ft. Worth
Oscar Garcia, Ft. Worth
Shirley Garrison, Lubbock
Taffy Goldsmith, Dallas
Jose Gonzalez, McAllen
Larry Imhoff, Corpus Christi
Charlene James, Houston
Ramona Kennedy, Flower Mound
Homer W. Lear, San Antonio
**Delegates selected by members of Congress (continued):**

David Leopard, Richardson

Elia Mata, Houston

Audrey McDonald, Georgetown

Karen McKibben, The Woodlands

Jose Perez, Donna

Glen Provost, Lubbock

Carolyn D. Rice, Plano

Steve Saldana, San Antonio

Constance Smith, Dallas

Betty Streckfuss, Spring

Betty Trotter, Amarillo

Hazel Wright, Sherman

Carol Zernial, San Antonio
At-large delegates, selected by the WHCoA Policy Committee:

Isaias Aguayo, Mission
Dr. Rudy Arredondo, Lubbock
Carolyn Banks, Bastrop
Eric Berger, Spring
Dr. Samuel Ward Casscells, Houston
Dr. Maryann Choi, Georgetown
Dr. Walter J. DeFoy, Sugarland
Allan S. Fox, Tyler
Dr. Meghan Gerety, San Antonio
Sandra S. Harris, Euless
Carlos W. Higgins, Austin
Adelaide Horn, Austin
Jodi Jiles, Houston
Wilson Jones, Dallas
Sandra S. Kolb, Ft. Worth
Suzanne A. Krenz, Houston
Dr. Jennifer Mason, Richardson
Al J. Notzon, San Antonio
Dennis M. O’Brien, Austin
James Park, Houston
Dr. Marilyn Pattillo, Austin
At-large delegates, selected by the WHCoA Policy Committee (continued):

Dr. Adan Rios, Houston

Miguel San Juan, Houston

T. Gerald Treece, Houston

Jill Warren, Austin
For additional copies of this report, contact the Center for Policy and Innovation at (512) 438-3210.