Module # 15: Aging Policies and Entitlements

Geriatrics, Palliative Care and Interprofessional Teamwork Curriculum

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James J. Peters VA Bronx Medical Center
Geriatric Research, Education & Clinical Center

Mount Sinai School of Medicine
Brookdale Department of Geriatrics and Adult Development

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I. Overview

As our society continues to age at a rapid speed, it is crucial that healthcare professionals become familiar with entitlements available to the older population as well as keep abreast with local, state, and federal policy changes affecting the elderly. By doing this, healthcare professionals will be able to better understand their patients' needs as they navigate the various complex healthcare systems. This module introduces the major entitlements utilized by older adults and offers valuable resources to healthcare professionals so they may expand their knowledge and provide assistance to their patients.

II. Learning Objectives

1. Provide an overview of the major entitlement programs utilized by older adults.
2. Define Social Security and its offered benefits.
3. Define Medicare and its offered benefits.
4. Define Medicaid and its offered benefits.
5. Identify available resources offering assistance with entitlements.

III. Facts About Social Security [1]

Social Security is a type of social insurance program whereby workers contribute while they are employed and employers pay matching contributions. Social Security benefits are available to support workers and their families in retirement; or when they lose their livelihood due to career-ending disability; or as a result of death of a family worker.

A. How Many People Receive Social Security?

- 47.7 million people receive Social Security each month

- 1 in 6 Americans get Social Security benefits
- Near Nearly 1 in 4 households receive income from Social Security

B. Who Receives Social Security?

- 30.0 million retired workers
- 4.8 million widows and widowers
- 6.2 million disabled workers
- 0.8 million adults disabled since childhood
- 3.1 million children

C. How Much Does Social Security Pay? [2]

While Social Security benefits are designed to serve as a foundation of retirement income, they are often supplemented by pensions, savings, and earnings. Social Security benefits alone typically do not provide a comfortable level of living.

Estimated effect of 5.8-percent COLA on average benefits
at the end of December 2008

Type of benefit or family		Before 5.8% COLA	After 5.8% COLA	Increase
Benefit type	All retired workers	$1,090	$1,153	$63
	All disabled workers	1,006	1,064	58
Family type	Aged couple	1,773	1,876	103
	Surviving child(ren) only [a]	936	991	55
	Widowed mother and 2 children	2,268	2,399	131
	Aged widow(er) alone	1,051	1,112	61
	Disabled worker, spouse, and one or more children	1,695	1,793	98

[a] Family with one or more children excludes surviving parent or guardian who is ineligible to receive benefits.
Note: The above estimates are based on actual benefit data through September 2008.

D. Social Security As A Primary Source Of Income [3]

There is no doubt that Social Security benefits are relatively modest both in dollar amounts and in relation to retirees' prior earnings; however, it is vital to remember that Social Security benefits are critically important to the families that receive them.

- 90% of people 65 and older get Social Security
- Nearly 2 in 3 (66%) get half or more of their income from Social Security
- About 1 in 5 (22%) get all their income from Social Security

E. Pensions [3]

In reality, most elderly Americans age 65 and older do not receive income from pensions, either from private employment or from local, state, or federal government jobs. This is the main reason why Social Security benefits remain as the larges source of income for older adults. Percentages of employer-sponsored pensions are as follows:

- All ages 65+ 41%
- Couples 51%
- Unmarried men 39%
- Unmarried women 32%

F. Worker Contribution [3]

- Workers pay 6.2% of their earnings for Social Security and1.45% of their earnings for Hospital Insurance under Medicare (Part A).
- Employers pay an equal amount.
- The total is 12.4 % for Social Security and 2.9% for HI.
- Social Security taxes are paid only up to a cap- that cap goes up each year with average wages.
- The Social Security tax base was $102,000 in 2008.
- Medicare taxes are based on total wages- there is no cap.
- Self-employed workers pay both the employee and employer share of the tax. They receive a deduction in their personal income taxes for the "employer" portion of the total amount.
- Upper income Social Security beneficiaries pay income taxes on part of their Social Security benefits, and some of this income tax revenue is earmarked to return to Social Security trust funds.

IV. What Is Medicare? [4]

Medicare is a federal health insurance program that was created in 1965 for people age 65 and over regardless of income. In 1972, it expanded to include younger people with permanent disabilities. Medicare covers approximately 43 million Americans.

A. Medicare Eligibility

- A person is entitled to Medicare Part A if that person or his/her spouse paid into Social Security for 10 or more years.
- People younger than 65 receiving Social Security Disability Insurance (SSDI) become eligible after a two year wait with a few exceptions.

B. What Medicare Does NOT Cover

- Dental services
- Vision services
- Long-term care (home or institutional)
- Non-emergent transportation to physician

C. Size And Scope Of Medicare

- In 2006, Medicare benefits accounted for $374 billion.
- Medicare represents approximately 14% of the federal budget.

D. Four Parts To Medicare

- Part A: Facility-based Services
    - Pays for inpatient hospital, skilled nursing, home health and hospice care
    - Accounts for 41% of spending in 2006
    - Paid by dedicated tax of 2.9% of earnings paid by employees and employers

- Part B: Community-based Services
    - Physician, outpatient, home health, and preventive services including x-rays and labs, screening exams (e.g., mammograms, colorectal), and PT/OT
    - 35% of Medicare spending
    - Funded by taxpayers- general revenues and premiums
    - Most pay the standard premium ($96.40 in 2009)
    - Monthly premium is higher if single and annual income is more than $85,000 or if you are married and your yearly income is more than $170,000

- Part C: Private Managed Care Plan
    - Medicare Advantage Program
    - Beneficiaries may enroll in a private managed care plan (HMO, PPO, Private Fee-For Service Plan)
    - Plans offer combined coverage of Parts A and B, and usually Part D

- Accounts for 14% of all Medicare spending

- Part D: Outpatient Prescriptions

  - New outpatient prescription drug benefit
  - Delivered through private plans that contract with Medicare
  - Provides additional assistance with premiums and cost-sharing for lower income people
  - Monthly premiums averaged $25 in 2008
  - Accounts for 8% of benefit spending
  - Financed by general revenues, state payments, and premiums

V. What Is Medicaid? [5]

Medicaid is a health insurance program that is means tested, without age restrictions, and funded by federal, state, and local governments.

A. 2010 NYS Medicaid Income Limits For Individuals over 65 and Families

- $767 (monthly)
- $9200 (annually)

B. What Medicaid Covers

- Community
  - Physicians/clinics
  - Dental services
  - Home health and personal care
  - Preventive care
- Facilities
  - Hospitals
  - Nursing Homes
  - Psych hospitals
- Laboratory & X-ray services, medical supplies
- Transportation to and from appointments
- Family planning/Prenatal care
- Insurance premiums including Medicare

C. NYS Medicaid Managed Care

- Managed care covers most benefits including all preventive and primary care, inpatient care, and eye care.

- Enrollment is mandatory in some NYS counties.

D. NYS EPIC Program [6]

- Over 360,000 seniors belong and are saving, on average, over 80% of the cost of their medicines.
- Older adults qualify if yearly income is between $35,000 (single) and $50,000 (married)
- Cost Sharing
  - Older adults with moderate incomes pay a low quarterly fee and participate in the fee plan.
  - Seniors with higher incomes meet an annual deductible.
- Those receiving full Medicaid benefits are ***not*** eligible.
- Seniors with other prescription coverage through Medicare or most other plans may join EPIC to cover drug costs not covered by that other coverage.

VI. References

1. NASI SS Brief # 20

2. http://www.ssa.gov/OACT/COLA/colaeffect.html

3. *Income of the Population 55 or Older*, 2002, SSA

4. http://www.medicare.gov/

5. http://www.cms.hhs.gov/MedicaidEligibility

6. http://www.health.state.ny.us/health_care/epic/

Learning Resource A

Aging Policy & Entitlement Resources

United States Administration on Aging (AoA): http://www.aoa.gov/
202-619-0724 (Public Inquiries)

AARP Policy & Research Institute: http://www.aarp.org/research/
1-888-OUR-AARP

Veterans Health Administration: http://www1.va.gov/health/index.asp

New York State Office For The Aging: http://www.aging.ny.gov/
1-800-342-9871

NY State Health Insurance Assistance Program (SHIP):
http://www.hiicap.state.ny.us/
1-800-701-0501

NYC Department For The Aging:
http://www.nyc.gov/html/dfta/html/home/home.shtml

Food Stamps: http://www.fns.usda.gov/snap/

Social Security: http://www.ssa.gov/
1-800-772-1213

Medicare: http://www.medicare.gov/
1-800-MEDICARE

Medicaid: http://www.cms.hhs.gov/home/medicaid.asp
1-877-472-8411 (New York City)

Medicare Rights Center: http://www.medicarerights.org/
1-800-333-4114

Learning Resource B

Report of the 2005 White House Conference on Aging

*Source: http://www.whcoa.gov/

The 2005 White House Conference on Aging (WHCoA) was held December 11 to 14, 2005 in Washington, DC, and was the fifth WHCoA in history. Like its predecessors, its purpose was to make recommendations to the President and Congress to help guide national aging policies for the next ten years and beyond. The 2005 WHCoA, which had as its theme: "The Booming Dynamics of Aging: From Awareness to Action, " focused on the aging of today and tomorrow, including 78 million baby boomers who began to turn 60 in January 2006.

The WHCoA hosted approximately 1200 delegates selected by Governors, Members of Congress, the National Congress of Americans Indians (NCAI) and the WHCoA Policy Committee. Delegates voted on 50 resolutions they considered as priorities and worked together to recommend innovative solutions reflecting actions that might be taken by federal, state and local governments, tribal organizations, business and industry, communities and individuals to prepare for the challenges and opportunities of an aging nation. The top two resolutions adopted by the delegates were the reauthorization of the Older Americans Act and the development of a coordinated and comprehensive long term care strategy. The reauthorization of the Older Americans Act occurred in 2006 and included provisions that support the development of a national long term care strategy for our nation.

The Booming Dynamics of Aging: From Awareness to Action Executive Summary

*Source: http://www.whcoa.gov/Final_Report_June_14nowater.pdf

The 2005 White House Conference on Aging (WHCoA) and its Final Report are about the future.

The future is reflected in the theme of the 2005 WHCoA, "The Booming Dynamics of Aging: From Awareness to Action." The theme shines a spotlight on the changing face of aging in the 21st Century and the need for all Americans to take responsibility to act now to address the challenges of a new century.

As policymakers and others review the data, strategies, and suggestions generated both during the 2005 White House Conference on Aging and at hundreds of pre-WHCoA events, they must consider the reality that the future will be very different than the past.
The potential scope and magnitude of the policy changes implied by the demographic shifts forecast for the future can be summed up in the words of Dr. Paul Hodge, JD, MBA, MPA, Chairperson, Global Generations Policy Institute and Director, Harvard Generations Policy Program, when he addressed the Policy Committee in 2004,

> "While many experts, popular pundits and the press have made predictions about how the aging of the baby boomers will affect the United States, in actuality, no one really knows with any certainty what will happen. What is clear is that the policy implications and ramifications are unprecedented in history. America's graying will transform politics, retirement systems, health care systems, welfare systems, labor markets, banking and stock markets. It will force a re-thinking of social mores and prejudices, from issues of age/gender discrimination in the job market to end-of-life care. Whether that transformation is positive or negative will depend on planning and preparation that must begin today."

In the previous four decades, planning for the future meant absorbing 78 million Boomers first into the education system and then into the work force. The size of this demographic phenomenon has influenced political, social and economic systems in every decade. The Boomers will continue to influence public, social and economic policy for at least the next 30 years.

Although Boomers are still from five to 23 years away from traditional retirement age, it is not too early to begin planning for the impact they will have on every aspect of our society and culture. At a minimum, we can reasonably expect the same scope of change that was experienced as they have moved through the first four to six decades.

In areas such as Social Security, health care planning, and the workforce, we are already behind the curve. While experience is always important, it is unlikely that we will find all the answers to future problems in the past because tomorrow's older population can be expected to differ in distinct ways from prior generations:

- They will be healthier and wealthier.
- They will be better educated and desire to make contributions beyond traditional retirement
- They will be more racially and ethnically diverse.
- The average age of the older population will increase as the number of centenarians continues to grow, and there will be longer life expectancy.
- People are likely to stay in the workforce longer than in the last seven decades.

THE BOOMING DYNAMICS

The aging of the population is one of the most important demographic trends in the United States. The extent of this trend is well documented. In 1940, the majority of the population was under the age of thirty due in part to the large baby boom cohorts born following World War II. There were relatively few persons age 65 and older—approximately 16.2 million—and they represented only 9% of the total population. The aging of the baby boom cohorts (coupled with declines in fertility) gradually changed the shape of the age distribution. About 35 million Americans were age 65 and older in 2000 (12% of the total population). If projections of the population for the next forty years hold, the number of older persons will further increase to 80 million, and one-in-five Americans will be age 65 and older.

The story of the aging of the U.S. population is not simply one of increases in numbers. Over the next forty years there will be a dramatic increase in the average age of the older population. For example, 4.2 million persons were age 85 and older in 2000, and further declines in mortality could lead to a five-fold increase in the number by 2040. This could have a significant impact on health and long-term care because the use of formal and informal services is strongly correlated with age.

As the population grows larger, it will also become more diverse, reflecting the demographic changes in the U.S. population as a whole over the past decades. In 2000, non-Hispanic whites accounted for nearly 83.6 percent of the U.S. older population, followed by Blacks (8 percent), Hispanics who may be any race (5 percent) and other minorities (3.5 percent). Projections suggest that by 2040, the composition will be 66.6 percent non-Hispanic White, 14.5 percent Hispanic, 10.5 percent Black and 8.5 percent other minorities.[1]

A key cohort in this changing demographic story is represented by our nation's veterans. According to the 2000 Census, there were 9.8 million veterans age 65 and older in the U.S. comprised mainly of the World War II, Korea and increasingly Vietnam era cohorts. While there is projected to be a slight drop between 2000 and 2010, the number of veterans over age 65 will again increase as the majority of the Vietnam era cohort ages. Likewise, the number of age 85 plus veterans will continue to increase steadily, reaching nearly 1.4 million by 2012. The Department of Veterans Affairs estimates that as of 2006, approximately 9 million of the nation's 25 million veterans were Boomers. These veteran demographic changes have significant implications not only for the Department of Veterans Affairs in providing benefits, including health care, long term care and other VA services, but for state and local governments and community-based organizations since veterans may be eligible and entitled to services from more than one program.

For a more in-depth look at elements of aging demographics in the U.S., the statistical report, "A Profile of Older Americans 2005" published by the U.S. Administration on Aging is reproduced in the Appendix of this report.

Summary

Beginning January 1, 2006, on average, a new 60 year old was celebrating a birthday every seven seconds, and these celebrations will continue for another 18 years. The impact of this demographic shift will affect every level of our social, economic and political systems.

In his address to the WHCoA delegates on December 12, 2005, David Walker, Comptroller General of the United States, summed up the challenges our country faces by outlining the consequences that the projected growth of the aging population has for our nation's health care system and its economy, especially if we take no action. Mr. Walker said that "continuing the current national direction of our country is not an option" or the result will be that "our children and grandchildren may face taxes 2.5 times today's levels." He suggested three ingredients needed to address these changing times: "courage, integrity and innovation," and he challenged all delegates to draw upon these ingredients in their deliberations – to have the courage to make tough choices, the integrity to do what is right

1 Administration on Aging, U.S. Department of Health and Human Services, U.S. Census Bureau data

and fair, and to unleash their minds in pursuit of innovative approaches that will make the coming decade one of positive and productive aging."
Solutions to the challenges ahead will not come from looking back because there is no prologue. As one reviews this report and reflects on the discussions of the delegates and the thousands of other participants who shared their views through pre-WHCoA events, it would be wise to remember that a new lens focused on the future of an aging society, together with an understanding of the past, will be needed. This is perhaps the greatest challenge we will face in the coming decades.

WHCoA Background and Process

Decennial White House Conferences on Aging are now embedded in our national history. Past White House Conferences on Aging, first held in 1961 and again in 1971, 1981 and 1995, have been catalysts for aging policies and significant national programs such as Medicare, Medicaid and the Older Americans Act.

Each Conference has been unique and dynamic. Each has carried its own "call to action" reflecting the time in history during which it occurred.

The 2005 Conference was no exception. It was the first WHCoA of the 21st Century, and it was also the first to have a mandated focus through its authorizing statute, the Older Americans Act Amendments of 2000 (P.L.106-501), on the demographic cohort known as the "Boomers." The Conference also continued the WHCoA tradition of using a grass-roots outreach strategy to generate public input that resulted in more than 130,000 citizens participating in forums all across the nation

The 17-member, bi-partisan Policy Committee appointed by the President and the Congress and the 22-member Advisory Committee appointed by the President recognized the uniqueness of the 2005 WHCoA and the opportunity to address key aging issues facing our nation at a unique point in history. Both the Policy Committee and the Advisory Committee have fulfilled their distinctive roles by placing a targeted emphasis on the coming generation of seniors while paying tribute to those individuals who have contributed and continue to contribute to this country's prominence and prosperity.

The WHCoA Process

The 2005 WHCoA process began in August 2004 and culminated with the December 2005 Conference in Washington, D.C. The WHCoA was nearly the 400th event in a series of forums that were convened across the nation to discuss aging issues and propose solutions to significant challenges.

The WHCoA process was guided by the Policy Committee's development of a framework that provided a structure or organizational umbrella for the variety of issues that would be discussed during all pre-WHCoA events. This framework, referred to as the WHCoA Policy Tracks (which made up the Annotated Agenda), is identified below. The Delegate Workbook provided to the delegates to the December 2005 Conference was organized around these seven categories.

Annotated Agenda Categories

Planning Along the Lifespan
The Workplace of the Future
Our Community
Health and Long Term Living
Civic Engagement and Social Engagement
Technology and Innovation in an Emerging Senior/Boomer Marketplace
Cross-Cutting

A narrative description of the scope and content of each category is included in the Appendix of the report as was provided to the delegates in the Delegate Workbooks.

From the input received by the WHCoA and from the resolutions adopted by the delegates, clear themes have emerged identifying significant challenges that are before the nation with regard to our rapidly aging, diverse population. Those challenges are briefly described in the concluding section of this report.

The Voices of America: The Public Input Process

The public input process that began in August 2004 was designed to create a variety of opportunities for the widest possible participation of citizens in WHCoA activities. To solicit this wide participation, the 2005 WHCoA was based on a vigorous bottoms-up, grass roots strategy involving more than 130,000 people in towns, cities, communities, Tribal reservations and Native American villages and States across the country meeting in various forums to have conversations about aging challenges and solutions. Beginning in August 2004, forums were organized by individuals and communities, academic institutions, business and industry, national and local organizations and coalitions, non-profits, faith-based organizations, as well as Federal, State, Tribal and local agencies. These public forums took place under the titles of Mini-Conferences, Listening Sessions, Solutions Forums, and Independent Aging Agenda events.

Documenting Public Input to the WHCoA

What set this public participation process apart from previous WHCoA's was the strong emphasis by the Policy Committee for participants to seek visionary, innovative, realistic, and fiscally responsible solutions to aging challenges. From the beginning, the Policy Committee articulated its desire to move beyond simply identifying the issues and to hear ideas about how to solve problems. The public input received by the Policy Committee came from four different types of pre-WHCoA events as described below.

> It was significant that *Listening Sessions* and *Independent Aging Agenda Events* conducted around the country confirmed that this is a set of national challenges that states and communities have each been grappling with in their unique ways.

In WHCoA *Solutions Forums*, the Policy Committee turned to the imagination of individuals who are experiencing many of these challenges on a very personal level and asked for their recommendations.

Mini-Conferences developed through public-private partnerships provided the Policy Committee with focused information as well as policy recommendations on single topic areas such as long term care, caregiving, disability and aging, geriatric health care workforce, mature workforce, nutrition, financial security, retirement savings, access and development of health and financial information, and health literacy and health disparities.

Public comments received by the WHCoA from individuals and organizations provided additional insight and direction.

The issues identified during these public forums were documented and reported to the WHCoA by the leaders of those events. These reports were posted on the WHCoA website (www.whcoa.gov) as soon as the information became available to encourage dissemination of information. The reports from these events were synthesized through a deliberative process involving the WHCoA Policy Committee and Advisory Committee. This synthesis process resulted in the creation of a summary of the key findings and recommendations from the public input process. Those reports are included in the Appendix of this report.

The analysis of the information contained in this synthesis document formed the basis for the identification of a candidate set of resolutions that was ultimately presented to the delegates for their consideration in advance of the December 2005 Conference. Deliberations by the Policy Committee in consultation with the Advisory Committee resulted in the Policy Committee identifying and developing 73 broad-based and diverse resolutions that were then formally presented to the delegates for their consideration in advance of the December 2005 Conference and their vote on 50. These 73 resolutions were organized under the seven Tracks of the Annotated Agenda. These 73 resolutions appear in the Appendix of the report.

The Delegates

The 1,200 bi-partisan delegates to the 2005 WHCoA were selected by Governors of all 50 States, Puerto Rico, the District of Columbia and the Territories, Members of the 109th Congress, the National Congress of American Indians and the Policy Committee. The delegates represented aging and allied organizations, business and industry, veterans, persons with disabilities, minorities and others with an interest in the future of aging in the United States.

These delegates were the heart and hands of the WHCoA. They were vocal and passionate; experienced and informed. They were seniors and Boomers; some were children of Boomers, and others soon-to-be centenarians. They were grandparents, caregivers, advocates, policymakers, entrepreneurs, financial advisers, volunteers and interested citizens. But most important, delegates to the 2005 WHCoA were not reticent, and most came to the Conference eager and prepared to contribute.

The names of the 2005 WHCoA delegates appear in this Executive Summary and in the Appendix of this report.

The Work of the Delegates at the WHCoA

The initial work of the delegates focused on selecting the top 50 resolutions out of the list of 73 candidate resolutions they had received in advance. The selection of the top 50 resolutions was made through a monitored voting process in which each delegate was provided an opportunity to cast a ballot.

Based on the 50 resolutions that were selected by the delegates at the conference, implementation strategy sessions were scheduled for delegates to meet for discussion of individual resolutions. During these sessions conducted through a facilitated process, delegates proposed strategies to implement the resolutions. Facilitators assisted delegates in the sessions to identify strongest, strong, moderate and limited levels of support, and worked with Track Coordinators to provide a summary of the sessions which was reported by the Policy Committee on the last day of the Conference. The power point presentation presented by the Policy Committee on December 14, 2005 is included in the Appendix.

During these sessions, delegates identified implementation strategies that reflected their sense about what needed to be done to make these resolutions a reality. The Policy Committee believed it was critical for delegates to also identify those groups and organizations that have stakeholder accountability and responsibility for each of the implementation strategies as well as those where individual citizens have that same accountability and responsibility. Delegates were also provided with an opportunity to submit suggested individual implementation strategies that have been included in the proceedings and may be found in the Appendix.

The Priorities of the Delegates

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 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;
>
> 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, were other broad, cross-cutting themes that emerged from the work of the delegates and throughout the last two years of public input. Those themes include:

> Planning and Financing Your Longevity

Independence and Innovation In Livable Communities
Long Term Supports and Services: 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
Improving the Health Care System

These themes all present challenges for a new century that must be addressed now if we are to take our responsibilities as policymakers, family members and private citizens seriously. The resolutions adopted and many of the implementation strategies recommended by the delegates provide significant first steps in addressing many of these challenges.

A listing of all 50 resolutions adopted by the delegates according to the votes, along with a brief overview of the issue addressed by each resolution as provided in the Delegate Workbooks and the implementation strategies developed by the delegates which received the strongest and strong support during their respective implementation sessions is included following the Executive Summary. Although the Policy Committee strongly emphasized that participants seek visionary, innovative, realistic, and fiscally responsible solutions to aging challenges, the implementation strategies developed by the delegates did not meet all these criteria to an equal degree.

A complete listing of resolutions and all implementation strategies is included in the Appendix in its entirety.

Although the delegates came from diverse viewpoints and backgrounds, a sense of purpose, bi-partisanship, and consensus permeated most of these working group sessions.
The same energy, passion, and thoughtfulness present during the nationwide pre-WHCoA events carried over to the Conference. The implementation strategies reflect the discussion of the delegates who elected to attend breakout sessions on a particular topic, and the number of delegates attending each session varied widely. As such, the implementation strategies are not intended to convey the sense of all delegates who attended the WHCoA. Further, the strategies suggested by the delegates and included throughout this report are not intended to be an endorsement by the Policy Committee of any particular idea, recommendation or proposed solution.

The Conference

As stated previously, the 2005 WHCoA was unique for several reasons, but especially because of three innovative events that were held in conjunction with the Conference. These events are identified and summarized below.

Get Involved: A WHCoA Service Project

To focus attention on the importance of civic engagement and community service, this Pre-Conference event was organized by the Corporation for National and Community Service and the Washington D.C. Jewish Community Center. Volunteers from Senior Corps joined Conference delegates to help rehabilitate the Educational Organization for United Latin

Americans (EOFULA), a Washington D.C. community center for Latino senior citizens. Braving frigid weather, delegates and volunteers painted, repaired and weatherized the senior center.

Healthy Living Celebration!

The Healthy Living Celebration!, a Pre-Conference event, was organized to highlight the importance of healthy living as well as the commitment of the 2005 WHCoA to health and wellness while demonstrating that physical activity can be fun. These goals were accomplished through the leadership of the President's Council on Physical Fitness and Sports, who co-sponsored the event with assistance from the National Senior Games Association (NSGA).

A renowned cookbook author shared her knowledge about healthy and nutritional cooking followed by several lively physical activity sessions. Activity leaders from the Washington, D.C. metropolitan area volunteered to lead group fitness classes (Tai Chi, Line Dancing, Resistance Training, and Aerobic Exercise).

The event concluded with the recognition of delegates who participated in the WHCoA "Profiles in Wellness Program," who received Honorary Athlete medals donated by the NSGA, and the 2005 WHCoA President's Challenge Program sponsored by the President's Council on Physical Fitness and Sports who provided every participant in the President's Challenge with a certificate and a wrist-band that could be worn in support of and in promotion for physical activity, health and wellness at the Conference and beyond.

2005 White House Conference on Aging Exhibit Hall

The first WHCoA Exhibit Hall to highlight technology was held at the 2005 WHCoA. Co-sponsored by ZivaGuide, a customized health care information provider, the Exhibit Hall featured over 140 exhibitors representing a wide variety of public, private and non-profit organizations, firms and government agencies presenting some of the latest initiatives and innovations in providing services to the aging community.

Large portions of the Exhibit Hall were dedicated to highlighting the potential of technology to transform aging in America. Two sponsors of the largest exhibits were CAST, (the Center for Aging Services Technologies) a program of the American Association of Homes and Services for the Aging, and the U.S. Department of Transportation (DOT). The Conference's technology exhibit was the largest ever held by CAST, and included some of America's leading technology companies and universities who assembled dozens of ground-breaking technologies to give policy makers a glimpse of how technology could transform the lives of older adults and those that care for them.

Another portion of the Exhibit Hall, sponsored by the DOT, was dedicated to illuminating promising trends and programs in improving mobility for America's seniors. Secretary Norman Y. Mineta, the first Secretary of DOT to speak at a WHCoA, joined Policy Committee Chairman Dorcas R. Hardy in the opening of the Exhibit Hall. The Secretary emphasized that the DOT-sponsored programs and exhibits in the hall were but a few examples of the research and technology undertaken by the Department and its private

sector partners dedicated to achieving a safely mobile older population now and in the future.

The Exhibit Hall received a great amount of positive media reports from all over the country, and its contents helped guide the policy discourse at the Conference as well as in the aging community since that time.

The Governors and National Congress of American Indians

As required by statute, within 100 days of adjournment of the 2005 WHCoA, the Governors of all 50 States, Puerto Rico, the District of Columbia and the Territories were asked to provide their input for the Final Report. In recognition of the important role of Tribal governments, the National Congress of American Indians (NCAI) was also asked to provide input as to how the resolutions will impact tribal elders across the nation. Each entity was asked to carefully review the resolutions adopted by the delegates and identify those they consider most important to their constituencies. Additionally, they were asked to share what they are currently doing, or hope to do, to implement the resolutions for the people they serve, or will serve, over the next ten years and beyond. Many of the resolutions have state or tribal impacts; therefore, the input provided by the States and the NCAI complements the efforts of the delegates and provides for a more robust Final Report. The input received from the Governors who responded and the NCAI is included in the Appendix of this report and posted on the WHCoA website.

The Appendix provides detailed information on the mechanics of the conference, identifies those who attended, and includes a listing of all resolutions and implementation strategies recorded during the sessions as well as those strategies submitted by individuals.

Concluding Remarks

Over the last two years, the members of the Policy Committee of the 2005 White House Conference on Aging and the members of the Advisory Committee have listened to professionals and volunteers in the field of aging as well as interested citizens to identify the most pressing issues facing our nation's seniors and those who care for them.

In addition to the passionate Conference delegates, more than 130,000 individuals, representing business, associations, organizations, governments and advocates participated in several venues to contribute to the 2005 White House Conference on Aging deliberations. After reflecting on the substantial amount of input, responses and reports received, the Policy Committee has asked:

> How can the 2005 White House Conference on Aging provide a foundation for positive change during the next 10 years that will result in a better world for current and future seniors? What is needed to make that happen?

From Awareness to Action – A Sense of Urgency

The 2005 WHCoA Policy Committee and the Advisory Committee believe that action must be taken now to address the many challenges that have been identified in this report by the

delegates and pre-WHCoA event participants. Throughout these past two years, it became apparent that there are critical factors that demand attention from individuals as well as private and public players at all levels, including Tribal organizations, local and community groups, and not-for-profit organizations. All must step forward now to meet these challenges. The reasons why we must act now are summarized as follows:

> The U.S. is in the midst of a demographic shift that will transform our nation. The policy implications and consequences of this change are unprecedented.
>
> The impact of longer life expectancy on all phases of life must not be underestimated. Longer participation in the workforce, individual responsibility for financing one's longevity, and the need for long term supports and services as we age with disabilities or age into disability are all critical components of longevity.
>
> Tomorrow's older population will differ in distinct ways from prior generations. The characteristics of this diverse Boomer population must be viewed as opportunities rather than as problems to be solved. Yet, at the same time, one must recognize that many hardships, challenges and uncertainties that come with aging may not change for millions of Americans.
>
> The fiscal realities of Federal, State and local government budgets transcend simple solutions. Policymakers must balance competing priorities which requires that they exercise decisive leadership, and innovation and demonstrate courage in making individual and collective choices. Public financing will continue to be essential, but cannot be the only answer.
>
> Finally, there are limitations in our delivery of health care and social services to our older population. Whether these limitations are in the size of our caregiver or geriatric health care workforce, the investment and management of technology, the ability to address the cultural differences and needs of our growing diverse population, the availability and accessibility of transportation options for many who are disabled and aging; these and other limitations will only become greater impediments to success the longer action is delayed.

Guiding Principles for Action

The basic principles outlined in the Older Americans Act have remained relevant since the Act was first enacted in 1965, but it is imperative that they be modernized for the 21st Century. The message arising from this 2005 WHCoA is that we must now modernize our aging polices for the 21st Century to deal with the challenges we are facing and those we see on the horizon. Modernization of our nation's aging policies and programs must be guided by some overarching philosophies.

The role of personal responsibility and accountability for planning for one's longevity is of paramount importance. No set of new policies or changes in existing programs can be

successful unless individual citizens assume greater responsibility for planning to meet their current and future needs - to the best of their ability- from preparing for future potential long term care needs to choices about financing. Individuals must become informed about and involved in these choices and options.

In making decisions about the development and execution of modernized aging polices and programs, leaders and managers must take the following courageous steps:

- Proactively realign and modernize current aging programs and networks to be more efficient and effective in their performance, so as to free-up resources for unmet needs. These programs, by necessity, must continue in order to serve those seniors who have depended on them. Such support has greatly served to enhance the quality of their lives. That support should be continued using more modern and integrated approaches.

- Transform the "world of aging" - policies, programs, and organizations – from a series of "stove-pipes" into a 21st Century system of coordinated services and networks that will meet the future needs of the Boomers, while also improving services to current seniors. It is not useful to try to push 21st Century needs though outdated "silos" to try and achieve solutions. A true 21st Century system of aging services must be based on new concepts and designs of policies, programs, and organizations where evidence-based outcomes result.

- Proactively work to fully integrate the efforts of Federal, State, Tribal, local and community, private, and not-for-profit stakeholders. It is critical that each entity know its role and responsibility, but it is more important now than ever before for these stakeholders to collaborate.

As stated in the introduction, the 2005 White House Conference on Aging and this final report are about the future. The decade ahead will put us in the midst of one of the most dramatic demographic transformations in our history. We should embrace this future with a new commitment to planning and action at all levels of society to meet the needs of our aging population. Individuals, families, communities; the public, private and volunteer sectors have roles and responsibilities in meeting these needs.

The issue at hand is about more than the pure numbers of Americans who are aging. It is also about the changing face of America as it ages and the special responsibility we have to recognize and have our policies, practices and attitudes provide an environment of equal opportunity to age well. The role of government may change over time, but it has and will continue to have a fundamental responsibility to help those in need irrespective of age. The value of a lifetime is the essence of aging. We should not approach the challenge of aging with fear and apprehension, but rather with creative foresight, optimism, and a sense of determination.

The challenges described in this report provide each of us with extraordinary opportunities. However, we need courageous leadership from all sectors of our country; we must have the will to make changes in our social services and health care delivery systems, and we must be

innovative as we tackle the tough choices ahead. Only through this courage, will, and innovation will we be able to make the magnitude of changes that are necessary to serve the evolving needs of our aging population. This report provides a roadmap of actions for positive change.

During challenging times in our history, previous generations have been called upon to lead. Now is our time, and our mandate is clear. Let us lead by ensuring that the legacy of the 2005 White House Conference on Aging is one of relevance, vision and action. May we look back knowing that we made a difference for future generations, and may we look forward knowing we are helping our nation transition to a better and healthier future for all Americans.