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#97 LONG TERM
CARE Press Conference

A.D.™ Alzheimer's Disease
and Related Disorders Association, Inc.

NEW YORK CITY CHAPTER
551 Fifth Avenue, Suite 601, New York, N.Y. 10017 (212) 983-0700

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I would like to extend an invitation to you, your members or other representatives of your organization to attend a press conference to launch the New York Long-Term Care Coalition in Albany, in the Assembly Parlor Room at the State Capitol. This press conference is scheduled for Wednesday, September 14, 1988 at 11:00 A.M.

Statewide organizations including aging, women, labor, health-related, disability and veterans' groups will join with Long-Term Care '88, a bi-partisan consortium of some 115 national organizations, to insure that the critical family issue of long-term care is discussed in the New York congressional races during this election year. You are not only invited to attend this press conference, but also to become a part of this vital coalition.

The press conference will highlight the New York Long-Term Care Coalition and present families with long-term care problems to the press. We expect that more than 50 organizations will participate in the New York coalition.

If you have any questions, please do not hesitate to call me at (212)983-0700. Please fill out the attached response form and send it to:

Mr. Pat O'Connor
Assistant Legislative Director
Eastern Paralyzed Veterans of America
75-20 Astoria Boulevard
Jackson Heights, New York 11370-1178

Sincerely yours,

John A. Jager
Executive Director

encl.
cc: Eleanor Litwak (District Council 37)
JAJ/ek

Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilderland, N.Y. 12084, (518) 458-5371

August 26, 1988

TO: JKH
FROM: WMB
RE: SEPTEMBER 14 PRESS CONFERENCE RE "LONG-TERM CARE '88"
(See attached material)

The purpose of the September 14 press conference is to start the state coalition of "Long-Term Care '88." It is intended that representatives of all state affiliates attend. The purpose of achievement of state affiliates' active participation in this campaign is to secure elections to open Congressional seats of individuals who support measures that would improve public access to long-term care.

As you know, Louise Kehn will accompany you to the conference. No formal participation by representatives of state affiliates is planned. However, you should be prepared to respond to questions about our interest in provision of and access to long-term care and our interest in this campaign in the event questions are posed.

The Governor's attendance has not yet been confirmed. We have been informed that he will "try" to be there. We will know about his attendance after Labor Day.

If you have any questions, please call.

cc: Louise Kehn

Attachments



#97 LONG TERM CARE Press Conference

American Nurses' Association, Inc.

2490 Pershing Road, Kansas City, Missouri 64108
(816) 474-8720

Margaret M. Styles, Ed.D., R.N., F.A.A.N.
President

Judith A. Ryan, Ph.D., M.N.
Executive Director



Washington Office:
1171 14th Street, N.W.
Suite 200
Washington, D.C. 20005
(202) 778-1800

TO: SNA Executive Directors
Council of Gerontological Nursing
Council of Community Health Nursing

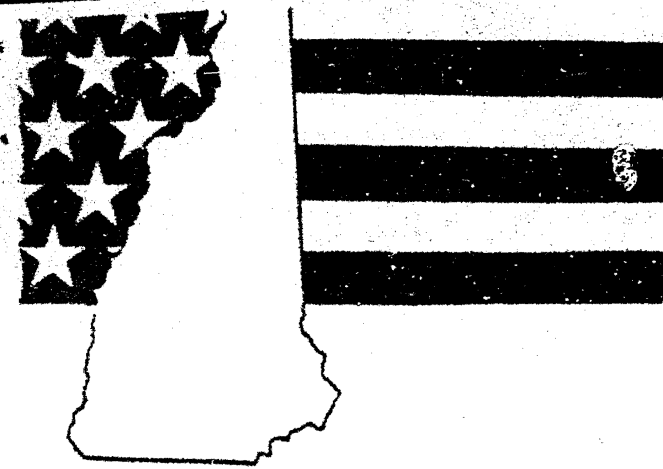
FROM: Pamela Mittelstadt
Senior Staff Specialist
Congressional and Agency Relations
(Washington Office)

DATE: November 13, 1987

RE: Update on Long Term Care '88 National Campaign

Attached are copies of ANA's Press Release, October 13 Memo for LTC '88, Order form for LTC '88 materials, and Washington Post article. These materials may be helpful to you in conducting forums on LTC '88 in your community alone or with an elderly organization.

PJM:pj



New Hampshire Presidential Forum on Long Term Care

26 Pleasant Street • Concord NH 03301 • (603) 228-8950

A Project of WEVO-FM and WMUR-TV

WEVO-FM and WMUR-TV are jointly sponsoring a series of forums on long term care for each Presidential candidate. They are strictly nonpartisan, and the Forums do not take any position on the substance of the issue.

The first forum was with Rep. Jack Kemp, and was held on October 8 in Manchester. The second forum is on October 14, with Sen. Al Gore, in Salem.

Here is the schedule as known on October 13:

- o Sen. Paul Simon -- October 26, 10 am, at the Friendship Inn in Dover.
- o Gov. Mike Dukakis -- October 26, 5:30 pm, at Keene State College (Mason Library on Apian Way) in Keene.
- o Rep. Richard Gephardt -- November 12 -- site undecided
- o Marion "Pat" Robertson -- November 19 -- site undecided
- o Gov. Bruce Babbitt -- December 7, in Berlin. Site undecided.

The last three dates could change so they cannot be relied upon.

For more information, contact Terry Lochhead at the number above. She would be grateful for help in getting people out to the forums.

Project Coordinators J. Jason Grinneman WMUR-TV Rep. Tom Patten R-Manchester	Tyler Brown Community Health Care Association Dorothy Campbell-Corson Gratia Cooney Commission Helen Coxson Elliot Hospital Charles Douglas, III, Esq. Clark Dwyer Blue Cross/Blue Shield John Flanagan Independent Living Foundation Rep. Katherine Foster D-Kenneb	Rep. Beverly Gage R-Salem Eleanor Gordon N.H. Legal Assistance Ruth Griffin Executive Cooks R-Portsmouth Mel Holmes Helen and Company Rep. Robert Jones R-Dover Rep. Elaine Kravitz D-Portsmouth	Mary Haggis Health and Human Services Department Sen. Mary Nelson D-Manchester Rep. James O'Rourke D-Manchester Doris Parker N.H. Extension Association Corrie Porter U.S. Rep. Craig's Office Sullivan Postum New Hampshire Medical Society	Joseph R. Over N.H. Criminal Justice Barbara Sevens Young Nurses Association Dr. Lee Sells Department of New Hampshire Rep. Matthew Sweeney R-Lyndeberry Philip Spink State Office of Medical Services Susan Pollock Terry State Office of Health Planning	Robert Douglas "Tommy" Episcopal Pastor Rep. Terry Thompson D-Manchester Marion Van Der Borch WEVO-FM Amanda Whipple N.H. Health Care Association Franne Yano N.H. Chapter AARP Organizational Matter for demonstrations Parsons Director Terry C. Lochhead
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The New Hampshire Presidential Forums on Long Term Care are made possible by grants from The Villers Foundation and the New Hampshire Charitable Fund and 1987.

#97 LONG TERM CARE Press Conference

Long Term Care '88

A National Campaign

(202) 628-3030

MEMORANDUM

TO..... Cooperating Organizations
FROM... Steve McConnell and Jeff Kirsch
DATE... October 13, 1987

Pamela

The press conference announcing Long Term Care '88 was successful, and we were pleased that over 30 representatives from cooperating organizations were able to attend. We screened the campaign video, "Our Parents, Our Children, Ourselves," then described the goals of the campaign, presented key findings from the nationwide poll, and discussed future activities.

The press coverage was gratifying, including great AP and UPI stories that were carried widely (samples enclosed). In addition, dozens of television stations -- including 7 in Iowa and 2 in New Hampshire -- picked up our satellite feed. And our message was broadcast by ABC radio, AP radio, and on CBS Crosstalk (which reaches 200 markets nationwide).

Now that the campaign is officially launched, we must do everything possible to make the Presidential candidates see long term care as the public issue that we know it to be. We appreciate the support you have lent the campaign as a "cooperating" group, and we know that you will be as active as your resources and time allow.

Organizations will vary in the amount of resources they can devote to this effort, but we urge you to take whatever action you can now in support of the campaign. We will be calling you over the next several weeks to explore ideas that may be appropriate to your organization and membership to better raise the issue around the country, and let the candidates know that they must address the long term care problem.

We need your ideas about actions that we can jointly undertake to raise the issue in the public's (and, of course, the media's) eye. We are open to producing more materials that meet your constituency's needs, as our budget permits. The goal is to keep the issue visible; to make sure the candidates and the media covering them see that our poll results reflect reality; to see people asking questions about long term care and expressing their concern. As a starting point, we can offer you the following:

Highlights: "THE AMERICAN PUBLIC VIEWS LONG TERM CARE"

Long Term Care Is A Problem With Universal Impact

- o Over 60 percent of respondents have had some experience--in their own families or through close friends--with the need for long term care.
- o More than one in two of those without experience anticipate facing a long term care problem in their immediate family within the next five years.

Long Term Care is a Major Financial Concern for Families

- o 90 percent agreed that having a family member who needs long term care will be financially devastating for most working and middle-income families.
- o By more than a 4-to-1 ratio, voters feel that nursing home costs would be "impossible to pay" or would constitute "a major sacrifice."
- o Four in ten of the families who have sought paid help in providing long term care at home have experienced difficulty in paying for that care.

Government Should Get Involved in Long Term Care

- o More than six of seven respondents believed it is time to consider some government program for long term care. This is true of 92 percent of all Democrats, 82 percent of all Republicans, 87 percent of Democrats who voted Ronald Reagan in 1984, and 86 percent of "Super Tuesday" voters.

- o Support for a government program was overwhelming across age groups, income levels, and political ties.

Americans Are Willing To Pay Increased Taxes For a Government Long Term Care Program

- o By a 5-to-2 margin, respondents expressed a willingness to tax themselves rates which correspond to their income to pay for long term care for everyone 65 and older.

Americans Favor a Candidate Who Supports Long Term Care

- o A majority of respondents (including those residing in "Super Tuesday" primary and caucus states) said they were "more likely" to vote for a presidential candidate who made developing a long term care program a major part of his campaign.

Long Term Care Advocacy Carries a Positive Image

- o Support for a long term care program carries an immensely favorable image for a candidate, especially in terms of "leadership and vision."
- o By a 3-to-1 margin, respondents rejected the idea that favoring long term care brands a politician as a "big spender."

[This survey was commissioned for Long Term Care '88 by AARP and The Villier Foundation and was conducted by R L Associates of Princeton, N.J. It is based on telephone interviews conducted in early July 1987 with a nationally projectable random sample of 1,000 registered voters.]

#97 LONG TERM CARE Press Conference

- o The campaign video, "Our Parents, Our Children, Ourselves," in either VHS or 3/4 inch formats (the 3/4 inch is much better quality and should be used for large meetings or conventions). This moving, 18 minute video is excellent for dramatizing the problem and stimulating discussion. We will gladly provide you with one free copy, which you can order on the enclosed form. Additional copies are available at cost (\$20 for VHS and \$50 for 3/4 inch). (It is also possible for you to put your organization's name and logo on it to make it your own if you're willing to pay for that to be done. Currently, it just says "Long Term Care '88" with no other organization identified. Contact Jeff Kirsch at the number above if you want to discuss this.)
- o The organizing brochure, 5 copies of which are enclosed, which describes the long term care problem, the public's views on it, and what Long Term Care '88 is all about. This brochure is useful for chapter heads and other leaders who work locally. We can provide you additional copies at a cost of \$.10 per copy. We will also be glad to help you reprint it to suit your organization's needs, including adding your group's name. (As you'll notice, like the video, the brochure lists no individual organizations.)
- o The report on the nationwide poll, "The American Public Views Long Term Care," from the polling firm R L Associates of Princeton, NJ. We have enclosed two copies of this document for your use, as well as a one-sheet "Highlights" that we used in the press conference packet. Additional copies cost \$.10, or you can reprint yourselves.

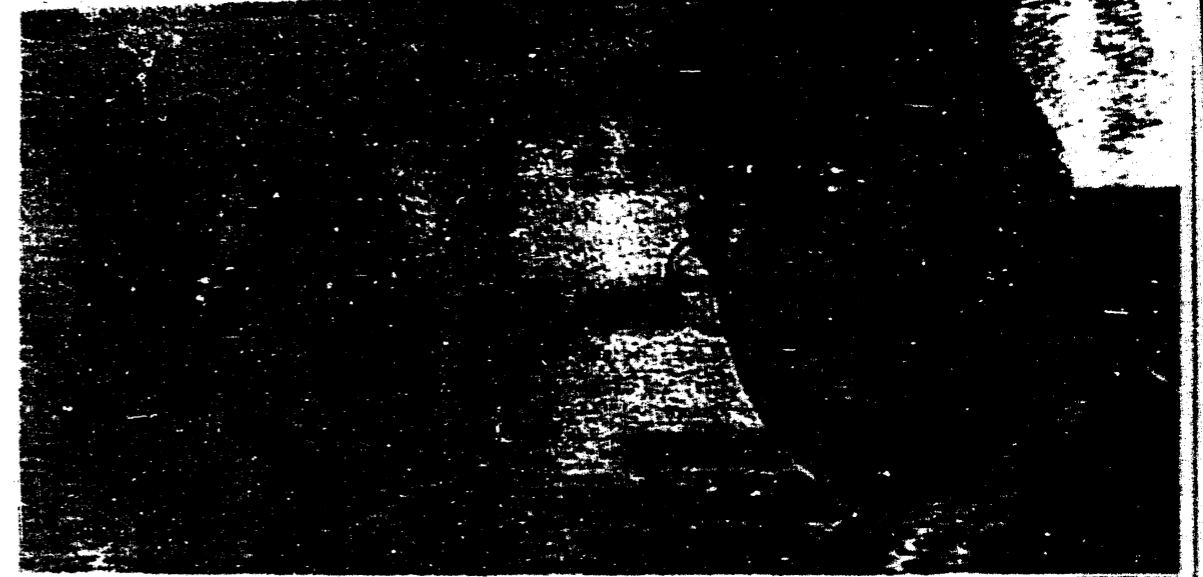
We have also enclosed a memo about the New Hampshire Presidential Forums on Long Term Care, and a brochure that was prepared for use at the Forums. If you have members in New Hampshire, please tell them about the Forums and have them contact the coordinator, Terry Lochhead, at 603/228-8910.

Finally, we need your help in developing any sources of funding for Long Term Care '88. Clearly, cash contributions of any amount will be helpful. But frankly, we are looking for big bucks (our goal is \$2 million) for media buys in key primary and caucus states. There is a great urgency to this fundraising effort because we must get our message out widely in Iowa and New Hampshire, and the available media time is disappearing quickly.

We know that most of you don't have the means to aid this effort. But some of you do, or you may have ideas to help us raise some of our media budget. So, please call one of us at 202/628-3030 if you have any suggestions.

There is a great deal of excitement and optimism about Long Term Care '88. We really do have a good chance to place the long term care issue squarely on the agenda of the next President. But, much remains to be done. We look forward to working with you.

THE WASHINGTON POST



Carol and William Eager must care for Carol's mother, who has Alzheimer's disease, as well as their 11 children.

Coalition Backs Long-Term Care

83 Groups Begin Effort to Bring Issue Into Presidential Campaign

By Molly Sinclair
Washington Post Staff Writer

When Carol Eager was pregnant with twin boys last year, her husband William, principal of St. Luke's School in McLean, tended to their nine children—and her mother, an Alzheimer's disease patient who lives with them in Reston.

Because there are no public services that provide nonmedical care for those suffering from chronic disease, "Bill had to give Mom her baths, change her bed, dress her," Eager said yesterday. "And at the time, we couldn't even find anyone to hire, because there is such a shortage of that kind of help."

The Eager family—which includes 11 children and mother, Marge Wallace, 68—appeared yesterday at a news conference kicking off "Long Term Care '88," a national campaign initiated by a coalition of 83 national religious, social service and senior citizen organizations hoping to make the growing problem of long-term care a presidential election issue.

Long-term care is defined by the coalition as the wide range of non-medical services provided over a sustained period for those who need assistance with daily living activities, such as eating, bathing and dressing, regardless of age.

"This is not just a senior citizens campaign," said Robert Maxwell, vice president of the American As-

sociation of Retired Persons, a coalition member. "We are also concerned about a child stricken with cerebral palsy. A teen-ager injured in an auto accident. A worker disabled on the job."

Medicare insurance does not cover custodial care and Medicaid provides such services only for those with low incomes or who have already depleted their resources.

Coalition leaders released the results of a national poll showing that a majority of American voters want a government long-term care program and are willing to pay higher taxes for it.

The poll, which was based on telephone interviews with a random sample of 1,000 registered voters during the first half of July, also showed that the absence of a long-term care policy is perceived as a national family crisis and that voters view positively those candidates who would address this issue, coalition officials said.

"Long-term care is not just a personal issue—it is a powerful political issue as well. It is, perhaps, the quintessential family issue," said Ronald F. Pollack, executive director of The Villers Foundation, a nonprofit advocacy group for low-income elderly and a coalition member.

The 2,000 poll was prepared for AARP and Villers by R.L. Associates of Princeton, N.J.

Coalition leaders said that the

poll documented the universal impact of the problem, with more than 60 percent of those responding saying they have had some experience in their own families or through close friends with the need for long-term care.

Long-term care also is a major financial concern for families, the poll found: 90 percent agreed that having a family member who needs long-term care would be financially devastating for most working and middle-income families.

The poll also concluded that by a 5-to-2 ratio Americans would be willing to pay \$10 to \$60 more per month in taxes, depending on their household income, to finance a long-term care program.

Materials produced for use around the country include a video, "Our Parents, Our Children, Ourselves," narrated by Arthur S. Flemming, former secretary of the Department of Health, Education and Welfare. The video shows how three families, including the Eagers, have been confronted with the long-term care issue.

Bill Eager said his family wanted to be part of the video because long-term care is a "major issue."

Eager said his mother-in-law now requires the same kind of care as a child. Except, he said, "with our children, we see them learn to tie their shoes, grow up. With Marge it is the reverse. She gets worse and worse."

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CARE Press Conference



AMERICAN NURSES' ASSOCIATION, INC.

news

2420 PERSHING ROAD, KANSAS CITY, MO 64108, (816) 474-5720
1101 14TH STREET, N.W., WASHINGTON, DC 20005, (202) 789-1800

For Release
October 5, 1987
9:30 a.m. EDT

Contact: Jane Pinsky
Patricia Ford-Roegner
Pamela Mittelstadt
202-789-1800

ANA LENDS SUPPORT TO AARP LONG TERM CARE CAMPAIGN

The American Nurses' Association (ANA) today applauded the action of the American Association of Retired Persons' (AARP) Long Term Care '88 campaign, to make long term care a priority issue in the 1988 United States Presidential campaign. Long term care is one of ANA's top priorities and ANA is a cooperating organization in Long Term Care '88.

The provision of long term care is an issue that merits every consumer's attention, "said ANA President Margretta M. Styles, Ed.D., R.N., F.A.A.N. "The increasing elderly population, the number of chronically ill individuals, and the epidemic nature of AIDS are already taxing the long term care delivery system. Nurses, who are the primary providers of long term care, are in a position to safeguard the quality of care being delivered. As patient advocates and care providers, we are interested in candidates' responses to the issues that will be put before them."

Long term care has been an ANA priority since 1972 when the association acted to correct denials and limitations of health care services for the chronically ill and aged. The association has introduced standards for home health and gerontological nursing care, and has proposed educational standards for nursing service administrators in long term care.

(more)

AARP LONG TERM CARE/2

"ANA stands with AARP in its efforts to make this an issue in which the public will become involved," said Styles. "Because there is a need for the federal government to become more involved in the federal financing of long term care, voters need to let our nation's leaders know this issue is important to them. We must all be concerned that quality, affordable long term care is available to our families when it is needed."

The American Nurses' Association is the national, professional organization representing the nation's 1.9 million registered nurses

#

#97 LONG TERM CARE Press Conference

1988 ANA HOUSE OF DELEGATES

Report: CNS-A

SUBJECT: Long-Term Care
Informational Report

INTRODUCED BY: Karen L. Hildebrandt, M.S., R.N.
Chairperson, Cabinet on Nursing Services
and
Karen G. Barnes, M.S., R.N., C.N.A.A.
Chairperson, Council on Nursing Administration

REFERRED TO: Reference Hearing B

1 Background and Introduction

2
3 Access to long-term health care continues to be a serious problem in the
4 United States. Those most affected by limited access are the poor,
5 minorities, and the uninsured. The elderly in each category tend to be at
6 greater risk due to progressive functional limitations resulting from the
7 aging process and multiple chronic diseases. The purpose of this report is to
8 provide a summary of ANA activities that have focused on long-term care.

9
10 Actions of the 1987 House of Delegates

11
12 The 1987 ANA House of Delegates adopted the following:

13
14 That ANA seek external monies to fund a national commission on long-term
15 care to begin work in the fall of 1987. The membership of the commission
16 shall include representatives from nursing, other relevant health care
17 disciplines, third-party payers (private and federal), politicians,
18 consumer advocacy groups, and consumers of long-term care.

19
20 That ANA seek active involvement, where appropriate, in the accreditation
21 of home health agencies and adult day health care centers to ensure that
22 accreditation of nursing care is based on the ANA standards of practice
23 and services.

24
25 That ANA develop and maintain strong alliances with National League for
26 Nursing, Joint Commission on Accreditation of Hospitals, and any other
27 bodies that accredit nursing.

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1 Long-Term Care Commission

2
3 The Cabinet on Nursing Services prepared a work plan and recommendations for
4 the composition of the Commission on Long Term Care.

5
6 The commission was not funded in 1988; however, the American Nurses'
7 Foundation has donated \$27,167 to convene a blue ribbon panel to develop a
8 model financing mechanism for nursing services in long-term care. The
9 Foundation believes that it is essential for nursing to develop alternatives
10 and more appropriate payment models for long-term care to assure adequate
11 reimbursement for nursing services.

12 13 Accreditation of Nursing Services in Long-Term Care

14
15 1987 house action on long-term care called for involvement and alliances for
16 the accreditation of long-term care services. A report was prepared for the
17 Board of Directors on the definition of accreditation services; strategies for
18 investigating the scope and direction of new nursing services accreditation
19 activities; strategies for strengthening the relationships with the Joint
20 Commission on Accreditation of Hospitals and the National League for Nursing;
21 and on identifying new services and markets for further investigation. A
22 Consultant Advisory Panel for Accreditation of Nursing Services also targeted
23 nursing homes as the initial sites for these efforts.

24 25 Long-Term Care Access and Financing

26
27 The major issue surrounding access to long-term care services relates to
28 financing. For those who do not qualify for Medicare, Medicaid, or other
29 federal social and health programs, access to care is greatly reduced.
30 Reductions in federal spending for health care programs has further eroded
31 access.

32
33 Older adults who qualify for Medicaid due to low income can expect to receive
34 minimal services. Eligibility for Medicaid in many states is based on income
35 levels below poverty; Medicaid coverage does vary however, from state to
36 state.

37
38 Based on a medical model, Medicare pays for acute illness-related problems.
39 It does not provide payment for health promotion, disease prevention, any
40 outpatient procedures, or for most long-term care services. While many older
41 adults qualify for and receive Medicare benefits, Medicare provides only
42 limited coverage for a broad range of services.

43
44 Other forms of financing are therefore necessary in order to provide adequate
45 access to institutional long-term care for those persons who are not
46 Medicaid/Medicare recipients.

#97 LONG TERM CARE Press Conference

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1 Although some restrictions and limitations apply, existing private insurance
2 plans provide coverage for institutional long-term care. Costs vary for
3 private long-term care insurance plans, but individuals may spend from \$1,000
4 to \$2,000 per year for such coverage. Unfortunately, there are many older
5 adults who do not qualify for Medicaid and who cannot afford private long-term
6 care insurance. For those older adults, access to health and illness care is
7 more difficult than for any other group. For them, federal financing of long-
8 term care will be necessary.

9

10 The American Nurses' Association supports the extension of coverage for
11 affordable long-term care insurance from both public and private sources. ANA
12 believes that a comprehensive educational program can be developed to educate
13 health care providers and consumers about the importance of long-term care
14 insurance. Initial steps have been taken by ANA to work with other
15 organizations to improve the financing for long-term care. These efforts have
16 included meetings with American Association of Retired Persons and various
17 other groups supporting long-term care insurance. ANA is also actively
18 monitoring legislative proposals which deal with the issue. Long-term care
19 insurance and improved coverage for long-term care under Medicare are areas in
20 which a number of legislative proposals have been introduced. Among them are
21 Representative Pepper's bill on catastrophic insurance; and Senator Kennedy's
22 "Lifecare" proposal which would greatly expand home health and nursing home
23 coverage under Medicare Parts A and B with nurses serving as case managers.
24 ANA is actively working with key legislators and their staff on these
25 important proposals.

26

27 ANA also supports the recommendations of the Congressional Task Force on Long-
28 Term Health Care Policies. Major recommendations in its September report to
29 Congress included modifying state and federal tax codes to encourage private
30 long-term care insurance coverage; removal of barriers to employer sponsorship
31 and funding of long-term care coverage; and increased educational efforts to
32 inform individuals of the present lack of coverage.

33

34 The Nurse Shortage and Long-Term Care

35

36 In January, ANA participated in a conference sponsored by the National
37 Foundation for Long-Term Health Care. Problems of nurse shortages in long-
38 term care were addressed. Conference participants developed public and
39 private strategies for appropriate and adequate intervention at the state and
40 national levels to help alleviate the nursing shortage.

41

42 Participants discussed the impact of nursing education on long-term care and
43 identified key issues causing the shortage. Participants believe that long-
44 term care is often undervalued by nursing school administrators, faculty, and
45 students. Upgrading faculty knowledge and expertise in teaching the care of
46 the elderly and other long-term care clients is necessary.

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1 Issues identified in the provider system which impact the nursing shortage
2 included the professional, physical, social, and financial environment of
3 nursing homes. Nursing homes have not differentiated the skills and knowledge
4 needed to care for long-term care clients. Three levels of nursing personnel
5 are needed in order to provide care of quality: patient care managers,
6 clinical care givers, and personal care givers. Currently, neither
7 educational programs, staffing arrangements, nor reimbursement arrangements
8 address these issues.

9 10 Education for Long-Term Care

11 This is the last year of the Robert Wood Johnson Teaching Nursing Home
12 Project. The project sought to improve long-term institutional care for the
13 elderly by encouraging university schools of nursing to establish clinical
14 affiliations with nursing homes. During the project, 11 university schools of
15 nursing cooperated with 12 nursing homes in clinical practice, education, and
16 research activities.

17
18
19 The purposes of the project were to:

- 20
21 . Promote more effective use of nurse and physician services in the
22 care of nursing home residents;
- 23
24 . Encourage more nurses to specialize in gerontology;
- 25
26 . Provide assistance for nursing homes having problems recruiting
27 clinical staff and maintaining adequate standards of care; and
28
- 29 . Develop nursing homes as "bridge" institutions between acute care
30 hospitals and a range of in-home and other community support
31 services.

32
33 It is anticipated that the project will ultimately influence care in the
34 19,000 nursing homes and several thousand home health agencies across the
35 United States. The project closes with four regional consultative
36 conferences. A documentary "A Perspective of Hope: Scenes from the Teaching
37 Nursing Home" was produced describing the accomplishments of the project. The
38 American Nurses' Foundation (ANF) co-sponsored the project, and ANA is
39 assisting with the dissemination of the documentary.

40
41 Phase III of another project, Professional Education and Practice of Nurse
42 Administrators/Directors of Nursing, was completed in December 1987. The
43 purpose of this project was to influence the professional education and
44 practice of nurse administrators and directors of nursing in long-term care
45 to improve the nursing care and the quality of life of long-term care clients.
46 Funding for the project came to ANF from the Kellogg Foundation.

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1 Survey data on nurse administrators in long-term care developed during the
2 project was useful for the publication Statement of Roles, Responsibilities,
3 and Qualifications for Nurse Administrators/Directors of Nursing in Long-Term
4 Care with Curriculum Implications and for background information for the
5 development of Standards of Organized Nursing Service and Roles,
6 Responsibilities, and Qualifications for Nurse Administrators Across All
7 Settings, which will be available in 1988. The continuing education program
8 is a model curriculum which may improve the quality of the care delivered in
9 the nation's long-term care settings.

10

11 Legislative and Regulatory Activities Related to Long-Term Care

12

13 An important legislative victory for ANA and for the future of long-term care
14 came with passage of legislation authorizing demonstration of community
15 nursing organizations (CNOs). Becoming law last December, the Secretary of
16 Health and Human Services is to initiate at least four CNO demonstrations by
17 July 1989. ANA has worked for passage of the CNO concept for four years, and
18 in November submitted a grant proposal to the Health Care Financing
19 Administration (HCFA) which would assist with development of the CNO
20 demonstration. CNOs would be established to improve access to ambulatory
21 services for the growing elderly population in a managed care setting but
22 without increasing the expenses of the Medicare program.

23

24 Legislation that will improve the quality of care in nursing homes and
25 strengthen the conditions of participation for long-term care Medicare and
26 Medicaid facilities was signed by the president in December 1987. ANA
27 testified in support of the bill and lobbied to have R.N. staffing levels
28 raised in all long-term care facilities to 24-hour R.N. coverage. Ultimately
29 approved was R.N. staffing of 16 hours per day in large facilities and 8 hours
30 per day in smaller ones. This was a significant improvement for intermediate
31 care facilities that had not required any R.N. staffing. The law also
32 mandates that R.N.'s coordinate resident assessment, nurse aid training and
33 strengthens the survey and certification of facilities.

34

35 ANA responded to proposed regulations for conditions of participation in long-
36 term care facilities in the Medicaid and Medicare programs from the Health
37 Care Financing Administration. ANA's responses included comments on resident
38 rights, residents access to services of nurse practitioners and clinical nurse
39 specialists, nurse aide training, survey and certification rules.

40

41 During the past two years ANA participated in a coalition for nursing home
42 reform. The coalition developed position papers addressing the major issues
43 and held a congressional briefing. The position papers, which were supported
44 by over 50 national organizations, were the basis for much of the legislation
45 that was passed.

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1 ANA has also participated with other national organizations in the "Long-Term
2 Care '88 Campaign." ANA's efforts included lobbying, letters to presidential
3 candidates, support of legislative initiatives and distribution of literature
4 to the SNAs and congressional district and Senate coordinators.

5
6 ANA was successful in obtaining passage of a provision in the Budget
7 Reconciliation Act of 1987 that will expand the ability of nurse practitioners
8 and clinical nurse specialists, working in collaboration with physicians, to
9 certify and recertify patients for Medicaid payments in nursing homes.

10
11 Representative Claude Pepper (D-FL) has introduced H.R. 3236, "The Medicare
12 Long-Term Home Care Catastrophic Protection Act," that would provide Medicare
13 beneficiaries with unlimited access to the home health benefit. ANA supports
14 this measure and has lobbied for its passage.

15
16 ANA has been working with the Health Care Financing Administration (HCFA) to
17 develop a client assessment instrument to be used in a demonstration project
18 for case-mix payment and quality assurance systems in nursing homes.

19
20 Conclusion

21
22 Today's health care system demands that the nursing profession work with a
23 variety of groups to face the challenges and opportunities for long-term care.
24 The long-term care industry and ANA have much to gain by identifying
25 differences that can be resolved and those that cannot, and by establishing
26 strong linkages to coordinate ongoing initiatives. It is imperative that ANA,
27 SNAs, and individual nurses continue to support activities that will enhance
28 the provision of nursing services and improve the quality of long-term care in
29 the United States.

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LONG TERM CARE EDUCATION COALITION

Long-term Care: *Services for the Individual*

OVERVIEW

Longevity for older Americans is increasing, thanks to advancements in medical technology and improved health care. In 1900, if a person were lucky enough to reach age 65, the odds were that he or she would survive only another 12 years. Today, a 65-year-old can expect to live another 17 years.

Many of us will remain healthy and independent for most of our senior years. But for others, this may not be true. As we grow older, especially once we enter our eighties, the chances increase considerably that we will face health problems or frailty and need assistance with various aspects of daily living.

In the past, a nursing home may have been the only option for families who could not adequately provide care to an ill or disabled elderly relative. But, today older Americans and their families have a much wider range of choices.

Recognizing the growing need for long-term care, many social service agencies and other organizations are now providing a variety of services to help individuals live independently in their homes and communities and preserve their quality of life.

In general, long-term care refers to a wide range of nursing, medical, and social services that is provided to an individual over a prolonged period of time. Contrary to what many people think, long term care does NOT take place only in a nursing home, nor is it needed only by the elderly. Care might be given to people of any age at home, in community facilities, or in nursing homes. Long-term care is not provided exclusively by health professionals. In fact, in the majority of cases, it is provided by family members, with the "formal" service system supplementing and sustaining family care.

If an individual requires extensive treatment and round-the-clock supervision for a long time, nursing home admission may be the best option. For many people whose conditions are somewhat less severe, however, a variety of services—perhaps many more than you realize—are available.

This newsletter will describe some common long-term care services available to those who do not need nursing home care, tell you how to locate these services within your community, and what organizations provide such care.

American Council of Life Insurance
American Federation of State, County,
and Municipal Employees, AFL-CIO
American Health Care Association
American Nurses' Association, Inc.

B'nai B'rith Women
Extension Service, USDA
General Federation of Women's Clubs
Health Insurance Association of America
National Association of Area Agencies on Aging

National Consumers League
National Council of Catholic Women
Public Voice For Food & Health Policy
The National Council on the Aging, Inc.

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WHAT ARE THE OPTIONS FOR LONG-TERM CARE?

There are many long-term care services which can be obtained at home or in a community setting. These services can help people maintain their independence despite chronic illness or disability. Some of the services available in many communities are described below.

Home-based Services

A variety of nursing, medical, and social services can be provided to an individual at home. The biggest advantage of care at home is that it provides an alternative to a nursing home or other long-term care facility. Most people would prefer to stay at home, if possible, rather than enter an institution. At home, they can live somewhat independently, and be closer to family and friends. Some common home care services include:

Home Health Care covers many services, often under a nurse's or doctor's supervision. These may include skilled nursing care, health monitoring and evaluation, dispensing medication, physical and other types of therapy, psychological counseling, and instructing individuals or families about ongoing care.

Homemaker Services are available to assist individuals with many of the tasks essential to maintaining a household, from food shopping and preparing meals to light housekeeping and laundry.

Chore Services go beyond homemaking to include more heavy-duty tasks, such as floor or window washing, minor home repairs, yard work, and other types of home maintenance.

Home-delivered Meals, often called "Meals-on-Wheels," can be delivered five or more days a week to individuals unable to shop and prepare food on their own. These services can provide enhanced nutrition and a sense of

security for the homebound.

Companion Services, whether paid or volunteer, ease loneliness for individuals at home. Their duties range from supervision to simple companionship.

Companion services may also include **Respite Care**, which allows family members to take a break from their caregiving responsibilities for a short period of time. Respite care is also available in adult day care centers, hospitals, or nursing homes.

Telephone Reassurance is provided by some agencies or volunteer organizations through regular pre-scheduled calls to the homebound. Ensuring personal safety is the main objective of these programs, but these calls also bring personal phone contact to an individual to reduce social isolation.

Emergency Response Systems link an individual to a fire department, hospital or other health facility, or social service agency. Simply pressing a button triggers a communicator attached to the telephone which automatically dials the response center.

Transportation and Escort Services are available to help frail or disabled individuals get to medical or therapy appointments, or in going shopping or banking.

Home Observation Programs, sponsored by a number of companies and other concerns, are available in many communities to facilitate the health and safety of elderly residents and those who are homebound. Called by a variety of names, this service generally is provided by letter carriers, utility workers, and others whose jobs require them to make regular visits to residential areas. Workers look for unmowed lawns, accumulated mail and newspapers, and other signs that would indicate that a resident is ill or has had an accident, and report

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STATE OFFICES ON AGING

ALABAMA: Commission on Aging, 502 Washington Avenue, Montgomery, Alabama 36130. Tel. (205) 261-5743.

ALASKA: Older Alaskans Commission, Department of Administration, Pouch C Mail Station 0209, Juneau, Alaska 99811-0209. Tel. (907) 465-3250.

ARIZONA: Aging and Adult Administration, Department of Economic Security, 1400 West Washington Street, Phoenix, Arizona 85007. Tel. (602) 255-3596.

ARKANSAS: Division of Aging and Adult Services, Department of Social and Rehabilitative Services, Donaghy Building, Suite 1428, 7th and Main Streets, Little Rock, Arkansas 72201. Tel. (501) 371-2411.

CALIFORNIA: Department of Aging, 1600 K Street, Sacramento, California 95811. Tel. (916) 322-5290.

COLORADO: Aging and Adult Services Division, Department of Social Services, 717 17th Street, P.O. Box 181000, Denver, Colorado 80218-0899. Tel. (303) 294-5913.

CONNECTICUT: Department on Aging, 175 Main Street, Hartford, Connecticut 06106. Tel. (203) 566-3238.

DELAWARE: Division on Aging, Department of Health and Social Services, 1901 North DuPont Highway, New Castle, Delaware 19720. Tel. (302) 421-6791.

DISTRICT OF COLUMBIA: Office on Aging, 1424 K Street, N.W., 2nd Floor, Washington, D.C. 20011. Tel. (202) 724-5626.

FLORIDA: Program Office of Aging and Adult Services, Department of Health and Rehabilitation Services, 1317 Winwood Boulevard, Tallahassee, Florida 32301. Tel. (904) 488-8922.

GEORGIA: Office of Aging, 878 Peachtree Street, N.E., Room 632, Atlanta, Georgia 30309. Tel. (404) 894-5333.

HAWAII: Executive Office on Aging, Office of the Governor, 355 Merchant Street, Room 241, Honolulu, Hawaii 96813. Tel. (808) 548-2595.

IDAHO: Office on Aging, Room 114—Statehouse, Boise, Idaho 83720. Tel. (208) 334-3833.

ILLINOIS: Department on Aging, 421 East Capitol Avenue, Springfield, Illinois 62701. Tel. (217) 785-2870.

INDIANA: Department of Aging and Community Services, 251 North Illinois Street, P.O. Box 7083, Indianapolis, Indiana 46207-7083. Tel. (317) 232-7006.

IOWA: Department of Elder Affairs, Suite 236, Jewett Building, 911 Grand Avenue, Des Moines, Iowa 50319. Tel. (515) 281-5187.

KANSAS: Department on Aging, 610 West Tenth, Topeka, Kansas 66612. Tel. (913) 296-4986.

KENTUCKY: Division for Aging Services, Department of Human Resources, DHR Building—6th Floor, 275 East Main Street, Frankfort, Kentucky 40601. Tel. (502) 564-6930.

LOUISIANA: Office of Elderly Affairs, P.O. Box 80374, Baton Rouge, Louisiana 70898. Tel. (504) 925-1700.

MAINE: Bureau of Maine's Elderly, Department of Human Services, State House—Station #11, Augusta, Maine 04333. Tel. (207) 289-2561.

MARYLAND: Office on Aging, State Office Building, 301 West Preston Street, Room #1004, Baltimore, Maryland 21201. Tel. (301) 225-1100.

MASSACHUSETTS: Executive Office of Elder Affairs, 38 Chauncy Street, Boston, Massachusetts 02111. Tel. (617) 727-7750.

MICHIGAN: Office of Services to the Aging, P.O. Box 30026, Lansing, Michigan 48909. Tel. (517) 573-8230.

MINNESOTA: Board on Aging, Metro Square Building—Room 204, Seventh and Roberts Streets, St. Paul, Minnesota 55101. Tel. (612) 296-2544.

MISSISSIPPI: Council on Aging, 301 West Pearl Street, Jackson, Mississippi 39203-3092. Tel. (601) 949-2070.

MISSOURI: Division on Aging, Department of Social Services, 2701 West Main Street, Jefferson City, Missouri 65102. Tel. (314) 751-3082.

MONTANA: Community Services Division, P.O. Box 4210, Helena, Montana 59604. Tel. (306) 443-3865.

NEBRASKA: Department on Aging, P.O. Box 95044, 301 Centennial Mall—South, Lincoln, Nebraska 68509. Tel. (402) 471-2306.

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NEVADA: Division on Aging, Department of Human Resources, 505 East King Street, Kinkead Building—Room 101, Carson City, Nevada 89710. Tel. (702) 885-4216

NEW HAMPSHIRE: Council on Aging, 105 Loudon Road—Bldg. #3, Concord, New Hampshire 03301. Tel. (603) 271-2751.

NEW JERSEY: Division on Aging, Department of Community Affairs, P.O. Box 2768, 363 West State Street, Trenton, New Jersey 08625. Tel. (609) 292-4833.

NEW MEXICO: State Agency on Aging, 224 East Palace Avenue, 4th Floor, La Villa Rivera Building, Santa Fe, New Mexico 87501. Tel. (505) 827-7640.

NEW YORK: Office for the Aging, New York State Executive Department, Empire State Plaza, Agency Building No. 2, Albany, New York 12223. Tel. (518) 473-5731.

NORTH CAROLINA: Division on Aging, 1985 Umpstead Drive—Kirby Building, Raleigh, North Carolina 27603. Tel. (919) 733-3983.

NORTH DAKOTA: Aging Services, Department of Human Services, State Capitol Building, Bismark, North Dakota 58505. Tel. (701) 224-2577.

OHIO: Department on Aging, 50 West Broad Street—9th Floor, Columbus, Ohio 43215. Tel. (614) 466-5500.

OKLAHOMA: Special Unit on Aging, Department of Human Services, P.O. Box 25352, Oklahoma City, Oklahoma 73125. Tel. (405) 521-2281.

OREGON: Senior Services Division, 313 Public Service Building, Salem, Oregon 97310. Tel. (503) 378-4728.

PENNSYLVANIA: Department of Aging, 231 State Street, Harrisburg, Pennsylvania 17101-1195. Tel. (717) 783-1550.

RHODE ISLAND: Department of Elderly Affairs, 79 Washington Street, Providence, Rhode Island 02903. Tel. (401) 277-2858.

SOUTH CAROLINA: Commission on Aging, 400 Arbor Lake Drive, Suite B-500, Columbia, South Carolina 29201. Tel. (803) 735-0210.

SOUTH DAKOTA: Office of Adult Services and Aging, 700 North Illinois Street, Kneip Building, Pierre, South Dakota 57501. Tel. (605) 773-3656.

TENNESSEE: Commission on Aging, Suite 201, 706 Church Street, Nashville, Tennessee 37219-5573. Tel. (615) 741-2056.

TEXAS: Department on Aging, P.O. Box 12786 Capitol Station, 1949 IH 35, South Austin, Texas 78741-3702. Tel. (512) 444-2727.

UTAH: Division of Aging and Adult Services, Department of Social Services, 150 West North Temple, Box 45500, Salt Lake City, Utah 84145-0500. Tel. (801) 533-6422.

VERMONT: Office on Aging, 103 South Main Street, Waterbury, Vermont 05676. Tel. (802) 241-2400.

VIRGINIA: Department on Aging, 101 North 14th Street—18th Floor, James Monroe Building, Richmond, Virginia 23219. Tel. (804) 225-2271.

WASHINGTON: Aging and Adult Services Administration, Department of Social and Health Services, OB-44A, Olympia, Washington 98504. Tel. (206) 586-3786.

WEST VIRGINIA: Commission on Aging, Holly Grove—State Capitol, Charleston, West Virginia 25305. Tel. (304) 348-3317.

WISCONSIN: Bureau of Aging, Division of Community Services, One West Wilson Street—Room 480, Madison, Wisconsin 53702. Tel. (608) 266-2536.

WYOMING: Commission on Aging, Hathaway Building—Room 139, Cheyenne, Wyoming 82002-0710. Tel. (307) 777-7986.

AMERICAN SAMOA: Territorial Administration on Aging—Office of the Governor, Pago Pago, American Samoa 96799. Tel. 011 (684) 633-1252.

GUAM: Public Health and Social Services, Government of Guam, Agana, Guam 96910.

PUERTO RICO: Gericulture Commission, Department of Social Services, P.O. Box 11398, Santurce, Puerto Rico 00910. Tel. (809) 721-3141 or 722-0225.

TRUST TERRITORY OF THE PACIFIC ISLANDS: Office of Elderly Programs, Community Development Division, Government of TTPI, Saipan, Mariana Islands 96950.

VIRGIN ISLANDS: Commission on Aging, 6F Havensight Mall Charlotte Amalie, St. Thomas, Virgin Islands 00801. Tel. (809) 774-5884.

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their findings to appropriate social service agencies and local authorities

Services Outside the Home

Although many long-term care services are provided to individuals in their homes, some of these same services can be obtained in a community setting, such as an adult day care center, or in an alternative living arrangement.

Adult Day Care Centers are designed for adults who have some physical or mental limitations. Their programs vary, but among the services usually included are counseling and health assessment, personal care, therapies, health education, nutritious midday meals, various social activities, and transportation to and from the center as well as for special outings and doctors' appointments.

These programs are conducted in a variety of settings, among them multipurpose senior centers, hospitals, nursing homes, churches and synagogues, and mental health centers. Some adult day care centers are freestanding agencies.

The cost of adult day care varies. In some states, public funds pay for adult day care services; in others, participants and their families must pay the cost themselves. Some centers will adjust their fees according to the individual's ability to pay. In most cases, there are minimum age requirements for attending programs on a regular basis.

Alternative Living Arrangements are available to individuals who, for health, safety, or other reasons, choose not to remain in their own homes. In the past, leaving one's home for these reasons usually meant living with a relative or going into a nursing home. Today, people have a variety of other arrangements to choose from, depending on their physical and mental ability to cope with daily chores. Some arrangements are best suited only for alert, active persons; normally, none are suitable for individuals who are bedridden. Among the major options for a new living arrangement are the following:

- **Congregate Housing** offers rental apartments for older people. Also known as "sheltered" or "enriched housing," congregating housing may sometimes provide meals in a common dining area, as well as housekeeping services. Some may even offer health screening, personal care, or other types of assistance. Under a federally-funded program, many units offer subsidized rent for low-income individuals.
- **Life Care Communities** (or Continuing Care Communities) combine lifetime housing with a range of services—most notably the promise of medical and nursing care when needed. It is the health care dimension that principally distinguishes Life Care Communities from other types of retirement housing. Although persons must be ambulatory when they move to such communities, if they later become ill and disabled, certain nursing, health, and personal services are provided. Other services may include meals, housekeeping, diverse social activities and other amenities, such as personal grooming services and transportation.
- **Shared Housing** brings a small group of unrelated people together in a house or apartment. Privacy is maintained, with each individual having his or her own bedroom and sharing only common areas. The housing may be owned or operated by public or private agencies who, in some cases, provide cleaning, shopping, cooking and other services for residents.
- **Board and Care Homes**, also known as Adult Care, Sheltered Care, or Residential Care, provide room and bath—sometimes shared—along with meals, housekeeping, and some personal care. The facility or person in charge is usually licensed by state and local authorities.

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HOW DO I LOCATE THESE SERVICES IN THE COMMUNITY?

There are many community organizations, such as senior centers and social service agencies, that offer assistance and referral if the need for long-term care arises. In general, you can locate these and other aging organizations that provide long-term care services by checking the yellow pages of your telephone directory under the headings "Senior Citizens Service Organizations" or "Social Services." Government agency listings may be found in the blue pages.

If you can't find the information you need in your local directory, your state office on aging, an agency of your state government, may be able to refer you to local aging resources. A list of all state offices on aging is included at the end of this newsletter. Even if your telephone directory includes listings for private organizations that provide services to seniors, it is still a good idea to check with the state office on aging, the Better Business Bureau, or some other impartial organization for a rating of the service provided.

Sometimes it is difficult to determine what specific services you or a family member may need. Therefore, you may want to seek the help of a professional who can assess your personal situation and then refer you to the appropriate resources.

Many social service agencies can help you sort out your needs and pull together a personalized plan for long-term care. This is called case management. Essentially, a case manager can assess your total needs, identify resources, make all necessary arrangements, and monitor

and evaluate the services you receive.

Private case management services may also be available in your community. Their fees and extent of services will vary.

Another good source to help you determine your needs and find services in your community is your local Area Agency on Aging. These agencies, over 600 in number, were established under the Older Americans Act to help individuals remain independent and avoid institutional care, if possible.

Most Area Agencies on Aging do not offer services directly. However, all Agencies have trained staff to provide information and refer you to needed services.

Eligibility requirements for specific services vary. Some services may be open to everyone over age 60, while others may be limited to people who are categorized as "frail elderly" or to individuals with low incomes. Agency staff will help you determine your eligibility for a particular service.

Some services subsidized by local, state, or federal government agencies may be offered free or at a low cost. Others may require a full or reduced fee, depending on income.

If you have trouble locating your Area Agency on Aging in your phone directory—and the telephone operator cannot help you—write to the National Association of Area Agencies on Aging, 600 Maryland Avenue, S.W., Suite 208, Washington, D.C. 20024, or call 202-484-7520. Your state office on aging can also give you this information.

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WHO PROVIDES LONG-TERM CARE SERVICES?

Nearly every community has social service agencies and other organizations that can provide long term care services. Some of these include:

Community Agencies

People who need help with their long term care needs have a broad spectrum of social service organizations to choose from within the community. Some have religious affiliations, such as the Catholic Charities or Jewish social service agencies. Others are nonsectarian organizations, such as the Visiting Nurses Association.

Many community service programs, including those for older adults and their families, are funded by the United Way.

Legal service programs are available to aid people with problems relating to Social Security, Medicare and Medicaid benefits, and other needs calling for legal representation. In addition, community agencies can assist in locating suitable housing for individuals as well as help them handle their personal finances if they are incapable of doing so.

Low-income people can receive assistance from community action agencies in gaining access to home-delivered meals, transportation, and other services. Also, counseling is available from community mental health centers.

State and local government agencies may also be helpful. For example, the Public Health Department might be able to provide some home care services, while the Department of Social Services can act as a clearinghouse of information and referrals for a wide range of needs.

Senior Centers

Senior centers typically serve a relatively mobile senior population. Their programs vary in each locale. Many are multipurpose centers offering a wide range of services. These include congregate meals, exercise sessions, health screenings, health education, recreational and social activities, and dissemination of information on community resources. Some centers

provide services for more impaired older people as well, including home-delivered meals, home-maker services, adult day care, and care management.

Other senior centers are more limited in scope, generally offering only social and recreational programs and serving largely as a source of community information.

Community Hospitals

Community hospitals are yet another resource. Discharge planners at many hospitals coordinate follow-up care, including home care, for patients after their release. Some hospitals operate their own home health care and adult day care programs.

Voluntary Health Organizations

Local chapters of national health organizations can help you find services or offer advice with respect to specific health problems. To illustrate, Parkinson's disease patients can turn to a chapter of the American Parkinson Disease Association, if one is available in their community, to receive counseling for themselves and their families.

Consumer-oriented home nursing courses for family caregivers are offered by American Red Cross chapters. Transportation services for medical needs or shopping also are run by some chapters.

Volunteer Groups

Volunteer services are offered by churches and synagogues, as well as by civic and service organizations. These groups may provide chore and shopping assistance, telephone reassurance, home delivered meals, and other daily activities.

Self-help Support Groups

Volunteer support groups, such as groups for families of Alzheimer's patients, focus on mutual concerns and sharing of problems for families, caregivers, and those who need care. In a sense, they represent a "caring community"

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within a community," offering peer group comfort and ideas for coping with specific diseases and stressful situations.

Indeed, such groups exist for almost every human condition: widows, stroke victims, cancer patients, and family caregivers are just a few of the people who can benefit from mutual self-help groups.

This newsletter has discussed a variety

of services, all of them designed to help preserve the independence of an individual. Each circumstance is different and many questions about the personal health status and needs of an individual must be answered before choices are made.

The next issue of this newsletter will focus on what to look for when selecting home care and nursing home services.

RESOURCES

Numerous organizations offer consumer publications or programs on aspects of long-term care at a low cost or free of charge. Contact each organization for specific ordering information.

American Association of Homes for the Aging
1129 20th Street, N.W.
Washington, D.C. 20036
Telephone: 202-296-5960

American Association of Retired Persons
Health Advocacy Services
1909 K Street, N.W.
Washington, D.C. 20049
Telephone: 202-872-4700

American Health Care Association
1200 15th Street, N.W.
Washington, D.C. 20005
Telephone: 202-833-2050

Council of Better Business Bureaus
1515 Wilson Boulevard
Arlington, VA 22209
Telephone: 703-276-0100

County Cooperative Extension Service
(Check the local government listings of your telephone directory.)

National Consumers League
Suite 516
815 15th Street, N.W.
Washington, D.C. 20005
Telephone: 202-639-8140

National Council of Catholic Women
1312 Massachusetts Avenue, N.W.
Washington, D.C. 20005
Telephone: 202-638-6050

The National Council on the Aging, Inc.
West Wing 100
600 Maryland Avenue, S.W.
Washington, D.C. 20024
Telephone: 202-479-1200

To obtain additional copies of this newsletter, please write to:
American Council of Life Insurance
Company Services
1001 Pennsylvania Avenue, N.W.
Washington, D.C. 20004-2599

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THE NEW YORK STATE NURSES ASSOCIATION
COUNCIL ON NURSING EDUCATION
STATEMENT RE GERONTOLOGICAL NURSING IN THE CURRICULUM

Professional Nursing educators must provide the necessary leadership for structuring undergraduate and graduate curriculums in nursing to include specific content on care of the older person.

According to the U.S. Department of Health and Human Services (1980) there were 25.6 million persons 65 years of age and over in 1981; five million were 80 years or older, and two million were 85 years or older. By the year 2020, one in five persons will have reached their sixth-fifth birthday. Demographics show that the number of older adults, particularly the frail elderly, is increasing at an alarming rate.

The nurse practices in a variety of settings that may include home, hospital or nursing home and plans care that emphasizes the person's health and well-being. Developmental theories address human responses over the entire life span. Content related to alterations in physical and mental health and socio-cultural issues all form a composite knowledge base upon which to provide care to the elderly.

Nursing practice focuses on assessing health status, planning and providing appropriate nursing and health care services, and evaluating the effectiveness of such care. Emphasis is placed on maximizing independence in the activities of everyday living; promoting, main-

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taining, and restoring health; preventing and controlling acute and chronic illness; and maintaining life in dignity and comfort until death.

Nursing has significance in the promotion, maintenance, and restoration of health consistent with the limitations imposed by the aging process and/or chronic illness. In caring for the elderly, the nurse strives to identify and use the strengths of the older adult and his family and assists them to use those strengths to maximize independence. The older person brings a rich diversity of experience which influences alternatives and strategies for care. The nurse provides an opportunity for the older adult and his family to be actively involved to the fullest extent of their capabilities in the decision-making that is a part of everyday living.

In order to meet society's need for expert nursing care, nursing education must put more emphasis on care of the elderly. Therefore, the NYSNA Council on Nursing Education recommends that schools of nursing in New York State reexamine their curriculums and strengthen content to prepare to meet the needs of the growing number of older Americans.

Approved by the NYSNA Board of
Directors, March 17-18, 1988