

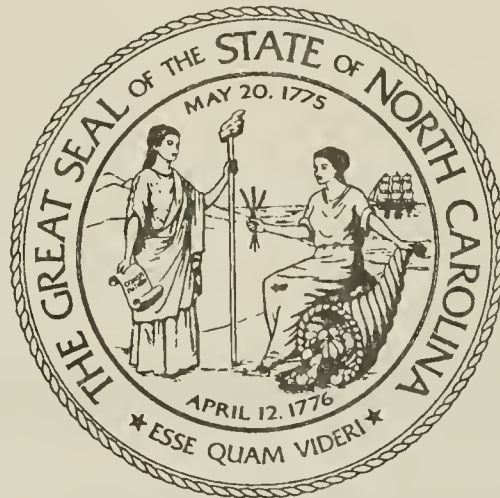
LEGISLATIVE
RESEARCH COMMISSION

GERONTOLOGY

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REPORT TO THE
1989 GENERAL ASSEMBLY
OF NORTH CAROLINA
1989 SESSION

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LEGISLATIVE RESEARCH COMMISSION
STATE LEGISLATIVE BUILDING
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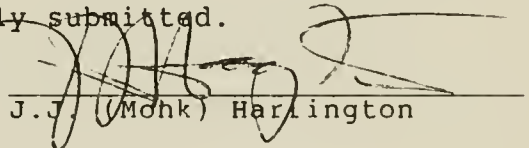
December 14, 1988

TO THE MEMBERS OF THE 1989 GENERAL ASSEMBLY:

The Legislative Research Commission herewith submits to you for your consideration its final report on gerontology. The report was prepared by the Legislative Research Commission's Committee on Gerontology pursuant to Section 2.4 of Chapter 873 of the 1987 Session Laws (H.B. 384).

Respectfully submitted.


Liston B. Ramsey


J.J. (Monk) Harlington

Cochairmen

Legislative Research Commission

1987-1988

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PREFACE

The Legislative Research Commission, established by Article 6B of Chapter 120 of the General Statutes, is a general purpose study group. The Commission is co-chaired by the Speaker of the House and the President Pro Tempore of the Senate and has five additional members appointed from each house of the General Assembly. Among the Commission's duties is that of making or causing to be made, upon the direction of the General Assembly, "such studies of and investigations into governmental agencies and institutions and matters of public policy as will aid the General Assembly in performing its duties in the most efficient and effective manner" (G.S. 120-30.17(1)).

At the direction of the 1987 General Assembly, the Legislative Research Commission has undertaken studies of numerous subjects. These studies were grouped into broad categories and each member of the Commission was given responsibility for one category of study. The Co-chairs of the Legislative Research Commission, under the authority of G.S. 120-30.10(b) and (c), appointed committees consisting of members of the General Assembly and the public to conduct the studies. Co-chairs, one from each house of the General Assembly, were designated from each committee.

The study of gerontology was authorized by Section 2.4 of Chapter 873 of the 1987 Session Laws (1987 Session). That act states that the Commission may study the issue of gerontology as it relates to economics, health-related matters, independent living, and long-term care. The relevant portion of Chapter 873 is included in Appendix A. The Legislative Research Commission grouped this study in its Human Resources area under

the direction of Senator James Richardson. The Committee was chaired by Senator William N. Martin and Representative Betty H. Wiser. The full membership of the Committee is listed in Appendix B. of this report. A committee notebook containing the committee minutes and all information presented to the committee is filed in the Legislative Library.

BACKGROUND

The study of gerontology is a branch of knowledge that deals with the aging and the problems of the aged. This study of the aging crosses many disciplines, the social sciences, the human services, the health care professions, and is concerned with the physiological, psychological, and pathological phenomena associated with aging. Although the North Carolina General Assembly has, since 1977, been studying general issues relating to the aging, it had not, up until the authorization of this present study focussed specifically on gerontological issues.

The General Assembly studies of the aging began with the establishment of a 1977 House Committee on Aging, out of which came the Legislative Research Commission's Study Committee on the Problems of Aging, which began to meet between the two sessions of the 1977 General Assembly. Since 1977, the Legislative Research Commission has authorized studies on general issues affecting the aging in 1979, 1981, 1983, 1985, and 1987. (The reports of these and all other studies referred to in this report can be found in the Legislative Library.)

In 1987, the General Assembly reacted to the increasing societal concerns of and for the elderly by establishing the North Carolina Study Commission on Aging and by authorizing two specialized Legislative Research Commission study committees on the elderly: the Legislative Research Commission Study Committee on Gerontology and the Legislative Research Commission Study Committee on Rest Homes, Nursing Homes, and Ombudsmen. In addition, the General Assembly continued or established several other

study committees and commissions that were concerned, at least, in part, with issues affecting the elderly: the Indigent Care Study Commission, the Social Services Study Commission, and the Legislative Research Commission Study Committee on the Modern Family. The Governor's Commission for the Family also studied issues relating to the elderly, among many other issues.

Although there has been much past study in North Carolina on issues affecting the elderly, and although there are presently a good number of committees studying these issues, the Legislative Research Commission Study Committee on Gerontology alone has focussed on issues of the elderly as systematically determined and assessed and as related to the education, training, and services provided to caregivers of the elderly and to the elderly themselves. A program of services for the aging, including a comprehensive care system, should be preceded by reliable and valid information that describes the physical health, mental health, and social and other human services needs of older adults in North Carolina, from the mountains, through the Piedmont, and to the coast. (The following statistics are compiled from the American Association for Retired Persons' publication A Profile of Older Americans: 1987.)

The older population, people 65 years or older, numbered 29.2 million in 1986. They represented 12.1% of the American population (triple the percentage of older Americans in 1900); one out of every eight Americans was 65 or older. There were, as of 1986, more women 65 years or older than men, 17.4 million women as opposed to 11.8 million men. This sex ration, of 147 women to 100 men, increased with greater age. The ratio of women to men in the population of 85 years or more, in 1986, was 253 women to 100 men. And, perhaps most significant, the older population itself is getting older. In 1986, the 65 to 74 age group (17.3 million) was eight times larger than

in 1900 but the 75-84 age group was 12 times larger and the 85 and older age group was 22 times larger.

The older population is expected to continue to grow in the future. This growth will slow somewhat during the 1990's because of the relatively small number of babies born during the Great Depression of the 1930's. The most rapid increase is expected between the years 2010 and 2030 when the "baby boom" generation reaches age 65. By the year 2000, people 65 years or older are expected to represent 13% of the population, which percentage may increase to 21% by 2030, when there will be about 65 million older people, two and a half times their 1980 number. **If current fertility and immigration levels remain stable, the only age groups to experience significant growth in the next century will be those past 55.**

Without a careful gerontological study, North Carolina will not be able to plan how best to meet the health, economic, and social needs of this increasing, and increasingly aging, older population.

COMMITTEE PROCEEDINGS

The Legislative Research Commission Study Committee on Gerontology met eight times, on November 24, 1987, January 12, 1988, February 22, 1988, March 22, 1988, May 9, 1988, September 21, 1988, and November 21, 1988. The Agendas and lists of all people appearing at the meetings are in Appendix C of this report. The February 22, 1988 meeting was held jointly with the Aging Study Commission and the Legislative Research Commission Study Committees on Rest Homes, Nursing Homes, and Ombudsmen and the Modern Family. This meeting consisted of a symposium on aging presented by the National Conference of State Legislatures, which focussed on the issues surrounding long-term care for the elderly. (Materials from this symposium are collected in the official record of the Committee, on file in the Legislative Library, as are the approved Minutes of all the Committee meetings.)

After its introductory meeting on November 24, 1987, in which the Committee heard from university health care professionals, from State data personnel, from the Department of Human Resources, Division of Aging, and from the Aging Study Commission counsel, the Committee decided to investigate three related areas of gerontological concern: (i) the availability and accessibility of adequate data sets necessary before any systematically-based assessment of the needs of the elderly can be undertaken; (ii) the availability of adequate, appropriate Statewide needs assessments of the elderly, necessary before any rational Statewide policy can be developed to meet present and future needs; and (iii) the

overall acceptability and accessibility of health care, education, training, and services provided for caregivers of the elderly, and to the elderly themselves.

In its investigation of what data on the elderly in North Carolina were available, and accessible, the Committee discovered that different agencies and entities had different data sets, that no one entity had all sets available to give all the demographic, geographic, economic, health, social, and related statistics necessary to provide the total picture of the elderly in North Carolina, that no one agency or entity could even coordinate data requests from other groups and "discover" the data responses for existing, known data sources. The Committee also discovered that, at present, all too often, some agencies' data went unused by other agencies. In too many cases, some agencies' or entities' data were inaccessible because other agencies did not have the personnel qualified to ask the right "questions," and we have very limited data sets on the aging population in the rural areas of North Carolina.

The Committee received testimony from Dr. Stephen Birdsall, Professor of Geography, Associate Dean of the Arts and Sciences at the University of North Carolina at Chapel Hill. In 1978 and 1979, Dr. Birdsall was the senior author of The North Carolina Atlas of the Elderly, a compilation that provided essential demographic and geographic information. The Committee encouraged Dr. Birdsall to update this Atlas, which he will do. The new Atlas will be available in January of 1989, in time for use by the 1989 General Assembly and other policy makers.

At its September 21, 1988 meeting, the Committee received a commitment from the newly reconstituted Division of Aging to begin in real earnest to function as the lead agency for matters affecting the elderly, including necessary data provision and coordination. The Committee decided that the Division should be the organ of

coordination of all available data of the elderly, although the Division need not contain within itself a central data bank on the elderly.

In its investigation of the adequacy of statewide needs-based analyses of the elderly, the Committee discovered that, the State's existing analyses of the needs of the elderly in North Carolina were inadequate. This inadequacy alone can explain the inadequacy the Committee also discovered in the Division's plan for the provision of services based on needs analysis. The Committee, on January 12, 1988, received the Division of Aging's Aging Policy Plan, which had been mandated by the 1987 General Assembly. The Committee found several major flaws with the plan: the data basis for the policy conclusions were not present, the needs analysis necessary to generate these conclusions were inadequate, and, therefore, the plan itself was neither clearly stated nor adequate as an instrument of policy. At its September 21, 1988 meeting the Committee received testimony from the representatives of two universities on the inadequacy of the needs analysis instrument used by North Carolina. The instrument used by the State is clearly inappropriate to North Carolina. The presenters provided the Committee with regional needs analyses they had developed by generating their own survey instrument, appropriate to the regions of North Carolina they were working with. From the analyses of the needs of the elderly, they had been able to come up with adequate, effective plans to meet those needs, now and in the future. (For these presentations, see Appendix D of this report.) At this same meeting, the Committee was again encouraged by the Division of Aging's commitment to rework its process of needs analysis and planning mechanisms, by reexamining these mechanisms and by working with the universities in developing both complete data information and in developing adequate needs analyses' instruments.

In its investigation of health care and other education, training, and services provided both to caretakers of the elderly and to the elderly themselves, the Committee again discovered that, although many agencies and entities were providing many excellent programs and services, a lack of coordination and central planning kept the State from being able to assess adequately what was available and thus from being able to plan how to provide more and better education, training, and services.

The Committee was encouraged to hear that The University of North Carolina was committed to geriatric programs, to expand them, and make them better, although it remains a question whether the system itself can coordinate all its programs in all its constituent institutions in the future so as to fill in all gaps without redundancy of programs.

The private colleges and universities across the State are, of course, independent of one another. Coordination of their many, diverse programs and services can be only voluntary. It cannot be forced, only encouraged.

The Community College System is doing an excellent job of providing training to many who have the most direct, daily affect on the elderly in North Carolina.

The Committee discovered that the Division of Aging is producing and developing a calendar of education, training, and service "events." This calendar can serve as a coordinating tool, providing the Division can and will do the coordination, which must include a wide distribution of the calendar. The Division indicated a real commitment to so acting, provided that the General Assembly makes it clear to all State agencies providing education, training, and services programs (excluding the universities and colleges) that they all must provide on a regular basis information regarding their programs to the Division of Aging.

Its investigation of education, training, and services led the Committee to the difficult, but essential issue of the educational, training, and other related standards that should be required of nurses' aides and of other non professionals that give hands-on care of the elderly in nursing homes and domiciliary care facilities. As this issue is a very large, very complex one, the Committee decided that there was not time for it to undertake it before the 1989 General Assembly convened. The Committee decided to urge a separate, careful, and systematic study of the whole issue. The Committee also considered that the youth of today are a potential resource for community service of all kinds, including for caregivers of the elderly, both in residential facilities and in the elderly's own homes. This service could be "rewarded" by education credits if the young person was enrolled in a course providing training at the high school, community college, or college level. There are many possibilities. The Committee received testimony that under previous administrations, the State Intern Program had been used as a very successful vehicle to tap this resource. As Senate rules currently preclude a memorialization of Congress, the Committee did not consider feasible a memorialization to Congress to establish a voluntary or mandatory national youth service dedicated to providing care and services for the elderly, but it hopes that, should the rules of the 1989 Senate allow such a memorialization, that one would be submitted. The Committee recognized that youth are not only a potential resource for services to the elderly but are also future citizens and, indeed, the future elderly. The Committee received testimony that, regardless of how good the data collection, how good the needs analysis, how good the planning, the elderly would suffer from lack of general public understanding of the elderly and the aging process and that the place to begin redressing this lack of understanding, and its commensurate lack of compassion, was the public schools, working in concert with the

community. The Committee decided to encourage the Department of Public Instruction, and other concerned and involved community and State agencies to investigate innovative ways to show even the very young what being old means.

The Committee received testimony regarding two matters that affect the well-being of the elderly in nursing homes and rest homes. The Committee received testimony that the composition of the Department of Human Resources' Nursing Home/Rest Home Penalty Review Committee needs to be mandated to include a majority of clinicians. Currently, the law does not specify what sorts of members shall be appointed by the Secretary. At present this vital Committee is composed of the Assistant Secretary, a representative of the Division of Facility Services, a representative of the Division of Social Services, a representative of the Division of Aging, a representative of the nursing home industry, a representative of the rest home industry, and only one public, at-large member. The Committee also received testimony regarding the vexed issue of how to protect the frail elderly in domiciliary care facilities from mentally disturbed elderly patients, who all too often menace their emotional and physical health. The Committee did not feel that it had time to address this issue other than to encourage all concerned with this issue to find a way to alleviate this most disturbing problem.

The Committee's formal recommendations and legislative proposals, which follow are focussed on how the State may best begin to plan to meet the needs of its rapidly growing, and rapidly aging, population. They involve how best to obtain and coordinate the necessary data about the elderly, how best to assess the needs of the elderly, and how best to coordinate education, training, and services provided.

FINDINGS AND RECOMMENDATIONS

RECOMMENDATION 1. THE COMMITTEE RECOMMENDS THAT THE DIVISION OF AGING BE REQUIRED TO SUBMIT A PLAN FOR SERVING OLDER ADULTS TO THE GENERAL ASSEMBLY BY MARCH 1, OF EVERY ODD NUMBERED YEAR, BEGINNING MARCH 1, 1991. THE PLAN FOR SERVING OLDER ADULTS SHALL CONTAIN A DETAILED ANALYSIS OF THE NEEDS OF OLDER ADULTS IN NORTH CAROLINA, INCLUDING DEMOGRAPHICAL, GEOGRAPHICAL, HEALTH, SOCIAL, ECONOMIC, AND OTHER PERTINENT INDICATORS. THE PLAN SHALL CONTAIN A CLEAR STATEMENT OF THE GOALS OF THE STATE'S LONG-TERM PUBLIC POLICY ON AGING. THE PLAN SHALL CONTAIN AN ANALYSIS OF SERVICES AND PROGRAMS CURRENTLY PROVIDED TO OLDER ADULTS AND SPECIFIC IMPLEMENTATION RECOMMENDATIONS ON EXPANSION AND FUNDING OF CURRENT AND ADDITIONAL SERVICES AND SERVICES LEVELS. NO ADDITIONAL APPROPRIATIONS ARE REQUIRED. (See Legislative Proposal 1.)

The Committee finds that the Aging Policy Plan submitted to the General Assembly and reviewed by the Committee on January 22, 1988, failed to meet its mandated requirements, in part because adequate data indicators were not used and adequate needs analyses were not undergone. The Committee finds that the Division of Aging is committed to revising all its planning mechanisms and, if required to by the General

Assembly, will be able to present an ongoing Plan for Serving Older Adults as part of the ongoing mandate of its existence as the State coordinating agency for services to older adults.

The Committee further finds that the Division of Aging is attempting to put in place a Planner who will enable the Division to carry out the mandate of this recommendation. If the Division is unable to meet its mandate, the Committee finds that the General Assembly should at that time consider direct appropriations to the six constituent institutions of The University of North Carolina having established gerontology programs and proven research and statistical analysis capabilities, to design, carry out, and complete an adequate needs assessment.

RECOMMENDATION 2. THE COMMITTEE RECOMMENDS THAT THE DIVISION OF AGING BE REQUIRED TO SERVE AS THE LEAD AGENCY IN PROVIDING FOR THE OBTAINING, COORDINATING, AND ANALYSING OF EXISTING DATA SETS REGARDING THE ELDERLY, TO ENSURE THAT ADEQUATE DEMOGRAPHIC, GEOGRAPHIC, HEALTH, SOCIAL, ECONOMIC, AND OTHER PERTINENT INDICATORS ARE AVAILABLE TO GENERATE ITS PLAN, AND ARE AVAILABLE, UPON REQUEST TO OTHERS IN THE STATE NEEDING THESE DATA INDICATORS. THE COMMITTEE RECOMMENDS THAT ALL STATE AGENCIES AND ENTITIES, INCLUDING THE DIVISION OF HEALTH SERVICES, THE DIVISION OF FACILITY SERVICES, AND THE DEPARTMENT OF ADMINISTRATION, POSSESSING DATA RELATING TO THE ELDERLY COOPERATE, UPON REQUEST, WITH THE DIVISION OF AGING IN

EFFECTUATING THIS RECOMMENDATION. NO ADDITIONAL APPROPRIATIONS ARE REQUIRED. (See Legislative Proposal 11.)

The Committee finds that no one State agency or entity has all the data sets necessary to generate all the indicators necessary to produce an accurate, total statistical picture of the elderly in North Carolina, and that, without such a statistical picture, policy planning to serve the needs of the elderly will be futile. The Committee finds that the Division of Aging is the logical lead agency to provide for the obtaining, coordinating, and analysing of all the existing State data sets, as it is the agency that is required to plan for serving the needs of the elderly. The Committee also finds that it is necessary to require that all State agencies and entities possessing data on the elderly be required to cooperate with the Division.

RECOMMENDATION 3. THE COMMITTEE RECOMMENDS THAT THE DIVISION OF AGING BE REQUIRED TO SERVE AS THE LEAD INFORMATION AGENCY PROVIDING INFORMATION ABOUT SERVICES AVAILABLE AND BEING PROVIDED FOR AND TO THE ELDERLY AND THAT IT BE REQUIRED TO PROVIDE A CALENDAR OF SERVICES UPDATED AT LEAST ANNUALLY. THE COMMITTEE RECOMMENDS THAT ALL STATE AGENCIES AND ENTITIES ADMINISTERING STATE OR FEDERAL FUNDING FOR SERVICES FOR THE ELDERLY BE REQUIRED TO PROVIDE BY SEPTEMBER 1 OF EACH YEAR ALL INFORMATION REQUIRED BY THE DIVISION TO THE DIVISION OF AGING ON SERVICES PROVIDED. NO APPROPRIATIONS ARE REQUIRED. (See Legislative Proposal 11.)

The Committee finds that there is no Statewide clearinghouse of information regarding State services and programs provided for and to the elderly, and that such lack of a central coordinating body stands as a real bar to the maximum utilization of the excellent services that the many State agencies and entities are now separately providing and as a bar to policy decisions regarding what new services are required to meet the needs of the elderly in North Carolina. The Committee finds that the Division of Aging is, again, the logical lead agency to act as the central clearing house, provided all other State agencies are required to provide all necessary information regarding their programs and services to the Division. The Committee finds that such agencies and entities include, but are not limited to, the Department of Human Resources' Divisions of Aging, of Services for the Blind, of Medical Assistance, of Health Services, of Vocational Rehabilitation Services, of Mental Health, Mental Retardation, and Substance Abuse Services, of Social Services, and of Facility Services, the Department of Insurance, the Department of Administration, The University of North Carolina, the Department of Community Colleges, the Department of Public Instruction, the Department of Labor, the Department of Natural Resources and Community Development, the Department of Commerce, and the Retirement Services Division, Office of State Treasurer. The Committee also finds, that as a part of its mandate to be the central information clearinghouse, the Division should also be required to produce an annually updated "calendar" of State programs and services for and to the elderly.

RECOMMENDATION 4. THE COMMITTEE RECOMMENDS THAT THE ISSUE OF EDUCATION, TRAINING, AND OTHER STANDARDS TO BE REQUIRED OF NURSES' AIDES AND OTHER NONPROFESSIONALS PROVIDING HANDS-ON

CARE TO THE ELDERLY IN NURSING HOMES, REST HOMES, AND DOMICILIARY CARE FACILITIES BE STUDIED BY A SPECIFICALLY APPOINTED LEGISLATIVE RESEARCH COMMISSION STUDY COMMITTEE. (See Legislative Proposal IV.)

The Committee finds that there must be a separate, specifically authorized study of the whole issue of what education, training, and other standards, if any, should be mandated by the State of all nurses' aides and other nonprofessionals who provide hands-on care of the elderly in nursing homes, and domiciliary care facilities. This study should include careful and systematic consideration of ways to combine requirements for better training and education with incentives that will encourage workers to train and be educated and stay on the job even though their pay is all too often far too low.

RECOMMENDATION 5. THE COMMITTEE RECOMMENDS THAT THE DEPARTMENT OF HUMAN RESOURCES' NURSING HOME/REST HOME PENALTY REVIEW COMMITTEE BE REQUIRED TO BE COMPOSED OF A MAJORITY OF CLINICIANS AND HAVE AT LEAST ONE CONSUMER ADVOCATE. THE COMMITTEE RECOMMENDS THAT THE CLINICIANS SELECTED SHALL BE SELECTED FROM THE FOLLOWING DISCIPLINES: PHYSICIAN, GERONTOLOGICAL NURSE SPECIALIST, REHABILITATION THERAPIST, AND DIETICIAN. ALL THESE CLINICIANS SHALL EITHER BE CERTIFIED AS HAVING SPECIAL COMPETENCIES IN GERIATRICS OR GERONTOLOGY, OR BE CERTIFIED IN THE RELEVANT SPECIALTY BY AN ACCREDITED PROFESSIONAL ORGANIZATION. (See Legislative Proposal 5.)

The Committee finds that, although the Secretary of Human Resources is required by law to appoint a Nursing Home/Rest Home Penalty Review Committee, to review complaints against nursing homes and consider appropriate penalties, if any, the law does not specify the makeup of the Committee. There are seven members appointed by the Secretary of Human Resources. Currently the Committee contains only one public member. The rest are representatives of State agencies or divisions and of the nursing home and rest home industries. The members are, currently: The Assistant Secretary, a representative of the Division of Facility Services, a representative of the Division of Aging, a representative of the Division of Social Services, a representative of the nursing home industry, a representative of the rest home industry, and one public member. The Committee finds that there should be a majority of those clinical professionals, such as physicians, gerontological nurse specialists, rehabilitation therapists, and dieticians, certified as having special competencies in geriatrics or gerontology, or certified in the relevant specialty by a professional organization, providing direct care of the frail elderly in nursing homes and rest homes. Without such composition, which also should contain at least one consumer advocate, the Committee finds that the Penalty Review Committee cannot possibly fulfill its mandate to review complaints. The Committee finds that, as the body exists now, it is dominated by agency and institutional interests.

RECOMMENDATION 6. THE COMMITTEE RECOMMENDS THAT THE MENTAL HEALTH STUDY COMMISSION BE ENCOURAGED TO CONTINUE ITS STUDY OF HOW TO PROTECT THE FRAIL ELDERLY IN DOMICILIARY CARE FACILITIES FROM BEING EMOTIONALLY AND PHYSICALLY

MENACED BY MENTALLY DISTURBED PERSONS CONFINED IN THESE FACILITIES.

The Committee finds that the frail elderly in domiciliary care facilities are all too often menaced emotionally and physically by mentally disturbed persons confined in these facilities. The Committee finds that there is a general awareness at both the State and at the institutional level of this problem. The Committee finds that the Mental Health Study Commission is already aware of this issue and that it should continue to address it, with the Committee's encouragement and support.

RECOMMENDATION 7. THE COMMITTEE RECOMMENDS THAT THE LEGISLATIVE RESEARCH COMMISSION AUTHORIZE A STUDY TO DETERMINE HOW TO ESTABLISH A STATE YOUTH SERVICE PROGRAM, WHICH WOULD ENCOURAGE THAT NORTH CAROLINA YOUTH PERFORM VITAL SERVICES FOR THE COMMUNITY, INCLUDING FOR THE STATE'S ELDERLY. THE COMMITTEE RECOMMENDS THAT THIS STUDY INCLUDE A DETERMINATION OF THE LENGTH OF SERVICE ENCOURAGED, A DETERMINATION OF WHAT EDUCATIONAL OR OTHER INCENTIVES SHOULD BE OFFERED THE YOUTH IN EXCHANGE FOR SERVICE, AND WHAT THE SERVICE PROGRAM'S STATE MECHANISMS SHOULD BE. (See Legislative Proposal VI.)

The Committee finds that North Carolina youth are a great, potential resource for all community services, including caregivers and service providers of the elderly. The Committee finds that a careful study is needed as to how to tap this resource both to the great benefit of the elderly, their permanent caregivers and service providers, and to the

youth themselves, who should not only receive educational and, perhaps, other incentives in exchange for their service, but also should receive direction, purpose, and all the personal rewards that accrue to those who perform invaluable social services. The Committee finds that the following agencies and entities should be involved in the study: The University of North Carolina, the State's private and independent colleges and universities, the Department of Community Colleges, the Department of Human Resources, the Department of Public Instruction, and the Department of Administration.

RECOMMENDATION 8. THE COMMITTEE RECOMMENDS THAT THE DEPARTMENT OF PUBLIC INSTRUCTION BE ENCOURAGED TO INVESTIGATE INNOVATIVE WAYS TO INFORM ALL STUDENTS, FROM KINDERGARTEN THROUGH THE TWELFTH GRADE, ABOUT THE AGING PROCESS, ABOUT WHAT IT MEANS TO AGE, ABOUT HOW THEY WILL AGE.

The Committee finds that, regardless of how good the data collection, how good the needs analysis, how good the planning, the elderly will continue to suffer from the lack of general public understanding of the elderly and of the aging process. Further, the Committee believes that the place to begin redressing this lack of understanding, is in the public schools, working in concert with the community. The Committee finds that the Department of Public Instruction should be encouraged to investigate innovative ways to incorporate into its existing kindergarten through grade twelve curriculum information about the aging process, about what it means to age, about how the students themselves will age.

RECOMMENDATION 9. THE COMMITTEE RECOMMENDS THAT THE 1989 GENERAL ASSEMBLY APPROPRIATE FUNDS TO THE NORTH CAROLINA EXTENSION SERVICE, HOME ECONOMICS DEPARTMENT, TO CONTINUE AND EXPAND STATEWIDE, IN COOPERATION WITH THE NORTH CAROLINA AGING NETWORK, THE DEVELOPMENT OF THE TRAINING OF CAREGIVERS, VOLUNTEER ADULT SITTERS, AND VOLUNTEER INFORMATION PROVIDERS. (See Legislative Proposal VII.)

The Committee finds that there is a steadily increasing number of elderly citizens residing in their own homes, aided by family caregivers, volunteer adult sitters, and volunteer information providers. The Committee finds that, with the help of these caregivers and volunteers, elderly citizens are often able to prevent or postpone being institutionalized, which institutionalization is far more costly to the State and far less acceptable to the elderly themselves, than being aided in their own homes. The Committee finds that there is a need to train the caregivers and volunteers to teach them how to care properly for their family member, friend, or neighbor and that the North Carolina Agricultural Extension Service, Home Economics Department, has already begun an excellent program to train these caregivers and volunteers. Appropriations for the program in 1989-90 of fifty thousand dollars will be used to provide materials for eight county teams to use in training ten caregivers each and to prepare training packets and training tapes for other counties. Appropriations for the program in 1990-91 of fifty thousand dollars will be used to train agents from thirty additional counties to conduct training

of family caregivers and to disseminate training packets and make training tapes available to the remaining sixty-two counties.

APPENDIX A

Relevant Portion of Chapter 873 of the 1987 Session Laws

Section 2.4 of Chapter 873 of the 1987 Session Laws reads:

"Sec. 2.4 Gerontology (H.B. 384-Nye). The Legislative Research Commission may study the issue of gerontology as it relates to economics, health-related matters, independent living, and long-term care."

APPENDIX B

Membership of LRC Committee on Gerontology

Membership of LRC Committee on Gerontology

Sen. William N. Martin, Cochair

Rep. Betty H. Wiser, Cochair

Sen. James D. McDuffie

Rep. Edd Nye

Ms. Helen Newsome

Rep. J. Paul Tyndall

Mrs. Jack Robertson

Rep. E. Alexander Warner, Jr.

Sen. Marvin Ward

Rep. Barney Paul Woodard

APPENDIX C

Agendas and lists of Committee Visitors

Agenda
LEGISLATIVE RESEARCH COMMISSION
STUDY COMMITTEE ON GERONTOLOGY
Tuesday, November 24, 1987
Room 1124, Legislative Building

- I. Welcome
Members' Introduction
Budget Approval - Staff
LRC Rules; Study Background - Staff
- II. Presentations
Gerontological Health Care Programs/Issues
(1) Dr. Mark Williams, Director of Programs on Aging, University of North Carolina School of Medicine;

General Gerontological Policy Reports/Issues
(1) John Tanner, Deputy Director, Division of Aging, Department of Human Resources;
(2) Bill Finger, Editor of Insight, the Magazine of the North Carolina Center for Public Policy Research

Economic Demographics of Aging
(1) Delton Atkinson, Director of the State Center for Health Statistics, Department of Human Resources;
(2) Celia Fuller, Information Consultant, State Data Center, Office of State Budget and Management;
(3) Dr. Robert Clark, Professor, Department of Economics and Business;

Gerontological health Care Programs/Issues
(2) Elise Bolda, Program on Aging, University of North Carolina School of Public Health;
(3) Additional Presentations
- III. Committee Discussion/Future Agenda Setting/Meeting Dates Setting
- IV. Adjournment

VISITOR REGISTRATION SHEET

LEGISLATIVE RESEARCH COMMISSION - GERONTOLOGY STUDY

11-27-

Name of Committee

Date

VISITORS: Please sign below and return to Committee Clerk.

NAME	FIRM OR STATE AGENCY AND ADDRESS
RDM Miller Jr.	UNC
Delton Atkinson	State Center for Health Stat, Div. of Health
Mark E Williams	UNC Program of Aging (school of)
Elise J. Bolde	UNC Program on Aging (School of)
John [unclear]	Div. of Aging - Deputy Director
Melia Fuller	OSBM/ State Data Center
Bill Finger	NC Center for Public Policy
Pam [unclear] (for [unclear])	NC Home Care Franchise Assn

STATE OF NORTH CAROLINA
LEGISLATIVE RESEARCH COMMISSION
STATE LEGISLATIVE BUILDING
RALEIGH 27611



LEGISLATIVE RESEARCH COMMISSION STUDY COMMITTEE
On
GERONTOLOGY
Agenda
Tuesday, January 12, 1988; 10:00 A. M.
Room 1124, Legislative Building

- 10:00 Approval of Minutes
Setting of Next Three Meeting Dates
- 10:15 Review of Previous Meeting - Staff
Review of Aging Study Commission Work -
Bill Finger, Commission Counsel
Review of Nursing Home, Rest Home, Ombudsman Committee -
John Young, Committee Counsel
- 10:45 Presentation of Demographic Profile of Aging -
Dr. Stephen S. Birdsall, Professor of Geography,
Associate Dean of the Arts and Sciences,
University of North Carolina at Chapel Hill
- 11:15 Presentation of Aging Policy Plan -
John Tanner, Deputy Director, Division of Aging,
Department of Human Resources
- 12:00 Committee Discussion
Agenda Setting
Directions to Staff
Adjournment

VISITOR REGISTRATION SHEET

----- LRC STUDY COMMITTEE ON GERONTOLOGY -----

January 12, 1988

Name of Committee

Date

VISITORS: Please sign below and return to Committee Clerk.

NAME

FIRM OR STATE AGENCY AND ADDRESS

Greg Brewer	DoA	1985 Umstead Dr. - Raleigh
AM AUTREY (FOR J. CRAIG SOUZA)	N.C. Health Care Facilities Assn.	5109 Boulevard - P.
STEPHEN BIRDSALL	Dept. of Geography, Univ of NC	Chapel Hill, NC 275
Maudia Speed	Southern Strategies	215 Glenwood Ave, Raleigh
LISA MORRIS	DSS	Raleigh

A G E N D A

Legislative Research Commission Study Committee on Gerontology
Tuesday, March 22, 1988
10:00 a.m., Room 1124, Legislative Building

A FOCUS ON EDUCATION AND TRAINING FOR PEOPLE WHO CARE FOR THE
ELDERLY

- 10:00 Welcome
- 10:05 Approval of Minutes
- 10:10 Staff Presentation
- 10:20 Report on Study Commission on Aging - Bill Finger,
Commission Counsel
- PRESENTATIONS:
- 10:30 Division of Aging - Marian Sigmon, Training Coordinator
- 10:50 The University of North Carolina - R. D. McMillan
- 11:10 Independent Colleges and Universities - John Henley,
President, N. C. Independent Colleges and
Universities Association
- 11:30 Department of Community Colleges - Sandford Shugart,
Vice President for Programs
- 11:50 North Carolina AHEC Program - Kate McDonald, Associate
Director for Program Activities
- 12:10 Wake AHEC Program - Robert Sigmon, Associate Director
- 12:30 Committee Discussion
- Directions to Staff
- Adjournment

VISITOR REGISTRATION SHEET

----- LRC Study Committee on Gerontology ----- 3-22-80
 Name of Committee *J* Date

VISITORS: Please sign below and return to Committee Clerk.

NAME	FIRM OR STATE AGENCY AND ADDRESS	
Roger G. Worthington	Dopt. of. P. C.	Raleigh
Marion S. Simon	N.C. Division of Aging	Raleigh
Mary Bethel	N.C. Division of Aging	Raleigh
Susan Wynne	N.C. Council on the Status of Women	Raleigh
Greta Brewer	NC Div. of Aging	Raleigh
Bob Simon	Wake AHEC	Raleigh
Ann Sawyer	N.C. Medical Society	Raleigh
Robert P. Brown	2713 Poole Rd. Murray Hill	Raleigh 276
Kate McDonald (KATE McDONALD)	UNC AHEC Program, UNC-CH (NCAHEC PROGRAM)	Chapel Hill
BELAINE Belaine Stoops	N.C. Division of Aging DOA	RALEIGH

STATE OF NORTH CAROLINA
LEGISLATIVE RESEARCH COMMISSION
STATE LEGISLATIVE BUILDING
RALEIGH 27611



LEGISLATIVE RESEARCH COMMISSION STUDY COMMITTEE
ON GERONTOLOGY
Monday, May 9, 1988; 10:00 A. M.
Room 1124; Legislative Building

10:00 Welcome

Approval of Minutes

Presentations:

I. Education and Training of Care Providers

- 10:15 (1) Dr. Gary Nelson, School of Social Work, University of North Carolina at Chapel Hill
- 10:30 (2) Bob Jackson, Department of Insurance
- (3) Mary Joe Littlewood, Deputy Executive Director, Council on Aging of Wake County
- 11:00 (4) Linda Rahija, Chair of Domiciliary Home Advisory Committee of Orange County
- 11:15 (5) Manny Marbet, Fiscal Research Division
- 11:30 II. Aging Commission Presentation to 1988 Session, Bill Finger
- III. Education, Training, and Services for Elderly
- 11:45 (1) University of North Carolina
- 12:00 (2) Division of Aging, Marian Sigmon
- 12:15 (3) Community Colleges

VISITOR REGISTRATION SHEET

LRC Study Committee on Gerontology

May 9, 1988

Name of Committee

Date

VISITORS: Please sign below and return to Committee Clerk.

NAME

FIRM OR STATE AGENCY AND ADDRESS

Linda Rahija Orange County Domiciliary Home C. Advisory Comm.

LINDA BERO FOR LTC 4020 WESTCHASE BLVD SUITE 425 RALEIGH N.C. 27607

Sally Nelson Program in Aging LMC Chapel Hill 27514

Rosal Broadley Orange Co. Dom. Home C. Adv Comm.

SHARON MOORE N.C. CENTER FOR PUBLIC POLICY RESEARCH

Bob Jackson N.C. Dept of Insurance

Patricia Jenkins NC Health Care Facilities Assn.

STATE OF NORTH CAROLINA
LEGISLATIVE RESEARCH COMMISSION
STATE LEGISLATIVE BUILDING
RALEIGH 27611



A G E N D A
LEGISLATIVE RESEARCH COMMISSION STUDY COMMITTEE ON
GERONTOLOGY
Wednesday, September 21, 1988
10:00 A. M.
Room 1124, Legislative Building

10:00 WELCOME

Approval of Minutes of Last Meeting

10:15 Staff Presentation:

- (1) 1988 Legislation affecting Aging, including Appropriations.
- (2) Outline of Committee work to present.

11:00 Presentations:

- (1) John Syria, Director of Division of Aging, Department of Human Resources;
- (2) Dr. Stephen Birdsall, Associate Dean of the School of Arts and Sciences, University of North Carolina at Chapel Hill;
- (3) Dr. Tanya Johnson, Division of Health Services, Department of Human Resources;
- (4) Dr. Vera Kivett, School of Human Environmental Sciences, University of North Carolina at Greensboro;
- (5) Dr. Rebecca Adams, Department of Sociology, University of North Carolina at Greensboro.
- (6) Dr. Jim Mitchell, Department of Sociology and Anthropology, East Carolina University;

12:30 Committee Discussion

Draft Recommendations to be considered for inclusion in the Committee Report.

Directions to Staff regarding next meeting or Draft Report

Adjournment

VISITOR REGISTRATION SHEET

LRC Study Committee on Gerontology

September 21, 198

Name of Committee

Date

VISITORS: Please sign below and return to Committee Clerk.

NAME

FIRM OR STATE AGENCY AND ADDRESS

Sharon Moore

N.C. CENTER FOR PUBLIC POLICY RESE

Dick Williams

4613 Pinewood Tr. CHARLOTTE, N.C. 2

Linda Bode

Friends of Pavedin's in Long Term Care
4020 West Charr Blvd Raleigh, N.C 27607

Bonnie Cramer

N.C. Division of Aging

STATE OF NORTH CAROLINA
LEGISLATIVE RESEARCH COMMISSION
STATE LEGISLATIVE BUILDING
RALEIGH 27611



A G E N D A

LEGISLATIVE RESEARCH COMMISSION STUDY COMMITTEE
GERONTOLOGY

November 21, 1988; 10:00 A. M.

Room 1124, Legislative Building

10:00 A. M. Welcome
 Approval of Minutes
 Review of Draft Report
 Consideration of Additional Recommendations
 Committee Discussion
 Committee Action on Draft Report
 Adjournment

VISITOR REGISTRATION SHEET

LRC Study Committee on Gerontology

Nov 21, 1988

Name of Committee

Date

VISITORS: Please sign below and return to Committee Clerk.

NAME

FIRM OR STATE AGENCY AND ADDRESS

CRAIG SOUZA	NC HEALTH CARE ASSN.	WAMEGO
Ann Hutton	NC AREA AGENCIES ON AGING	NEW BERN
Jeanne Lipscomb	Duke Department of Health Administration	
Bonnie Cramer	DLR - Division of Licenses	
John Rainey	Zebulon P. Alley, P.A.	Raleigh, NC
Ann Eller	NC Div. of Social Services	Raleigh
Cynthia ^{Heinberg} Heinberg	Carolina Legal Assistance	Raleigh
RANDOLPH HEIDRICKS	504 VATES PLACE, ZEBULON, N.C. 27597	
Leo F. Hawkins	Box 7605, N.C. STATE UNIV.	Raleigh 27695-7605

APPENDIX D

Presentations on Needs-Based Assessment Surveys

(September 21, 1988)

Presentation to the Legislative Research Commission's
Study Committee on Gerontology

September 21, 1988

Rebecca G. Adams, PhD
Associate Professor of Sociology and
Chair of Gerontology Program
University of North Carolina at Greensboro

Representative Wiser asked me to comment on the state of our knowledge about older North Carolinians. Today, I am planning to discuss two deficiencies in the data we have on our older adults--a lack of systematically collected and summarized information on people receiving services and a lack of primary data on the needs of the entire older population. Without these two crucial types of information, rational planning cannot take place. I will also discuss two ancillary personnel problems--people who are in positions to recommend policy often have not been trained to interpret research results and translate them into concrete plans, nor do they usually have the authority to make sure that changes take place.

My comments are largely based on my experiences doing research and working with local planners in two North Carolina counties, Davidson and Yadkin. Both studies were conducted by the Center for Social Research and Human Services of the University of North Carolina at Greensboro. The Davidson County Study was conducted in 1984 and 1985 under contract with the Piedmont Triad Council of Governments Area Agency on Aging. The Yadkin County Study on Aging was conducted in 1986 and 1987 under

contract with the Northwest Piedmont Council of Governments Area Agency on Aging (NPCOGAAA).

The major purpose of both of the studies was to serve as a basis for community-wide long-range planning of a continuum of long-term care services for the elderly. The first step in each county was a survey of existing services. The Center conducted and reported on such a survey of Davidson County, and the NPCOGAAA conducted its own survey of the services in Yadkin County, relying on the Center staff only for advise. In Davidson, the first step included a mail survey of churches in addition to the face-to-face interviews with representatives of the local community agencies, acute care facilities, and long-term care facilities. The second stage in each county was a house-to-house survey of elderly residents. Both counties formed citizens' groups to review the research findings and to make recommendations to their county commissioners.

Lack of Data on Clients Served

In the process of studying the services available in Davidson County, it became obvious that data on clients who were being provided services was not as complete or as easily accessible as is desirable for comprehensive planning. The major problems encountered were:

- (1) agencies or facilities did not record the information;
- (2) they recorded it, but did not summarize it in an easily accessible way; and

(3) different organizations collected or summarized information in different ways.

Depending on the client characteristic, between 15.0 and 25.8 percent of the organizations collected, but could not summarize the information. The most serious problem for planning services for the elderly was that only 29 percent of the organizations collected and summarized information on their clients' ages. These findings suggested a change in the system of collecting and storing the information would be useful.

Since the completion of the study, the North Carolina Division on Aging has begun to use an intake form and procedure that produces data on the clients of programs funded under Title III of the Older Americans Act. Many of the suggestions resulting from the Davidson County Study were incorporated into this plan, but serious problems remain unsolved. First, this plan is not comprehensive--it covers only older adults being served in Title III programs. Second, the forms are not administered systematically--information is updated whenever a service provider decides to do it. Third, the instructions and training for how to use the form are inadequate, particularly in the area of assessing the level of functioning of the client. This procedure, quite frankly, seems designed solely to meet bureaucratic Federal requirements rather than to serve the need for systematic planning for services for the older residents of our state.

Lack of Primary Data on the Needs of the Older Population

Although Davidson and Yadkin Counties are not the only ones in which primary needs assessments have been conducted, they are among a very small number. People doing planning for other counties have to rely on computer-synthesized data packets acquired from Savant, Inc. by the North Carolina State Division on Aging. The model used to generate these estimates is based upon information derived from the General Accounting Office's 1975-1976 study of the Well-Being of Older People in Cleveland Ohio (1977). This study looked at the needs of the elderly and their utilization of services by using the same instrument (The Older Americans Resources and Services instrument) that we used in the Davidson and Yadkin studies. SAVANT, Inc. took the knowledge gained from the Cleveland study about the distribution of functional impairment and service utilization among people of different ages, sexes, and races and used it to generate estimates from Census data on each North Carolina county. The findings of both the Davidson and Yadkin studies show that the projections provided by SAVANT, Inc. were inaccurate in many ways.

First, in both counties, SAVANT, Inc.'s projection of the percentage of elderly people who will have little or no impairment in 1990 was very high. In both counties, they projected that about 80% of the population would be unimpaired. The projections from both the Yadkin and Davidson studies were about 40%. The error in SAVANT, Inc.'s projections results from

an assumption underlying their model: that a resident of Cleveland, Ohio, of a given age, sex, and race would be as impaired as a resident of any North Carolina county of the same age, sex, and race. This assumption ignores the different lives people in Cleveland and in North Carolina are likely to have led and the resulting difference in their functional problems.

Second, in both counties, the estimates of the numbers of people needing services prepared by SAVANT, Inc. are, in general, much higher than those based on the two county studies. Note the apparent contradiction; they underestimated impairment but over-estimated need for services. This contradiction can be explained away by considering another assumption underlying the SAVANT model--that the culture of Cleveland, Ohio is the same as the culture in every North Carolina county. The reason fewer services are needed in Davidson and Yadkin than SAVANT, Inc. projected is because the residents of those counties provide more informal support for their elderly citizens than the citizens of Cleveland, Ohio do.

I have heard many planners comment that now that the Davidson and Yadkin County studies have been completed, no more research is needed. Nothing could be further from the truth. We cannot assume that what we found to be true in Davidson and Yadkin Counties is true in other parts of North Carolina. No one familiar with the diversity of cultural and economic environments in North Carolina would be foolish enough to make such an assumption.

I have also heard suggestions that we do a state-wide survey of elderly people. That is fine if planning is to occur at the state level, but concrete plans are usually made and implemented at the county or regional level. Because we no longer need to test the accuracy of the SAVANT, Inc. data, the interviews could be substantially shorter than they were for the Yadkin and Davidson County Studies. Although it would be better to do a study in every county, surveying the residents of a sample of representative counties would be a reasonable compromise.

Lack of Planners with Research Training

It is not worth doing research unless it is going to be analyzed, interpreted, and used in the development of policies and the allocation of funds for programs serving older adults. Unfortunately, research often remains unused once it is completed. One of the reasons this happens is that people responsible for recommending policy and implementing programs do not know how to interpret findings and to translate them into concrete plans. Even when a professional researcher continues to be involved as a consultant throughout the planning period, this can be a problem. Planners must at least know enough about analyzing research results to know how to ask a researcher questions he or she can answer by consulting the data. Otherwise, researchers, who may not be informed about the local political climate, values, and goals, are left to phrase the

questions and to provide the answers to them. This process results in impractical, inadequate, or unacceptable proposals.

In Davidson and Yadkin Counties, the Area Agency on Aging Directors and I encouraged the citizen's committees to use the data to make policy recommendations to the county commissioners. In Davidson, I did a workshop on how to ask researchers questions about the data and then arranged for two students to do any analysis the Citizen's Committee requested. It wasn't enough. Only a couple of people took advantage of the opportunity and they had had research training previously. The others needed more extensive training and some hands-on experience--more than I could give them on a volunteer basis. In Yadkin, no such follow-up was attempted. This means that in both counties, no analysis was done of the data collected beyond that which I did in the technical reports. These reports were an excellent starting point for discussion of planning priorities in the two counties, but they represented only a fraction of the information available.

Therefore, I strongly recommend that any funding for policy research be accompanied by funding for training of key personnel in how to make full use of such information. Some continued support for research consulting also needs to be built into such a project. I have given a great deal of thought to how such a partnership between researchers and planners could be formed and would be happy to share my ideas with you at some appropriate future date.

Planners Usually Lack Authority

Research is useless if the people in a position to bring about change are not involved in it from the beginning. In Davidson County, the Citizen's Committee developed a plan including concrete suggestions to the County Commissioners. Their proposal died due to lack of interest on the part of those in a position to bring about change. In the Davidson case, by the time the study had been conducted and the Citizen's Committee had determined what it wanted to recommend, the political actors had changed and the new ones had no commitment to the project. In Yadkin, the Citizen's Committee is still working on its recommendations. It remains to be seen if the research will have any impact on plans for services for older adults in that county.

Summary

So, in summary, I recommend:

- (1) improving and expanding the system used to collect and summarize data on clients served;
- (2) doing research on the needs of the elderly in a representative sample of North Carolina counties;
- (3) training key personnel in how to interpret and apply research findings; and
- (4) involving policy makers in the research from the beginning and building in guarantees of their continued interest.

I thank you for the opportunity to address you this afternoon. This is an area that has concerned me for many years, and I am very pleased that it is receiving some long-needed attention.

(September 21, 1988

TESTIMONY
September 20, 1988

Jim Mitchell, Ph.D.
Gerontology Program
General Classroom Building
East Carolina University

My presentation today is to reaffirm my sincere belief that the state of North Carolina can become a leader in the provision of services for her older adult citizens. I further believe that this can best be accomplished through a coordinated effort from the state legislature and the executive branch, the Department of Human Services and the Division of Aging, branch campuses of the University of North Carolina system, the eighteen Area Agencies on Aging, and public and private health and human services providers at the county and community levels. The older adults in our state deserve a system of care and assistance that is *COMPREHENSIVE, COORDINATED, AND CONTINUOUS*.

A system of care that is comprehensive insures that, regardless of residence, race, or income, older adults have equal access to the broad range of care that can facilitate independent living or humane long term residential care.

A system of care that is coordinated insures that one provider is aware of care, assistance, or treatment that is being furnished by other providers. It suggests a system of lateral referral characterized by uninhibited communication among private and public health and human service providers so that the array of available services can be marshalled to meet the needs of an individual.

A system of care that is continuous insures that older adults are followed in order to provide the vertical referral that results in a smooth

transition upward from home care to hospital care to long-term care, rehabilitation, and discharge planning. A continuous system of care also best facilitates a gradual progression downward from intensive, hospital-based care through discharge planning to long-term residential care and rehabilitation back to home care with the goal of home maintenance and independent living.

A comprehensive care system must be preceded by reliable and valid information that describes the mental health, physical health, social and other human service needs of regional subpopulations of older adults. The population of North Carolina changes visibly as one drives from the coast inland, through the piedmont to the mountains. In eastern North Carolina, there are coastal rural counties with an elderly population that is aging in place, has marginal economic resources, but is fiercely independent due to a historical physical separation from "Raleigh." In these same counties, there are older adult immigrants with more money and more formal education who pay property taxes and want services of a different kind. Older adults living in inland counties are very different in that they are more likely to be black, have less formal education or be functionally illiterate, and live in poverty. In their midst, however, are "pockets of prosperity and services" surrounding the growing Greenville, Wilmington, Jacksonville, Wilson, and Rocky Mount. Available services seldom cross city or town limits and extend to the aging in place population in the rural areas with diverse needs. At the present time, we do not know where these people are. There are no "lists" that we can use to contact them. Aggregate data from the State Data Center, the Department of Human Resources, or the U.S. Census does not help us find them. The aggregate or grouped data can tell us that X% of the older people in Pitt County live in poverty or that X% of the total population lives in substandard housing. We know a little about people who already use services because the government requires the documentation of eligibility or need. We know nothing, however,

about people who choose not to use services. They are by-passed by care providers. A unit of service costs more in rural areas because distances are greater and communication is hampered. We estimate that the number of elderly people living in eastern NC without telephones is 30%. Approximately 20% of the elderly patients of the Family Practice Center of the ECU School of Medicine are functionally illiterate. The problems of service delivery and service access are magnified when a person has no telephone or can't read. Yet funding allocations are often times based on population as a gross projection of need without sufficient consideration of the increased cost of a unit of service in rural areas or what the service needs actually are as opposed to what we think they are or what we project them to be. Again, the consequence is that many elderly people in rural areas who, for practical purposes, do not exist except in the aggregate are by-passed by care providers.

Of the five counties in the Region Q planning area in eastern NC, Pitt County and Greenville are blessed with the largest number of services available to older adults. The services, however, lack coordination. Private and public health and human service providers are not aware of each other's activities or programs. Without awareness, how can services for older adults be coordinated? The consequence is that many older adults are discouraged from using sources of care and "getting the run around" or their needs are, again, by-passed.

Although we recognize that the medical needs of older adults tend to cross organ systems in conditions such as congestive heart failure, we are only beginning to learn that psychological needs are related to social needs which, in turn, are related to economic and physical needs. Depression is not totally organic and treatable through drug therapy--it is also environmental.

Consequently, in order to meet the needs of the aging population in a cost-effective manner, service providers at all levels need to combine forces and help older people with referral and follow-up in order that they can benefit from all of the care available. This will not happen, however, without centralized information and referral to public and private service providers.

I am here not only to point out problems, but to suggest solutions. I strongly advocate the establishment of a three-part model program. The first part is movement towards a decennial statewide needs assessment of the elderly population, independent of service utilization. The needs assessment can be carried out through the combined efforts of the gerontology faculty of the branch campuses of the UNC system and the 18 Area Agencies on Aging. I have developed a method to find and sample the elderly population in eastern North Carolina. Once they are sampled, respondents will be asked to furnish information including but not limited to social support, functional limitations accompanying diagnosed conditions, ability to live independently, medication regimen, awareness and use of services, economic resources, literacy, hearing difficulties, and health care utilization, distance to sources of care, and housing and neighborhood conditions. This information will be valuable to the State Division of Aging, the Area Agencies on Aging charged with planning for the allocation of resources, county councils on aging, health and human service providers, and educators. The projected cost of locating, sampling, and interviewing a 1% sample (2,180 people) of the population aged 65 and over of the eastern 33 counties of the state is approximately \$160,000. Once the needs are documented in detail, however, spin-off proposals for federal assistance or assistance from private foundations will be facilitated and the initial investment will be returned to the state many times over.

Secondly, I propose the printing and periodic updating of directories of

services available to older adults in each county in the state. These directories will be widely distributed to civic organizations, local units of government, and public and private organizations.

Third, I advocate the establishment of information and referral offices for services for older adults in each county. These offices will be charged with the disbursement to public and private health and human service providers and the collection of three one-page forms describing: 1) the need prompting a client inquiry, 2) a brief description of the service provided, and 3) a follow-up to determine if the initial need had been addressed. Copies of the forms could be sent to Gerontology Programs of the regional UNC campuses for computer storage, analysis, and the generation of reports.

The decennial needs assessment of the elderly population, independent of service utilization, will provide on-going panel data describing the needs and strengths of the elderly population in each region of the state. Comparing the self-reported needs with those identified through the client contact forms can not only serve as a validity check of the needs assessment data, but it can provide an estimate of gaps in service delivery.

If we are to meet the needs of the elderly population implied by the staggering growth anticipated, the state of NC will have to seek active solutions grounded in locally-sensitive data that transcend non-validated projections or conjecture. We will have to seek innovative solutions that go beyond putting more resources into present services that by-pass a significant number of older adults. The increasing dependency ratio, or number of working people providing support to those who are not working, and the increasing cost of care demand comprehensive and cost-effective services that are coordinated and continuous.

APPENDICES E-K
Legislative Proposals I-VII

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1989

D

89-LF-27

(THIS IS A DRAFT AND NOT READY FOR INTRODUCTION)

Short Title: Plan For Older Adults.

(Public)

Sponsors: .

Referred to:

- 1 A BILL TO BE ENTITLED
2 AN ACT TO REQUIRE THE DIVISION OF AGING TO SUBMIT TO THE GENERAL
3 ASSEMBLY A REGULARLY UPDATED PLAN FOR SERVING OLDER ADULTS.
4 The General Assembly of North Carolina enacts:
5 Section 1. The Division of Aging, Department of Human
6 Resources shall submit to the General Assembly by March 1 of
7 every odd-numbered year, beginning March 1, 1991, a Plan for
8 Serving Older Adults. This Plan shall include:
9 (1) A detailed analysis of the needs of older adults in
10 North Carolina, based on existing available data,
11 including demographic geographic health, social,
12 economical, and other pertinent indicators;
13 (2) A clear statement of the goals of the State's long-
14 term public policy on aging;
15 (3) An analysis of services currently provided and an
16 analysis of additional services needed; and
17 (4) Specific implementation recommendations on
18 expansion and funding of current and additional
19 services and services levels.

1 No additional appropriations are required by this act.

2 Sec. 2. This act is effective upon ratification.

3

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1989

D

89-LF-28

(THIS IS A DRAFT AND NOT READY FOR INTRODUCTION)

Short Title: Div. of Aging/Data.

(Public)

Sponsors: .

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT TO REQUIRE THAT THE DIVISION OF AGING PROVIDE FOR THE
3 COORDINATION OF ALL EXISTING DATA REGARDING THE ELDERLY AND TO
4 REQUIRE THAT ALL STATE AGENCIES AND ENTITIES POSSESSING SUCH
5 DATA COOPERATE WITH THE DIVISION.

6 The General Assembly of North Carolina enacts:

7 Section 1. The Division of Aging, Department of Human
8 Resources, shall provide for the obtaining, coordinating, and
9 analyzing of all existing data sets regarding the elderly in
10 North Carolina, in order to ensure that adequate demographic,
11 geographic, health, social, economic, and other pertinent
12 indicators are available to generate its regularly updated Plan
13 for Serving Older Adults.

14 Upon request, the Division shall make available those
15 data sets required by other State Agencies and entities serving
16 older adults within a reasonable time.

17 All State agencies and entities that possess data
18 relating to the elderly, including the Department of Human
19 Resources' Division of Health Services, the Division of Facility

1 Services, and the Division of Social Services, and the Department
2 of Administration, shall cooperate, upon request, with the
3 Division of Aging in implementing this act.

4 No additional appropriations are required by this act.

5 Sec. 2. This act is effective upon ratification.

6

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1989

D

89-LF-30

(THIS IS A DRAFT AND NOT READY FOR INTRODUCTION)

Short Title: Div. of Aging/Information. (Public)

Sponsors: .

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT TO REQUIRE THE DIVISION OF AGING TO BE THE INFORMATION
3 CLEARING HOUSE REGARDING PROGRAMS AND SERVICES FOR THE ELDERLY
4 IN NORTH CAROLINA.

5 The General Assembly of North Carolina enacts:

6 Section 1. The Division of Aging, Department of Human
7 Resources, shall be the central clearinghouse for information
8 regarding all State services and programs available and being
9 provided for the elderly in North Carolina.

10 Sec. 2. The Division of Aging, Department of Human
11 Resources shall produce and distribute annually an updated
12 calendar of events, programs, and services for the elderly in
13 North Carolina.

14 Sec. 3. All State agencies and entities administering
15 State or federal funding for programs and services for the
16 elderly shall provide to the Division of Aging by September 1 of
17 each year all information required by the Division regarding
18 services provided.

19 Sec. 4. No additional appropriations are required.

1 Sec. 5. This act is effective upon ratification.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1989

D

89-LF-31

(THIS IS A DRAFT AND NOT READY FOR INTRODUCTION)

Short Title: LRC Nurses' Aides Standards Study. (Public)

Sponsors: .

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT TO AUTHORIZE THE LEGISLATIVE RESEARCH COMMISSION TO STUDY
3 THE WHOLE ISSUE OF NURSES' AIDES STANDARDS AND OF STANDARDS OF
4 ALL NONPROFESSIONALS PROVIDING HANDS-ON CARE TO THE FRAIL
5 ELDERLY IN NURSING HOMES AND DOMICILIARY CARE FACILITIES.

6 The General Assembly of North Carolina enacts:

7 Section 1. The Legislative Research Commission is
8 authorized to study the whole issue of what standards, if any,
9 should be required by the State of nurses' aides and all other
10 nonprofessionals providing hands-on care of the frail elderly in
11 nursing homes and domiciliary care facilities. Standards
12 considered shall include education, training, and certification
13 standards.

14 Sec. 2. The Legislative Research Commission may make an
15 interim report on the progress of its study to the 1989 General
16 Assembly, Regular Session, 1990, and may make a final report,
17 including any legislative proposals, to the 1991 General
18 Assembly.

19 Sec. 3. This act shall become effective July 1, 1989.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1989

D

89-LF-32

(THIS IS A DRAFT AND NOT READY FOR INTRODUCTION)

Short Title: Clinicians/Nursing Home Penalty Committee. (Publ

Sponsors: .

Referred to:

1 A BILL TO BE ENTITLED

2 AN ACT TO REQUIRE A MAJORITY OF CLINICIANS AND AT LEAST ONE
3 CONSUMER ADVOCATE ON THE NURSING HOME/REST HOME PENALTY REVIEW
4 COMMITTEE.

5 The General Assembly of North Carolina enacts:

6 Section 1. G.S.131D-34(h) reads as rewritten:

7 "(h) The Secretary shall establish a penalty review committee
8 within the Department, which shall review administrative
9 penalties assessed pursuant to this section affecting domiciliary
10 care facilities and assessed against nursing homes licensed
11 pursuant to Chapter 131E of the General Statutes. The Secretary
12 shall ensure that the Nursing Home/Rest Home Penalty Review
13 Committee established by this subsection is comprised of seven
14 members, a majority of whom shall be clinicians, and that it
15 contains at least one consumer advocate. Clinician appointments
16 shall be made from the following disciplines: physicians,
17 gerontological nurse specialist, rehabilitation therapist, and
18 dietician. Clinicians appointed shall either be certified as
19 having special competencies in geriatrics or gerontology or be

1 certified in the relevant specialty by an accredited professional
2 organization."

3 Sec. 2. This act is effective upon ratification.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1989

D

89-LF-33

(THIS IS A DRAFT AND NOT READY FOR INTRODUCTION)

Short Title: LRC Youth Service Study.

(Public)

Sponsors: .

Referred to:

1 A BILL TO BE ENTITLED

2 AN ACT TO AUTHORIZE THE LEGISLATIVE RESEARCH COMMISSION TO STUDY
3 THE WHOLE ISSUE OF ESTABLISHING A STATEWIDE YOUTH SERVICE
4 PROGRAM TO PROVIDE YOUNG PEOPLE TO PERFORM NEEDED SERVICES FOR
5 THE COMMUNITY, INCLUDING FOR THE ELDERLY IN INSTITUTIONS AND
6 RESIDENTIAL FACILITIES, IN COMMUNITIES, AND IN THEIR OWN HOMES.

7 The General Assembly of North Carolina enacts:

8 Section 1. The legislative Research Commission may
9 study the whole issue of establishing a Statewide Youth Service
10 program to provide young people to perform needed services for
11 the community, including for the elderly in institutions and
12 residential facilities, in the communities, and in the homes.

13 This study shall include:

- 14 1. A determination of whether such a program is
15 feasible;
- 16 2. A determination of what incentives, educational and
17 other, might be offered youth in exchange for their
18 participation; and

1 34. A determination of what the State mechanisms of the
2 program should be or what services the program
3 would affect, and of how much the program would
4 cost.

5 Sec. 2. The Legislative Research Commission may make an
6 interim report on the progress of its study to the 1989 General
7 Assembly, Regular Session, 1990, and may make a final report to
8 the 1991 General Assembly.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1989

H

D

89-LF-37

(THIS IS A DRAFT AND NOT READY FOR INTRODUCTION)

Short Title: Ag. Ext. Caregiver/Vol. Training Funds. (Public

Sponsors: .

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT TO APPROPRIATE FUNDS FOR THE TRAINING OF CAREGIVERS AND OF
3 VOLUNTEER ADULT SITTERS AND INFORMATION PROVIDERS FOR THE
4 ELDERLY IN NORTH CAROLINA.
5 The General Assembly of North Carolina enacts:
6 Section 1. There is appropriated from the General Fund
7 to the Board of Governors of The University of North Carolina for
8 the North Carolina Agricultural Extension Service, Home Economics
9 Department, North Carolina State University, the sum of fifty
10 thousand dollars (\$50,000) for the 1989-90 fiscal year and the
11 sum of fifty thousand dollars (\$50,000) for the 1990-91 fiscal
12 year , to continue, in cooperation with the North Carolina Aging
13 Network, the development and expansion of the training of
14 caregivers and of volunteer adult sitters and information
15 providers for the elderly statewide. These funds shall be
16 allocated as follows:
17 1989-90 To provide materials for eight county teams to
18 use in training ten caregivers each and to
19 prepare training packets and training tapes
20 for other counties;

1 1990-91 To train agents from 30 additional counties to
2 conduct training of family caregivers and to
3 disseminate training packets and make training
4 tapes available to the remaining 62 counties.

5 Sec. 2. This act shall become effective July 1, 1989.

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