

Public Input

Fourth Annual Southwest Florida Conference on Aging April 15, 2005

Holiday Inn Select, Bell Tower, Fort Myers, FL

Sponsoring Organizations (s):
Osterhout & McKinney, P.A., Elder Law Attorneys
Hope Hospice of Southwest Florida

At the conference, every participant was given the opportunity to contribute to the report that is sent to the Policy Committee for the White House Conference on Aging to be held in October, 2005. Participants were asked to report any specific issues, barriers that may exist to meeting needs, and any creative solutions they may have regarding coordinated social and health services that give the elderly the maximum opportunity to age in place, or the integration of the elderly with the non-elderly community. The following remarks, while not necessarily in the format requested, are the comments from participants.

Please advocate for the integrated model designed and tested at the FGCU Center for Positive

- normalize care and treatment for people with dementia
- don't just diagnose dementia...provide health promotion types of programs and services.
- Psycho social approaches work...please provide more funding for them and research to support these approaches
- need to have appropriate funding for professionals in gerontology and geniatrics

We have too many uneducated people who can't effectively do the work.

Please discontinue decreasing mental health funds. We have more people so the mental health issues are larger.

Creative solutions for transportation (i.e. accounts with cab companies) and housing (i.e. shared housing options) issues; enlarge baby boomers in planning for their own future.

Where services are in place, fund them. Where services are needed, fund the training of providers. Remember the elderly and disabled need the best possible quality of life and it is better to give the care giver all they need to provide that quality of life without their own quality of life suffering. Because they don't ask for themselves (or can't) means you are obligated to serve them well.

More agencies that provide comprehensive services for seniors. “One stop shopping for all physical, emotional and spiritual” needs.

Allowing senior citizens to get their medication without restrictions from other countries. Maybe preventing the monopoly of pharmaceutical companies when deciding on this law and influencing the government in deciding based on the best financial avenue or resource of the adult rather than the financial benefits of these companies.

Transportation, transportation, transportation. There is so much help available to help elders and no way or very few ways of getting to it. More money for vision rehabilitation that deals with the adjustment process not just the medical aspects of vision loss.

Reduce administration/legislative funding guidelines to facilitate movement of clients across programs reduce barriers/access to aid. Affordable housing shortage and transportation. Medicaid funding inadequately.

Fermentation of services in Florida. I think it is outrageous that people apply for services and are deemed appropriate and eligible and there are no slots. That there is an indefinite wait. Lack of mental health services. Lack of autonomy of RN and advanced practiced RN's in Florida.

Pre-placement counseling for advocates of elders. Financial skill levels, community resources legal responsibilities.

More funding is needed for nursing home division programs. People with fixed incomes slip through the cracks when they need so many services. Medicaid Waiver Programs.

I think a lot of people would donate money to a Federally insured and sponsored nonprofit agency that would provide medical and dental insurance and basic benefits for low income, uninsured persons who are working or determined to be too disabled to work. I would contribute \$1,000 per year in exchange for a tax deduction. I would like to help enable more people to get primary and preventive care. I'm very concerned about the lack of adequate health and medical care in our country. It is a terrible disgrace and shame.

Those who need assisted living need it as badly as those who need skilled nursing, if they are to survive.

Need for greater pay for caretakers in assisted living/ nursing home facilities. Need for better ratios/specialized (i.e. Alzheimer's care) training-implementation in institutional living facilities.

Prescription plan for medicare recipients.

There are so many organizations in the area, but it seems that they all do similar things and all are in contact with other and there is no funding. waiting lists are useless. Why is there no money and what sounds like duplication of services.

Please use any available funding to supplement programs for aged.

Lack of comprehensive mental health services. More services are needed to assist elders who are able to remain at home, but lack the financial resources. (More cost effective).

Increased funding for Assisted Living Medicaid program. Uniform guidelines for Assisted Living regulations-state to state regulations are extremely different all are getting medicaid funding. Increase funding for research on dementia.

Continuing need for more access for Respite Care for Elder Care givers (spouses) and adult children for Alzheimer patients who continue to live at home. Much Support. How do we get payment providers to value therapeutic recreations vs. simply paying for medication. (Psycho tropics etc.)

Funding, Funding, Funding. Nursing home diversions.

Nowhere near enough LTAC facilities....many patients need care that exceeds SNF level of care, but not high enough for acute care hospitalization; which drives increases in hospital LOS/medical care costs. Also with the increasingly strict admission rules for acute rehab are unable to access these services. (i.e. knee replacement etc.). There is evidence based research which shows patients who go to acute care rehab recover more completely and quicker than those that go to SNF for same treatment. FUNDING for medicaid diversion care!

Barrier

1. Lack of understanding or knowledge base
2. "Can't happen to me" syndrome
3. Stigma to growing old

Solution

verbal (?) And written (handouts) is everyone's language. Specific real life examples. Educate, educate and re-educate empower those approaching '60s that life doesn't end at a certain age -"old age is a state of mind."

As the baby boomer generation ages I think transportation issues will be even more critical than at present. We need services for older adults in the community to be able to get to medical services, socialization, shopping and educational activities, after they are no longer driving. No one should have to sit in the waiting room of their doctor's office waiting for the special transportation van. For 3 hours. This is no an uncommon event. More effective transportation options for older adults will not only encourage older drivers to better accept not being able to drive any longer - but also keep older adults healthier, happier, and less isolated. Perhaps look at differing models of ground transport and public transportation (limousine services, taxi companies, delivery companies) to help special transport services decision plan for improvement.

More funding and resources for agencies providing services for older adults in rural communities.

Need to streamline and coordinate the too confusing criteria and often contradictory criteria to access and become part of special needs programs and governmental bureaucratic "illogical" rules.

Services are often fragmental. Need central source of referrals and of course there is a huge need for better funding for the aged.

As an RN retired, I would like to see an increase in funding for Elder Care Programs. It would also be an advantage to simplify moving through systems set up for Seniors. More studies for drugs affecting Aging and Dementia.

The Community mental health round table for Charlotte, Lee, Collier, and Hendry County is a very active group that is dealing with 4 areas to help seniors: education and training in SUF and ALF. Community resources. Needs assessment and funding and policy making (legislation). Through florida gulf coast university, our task forces will be communicating through the angel web site, to work towards opening a psychiatric hospital specializing in geriatric services. Carole Green is an active member of our round table, and we hope will continue to support our efforts.

Addressing our older generation with no family.

We need more funding for senior services.

Funding for community care for the elderly and medicaid diversion programs is inadequate. As florida's senior population grows, dollars for such services are being cut. There are hundreds of frail seniors living in govt. subsidized communities or in their own homes, whose mobility and nutritional needs are compromised. They require in-home services at no cost in order to remain there or medicaid waiver assisted living placement to insure an improved quality of life. The waiting lists for both are long. Lee county offers NO inpatient treatment for mental health care for seniors. This is deplorable.

Obvious need for increased funding for each agency as increased elders population - especially in the state of Florida.

There needs to be more synchronicity of programs the gaps need to be closed. Better to have overlapping benefits than non-coverage.

Increased need for mental health services for geriatric patients and families. Increased funding to prevent SNF/ALF service. What do we need to do to support them at home?? Need for screening of senior citizens prior to driver's license renewal.

Nursing home surveys are negative based. Many nursing homes should be praised for their work and contributions to the elderly. The process needs to be reviewed and changed.

Too much power is given to the attorneys and judges. Our main concern should be what is best for the individual especially if that individual is incapacitated.

Put the power back in the hands of the individual and out of the courts.

Funding is vital to support services for the elderly. It costs less to provide services for the elderly at home, than to pay for nursing home care. More importantly, the elderly do better, they decline faster in an institution.

Why are incontinent supplies taxed? They are not a luxury!

People have to choose between staying on Medicare or going to hospice/ then paying room and board fees to stay in skilled nursing facilities. Not enough funds for the increased number of seniors needing services.

OPEN YOUR EYES: the older population is growing. Almost no one has the money to pay for

the medical procedures and medicines that we will encounter along the way. Especially the folks with medical ins. With no prescript medicine coverage - also the procedures that your medical ins. Co. refuses to pay. I have personally known 3 families where the illness of a spouse took the \$250,000 and that they had saved over a lifetime. Why should 78 year olds have to work in order to live after they worked, saved and paid taxes their entire life. This medical stuff has got to be solved. We have to stop judging if people are deserving enough to get help. THE ISSUE IS DO WE WANT OUR MIDDLE CLASS TO HAVE MEDICAL CARE. DO OUR CITIZENS DESERVE IT? YOU BET! RAISE MY TAXES - GIVE US MEDICAL SECURITY.

Hearing the local professionals address the high volume of needs and then in the next breath say “meet ADL requirements and income.” The funding for medical and safety issues for our seniors needs to be looked at and increased to keep up with our growing aging population or our current aging network will be overwhelmed and unable to meet senior and care giver needs. The Title III-E (OAA) needs to be increased and the income requirements for other federal, state, and local programs made more realistic for real world living.

More \$ spent on Elder Affairs. Prescription Drug prices. Health care costs.

Critical needs for mental health in patient services in this community since charter glade closed.

We need to address the issue of having elders in the long term care diversion program who need hospice having to withdraw from the LTCD program. Can't we compensate the long term care diversion program with an increase in slots so more frail elderly can have necessary care at home?