

East Tennessee Pre-White House Conference on Aging

Our Future Society: Make Your Voice Heard



The White House holds a conference on aging only once each decade. Prior to the Conference, events are held on the community, regional and state level that are designed to provide input to the Policy Committee of the 2005 White House Conference on Aging.

The East Tennessee event, “Our Future Society: Make Your Voice Heard,” was held on May 12, 2005, at the John T. O’Connor Senior Center. It was co-sponsored by Knoxville Mayor Bill Haslam, Knox County Mayor Mike Ragsdale, the Knoxville-Knox County Council on Aging, the East Tennessee Council on Aging & Disability, the Knoxville-Knox County Office on Aging, and the East Tennessee Area Agency on Aging and Disability.

The meeting was open to the public and widely publicized with an open invitation to the residents of East Tennessee. More than 200 individuals attended with 162 individuals completing the registration forms and listing their prioritized recommendations. Of those who

completed the registration, 69% (112 individuals) were 60 years or older, with 45 individuals at least 75 years old. African-American respondents comprised 12% (19 individuals) as compared to 7% of the Knox County senior population. Nine counties were represented at the event.

A steering committee, representing each of the co-sponsors, was formed to plan the event. They decided to limit the discussion to three issues, based on a recent survey to determine senior interests in Council on Aging meeting topics. The issues discussed were:

- Transportation
- Aging in Place
- Health Issues, including Medicare

The format of the two-hour meeting included presentations of Older American’s Month proclamations by the Knoxville and Knox County mayors. A keynote address was given by Nancy Peace, Executive Director of the Tennessee Commission on Aging and Disability. Peace set the stage by presenting information about the up-coming White House Conference on Aging and the Tennessee Conference. She reviewed the demographics of the aging population in Tennessee and the growing numbers projected for the coming years. The senior “old-old” (age 85+) population in



Knox County grew by 38% during the ten-year period 1990 – 2000, compared to 14% growth for the total population. The projection for the next fifteen years is that the 85 and older group will grow by another 56%. The Knox County population age 60 and older is projected to grow by 63% over the next fifteen years. The aging network must be prepared to face the increased need for services that are already inadequate to meet the current needs. Almost all of the in-home services, such as home-delivered meals and home care, currently have long waiting lists. The situation will be even more critical as the population ages.

Following the keynote address were brief presentations on the selected issues:

- Transportation by Doug Burton, Metropolitan Planning Commission Transportation Planner (*see pg. 13*)
- Aging in Place by Kathy Sergeant, MSSW and administrator of an assisted living facility (*see pg. 14*)
- Health Issues including Medicare by Zoe Evans, Ph.D., Chair of the Knoxville-Knox County Council on Aging. (*see pg. 15*)

The Knoxville-Knox County Metropolitan Planning Commission (MPC) provided a handout with demographic information about the current and projected senior

population of Knox County. Copies of these demographics were provided to all who attended the event, plus elected officials and other interested individuals, along with copies of the three presentations.

The final hour of the meeting was dedicated to small group discussions with facilitators and recorders leading participants in developing prioritized recommendations. The facilitators and recorders were trained and provided with provocative questions to stimulate discussion. The recommendations that resulted from those group discussions were as follows, in order of priority:

Transportation

1. Allocate additional funds to expand transportation services to be more convenient, flexible, accessible and affordable, including evenings and weekends, urban and rural areas, for all purposes, not just medical trips, utilizing both fixed route and door-to-door service.
2. Plan communities with sidewalks, parking and more locally-based resources to reduce the need for transportation. Encourage businesses to provide delivery services.



The issues discussed — Transportation, Aging in Place, and Healthcare — were selected based on a recent survey to determine senior interests in Council on Aging meeting topics.

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3. Provide more and better information about available transportation services and how to access them. Include travel training for new users of transportation services.
4. Provide assistance and services to help seniors continue driving safely as long as possible.

Aging In Place

1. Provide funding to expand the availability of affordable in-home services to meet the needs of seniors as they age, including but not limited to home-delivered meals, homemaker assistance, health care, errands and delivery, transportation, home maintenance, utility bill subsidy, telephone reassurance, expanded Senior Companion Program, assistance in renovating homes to improve accessibility and safety, and encouragement of community volunteers to provide assistance.
2. Educate the public, including architects and contractors, about the importance of designing and building accessible homes and communities, using technology to enhance livability.
3. Develop more affordable housing

options for seniors, including low-cost and subsidized assisted living, independent senior housing, shared housing.

4. Provide education and easily accessible information about available services, with special attention to training and support for family caregivers.

Health Issues Including Medicare

1. Expand and improve Medicare to provide more services such as dental, eyeglasses and hearing aids, expanded hospital stays when needed, prescription counseling, and others. Make Medicare less complex, simplify the process and reports, and reduce fraud and abuse.
2. Improve access to medical care, including allowing more time for doctor visits, and more geriatric trained physicians.
3. Reduce the cost of prescription drugs, reduce advertising about drugs, negotiate with pharmaceutical companies for lower prices, allow Canadian purchase, provide senior discounts, and more.
4. Provide more education and incentives for maintaining good health and preventing illness.

