

An Interview With Elaine Stoops



Courtesy: N.C. Division of Aging

Gov. James G. Martin with Elaine Stoops, Assistant Secretary of Human Resources and director of the N.C. Division of Aging.

Elaine Stoops, 60, became Assistant Secretary of Human Resources and director of the Division of Aging on May 20 when she was appointed by Gov. James G. Martin to succeed Ernest B. Messer. Mrs. Stoops has been active in political, civic, and professional affairs. Prior to moving to North Carolina in 1970, she was a member of the Charleston, W. Va., City Council. She also served as an aide to former U.S. Rep. Eugene Johnston (R-North Carolina's 6th District) in 1981 and 1982.

Mrs. Stoops is a nursing educator by profession, having served as director of the Duke University employee's clinic and as a medical-surgical instructor at the Duke University School of Nursing. Most recently, she was the In-Home Services Director of United Services for Older Adults, a private, non-profit group in Greensboro. She has also chaired the Guilford County Board of Social Services and has served on the Guilford County Mental Health Association board, where she was chairman of the aging committee. She also has been a member of the North Carolina Republican Central Executive Committee.

Jack Betts and Cynthia Lambert conducted this interview with Mrs. Stoops on June 4.

How do you view your role as director of the Division of Aging?

I'm going to be mostly an advocate. I will be going out across the state and giving speeches, learning about the 18 regions, the area agencies,

learning the staff, finding out the projects they're involved in. Sitting on top of happenings here in the office, a deputy director, Lisa Morris, will be responsible for the management and the everyday activities that go on.

I think that people want to hear what's going on in our division and what new ideas we have. I want to work as closely as I possibly can with the other staff, meet the older adults across the state. I come from the grassroots level. I have been in grassroots programs for 10 years in Guilford County. I have a different perspective from what the other directors of this division have had. I want to keep close contact with older adults. I can only do that if I start traveling across the state.

One priority of mine is to have a closer relationship with the Division of Social Services and other divisions of Human Resources, because we really work as a team in taking care of these older adults.

Why should the elderly be singled out for special attention and have a separate division set up for them?

North Carolina is going to have such a rise in what we call the gray population, 60 plus, that it's overwhelming at the present time. If we don't zero in on their needs, I don't know what would happen. It's rising as fast as you can go. The Older Americans Act requires that we serve our older American population. The other factor is that by the year 2000, we are expecting nearly a million older adults in North Carolina.

What would you like to see North Carolina do in the field of aging?

We need to look beyond 1985 to what's down the road in 1990 and 2000. We need to stop right now and see how well we are doing with these programs under the Older Americans Act. We want to involve older adults in helping to assess how we are meeting the needs and solicit suggestions from all of these organized groups like the N.C. Senior Citizens Association and the American Association of Retired Persons. These are very strong organizations, and they are helping us to know what's happening and how well we are meeting the older persons' needs.

Can you enumerate two or three problems with suggestions that have been made by those groups?

We need to focus on motivating these individuals so that they want to stay healthy during their retirement years. Some of them we haven't even reached yet. Now, how we are going to reach them, I'm not sure. Some of these people don't have television, they don't listen to the radio. Somehow we've got to reach them. They're sitting in their homes, in their rocking chairs, and deteriorating.

Another problem is insufficient transportation. That's a big problem with our aged. They want to go to these things, but we don't have enough transportation. We've got to get some more community support for transportation. For instance, could we use some church buses that sit five days a week anyway? I'd like to reach out into the community and see if we can't use some of those. And we have school buses that sit idle during the summertime. How about using some of those to take the older adult out to a picnic or to the grocery store?

And outreach programs, getting out in the community and finding these people, is another item. Part of that is what we call case management, a process of letting older adults know that we're there ready to help them work out their problems in their homes. For instance, we can work with their budgets, and a case manager will go in and help them pay the bills. A lot of people don't know we have this good service in case management. We are just getting into it now in North Carolina. Case management can also help, for instance, in things like getting wood on the back porch during wintertime. I don't know how many tons of wood we put on people's back porches. Some county Councils on Aging also have weatherization programs.

Also, we need to do a better job of education, especially in health promotion. One particular health education program that we absolutely need to stress is medication awareness for the older adults. Some of these older people are taking 18, 19, 20 pills a day. They are just as bad

as anyone who's addicted because they overdose. They can't read the labels. We plan to work with pharmaceutical companies and the doctors getting a new kind of label for the aged, using large type so it's easier to read. I have found that in many cases, the older adult just guessed what they were supposed to take because they couldn't read the labels. Some of them have a difficult time trying to read, finally guess at the dosage, and they overdose. Or they may counteract what the medication is supposed to be doing. They take too much of this, and not enough of that, and they just zero out what the action is supposed to be. So, we have a program with the Mental Health Association to promote medication awareness for older adults. We have recently published a brochure on "Do's and Don't's" on taking medication. It has been endorsed by the N.C. Medical Society.

Part of the problem is a fad. They call it doctor shopping. And, if their pain doesn't go away today, and they've taken a good many of the pills that have been prescribed, then they go see somebody else. That's good. Sometimes you want a second opinion. But it is bad from the standpoint that they still continue taking this doctor's medication. So to try to prevent that, we started a "brown bag" program in Guilford County. We ask the older adult to put all their medicine in a bag and take it in to show the nurse. She'll check it out. In Guilford County we found one patient with medication that was several years out of date. But they never eliminated that and they just think that they are supposed to take all of that medicine.

Should there be a division of responsibility or partnership in the way services are delivered? Why should the state address these services rather than local governments or the federal government? Who's best equipped?

The federal government has the money. It's a shame you can't do anything much without money, but we do have to have money. But, the state and local agencies need to be involved—the state from the administration angle of it. I am a strong advocate on the local level that we need to get more community support and not just depend on the government handling it, because we run a big business now. With the number of older adults we have, it's just like running a big business.

What changes, if any, will the Martin administration seek in programs for the aging?

Governor Martin is certainly an advocate for the older adults. Many times he has said that he would meet the needs of the older adults in the state of North Carolina. He wants to see more volunteers involved. Using the aged to serve the

aged, that's a beautiful picture. To see a 70 year old helping another 70 year old who doesn't have quite as good health as this individual—that's beautiful. I don't know whether it's a new concept or not, but I think it's one that we need to build on. And that's why we need to tap the talents that these people have. I mean, they can work with other ages too. It's great to be helping somebody who is less fortunate than you are.

As the population ages, how should the state go about planning programs for the needs and services in the future while you're dealing with the ones you've already got? Is there any long-range planning?

There is long-range planning. We don't have a large staff to do research or surveys or talk with people to find out all of their needs down the way, because the needs of the 65 year old are a lot different from the needs of someone 75 or 80 or 90. The churches are getting heavily involved now with older adults. When I was growing up, it was the church that was looking after older adults, doing things for them. Then the pendulum started swinging, the government came in, and it took over, so the church people dropped out. Now it's swinging back again, with the decreasing funds¹ that we have and so forth, the pendulum is swinging back to the churches.

Why is that pendulum swinging this way?

I think that when the first cuts came, we forgot these people that we hadn't used for awhile to help with the elderly. But they got concerned that people weren't going to be fed, weren't going to have housing, that they weren't going to have basic needs met. So they jumped in. An example is my own church in Greensboro. We got heavily involved right away, when these cuts started coming down, and we felt that was what we should be doing. And then the civic groups got started—groups like the AARP.

The Division of Aging itself does not perform direct services. We are a planning unit. The 18 Area Agencies take the programs and administer them based on need in their counties. The actual services to the elderly come through the Area Agencies on Aging to the county Councils on Aging or their counterparts.

Are the elderly better off in North Carolina these days? Or does it depend upon where you live?

That's difficult to generalize about, because the economic and physical and social well-being of the elderly differs geographically. You may have one section of the state where there is a mass of older people who are generally well off, partly because they receive various services in urban areas. That's because we know their needs and

we know they are there. Then there are some sections in North Carolina, mostly in the more rural parts of the state, where we're not meeting the needs of the people because they are scattered and we have to get out there and find them. We know that they are there, particularly in the rural areas. I'm just not sure that we have reached enough people.

One example is my own experience in Guilford County. Transportation was a big problem in reaching rural residents with Mobile Meals. But then we started a program of delivering frozen meals, taking enough frozen meals for five days, putting them in the freezer, and then all they have to do is take them out and warm them up.

And our Homemaker Health Aides are doing this. They go pick up the meals for the five days and make sure that they would be prepared and then even if the client didn't have a freezer—some only have an icebox—we would get somebody down the road to let us use their freezer and that meal would get prepared for the older adult. Rural areas are applying for that type of service. The frozen meal concept is a very new concept and it's worked out. I've seen it work.

To keep an elderly person healthy, one of the first things to do is to keep them eating. And remember, when you get older your appetite diminishes, but if you don't eat, you're going to get weak. If you get weak, you are going to get fragile, and diseases start to creep up. So these are well-balanced meals, and they include fruit and milk.

How do North Carolina's programs for the elderly compare with the other states such as South Carolina, Virginia, and the like?

I haven't made any survey, which I am certainly going to do for my own satisfaction. But what I am hearing is that we are doing a good job. Some of the other states look to us for the way we are handling our programs. And the reason is the number of volunteers we have involved. We had 56,716 volunteers working with the elderly just in programs under this department alone last year. A lot of the other states have not gotten as many volunteers involved in programs as we have. We couldn't do it without volunteers. We wouldn't have the money to hire the staff, but every one of these area agencies has their volunteers coming in, for instance, for home delivery meals. I know that we had 1,200 right in Guilford County alone. Isn't that amazing? They are out there in all kinds of weather delivering those meals. That's just one program.

There are about 14,000 volunteers in the meals program statewide. Can you imagine if we

had to hire 14,000 people? Or just 1,200 right there in Guilford County? We couldn't have the program. We couldn't exist. So we do it with volunteers.

How do you assess the political impact of the elderly? Do they have strong preferences as a group?

I am quite amazed. They have a big impact. They are starting to speak out. They are their own best spokespersons. A lot of these groups study the legislation before the General Assembly and the Congress. They help to educate other people by having public forums, inviting people to come in. The ones that have studied and are able to digest what is happening are sharing with ones who do not have newspapers, televisions, radios, and things like that. And they are trying to get them involved too. They are teaching them to write letters to their Congressmen, to their legislators. This was never done before.

A few years ago there was a move to defeat the Senior Aides program, and every congressional office got bags and bags of mail about it. The older adults feel that they have a right to say, "Look, we are here, we want to be noticed, we are not just going to go away and die." And they saved the program.

I know from my standpoint as a former member of a City Council, that they have a big impact. They are standing up and asking their questions. And if they don't get an answer within a certain amount of time, they are back up there again. You know, we didn't see that before. It was sitting and listening and being quiet. Now they make it clear they want an answer. They don't let it drop.

Should age or income be the determining factor in eligibility for programs and services—especially keeping in mind the federal budget deficits?

I personally would rather not see any means tests at all. Some programs, of course, do have means tests. The Homemaker Health Aide program is one. We don't quarrel with that because that program gives people the opportunity to have these aides come into their homes. These people who are able to pay the fee are so appreciative of the services. And because of the fees, that enables us to reach others who cannot pay and otherwise might not receive the help.

There are certain state tax breaks designed specifically for the elderly (see p. 59 for a list). Should there be more, or has the state done enough?

I think there should be more such benefits for our older Americans. I think any way that we

can give these good citizens who have helped us all these years and who have paid their taxes, and who now when they have reached this age may need some help in return, any way that we can help them is fine.

Another way we can help them is with discount programs, which give, say, 10 percent discounts to senior citizens. That doesn't cost much money, but it helps. It's awfully nice when you can go in and get a 10 percent discount or a 15 percent discount. All that adds up to savings for the older adults.

Do the elderly make good workers for employers?

Yes, absolutely. We are one state that has done a real good job of this. I know from personal experience with it. Under the Homemaker Health Aide Program, I trained a minority aide in Guilford County who was just fantastic. She became an excellent aide. And from this she has gone to another good level job now. And that job is fantastic and she's living a different life than she's ever led. And, she's one of the older adults with us.

Should the Division of Aging have more responsibility for job training?

I don't know. It's divided now. We have part of it, and the Division of Employment and Training at the Department of Natural Resources and Community Development has the other. So, I don't know. I would have to study that. We handle the Senior Aides Program, which works fine under us. I think we could handle more.

Do you foresee the state Division of Aging taking on a role that is bigger or smaller in relation to that of the federal government?

We're going to grow. Look at the number of the graying population that North Carolina will have by the year 2000. The year 2000 is just around the corner. I don't think we will ever become smaller.

FOOTNOTE

¹The Omnibus Budget Reconciliation Act of 1981 cut federal funds for some programs for the elderly in North Carolina. Among the cuts were a \$14.4 million reduction in Social Services Block Grant programs, which provided funds for senior citizen day care centers among other programs, and a \$9.1 million reduction in the state's allocation of Food Stamps, part of which had provided increased food supplies for the elderly poor. For further information on cuts in aid to the elderly, see the Center's report, *Federal Budget Cuts in North Carolina*, April 1982, pp. 9-17.