

OLDER ADULT ISSUES



Working to preserve quality of life, safety, health, and happiness for our seniors is a key tenet of NCJW. The Older Adult Community Action Program (OACAP) is a community-based, non-sectarian, committee of NCJW-St. Louis, working to promote the welfare of older adults through community action, advocacy, and education. In addition, NCJW works on legislative issues specific to aging adults.

Expand MO HealthNet (Medicaid) in Missouri

MO HealthNet covers almost 10% of all seniors over age 65 in Missouri. Although most people enrolled in MO HealthNet are families and children, the majority of expenditures pay for services to aged, blind, and disabled Missourians. Seniors fall into these categories en masse, and need the supports and services provided by Medicaid because they aren't available elsewhere. Expanding MO HealthNet would allow more seniors to qualify for much needed medical care.

Increase funding for Senior Programs and Services

Seniors often rely on programs and services designed to meet their needs. For example the Home Delivered Meals program delivers a nutritionally-balanced meal to individuals 60 years of age or older and physically or mentally unable to leave their homes. State funding for this program, along with federal funds, client contributions, and private and public donations keep the program running. Maintaining or increasing funding from government entities for programs and services that support seniors is crucial.

Protect Social Security

With discussions taking place across the country surrounding the privatization of social security, NCJW firmly believes in keeping Social Security a federally-run and administered program that supports individuals who have made a contribution to the workforce. Privatizing Social Security could have devastating consequences for people who have made a lasting commitment to this country's economic well-being.

What to Do Next:

Support the expansion of Missouri Medicaid.
Contact your legislators.
Voice your opinion.

"What does a senior do when their center closes, or meals are delivered only 3 days instead of 5?—they have to eat—well they don't get heat then because they use the money for food, or they don't buy their medicine because they use the money for food, or they can't get their eyeglasses....they can't fix that leak in the roof.....they take the 3 days' worth of meals and try to stretch them into six days' worth—in other words, they cut their rations.

All of this falls hard on seniors and aggravates their existing health conditions, in some cases, resulting in premature nursing home placement — at a much higher cost to the state than just supporting the meal program would have been."

*-Catherine Edwards, PhD,
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