



STATE OF WASHINGTON
WASHINGTON STATE COUNCIL ON AGING

2015 WHITE HOUSE
CONFERENCE
on **AGING**



Advocacy. Action. Answers on Aging.

“Redefining Longevity”

Proceedings

of the

October 28, 2014

**Advocacy Network Listening Session for the
2015 White House Conference on Aging**

Presented by

Washington State Aging Network Advocates:

Area Agency on Aging Advisory Councils

Washington State Council on Aging

Sponsored by

Washington Association of Area Agencies on Aging (W4A)

and the

Washington State Council on Aging (WASCOA)

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“Redefining Longevity”

**October 28, 2014 Advocacy Network Listening Session for the
2015 White House Conference on Aging (WHCoA)**

Priority Recommendations for Retirement Security

“Economic Well-Being for the 3rd 30”

- ❖ **IMPROVE SOCIAL SECURITY** by eliminating the earnings cap (“scrap the cap”), by establishing voluntary SS PLUS (allow 1-2% additional contribution to build retirement fund), by allowing contribution credits to continue for family caregivers and by encouraging employment of older workers to delay use of Social Security (to help continue solvency of the Trust Fund) and to increase their financial security.
- ❖ **IMPROVE MEDICARE** by establishing Part “E” option for LTSS with low administrative costs, by negotiating with drug companies for better rates, by including vision, dental, hearing, mental health coverage under Medicare and by exploring the elimination of the “3 Day Medicare Observation Rule.”
- ❖ **CREATE AFFORDABLE RETIREMENT** by developing options for small businesses and the self-employed through tax credits, matching fund options and other incentives.
- ❖ **CREATE A SINGLE PAYOR HEALTH CARE SYSTEM** that provides comprehensive universal coverage for medical, dental, vision, hearing, mental health, Long Term Supports and Services, Prescription Drug and Wellness Programs/Education.
- ❖ **ENCOURAGE LIFELONG LEARNING** about Savings, Retirement, Costs of Aging, etc. and making future financial security a priority. Develop age-appropriate curricula that encourage lifelong positive health choices. Emphasize impact of health crisis on financial security as we age and the advantages and disadvantages of different life choices. Promote the “Footprint Concept” in the costs of aging and retirement (i.e., prepare ahead for most sustainable use of personal resources).

Post Session Comments: Additional Considerations

The national Retirement Security focus area should be renamed “Economic Security” to reflect the broader issues facing all older Americans, not just those who are retired. It should include broader discussion of economic security, wealth inequalities and economic justice, especially for the middle class. Corporate and financial laws need to be changed so that we are not fighting a losing battle as incomes and security fade.

The Elder Economic Security Index should be adopted as a measure of income security.

Comprehensive action should be taken to reduce prescription drug costs so they are more accessible to those who need them.

Reverse mortgages should be standardized to minimize abuses.



“Redefining Longevity”

**October 28, 2014 Advocacy Network Listening Session for the
2015 White House Conference on Aging (WHCoA)**

Priority Recommendations for Long-term Services and Supports Focus Area

“The Longevity Promise – For Better or For Worse”

- ❖ ***INCREASE SUPPORT FOR CAREGIVERS*** by reauthorizing the Older Americans Act and increasing Title III-E funding for more Area Agency on Aging-coordinated resources for family caregivers and for Administration on Community Living-initiated and coordinated education and outreach to caregivers and medical professionals. Include a set of quality initiatives that strengthen and support unpaid caregivers to improve their commitments, capacity and competence aimed at strong quality and long term support.
- ❖ ***IMPROVE TRANSPORTATION*** through specific regional interventions that are appropriate for local needs and regional planning that includes public participation from all demographics.
- ❖ ***ADDRESS FINANCIAL CHALLENGES FOR THOSE WHO NEED LTSS SERVICES*** through more rational and fair cost-sharing for LTSS services (especially for middle class consumers), through public education on the importance of establishing mandatory retirement savings and LTSS insurance programs. Establish federal regulations and standards for LTSS insurers on definitions and limits to changing benefits.

Post Session Comment: Continue encouraging the coordination of health and social services through the Affordable Care Act.

Priority Recommendations for Healthy Aging Focus Area

“Engaged, Empowered and Active for Life”

- ❖ ***IMPROVE COMMUNITY MOBILITY AND TRANSPORTATION*** by ensuring access to transportation and mobility resources that promote successful aging in place, in urban, suburban and rural areas; by promoting “complete streets” and multiple modes of community mobility, including transit, pedestrian, bicycle, and assistive technology (wheelchairs, walkers, etc.); by developing technologies and partnerships to support access to transportation and mobility resources and by reducing funding silos for transportation and mobility services.
- ❖ ***IMPROVE HOUSING OPTIONS*** by ensuring access to safe, affordable housing in viable condition that allows for aging in place and by promoting universal design code requirements to ensure construction of accessible housing for all ages and abilities. Promote affordable, accessible housing through requirements for government-funded projects and encouragement to developers/builders through tax incentives and refundable tax credits.



Priority Recommendations for Healthy Aging Focus Area (con't) **“Engaged, Empowered and Active for Life”**

- ❖ **IMPROVE COMMUNICATION AND DIVERSITY** to ensure access to housing, health and human services for all people regardless of culture, ethnicity, sexual orientation, gender or health status. Educate providers to understand cultural norms. Develop policies and programs to fully address health disparities. Make sure policies are flexible and fully inclusive. Meet or surpass the CLASS national standards in health care.
- ❖ **IMPROVE PHYSICAL FITNESS** by ensuring access to appropriate evidence-based exercise options at every level of physical ability, made affordable by Medicare and/or private insurance plans. Study why older adults don't exercise regularly and develop/test programs to increase participation. Emphasize strength and balance for falls prevention.
- ❖ **IMPROVE BEHAVIORAL HEALTH SUPPORTS** by expanding community-based mental and behavioral health services, including geriatric mental health, substance abuse, and traumatic brain injury. Fund prevention programs that reduce medication misuse, depression, and suicide. Expand funding for Alzheimer's research, treatment and support.
- ❖ **IMPROVE NUTRITION SUPPORTS** by ensuring funding and access to healthy, nutritious and culturally appropriate foods, plus nutrition education that includes community kitchens and dining programs. Encourage coordination of food programs to reduce food insecurity for all. Educate health care and social service providers on the social determinants of health, and the impact that poor diets and lack of physical activity have on overall health status.

Post-Session Comments: Additional Considerations

Expand all public insurance to include adequate preventive health benefits for hearing, vision and dental services.

Emphasize the development of refundable tax credits for accessibility modifications to existing homes.

Promote programs that focus on community engagement opportunities for older adults, including employment opportunities for older adults who want to continue contributing as part of the paid workforce.

Promote programs that emphasize companionship as a way to avoid social isolation.

Promote programs that emphasize being prepared for emergencies and the importance of knowing your neighbor during such times.



“Redefining Longevity”

**October 28, 2014 Advocacy Network Listening Session for the
2015 White House Conference on Aging (WHCoA)**

Priority Recommendations for Elder Justice Focus Area

“Bad Things Shouldn’t Happen to Good People”

- ❖ **MAKE ELDER ABUSE AND ELDER JUSTICE AN ADVOCACY PRIORITY AT THE NATIONAL LEVEL** by funding the Elder Justice Act, by moving the Elder Justice Act to the Older Americans Act (OAA) and reauthorizing the OAA (and increasing OAA appropriations by 12%). Move Elder Justice under the Administration for Community Living in DHHS.
- ❖ **DEVELOP NATIONAL STANDARDS ON ELDER ABUSE/JUSTICE** that include risk assessment tools and accountability indicators/state report cards. Embed standards in national/state Alzheimer’s/Aging plans. Tie to funding across program silos. Define self-neglect vs. right to choose: As rates of Alzheimer’s and other dementias increase with age, we need to look at how/when we provide supports and protections for these older adults, especially those who live alone or with limited support. Include self-neglect issues in provider education and awareness campaigns.
- ❖ **IMPROVE PUBLIC EDUCATION/RAISE PUBLIC AWARENESS** through a national public awareness campaign that includes information on where to report elder abuse, on protection for victims, AARP Fraud Fighters, and a social marketing campaign that focuses on honoring older adults and recognizing their value and contributions. Include gender issues—men are also victims of abuse and exploitation. **Target educational resources to guardians, caregivers, etc.**
- ❖ **INCREASE CAPACITY TO PROSECUTE AND RESOLVE ELDER ABUSE** by requiring prosecutors to be trained or to specialize in elder abuse and elder justice issues. Expedite the justice process. Provide training for sheriffs and local law enforcement in elder abuse issues. Form Elder Justice Centers (pattern after Child Advocacy Centers/Elder Justice Center in Clark County, Washington). Protect victims from retaliation.
- ❖ **DEVELOP STRONGER NETWORKS AND PARTNERSHIPS** by moving Adult Protective Services, law enforcement, and county prosecutor into same office/building and using an interdisciplinary approach to educate communities and prosecute perpetrators. Expand advocacy partnerships to include non-traditional organizations and associations (medical associations, etc.) NOTE: This is one of several cross cutting issues that is relevant to all of the priorities under this focus area.

Post-Session Comment: Educate community Gatekeepers about elder abuse and elder justice issues.

Why a Pre-Session for the 2015 White House Conference on Aging?

The Washington Association of Area Agencies on Aging (W4A) and the Washington State Council on Aging (WASCOA) traditionally convene every October to prepare jointly for the upcoming state legislative session. In 2014, the statewide gathering of the members of the 13 Area Agency on Aging Advisory Councils and the State Council on Aging afforded our organizations another opportunity: providing input for the 2015 White House Conference on Aging. The White House Conference on Aging is a time to look ahead to the issues that will help shape the landscape for our nation's older Americans for the next decade.

The White House has held a Conference on Aging each decade since the 1960s to identify and advance actions to improve the quality of life of older Americans. 2015 also marks the 50th anniversary of Medicare, Medicaid, and the Older Americans Act, as well as the 80th anniversary of Social Security. In the past, White House conference processes were determined by statute with the form and structure directed by Congress through legislation authorizing the Older Americans Act. To date, Congress has not reauthorized the Older Americans Act, so there is no statutory requirement or framework for the 2015 conference. However, the White House has committed to hosting a White House Conference on Aging in June, 2015 and is currently seeking broad public engagement.

W4A and WASCOA chose to be part of that broad public engagement by proactively offering input from Washington State's Aging Network advocates. The structure for our event was adopted following a White House-hosted roundtable discussion with leaders from across the aging community. These individuals came together in July 2014 to discuss the White House Conference on Aging and to identify common themes for the 2015 conference. The themes that emerged at that meeting, and that provided the focus for our October 28th work session, included: retirement security, long term services and supports, healthy aging and elder justice.

The structure for our October 28, 2014 "listening session" was broad enough to encompass the major issues for the next decade, but also reflected the unique perspectives of the local AAAs, the State Council on Aging and the Older Americans Act. The four focus areas served as the general framework for our discussions, and the following statement of purpose was adopted:

An aging revolution is changing the world. The Washington State Regional Listening Session for the 2015 White House Conference on Aging will use collaborative expertise to define the challenges of that revolution and to consider the upside of longevity. Participants will envision ways to meet those challenges and use those opportunities with positive, innovative ideas under the four umbrella areas articulated at the July 29, 2014 White House meeting of aging leaders.

The day's theme, "***Redefining Longevity***," and the work session titles reflected this statement of purpose:

Retirement Security became "***Economic Well-Being for the 3rd 30***"

Long Term Services and Supports became "***The Longevity Promise – For Better or For Worse***"

Healthy Aging became "***Engaged, Empowered and Active for Life***"

Elder Justice became "***Bad Things Shouldn't Happen to Good People***"

The structure for the day also reflected our statement of purpose:

- ❖ The day began with a plenary session with Robert Blancato, a nationally recognized expert on aging issues and Executive Director of the 1995 White House Conference on Aging. Bob set the tone and provided the charge for our work sessions (read his speech on pages 7-8).
- ❖ Over 130 people participated in the day (see Appendix 4), representing all areas of Washington State. Participants from the AAA Advisory Councils and the State Council on Aging were provided resource materials in advance (see Appendix 3) so that they could do their own research on the four focus areas in preparation for the day.
- ❖ Each participant pre-selected a focus topic. Following the morning plenary session, four work sessions corresponding to the four focus areas convened to explore the range of issues related to that topic. AAA staff served as Facilitators and Track Coordinators to document these discussions.
- ❖ During the lunch break, participants were asked to visit other work groups and to rank the issues of greatest importance from their perspective. This ranking process provided input from all participants to assist the work groups in completing their afternoon assignment – to rank their top 3-5 priorities for submission to the 2015 White House Conference on Aging staff and key state leaders.
- ❖ Participants were given the opportunity to move to other work sessions throughout the day in order to maximize their engagement in the process. Following lunch, the four sessions reconvened for the priority setting process, with those discussions also documented by AAA staff.
- ❖ At the afternoon plenary session, each work group presented its top recommendations, and participants had an opportunity to discuss the issues and recommendations in full session.

Finalizing Our Recommendations

In order to ensure that all AAA Advisory Council and State Council on Aging members had adequate time and opportunity for input into the final set of recommendations, the following steps were taken after the event:

- ❖ AAA Advisory Councils were presented with the draft recommendations at their next Advisory Council meeting and asked to vote to approve the recommendations. They were also given the opportunity to suggest other priorities where they saw major gaps (those recommendations are listed in Appendix 1).
- ❖ Members of the Washington State Council on Aging ranked the priority recommendations and voted to approve the October 28, 2014 recommendations at their January 2015 meeting.

In preparation for the June 2015 White House Conference on Aging, distribution of this report will include:

- ❖ The Washington State Council on Aging, as part of its advisory role, will submit this report to the Governor's Office, the Department of Social and Health Services and the Aging and Long Term Support Administration in anticipation of their participation in the national White House Conference on Aging.
- ❖ W4A will submit this report to the Executive Director of the National Association of Area Agencies on Aging (n4a) in anticipation of n4a's participation in the national conference.
- ❖ W4A will submit this report to 2015 White House Conference on Aging staff in advance of the regional forum in Seattle, Washington on April 2, 2015 and the national conference in June 2015.

For more information on these proceedings or the October 28, 2014 listening session, contact Cathy Knight at W4A (w4a@agingwashington.org) or Cheryl Townsend Winter at WASCOA (c_townsend@msn.com).

“The Task Before Us”

Bob Blancato’s Keynote Address for the
October 28, 2014 Listening Session for the 2015 White House Conference on Aging

It is wonderful to be in Washington State, where I come quite often. Last time I was at a forum in Stevenson, Washington speaking about building communities for all ages. I have done planning for events on the future of aging all over this state, from Spokane to Vancouver. The energy here is good!

It is a special honor to speak at this Regional Listening Session for the 2015 White House Conference on Aging (WHCoA). I want to start by congratulating you for having it and having it now - to get people engaged now, to be thinking of recommendations to pass on to the Conference, and to put your larger stake in the ground for the future. So smart!

We know that the 2015 White House Conference on Aging will be held sometime next year. It will be the 6th in history and the 2nd of the 21st century. The White House Conferences on Aging have been equally divided between Republican and Democratic Presidents. 2015 will be an anniversary year. It will be the 80th anniversary of Social Security, the 50th anniversary of Medicare, Medicaid and the Older Americans Act and the 5th anniversary of the Affordable Care Act.

Each WHCoA has been distinct, based on when they were held and how they were held. I can now lay claim to being a part of 4 of the 6. The 1961 WHCoA was significant because it was the first. Significant because it laid the groundwork for the Great Society Programs we celebrate next year.

The 1971 WHCoA was significant because it was the largest. It produced important recommendations that led to cost of living increases for Social Security, the National Institute on Aging, the Supplemental Security Income program and the Older Americans Act nutrition program.

In 1981, I served as a Congressional resource person. This was the first year of Ronald Reagan’s presidency, and the Conference was more partisan than past ones due to the debate about the changing role of government. An active House Aging Committee pushed back against Reagan at the time. A major accomplishment was laying the groundwork for the Social Security reform bill of 1983.

The year, 1991, was to be the next WHCoA. However, even though it was authorized by Congress, it was never called by President Bush. In the 1992 elections, advocates for older adults pushed to restore the WHCoA. Bill Clinton came to office, and in his first year, upgraded the position of Commissioner on Aging to Assistant Secretary. He appointed me as Executive Director of the 1995 White House Conference on Aging.

The 1995 WHCoA was significant for a few reasons. It was the last one of the 20th century and was conducted after the first takeover of Congress by Republicans in 40 years. That was the year of the Contract with America and the targeting of senior programs. Delegates came prepared to push back and did. It was also significant because it presented the issue of grandparents raising grandchildren. It upgraded caregiving and led to the passage of the National Family Caregiver Support program under the Older Americans Act. It also moved elder abuse prevention higher as a priority issue.

The 2005 WHCoA was the first of the 21st century. It was the first with the Boomer as a focus, as the first wave of Boomers were about to hit 60 years of age. It was a referendum on the Older Americans Act and the need to get it reauthorized. Long term care was also one of the leading issues.

So we look forward to the 2015 White House Conference on Aging with great anticipation. We have a fine Executive Director, Nora Super, who was named earlier this year. Listening sessions have already been held. The website is up and the 4 major topics have been presented. These topics are the key point of our discussion today.

Retirement security: This is all about planning for later life economic security. We have a changing landscape, with fewer pensions. There is a need for more personal savings. We need more employment opportunities for older workers.

Long term services and supports: This is a critical issue now and for next ten years. It is the biggest unfunded liability facing the Boomer generation. Rebalancing is occurring, with more focus on home and community based services. That is important and community options need to grow. The solution to the cost needs to be public-private in nature.

Healthy aging: This is a growing focus area, with greater emphasis on prevention and wellness. The importance of nutrition is central to the discussion. Yet, livable communities with adequate housing and transportation are another part of healthy aging. And we must focus on reducing health care disparities and promoting cultural competencies.

Elder Justice: Each of past 2 White House Conferences on Aging has identified this as a growing issue. Elder abuse impacts one out of every 10 persons over 60. Victims of financial abuse lose \$2.9 billion a year. The federal response needs to grow. Dedicated funding for adult protective services is a key to the future. Federal resources are helping local programs.

The climate for a 2015 White House Conference is not yet clear. We need the midterm elections to come and go and to let the dust settle. There will be a narrower majority; there is less emphasis on deficit reduction and an improving economy, but entitlement reform (now called earned benefits) is looming.

For the White House Conference on Aging to be successful, we must have the following basics. It must be bipartisan and must involve Congress. It must be reasonable in expectations—not too high, not too low. We need to engage people, especially older persons and caregivers. The WHCoA needs to recognize and respond to the diversity of the aging population, now and for the future. It needs to look for common ground first, it needs to be accountable and it needs to do follow up.

In the end, White House Conferences on Aging are advocacy opportunities. Proactive advocacy is needed to advance new ideas. Defensive advocacy is needed to ward off bad ideas. But they are primarily about the future of aging policy over the next 10 years. By being here today, you are doing advocacy. But you must do more. The best advocacy is done by applying gentle pressure but doing it relentlessly.

**Retirement Security Focus Area:
Retirement security is a vitally important issue.**

WHCoA Staff Synopsis

Financial security in retirement provides essential peace of mind for older Americans, but requires attention during our working lives to ensure that we are well prepared for retirement. A secure financial foundation for retirement was historically envisioned as a three-legged stool with support from Social Security, pensions, and savings or investments. As private pension options change and fewer workers spend their careers with a single employer, the sources of retirement security are changing too.

Determining when to retire often depends on whether you have enough money saved or become eligible for retirement benefits. Protecting Social Security is critical to helping ensure that all older Americans can retire with dignity. Many retirees and near-retirees saw their earnings, savings, and investments fall due to the recession, and although the economy has improved, these sources of retirement income are still recovering. In addition, currently over 75 million working Americans—about half of the workforce—do not have access to retirement plans through their employers. These workers need more ways to save for retirement and prepare for unforeseen expenses. Some older Americans work out of economic necessity. Others may be attracted by the social contact, intellectual challenges, or sense of value that work often provides. Improving wages and benefits for all American workers—especially older workers—and ensuring opportunities for older Americans who choose to remain in the workforce, can provide additional avenues for income security in retirement.

**Long-term Services and Supports Focus Area:
Long-term services and supports remain a priority.**

WHCoA Staff Synopsis

Older Americans overwhelmingly prefer to remain independent in the community as they age. They need supports to do so, including a caregiving network and well-supported workforce.

Despite efforts to stay healthy and prevent disease, many older adults will eventually develop some limitations and need some paid or unpaid help with basic daily living activities. Long-term services and supports help older adults and people with disabilities accomplish everyday tasks such as bathing, dressing, preparing a meal, or balancing a checkbook. In many cases, assistance with just a few of these tasks help older adults remain independent in their own home in the community, which a majority of older Americans prefer. These supports are overwhelmingly provided at home by family and friends and other caregivers, but may be provided in settings such as assisted living or nursing facilities as well.

While most people get help from family and friends with no money changing hands, almost 35% of older people pay for services, raising issues of access, affordability, and quality. For older adults with functional limitations who cannot rely solely on family and friends, long-term care can be costly. Private services in the home cost an average of \$1,800 a month, and nursing homes cost anywhere from \$70,000 to \$80,000 a year. Medicare does not cover most long-term care and since Medicaid pays only for services for people with limited financial means, individuals often only qualify after depleting all their resources. Through the

Affordable Care Act, the Administration is partnering with states, consumers, and advocates to create long-term support systems in which people with disabilities and chronic conditions have choice, control, and access to a full array of quality services that assure optimal outcomes, such as independence, health, and quality of life. The Affordable Care Act also provides incentives for states to rebalance their long-term services and support systems more towards community settings.

Long-term care planning should be part of comprehensive retirement planning. There are few private mechanisms available to help people plan ahead to pay for their future care. Many older adults use their homes or other assets to pay for this care. Long-term care insurance can be costly and difficult to purchase, particularly for those with pre-existing health conditions or disabilities. Less than three percent of Americans currently have a policy. There are opportunities to explore new options to assist Americans in preparing for these needs as they age.

Healthy Aging Focus Area:
Healthy aging will be all the more important as baby boomers age.

WHCoA Staff Synopsis

As medical advances progress, the opportunities for older Americans to maintain their health and vitality should progress as well. While we cannot stop the passage of time, we can make healthy choices that shape how we age. Exercising, eating well, regular health screenings and immunizations provide the foundations of staying healthy throughout life. Adopting these healthy habits and stopping negative habits, such as smoking, can have a positive effect on quality of life as a person ages.

We can all take steps to prevent the onset of disease—and these steps are especially important as we grow older. The National Prevention Strategy is a comprehensive plan that provides a framework and actionable steps to help increase the number of Americans who are healthy at every stage of life. For example, the National Prevention Strategy includes steps that the federal government, state and local governments, business partners, and individuals can take to encourage tobacco-free living. Primary prevention in late life also includes reducing risks for preventable injuries such as falls—a significant cause of disability affecting nearly one in three older adults a year.

As a result of the Affordable Care Act, Medicare now provides coverage without cost-sharing for many preventive screenings to help older Americans stay healthy. By enhancing health insurance coverage among people under 65, the Affordable Care Act will help future retirees be healthier by ensuring access to preventive care and treatment for chronic conditions.

Creating and supporting communities that are age-friendly can allow older adults to age in place in the community as well as assist in supporting their health and vitality. Bringing together enhanced partnerships among health care services, aging services, and housing can help support older Americans thriving in their communities as they age.

Elder Justice Focus Area:
**Seniors, particularly the oldest older Americans, can be vulnerable to
financial exploitation, abuse, and neglect.**

WHCoA Staff Synopsis

As Americans live longer and technology becomes increasingly sophisticated, older Americans can be vulnerable to scam artists and others seeking to exploit them for financial gain. They also can be vulnerable to abuse and neglect. The negative effects of abuse, neglect, and exploitation on the independence, well-being, and health of seniors are extensive. Elder abuse increases the risk of premature death and causes unnecessary illness, injury, and suffering and can threaten the economic security of older Americans. And it impacts elders across all economic, racial and ethnic lines, regardless of where they live—at home, with families, in assisted living, and nursing homes. People living with dementia are at higher risk for abuse, neglect, and exploitation. Cognitive impairment reduces financial capacity, increasing the risk of financial exploitation.

Elder abuse carries both a human cost and an economic cost. It undermines our public investments in long-term services and supports. The costs of elder abuse are borne by public programs of the federal government and the states, private businesses and most importantly, by families and individuals.

The Elder Justice Act, enacted as part of the Affordable Care Act, recognizes the nation's need to address this issue. We need to realize its vision of protecting seniors from scam artists and others seeking to take advantage of them. Since 2012, the federal Elder Justice Coordinating Council, authorized by the Elder Justice Act, has brought together federal agencies to build the federal capacity to address elder abuse. In 2012, the White House hosted a World Elder Abuse Awareness Day event which focused on the issue of elder financial exploitation.

In his FY 2015 budget, President Obama called on Congress to fund the Elder Justice Act to build on this important work. These steps are only the beginning. We can continue to develop public-private partnerships, as well as partnerships with state and local-level entities, to stem the tide of elder abuse, neglect and exploitation.

Top Priority Recommendations by Focus Area

“Economic Well-Being for the 3rd 30” Retirement Security Focus Area

- **IMPROVE SOCIAL SECURITY BY:**
 - ✓ Eliminating earnings cap
 - ✓ Establishing voluntary SS PLUS
 - 1-2% additional contributed to the trust fund
 - ✓ Allowing contribution credits to continue for family caregivers
 - ✓ Encouraging employment of older workers which would continue solvency of the Trust Fund

- **IMPROVE MEDICARE BY:**
 - ✓ Establishment of Part “E” for Long Term Care with low administrative costs
 - ✓ Negotiating with drug companies
 - ✓ Including vision, dental, hearing, and mental health coverage
 - ✓ Exploring the elimination of the “3 Day Rule” – observation vs. admittance

- **CREATE AFFORDABLE RETIREMENT:**
 - ✓ Options for Small Businesses and Self Employed
 - Tax credits
 - Matching Funds
 - Other Incentives

- **CREATE A SINGLE PAYOR HEALTH CARE SYSTEM THAT PROVIDES:**
 - ✓ Comprehensive coverage for medical, dental, vision, hearing, and mental health
 - ✓ Long Term Care
 - ✓ Universal Coverage
 - ✓ Prescription Drug Coverage
 - ✓ Wellness Programs and Education

- **ENCOURAGE LIFELONG LEARNING:**
 - ✓ In Savings, Retirement, Costs of Aging, etc.
 - ✓ Making future financial security a priority
 - ✓ Develop age-appropriate curricula
 - ✓ “Footprint Concept” re: costs of aging and retirement
 - ✓ Advantages and disadvantages of different choices
 - ✓ Emphasize impact of health crisis on financial security as we age
 - ✓ Encourage lifelong good health choices

“The Longevity Promise – For Better or For Worse”

Long-term Services and Supports Focus Area

- **SUPPORT CAREGIVERS:** Reauthorize Older Americans Act & Increase Title III-E Funding for:
 - ✓ ACL initiated & coordinated education and outreach to caregivers & medical professionals
 - ✓ AAA coordinated resources for family caregiver
 - ✓ Include a set of quality initiatives that strengthen and support unpaid caregivers to improve their commitments, capacity and competence aimed at strong quality and long term support

- **IMPROVE TRANSPORTATION:**
 - ✓ Specific interventions for the region and needs that are there
 - ✓ Regional planning must include public participation from all demographics

- **ADDRESS FINANCIAL CHALLENGES:**
 - ✓ More rational and fair cost-sharing, especially for middle class
 - ✓ Educate public on importance of mandatory retirement savings and LTC insurance
 - ✓ Federal regulations and standards for LTC insurers on definitions and limits to changing benefits

“Engaged, Empowered and Active for Life”

Healthy Aging Focus Area

- **IMPROVE COMMUNITY MOBILITY AND TRANSPORTATION:**
 - ✓ Ensure access to transportation and mobility resources that promote successful aging in place, in urban, suburban and rural areas.
 - ✓ Promote “complete streets” and multiple modes of community mobility, including transit, pedestrian, bicycle, and assistive technology (wheelchairs, walkers, etc.).
 - ✓ Develop technologies and partnerships to support access to transportation and mobility resources, and reduce funding silos.

- **IMPROVE HOUSING:**
 - ✓ Ensure access to safe, affordable housing in viable condition that allows for aging in place.
 - ✓ Promoting universal design code requirements to ensure accessible housing for all ages and abilities. Promote through requirements for government funded projects and encouraging for others through tax incentives and refundable tax credits.

“Engaged, Empowered and Active for Life” Healthy Aging Focus Area (con’t)

➤ **IMPROVE COMMUNICATION AND DIVERSITY:**

- ✓ Ensure access to housing, health and human services for all people regardless of culture, ethnicity, sexual orientation, gender or health status. Educate providers to understand cultural norms.
- ✓ Develop policies and programs to fully address health disparities. Make sure policies are flexible and fully inclusive.
- ✓ Meet or surpass CLASS national standards in health care.

➤ **IMPROVE PHYSICAL FITNESS**

- ✓ Ensure access to appropriate evidence-based exercise options at every level of physical ability, made affordable by Medicare and/or private insurance plans.
- ✓ Study why older adults don’t exercise regularly and develop/test programs to increase participation.
- ✓ Emphasize strength and balance for falls prevention.

➤ **IMPROVE BEHAVIORAL HEALTH SUPPORTS:**

- ✓ Expand community-based mental and behavioral health services, including geriatric mental health, substance abuse, and traumatic brain injury.
- ✓ Fund prevention programs that reduce medication misuse, depression, and suicide.
- ✓ Expand funding for Alzheimer’s research, treatment and support.

➤ **IMPROVE NUTRITION SUPPORTS:**

- ✓ Ensure funding and access to healthy nutritious and culturally appropriate foods, plus nutrition education, including community kitchens and dining programs.
- ✓ Encourage coordination of food programs to reduce food insecurity for all.
- ✓ Educate health care and social service providers on the social determinants of health, and the impact that poor diets and lack of physical activity have on overall health status.

“Bad Things Shouldn’t Happen to Good People”

Elder Justice Focus Area

- **MAKE ELDER ABUSE AND ELDER JUSTICE AN ADVOCACY PRIORITY AT THE NATIONAL LEVEL:**
 - ✓ Fund the Elder Justice Act
 - ✓ Move the Elder Justice Act to OAA; advocate to reauthorize OAA (and increase funding 12%)
 - ✓ Move Elder Justice under the Administration for Community Living

- **DEVELOP NATIONAL STANDARDS ON ELDER ABUSE/JUSTICE:**
 - ✓ Risk assessment tools
 - ✓ Accountability indicators/state report cards
 - ✓ Embed standards in national/state Alzheimer’s/Aging plans
 - ✓ Tie to funding across silos
 - ✓ Define self-neglect vs. right to choose: As rates of Alzheimer’s and other dementias increase with age, we need to look at how/when we provide supports and protections for these older adults, especially those who live alone or with limited support.
 - ✓ Include self-neglect issues in provider education and awareness campaigns

- **IMPROVE PUBLIC EDUCATION/RAISE PUBLIC AWARENESS:**
 - ✓ National public awareness campaign
 - ✓ Where to report elder abuse
 - ✓ Protection for victims
 - ✓ AARP Fraud Fighters
 - ✓ Social marketing campaign focusing on honoring older adults, recognizing their value and contributions
 - ✓ Include gender issues—men are also victims of abuse and exploitation
 - ✓ **Target educational resources to guardians, caregivers, etc.**

- **INCREASE CAPACITY TO PROSECUTE AND RESOLVE ELDER ABUSE:**
 - ✓ Require prosecutors be trained/specialize in elder abuse and elder justice issues
 - ✓ Expedite justice process
 - ✓ Training for sheriffs, local law enforcement in elder abuse issues
 - ✓ Formation of Elder Justice Centers (pattern after Child Advocacy Centers/Elder Justice Center in Clark County, Washington)
 - ✓ Protect victims from retaliation

- **DEVELOP STRONGER NETWORKS AND PARTNERSHIPS:**
 - ✓ APS, law enforcement, prosecutor in same office/building
 - ✓ Use interdisciplinary approach to educate communities and prosecute perpetrators
 - ✓ Expand advocacy partnerships to include non-traditional organizations and associations (medical associations, etc.) This is one of several cross cutting issues that is relevant to all of the priorities in this focus area.

Appendix 1: Priorities Added by Local AAA Advisory Councils

Retirement Security Focus Area

Recommendation #1: WHCoA staff should rename the focus area "Economic Security" to reflect that it is an issue facing all older Americans, not just those who are retired. The focus area should include broader discussion of economic security, not limited to retirement security. Discussion of wealth inequalities is missing. We need economic justice restored especially for the middle class. Corporate and financial laws need to be changed so that we are not fighting a losing battle as incomes and security fade.

Recommendation #2: Adopt the Elder Economic Security Index to measure income security.

Recommendation #3: Reduce prescription drug costs through comprehensive action to make prescription drugs of all kinds more accessible to those who need them.

Recommendation #4: Standardize reverse mortgages.

LTSS Focus Area

Recommendation: Continue encouraging the coordination of health and social services through the Affordable Care Act.

Healthy Aging Focus Area

Recommendation #1: Expand public insurance coverage to include adequate benefits for hearing, vision and dental services.

Recommendation #2: Emphasize the development of refundable tax credits for accessibility modifications to existing homes.

Recommendation #3: Promote programs that focus on community engagement opportunities for older adults.

Recommendation #4: Promote programs that emphasize companionship as a way to avoid social isolation.

Recommendation #5: Promote programs that emphasize being prepared for emergencies and the importance of knowing your neighbor during such times.

Elder Justice Focus Area

Recommendation: Educate community Gatekeepers about elder abuse and elder justice issues.

Appendix 2:

AM Issues Identification Exercise

AM Financial Security Workgroup: Issues Identification

- Economic Security vs. Retirement Security
- Social Security is critical piece of retirement puzzle
 - SS works because it's mandatory
 - Consider SS+ as a modification - voluntary option
 - additional funds go to the TRUST FUND –
 - will guarantee those dollars
 - Ensure Basic SS survives
 - Cap lifted – benefits raised (Cap needs to be **raised** or ELIMINATED)
 - COLA needs to be more realistic
 - Woman living in poverty on SS (benefits too low)
 - Family caregivers who have to quit their jobs should have SS contributions continue. Need real economic benefits for Family Caregivers.
- Medicare is another critical piece of retirement puzzle
 - Part E – LTC for every social security recipient
 - Would spread the risk
 - Low administrative costs would make it affordable
 - Earned benefit
 - Could be guaranteed if the cap was removed
 - Future generations need to be considered and factored in to any increases
- Medicare for **ALL** is needed – single payer system
 - Can negotiate with drug companies
 - **Hearing aids need to be covered**
 - Complete Dental Coverage (not just the “medical” treatment)
 - Universal Health Care should be truly UNIVERSAL
- Cannot rely solely on the government. People need to make future \$\$ a priority. People need to be educated to think/learn about it when younger – CORE ELEMENT
- Need productive and protected workplace that encourages an older work force
- Encourage older workers to keep working
 - Strengthen laws regarding age discrimination (More in line with gender, religious, racial discrimination)
 - Older workers bring experience
 - Provide incentives for employers to hire older workers (i.e. tax incentives)
 - Redefine retirement so that older people are still seen as valuable
- Low Wage jobs – hard to save – need a private solution
- Small businesses need affordable retirement options (401K, etc.)
- Financial Advisor Fees too high – need more realistic fees
- Banking regulations need to be more protective of retirement funds “fiduciary responsibility”

- Public Education vs. Financial Exploitation
Rights – family members taking advantage
- Factors that endanger financial security
 - Health
 - Family Members
- Penalties needed for those who don't contribute
 - (similar to ACA penalties)
- Politicians / Elected Officials need to be educated
- Some kind of \$\$ incentives for volunteerism would increase volunteering
- Education and Advocacy for younger generations
- Long Term Care Insurance needs to be available through workplace (via gov't)
- Older workers cost more to cover with benefits

❖ **RECAP OF MORNING SESSION**

- Social Security Plus
Voluntary, guaranteed
- Social Security Cap Lifted/Removed
Benefits and COLA increased
- Education at early ages
- Health and Family Issues that Endanger Financial Security (Social Security contributions for caregivers)
- Part "E" Long Term Care (part of Medicare)
Low administrative costs
Adjust income caps
- Medicare For All – universal (with **dental/vision/hearing**)
Negotiate with drug companies
Single payer system
- Small Businesses Need Affordable Retirement Options

AM LTSS Workgroup: Issues Identification (In priority order)

- **Transportation in community to access services:** *People need to be able to get around in their community, to be an active member, participate, and be social in their neighborhood. Provide transportation services to local communities to allow older adults and adults with disabilities to continue to be an active part of their communities.*
- **Incentives for family caregivers** – tax credits, LTSS hours: *Family caregivers provide much needed support and care and should receive some benefit for the hours, money, and health they give to caregiving. Many times a family caregiver has to quit or work part-time in order to provide care for a loved one, putting unnecessary financial strain on the family. Tax credits, or credits towards LTSS hours could help alleviate that strain.*
- **Mandatory LTSS insurance/retirement savings – Publicity & Education:** *LTSS insurance should be mandatory for everyone, just like health insurance and we need to publicize this issue and educate people on the importance of LTSS insurance and retirement savings.*
- **Financing options for non-Medicaid:** *People shouldn't have to spend-down so far to leave their spouse with very little; have a program in place for those who don't qualify for Medicaid but still need assistance.*
- **Adult Day Services/Respite:** *Both Adult Day Care and Adult Day Health provide socialization and care for older adults and adults with disabilities while at the same time providing much needed respite for their caregivers or a daily care option for caregivers who are also working. We need to increase the funding and availability of these programs so they can continue to fill this need.*
- **Emphasize benefits of aging in place and coordination with family caregivers:** *Educate people on how much more beneficial it is to age in place and remain an active part of the community and how much more effective the care provided is when it is coordinated with the family caregiver and when medical professionals include the caregiver in information and decisions.*
- **Change Medicaid to include cost-sharing and sliding-fee scales:** *An option to include middle class families who can't afford services and don't qualify for Medicaid.*
- **Funding for local transit:** *Washington State does not add any dollars to the federal funding received by local transit authorities; we need to advocate for local transit to receive state funding as well as federal.*
- **Training family caregivers – education and resources:** *Provide training to family caregivers on how to properly perform care tasks and on the resources available to them in the community.*
- **Support systems for isolated and frail adults (Gatekeeper programs):** *Being able to stay in the home is not beneficial if you are trapped without assistance and socialization.*
- **Smart Homes/incorporate technology into homes/Adult Family Homes:** *Bringing technology into the home to automate or use apps for assistance.*
- **Integrate caregivers (paid and unpaid) into medical record system and appointments:** *Caregivers, both paid and unpaid, are the ones taking people to doctor appointments, pharmacies, getting prescriptions and they are the ones who see someone day after day and can recognize and report changes in condition. If we can incorporate them into the medical record system then they know what the doctor recommends and can also report back to the doctor/pharmacist, giving the medical professionals a better, bigger picture.*
- **Human services transportation planning occurs in each region – Attend and advocate:** *There are planning meetings for human services transportation plans held in each region; notice for these meetings is not always prominent or widespread so we need to be aware that they happen and watch for notice in the local paper. We need to attend these meetings and advocate for transportation services that are beneficial to older adults and adults with disabilities.*

- **Educate on what Medicare covers and not – especially with young adults:** *Many are under the mistaken impression that when they get older that Medicare will cover all their medical needs. We need to educate the public, and especially young adults, on exactly what is covered by Medicare and what is not and what they can do to help cover the difference.*
- **Nationally – more family-friendly policies in the workplace:** *Require, on a national level, employers to provide family caregivers with more options so they can stay employed while caring for their loved one, including flexible schedules and paid leave.*
- **Use technology to provide medical instructions:** *Utilize apps and smartphones/tablets to receive/record care instructions from medical professionals.*
- **Expand time for home health:** *Home health is a much needed and helpful service and should have more time allowed for services.*
- **Advocacy: National and State:** *We need to advocate for services for older adults and adults with disabilities and their caregivers at the National and State levels.*
- **More Family Caregiver Support Program/Older Americans Act Title III-E funding:** *This is a great program and excellent resource; it just needs more support and funding.*
- **Training in-home care workforce:** *Provide in-home care workers with training opportunities in providing the required care.*
- **Educate on how to look out for your financials – especially young adults:** *Too many people rely on their financial advisor/stockbroker for financial advice without realizing that following that advice may not be best for them, or that advisor may have other interests they are looking out for. We need to educate the public on how to look out for your own financial well-being, with assistance from an advisor instead of total reliance. Again, the focus is on young adults to help spread the message on the importance of planning ahead.*
- **Make it easier for volunteers to help in the home:** *Provide an option for volunteers to provide care in the home; background checks would need to be incorporated into this program.*
- **Incentives for volunteers – earn LTSS hours:** *Volunteers are essential to any community and often are the main support for community organizations and non-profits. Older adults are a great volunteer resource; if they could earn credits toward future LTSS hours for them or their spouse, they may be more willing to volunteer.*
- **Strengthening Neighborhoods:** *Sidewalks, crosswalks, gatherings, know your neighbors.*
- **Resources/Education on retirement: LTSS workforce, young adults:** *Provide retirement for LTSS workers and work to educate young adults on the importance of retirement programs and planning for the future.*
- **Train Meals on Wheels drivers to be Gatekeepers:** *Meals on Wheels drivers are sometimes the only regular outside contact for homebound adults. If we train them to be aware and on the lookout for changes, it is another level of support for isolated adults.*
- **Hospitals house Adult Day Services:** *Hospitals seem to have staff and space and may be an unrecognized resource to provide Adult Day Care and/or Adult Day Health services.*
- **Recognition early of caregiver tasks:** *Educate people on awareness of caregiver tasks. Many times these tasks start out as gradual (taking Mom to the store every once in a while) and gradually become routine (taking Mom to the store every Wednesday), increasing the workload and stress level of the caregiver before they even realize they are in the role. By educating people on what to look for and be aware of, we can encourage them to access resources earlier, alleviating some of the stress associated with caregiving.*

AM Elder Justice Workgroup Priority Concerns

Several members of this work group emphasized the need to learn from and adopt the strategies of child abuse and domestic violence advocates. Both groups, over time, developed effective means of pushing these difficult topics into the public spotlight, and garnered more political/legislative attention as well as funding to support enforcement, prosecution, specialized support programs, etc.

Another major issue identified by the work group was empowering older adults to report when they become victims of abuse or neglect. Knowing that many seniors are victimized by family members, caregivers, or others with whom they have a close, sometimes dependent relationship, the idea of taking the step of making a report can create enormous fear, grief, etc. in the victim.

Appendix 3: Pre-Readings and Reference Materials

Focus Area #1: Economic Well-Being for the 3rd 30

Retirement security is a vitally important issue. Financial security in retirement provides essential peace of mind for older Americans, but requires attention during our working lives to ensure that we are well prepared for retirement.

Challenges:

- ⇒ Social Security was never meant to be a person's entire income in retirement. Most experts say Social Security will provide half of the income a person needs for a secure retirement. The average monthly Social Security benefit in Washington is only about \$1,360—hardly enough for a person to be self-sufficient in retirement.
- ⇒ A recent survey found a quarter of Washingtonians between ages 45-64 have less than \$25,000 in private savings.
- ⇒ The Great Recession made it harder than ever before to save for retirement and many of the new jobs created since then lack retirement benefits.
- ⇒ More than 38 million working-age households nationwide, or 45 percent, do not own any retirement account assets, whether in an employer-sponsored 401(k) or an IRA. 77.4% of workers employed by businesses with fewer than 100 employees do not have a pension or retirement plan.
- ⇒ Unless we want to spend more tax dollars expanding the safety net, we need an approach that encourages private savings so more people can be self-reliant throughout their lives. Today, a secure retirement is out of reach for thousands of Washingtonians.

Opportunities:

- ⇒ People want to take control of their own financial future. Data show that people save more if they can do so through their job. When offered the opportunity at work to save for retirement, 7 out of 10 people choose to participate. It is more important than ever that people have the tools they need to plan for a successful retirement.
- ⇒ According to the Bureau of Labor Statistics, 20% of Americans 70-74 years old remain in the labor force; among those 75 or older, 7.5% still work. Retiring later is the single most important lever that people can push to improve their retirement security.
- ⇒ An aging population could lead to productivity gains throughout the economy due to expected increases in workers' educational levels. These productivity gains would theoretically offset the loss of workers in the labor force. Think of America's future workforce in terms of a smaller pool of highly productive workers rather than a shrinking pool of average productivity workers.
- ⇒ "Encore entrepreneurs" older than 50 can be an unexpected source of innovation for the American economy. A renewed focus on these "encore entrepreneurs" might lead to a boost in late-stage venture financing. With all that extra leisure time on their hands, Baby Boomers might decide to launch new ventures in fields that help them lead better, more productive lives as they age.

For More Reading on the Topic of Retirement Security:

http://www.nirsonline.org/index.php?option=com_content&task=view&id=768&Itemid=48

http://www.nytimes.com/2013/09/10/business/retirementspecial/at-leisure-or-still-at-work.html?_r=1&

<http://www.washingtonpost.com/blogs/innovations/wp/2014/09/30/why-an-aging-population-may-be-good-for-innovation/>

<http://www.aarp.org/work/retirement-planning/info-04-2013/not-making-the-grade--2013-survey-of-financial-decisions-among-w.html>

Focus Area #2: The Longevity Promise – For Better or for Worse

Long-term services and supports remain a priority. Older Americans overwhelmingly prefer to remain independent in the community as they age. They need supports to do so, including a caregiving network and well-supported workforce.

Challenges

In addition to living longer than any previous generation, boomers are also likely to remain independent & live in their own homes longer, as well. Spending for LTSS will rise to a significantly higher share of gross domestic product by 2050 compared to today.

- ⇒ On average, 1/3 of 65 year olds or older report functional limitations; 2/3 over 85. One study estimates that 2/3 of 65 year olds will need assistance at some point in their remaining years of life. This will contribute to greater demand for caregivers.
- ⇒ The total value of long-term services & supports for older adults exceeded \$400 billion in 2011. Expenditures for institutional care—provided in skilled nursing facilities, nursing homes, & nursing facilities located in continuing care retirement communities—totaled \$134 billion in 2011, or about 31 percent of LTSS expenditures. Expenditures for home & community-based service providers, such as home health & personal care agencies & adult day care providers, totaled \$58 billion, or less than half of the amount spent for institutional care. Informal care, which is usually provided by family members & close friends, accounts for more than half of the total economic value of long-term services & supports. The economic value of informal care in 2011 was about \$234 billion. More than half of all informal caregivers work full time in addition to providing such care.
- ⇒ Older adults with limitations in 3 or more ADLs receive an average of 9 hours of assistance/day. Those over 85 receive about 11 hours & if they have cognitive issues, 14 hours/day.
- ⇒ One in 8 over 85 year olds reside in institutions; 84% of nursing home residents have 3 or more functional limitations & about half of those also have cognitive limitations. The share of older adults living institutionally has fallen over past 10 years as more opt to live at home or residential communities offer supportive services. Adults over 85 years of age are much more likely to be institutionalized because frailty is more common. 80% of older adults live in private homes.

Opportunities

Technology is an enabler that addresses the needs of older adults in a more efficient & effective way. These technologies could also mitigate the workforce shortages & financial burdens that are inherent to long-term care today, benefiting older adults & society.

Technologies that extend the ability to provide care for persons with chronic illness have been increasingly successful in improving the well-being & independence of older adults. These technologies offer a means of reducing the burden of chronic care for patients, families, & the health care system as a whole, while improving older adults' safety, health/well-being, & social interaction. However, for these technologies to realize their potential to improve the efficiency of health care delivery, reduce the costs of health care, improve health care outcomes, & most importantly, maximize the independence & quality of life of older adults, these technologies must be rapidly expanded to scale in home.

Examples of technological advances: Medication optimization, remote patient monitoring (RPM), assistive technologies, remote training & supervision (RTS), disease management (DM), cognitive fitness & assessment, social networking.

For more information on technologies to support LTSS needs of older adults:

<http://healthjournalism.org/blog/2013/04/technology-new-apps-extend-caregiving-networks/>

<http://www.techandaging.org/briefingpaper.pdf>

Focus Area #3: Engaged, Empowered, & Active for Life (Healthy Aging)

Healthy aging will be all the more important as Boomers age. As medical advances progress, the opportunities for older Americans to maintain their health and vitality should progress as well.

Challenges

Longer life spans & aging baby boomers will combine to double the population of Americans aged 65 years or older during the next 25 years to about 72 million. The consequences of having a larger, more diverse older population will be dramatic, notably in the economic, housing, & health care sectors, & in the education & training requirements for the health & social services workforces.

- ⇒ A key characteristic of the aging population is the emergence of a high prevalence of multiple (defined as two or more) chronic conditions, including somatic diseases, behavioral health problems, cognitive & other functional limitations, & geriatric syndromes such as falls & frailty.
- ⇒ Boomers have the dubious distinction of having the highest rates of obesity for their age bracket compared to any other generation.
- ⇒ A significant proportion of older adults have some type of physical limitation in functioning, such as the ability to walk two to three blocks.
- ⇒ It is estimated that 20% of people age 55 years or older experience some type of mental health concern. Mental health issues are often implicated as a factor in cases of suicide. Men aged 85 years or older have a suicide rate of 45.23 per 100,000, compared to an overall rate of 11.01 per 100,000 for all ages.

Collaboration between social services, public health, primary care, aging services, and public administration is vital for collective action; possible areas to consider: Educating primary care providers, legislative action & awareness to enhance quality of services & resources, ID older adults & caregivers to determine need & state capacity to serve, utilize evidence-based practices.

Opportunities

It is no secret that much of the disease, disability & death associated with chronic conditions are preventable. Combining forces of the public health infrastructure, aging services network, community-based organizations, & linking to health systems affords a real opportunity to make a difference. Increasing the use of clinical preventive services in diverse communities will be important. Among the highlighted efforts are community actions designed to build awareness, create environments that offer convenient access to services, & adopt public policies to increase access & uptake of services. The coordination of contributions by private, nonprofit, and governmental partners may provide leverage for synergistic opportunities and more comprehensively address and promote cognitive functioning and the needs of care partners. Public health's three core functions of assessment, policy development, and assurance are instrumental to successfully approaching healthy aging.

Between 1996 & 2006, outpatient physician visits for people 55 to 64 increased by 13 percent. This trend will be difficult to reverse, but a more-informed & health-conscious patient demographic could help turn back the tide. Compared to older generations, fitness & exercise are more culturally ingrained in the minds -- & daily routines -- of Boomers. One study showed that active people enjoyed 16 additional years of healthy living than did sedentary people. Exercise also seems to delay effects of dementia down the road, as well as improve the functioning of joints.

For more information on healthy aging:

<http://health.howstuffworks.com/wellness/aging/baby-boomers/10-baby-boomer-health-trends.htm#page=1>

<http://www.cdc.gov/aging/data/index.htm>

<http://www.cdc.gov/aging/publications/journal.htm>

ASTHO Releases Issue Brief on How State Health Agencies Can Support Healthy Aging

Focus Area #4: Bad Things Shouldn't Happen to Good People

Seniors, particularly the oldest older Americans, can be vulnerable to financial exploitation, abuse, and neglect. The Elder Justice Act was enacted as part of the Affordable Care Act, and we need to realize its vision of protecting seniors from scam artists and others seeking to take advantage of them.

Challenges:

- ⇒ Every year an estimated 2.1 million older Americans are victims of elder abuse, neglect, or exploitation. And experts believe that for every case of elder abuse or neglect reported as many as five cases go unreported.
- ⇒ Reports of abuse on are the rise – with steep rise in financial exploitation. In Washington State, DSHS Adult Protective Services (APS) investigated more than 19,000 allegations of abuse in 2012, with financial exploitation making up about a third of all cases.
- ⇒ While the incidence of abuse is rising, the programs with proven effectiveness in protecting people struggle with limited funding. In Washington State, APS workers are currently not able to meet the growing demand for timely investigations.
- ⇒ Elder financial abuse has been called the “crime of the 21st century.” Elder financial abuse costs older Americans more than \$2.6 billion per year and is most often perpetrated by family members and caregivers. The economic downturn may have been a contributing factor. Family members and caregivers are the culprits in 55% of cases, although financial losses are higher with investment fraud scams.

Opportunities:

- ⇒ The individual must be the first line of defense against financial exploitation by becoming better educated on his/her rights and learning how to identify frauds and scams. Additional media attention will help educate the public to develop these skills.
- ⇒ The Elder Justice Act is intended to increase awareness of elder abuse, neglect and exploitation at the national level and will train individuals from various disciplines to combat elder abuse and prosecute cases. Coordination between federal agencies; non-profit and private sector partners; and State, local, and tribal governments is critical.
- ⇒ In Washington State, advocates, policymakers, and the public share in the commitment to protect the most vulnerable residents of Washington from abuse, neglect and exploitation. They share a commitment to effective response, to supporting victims of abuse and neglect through recovery with safe, stable living situations. Staff need to know how to respond effectively to victim trauma and to properly screen the victim's “capacity.”
- ⇒ We have great partners in the fight against abuse, neglect and exploitation. The Long-Term Care Ombudsman for Washington State supervises over 300 volunteers who regularly visit nursing homes, adult family homes, and other facilities in which elders and vulnerable adults reside. These volunteers are trusted by residents, and are often the first to hear about abuse after it occurs. The Washington State Office of Public Guardianship provides guardians to poor people who have cognitive impairments, dementia, or other disabilities and have no family or others to help. These programs are essential partners in the work to protect and support victims of abuse, and must be appropriately supported.

- ⇒ To facilitate investigation and prosecution of interstate and international elder financial exploitation, the US Attorney General should conduct outreach to state and local law enforcement agencies.
- ⇒ Banks nationwide should be educated on how to identify and report possible elder financial exploitation and under which circumstances they are permitted, under federal privacy laws, to release relevant bank records to law enforcement and APS agencies.
- ⇒ The Elder Justice Act, the Violence Against Women Act, the Elder Abuse Victims Act and the Older Americans Act (OAA) must be part of a combined national focus on preventing abuse, neglect and exploitation with a recognition of cultural diversity and culturally appropriate responses.

For more information on abuse, neglect and exploitation:

<http://www.gao.gov/assets/660/650074.pdf>

http://www.gerontology.vt.edu/docs/MetLife_Fin_Elder_Abuse.pdf

<http://www.asaging.org/blog/culture-diversity-and-elder-abuse-implications-research-education-and-policy>

Appendix 4

Redefining Longevity: **October 28, 2014 Registrants**

Olympic Area Agency on Aging (PSA #1)

Advisory Council Members:

Marti Anthony
Jim Jackson
Joanne Levine, State Council on Aging Rep
Patricia Smith

AAA Staff:

Roy Walker, Executive Director
Barbie Rasmussen (Track Coordinator)
Ingrid Henden (Track Coordinator)

Northwest Regional Council (PSA#2)

Advisory Council Members:

Georgia Baci
Carl Bender, State Council on Aging Rep
Joan Fortune
Barbara Pesola

AAA Staff:

Michael Dunkel
Kim Boon
Katie Stanford

Snohomish County Aging and Disability Services Division (PSA #3)

Advisory Council Members:

Marie Jubie
Donna VandeKieft
Tony Porciuncula

AAA Staff:

Susie Starrfield, AAA Director (Facilitator)
Linda Moss, Division Manager
Joyce Frasu
John Kwant
Danielle Maiden
Stefanie Novacek (Facilitator)

Seattle-King County Aging and Disability Services (PSA#4)

Advisory Council Members:

Mary Anderson
Allison Boll
Timmie Faghin
Molly Holmes
Mac McIntosh
Suzanne Pak
Tony Provine, Advisory Council Chair
Sue Shaw
Diane Snell, State Council on Aging Rep
Lorna Stone
Linda Woodall

AAA Staff:

Maureen Linehan, Director
Maria Langlais
Gigi Meinig
Irene Stewart (Track Coordinator)
Karen Winston (Track Coordinator)
Mu Yi Zhang

Pierce County Aging & Disability Resources (PSA #5)

Advisory Council Members:

Jane Anne Allen, Advisory Council Chair
Mattie Lou Bell
John Ernest Berry III
Cheryl Cristello
Bonnie Gill
Stuart Maier, State Council on Aging Rep
Patricia McIntyre
Katrina Simmons
Sylvia Tinio

AAA Staff:

Aaron Van Valkenburg, Manager
Mickie Brown
Connie Kline
Nellis Kim (Facilitator)
Angela Nottage

Lewis/Mason/Thurston Area Agency on Aging (PSA #6)

Advisory Council Members:

JoAnn Ray
Ida Sevier
Linda Tomasheck
Marilyn Vogler
Peter Witt

AAA Staff:

Dennis Mahar, Director

Area Agency on Aging and Disabilities of Southwest Washington (PSA #7)

Advisory Council Members:

Elizabeth (Beth) Brown
Carl Cecka, Advisory Council Chair
Victoria Dain
Jon Dieter
Suzanne Holmes, State Council on Aging Rep
Lanae Johnson
June Knudson
Shanti Potts
Martha Quigley
Ray Thygesen
Stan Woody

AAA Staff:

David Kelly, Executive Director
Mike Reardon, Co-Facilitator
Karen Wolfe, Track Coordinator

Aging & Adult Care of Central Washington (PSA #8)

Advisory Council Members:

Peggy Berk
Margarita Comer
Marylu Martin
Kathleen Miller, State Council on Aging Rep
P.J. Smith
Gwyneth Thorsen

AAA Staff:

Ken Sterner

Southeast Washington Aging & Long Term Care (PSA #9)

Advisory Council Members:

Elsie Adams
Judi Harris
Karen Henson-Rivers
Marlene Howard
Betty Keller
Kaye Peck
Doris Thomas
Eva Lynn Thompson

AAA Staff:

Lori Brown, Director
Sheila Brogdon (Track Coordinator)
Daniel Clark
Kathleen Coffey (Track Coordinator)

Yakama Nation Area Agency on Aging (PSA #10)

Advisory Council Member:

M. Helen Spencer, Golden Eagles Advisory Board and State Council Rep

Aging & Long Term Care of Eastern Washington (PSA #11)

Advisory Council Members:

Ron Bacon, State Council Rep
Maria Hernandez-Peck
Linda King
Karen Lewandowski
Marie Raschko-Sokol

AAA Staff:

Nick Beamer, Executive Director
Lynn Kimball (Facilitator)

Kitsap County Division of Aging & Long Term Care (PSA #13)

Advisory Council Members:

Gail Hiestand, State Council on Aging Liaison
Connie Wurm, Advisory Council Chair
Michaelene Manion

AAA Staff:

Vicki Hanson
Nickie Crumb

State Council on Aging Members (At Large/Non-AAA)

Gail Haskett, State Council on Aging Chair
Rep. Sherry Appleton
Aruna Bhuta
Barry Lamont
Cheryl Townsend Winter

Other Invited Guests/Presenters:

Bob Blancato, Coordinator, Elder Justice Coalition
Rosemary Biggins, State Unit on Aging, AL TSA and State Council on Aging Staff
Jeanette Burket, U.S. DHHS, Administration for Community Living - Region X
Karen Bowen, WA State Senior Citizens' Lobby
Walt Bowen, WA State Senior Citizens' Lobby
Barb Cagle, WA State Senior Citizens' Lobby
Sam Cagle, WA State Senior Citizens' Lobby
Deborah Horn, President, Washington Association of Senior Nutrition Programs
Andrea Meewes-Sanchez, State Unit on Aging, AL TSA, DSHS
Bill Moss, Assistant Secretary, AL TSA, DSHS
Jerry Reilly, Washington ElderCare Alliance
Bea Rector, Director, Home and Community Services, AL TSA, DSHS
Mike Tucker, AARP Washington